

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195557	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2024
NAME OF PROVIDER OR SUPPLIER Valley View Health Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 7119 Highway 1 South Marksville, LA 71351	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31206</p> <p>Based on record review and interview the facility failed to ensure a reportable unwitnessed and/or incident of unknown origin was reported to the State Agency for 1 Resident (Resident #2) of 3 sampled Residents (Resident #1, Resident #2, and Resident #3). The facility failed to report an incidence of Resident #2's injury of unknown origin.</p> <p>Findings:</p> <p>Review of the facility's policy and procedure titled Abuse Prevention and Prohibition with an effective date of 03/25/2023 revealed in part:</p> <p>II. Procedures</p> <p>7. Reporting/Response: The Administrator shall immediately initiate a SIMS (Statewide Incident Management System) report to the Louisiana Department of Health and the facility local law enforcement agency, but not less than 2 hours after forming the suspicion of a crime if the alleged violation involves abuse or results in serious bodily injury; or no later than 24 hours after forming the suspicion if the alleged violation involves neglect, exploitation, mistreatment, or misappropriation of resident property and does not result in serious bodily injury.</p> <p>Review of the EHR (Electronic Health Record) revealed Resident #2 was admitted to the facility on [DATE] with diagnoses that included in part: Major Depressive Disorder, recurrent severe with psychotic symptoms, Delusional Disorders, Bipolar disorder, current episode manic severe with Psychotic features, acute on chronic systolic Congestive Heart Failure, Anxiety Disorders, Type 2 Diabetes Mellitus and Alzheimer's Disease.</p> <p>Review of Resident #2's Quarterly MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of 02/01/2024 revealed she was coded as being severely impaired for cognitive decision making, and required 2+ persons physical assistance for transfers.</p> <p>Review of Resident #2s Comprehensive Plan of Care revealed a problem of at risk for falls. Interventions included fall mat on right side of the bed, bed in low position, gripper socks while in bed, sensor pad to bed/recliner, bed alarm with perimeter mattress, and staff education on fall/safety monitoring.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility's incident reports revealed on 02/18/2024 at 11:46 a.m., Resident #2 had an unwitnessed fall in her room with no head injury. Resident #2 was noted to bruising to her left elbow and hip with no complaint of pain and/or discomfort. Resident #2's Physician and RP (responsible party) were notified. On 02/19/2024 at approximately 2:40 p.m., an unobserved fall with no apparent injury was reported. Resident #2 was noted lying on the fall mat, assessed by the nurse with no injuries and denied any pain and/or discomfort. Nurse Practitioner notified with no new orders and RP was notified.</p> <p>Interview on 03/27/2024 at 5:05 p.m. with S2 DON revealed S1 ADM was responsible for opening SIMS reports. S2 DON stated as far as she could recall, No SIMS Report was opened for Resident #2 who sustained a left femur fracture after being found on the floor in her room on 02/18/2024 and 02/19/2024. S2 DON stated it was not until 02/20/2024 that Resident #2 complained of pain of the left hip, that an X-ray was ordered. The X-ray revealed a fracture left femur.</p> <p>Interview on 03/27/2024 at 5:13 p.m. with S1 ADM confirmed there was no SIMS Report opened for Resident #2. S1 ADM revealed he didn't feel like it was an injury of unknown origin. S1 ADM confirmed because Resident #2 had 2 consecutive falls on 02/18/2024 and 02/19/2024 prior to confirmation of a left femur fracture on 02/20/2024. S1 Adm. stated it was not until 02/20/2024 did Resident #2 complain of left hip pain. S1 ADM revealed it was not known when and how Resident #2 sustained a fracture to her left hip.</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31206</p> <p>Based on record review and interview the facility failed to ensure a reportable unwitnessed and/or incident of unknown origin was thoroughly investigated for 1 Resident (Resident #2) of 3 sampled Residents (Resident #1, Resident #2, and Resident #3). The facility failed to investigate an incidence of Resident #2's injury of unknown origin.</p> <p>Findings:</p> <p>Review of the facility's policy and procedure titled Abuse Prevention and Prohibition with an effective date of 03/25/2023 revealed in part:</p> <p>II. Procedures</p> <p>5. Investigation: Administrator completes a thorough investigation, including interviews of employees who were working in resident's room during the time in question and obtaining signed statements from these employees.