

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 10/30/2024
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 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** 51096</p> <p>Based on observation, record review, and interview the facility failed to implement the resident's comprehensive plan of care for 1 (#48) of 22 sampled residents by failing to connect the clip alarm and monitor the alarm sounding sensor pad while Resident #48 was up in the wheelchair.</p> <p>Findings:</p> <p>Review of Resident #48's clinical record revealed an admitted [DATE]. Resident #48's diagnoses included Edema, unspecified, Disorientation, unspecified, Localized edema, Unilateral primary osteoarthritis, left hip, Polyosteoarthritis, unspecified, Other lack of coordination, Muscle wasting and atrophy, not elsewhere classified, multiple sites, Muscle weakness (generalized), Difficulty in walking, not elsewhere classified, Rheumatoid arthritis, unspecified, Age-related osteoporosis without current pathological fracture.</p> <p>Review of Resident #48's Significant change MDS with an ARD of 10/08/2024 revealed a BIMS of 7, indicating severe cognitive impairment. Resident #48 was dependent for Toileting hygiene, Lower body dressing and putting on/ taking off footwear. Resident #48 required substantial/ maximal assist with showering/bathing. Resident #48 required partial/moderate assist with upper body dressing and personal hygiene. Resident #48 was dependent for chair to bed transfer and tub/shower transfer. Sit to stand transfer, toilet transfer and walking 10 feet once standing was not attempted for Resident #48 d/t medical concern/safety. Resident #48 used a Bed and Chair alarm daily.</p> <p>Review of Resident #48's physician's orders dated 05/13/2024 and 05/06/2024, read in part Clip alarm while up in wheelchair and Sensor pad to wheelchair.</p> <p>Review of Resident #48's Care Plan revealed in part . The resident is at risk for falls r/t impaired mobility, weakness, Type II DM, RA, OP, Difficulty walking, Unsteadiness on feet, Diuretic medication use, hx of falls. Fall interventions in place. Interventions included: Alarm sounding clip alarm to w/c as fall intervention; staff to monitor safety alarm sounding sensor pad and grip liner maintained to w/c as fall intervention; be sure the resident's call light is within reach and encourage the resident to use it for assistance as needed. The resident needs prompt response to all requests for assistance and follow facility fall protocol.</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation of Resident #48 on 10/29/2024 at 09:05 AM revealed Resident #48 sitting in wheelchair in front of the television. Clip alarm noted hanging from left handle of wheelchair, not connected to alarm sensor pad