</p> <p>The investigator interviews the resident if the resident is cognitively able to answer questions. If the residents is not able to be interviewed, the investigator interviews any roommate.</p> <p>The investigator maintains a private and confidential file in the administrator's office.</p> <p>Review of the EHR (Electronic Health Record) revealed Resident #2 was admitted to the facility on [DATE] with diagnoses that included in part: Major Depressive Disorder, recurrent severe with psychotic symptoms, Delusional Disorders, Bipolar disorder, current episode manic severe with Psychotic features, acute on chronic systolic Congestive Heart Failure, Anxiety Disorders, Type 2 Diabetes Mellitus and Alzheimer's Disease.</p> <p>Review of the facility's incident reports revealed on 02/18/2024 at 11:46 a.m., Resident #2 had an unwitnessed fall in her room with no head injury. Resident #2 was noted to bruising to her left elbow and hip with no complaint of pain and/or discomfort. Resident #2's Physician and RP (responsible party) were notified. On 02/19/2024 at approximately 2:40 p.m., an unobserved fall with no apparent injury was reported. Resident #2 was noted lying on the fall mat, assessed by the nurse with no injuries and denied any pain and/or discomfort. Nurse Practitioner notified with no new orders and RP was notified.</p> <p>Review of the Physician's Telephone orders revealed on 02/20/2024 a 12:00 p.m., the Nurse Practitioner ordered an X-ray of left femur, tibular/fibular X-ray due to left hip pain.</p> <p>Review of Resident #2's Radiology Interpretation report dated 2/20/2024 revealed significant findings:</p> <p>Left Femur 2 Views - There is an acute-appearing fracture of the inter-trochanteric left femur. There is mild displacement of the distal fragment. There are no gross lytic or blastic lesions in the bones. There is no abnormal radiopaque foreign body.</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 03/27/2024 at 5:05 p.m. with S2 DON revealed the facility was not able to determine the root cause nor when and how the fracture occurred. S2 DON confirmed a thorough investigation was not conducted by the facility and should have been.</p>

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44315</p> <p>Based on interview, observation and record review, the facility failed to implement a comprehensive person-centered care plan for services to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being for 1 resident (Resident #1) of 3 (Resident #1, Resident #2, and Resident #3) sampled residents. The facility failed to ensure a positioning device was provided as ordered for Resident #1 with hand contractures. Findings:</p> <p>Review of Resident #1's Medical Record revealed an admitted [DATE] with diagnoses that included in part: Cardiovascular Disease, Transient Cerebral Ischemic Attack, Type 2 Diabetes Mellitus with Diabetic Polyneuropathy, Primary Generalized Osteoarthritis, Generalized Muscle Weakness, Contracture, Right Hand and Contracture, Left Hand.</p> <p>Review of Resident 1's 03/2024 Physician's Orders revealed orders in part: 08/25/2023 - Carrot roll to right hand daily. 07/06/2023 - Carrot roll to left hand daily.</p> <p>Review of Resident #1's Quarterly MDS with an ARD of 11/16/2023 revealed a BIMS score of 99. Resident was severely cognitively impaired, rarely made decisions and unable to complete BIMS.</p> <p>Review of Resident #1's Care Plan with a Target date of 06/26/2024 revealed in part: Resident #1 with limited ROM and at risk for skin breakdown related to Diagnoses of Contractures Right and Left hand, bilateral. Interventions included in part . Carrot roll bilateral hands daily.</p> <p>Observation on 03/25/2024 at 9:30 a.m. revealed Resident #1 lying in bed with a carrot roll to her left hand contracture. Resident #1's right hand contracture observed without a carrot roll or positioning device in place.</p> <p>Observation on 03/25/2024 at 1:30 p.m. revealed Resident #1 lying on her left side in bed with a carrot roll noted to her left hand contracture. Resident #1's right hand contracture observed without a carrot roll or positioning device in place. Interview at the time of observation with S5 CNA revealed she did not know where Resident #1's carrot roll for her right hand was.</p> <p>Observation on 03/26/2024 at 7:50 a.m. revealed Resident #1 did not have a hand carrot roll to her right hand contracture.</p> <p>Observation on 03/26/2024 at 8:30 a.m. revealed Resident #1's right hand contracture without a carrot roll in place.</p> <p>Interview on 03/26/2024 at 8:30 a.m. in Resident #1's room with S5 ADON confirmed Resident #1 did not have her carrot roll in place to her right hand contracture and should have.</p>		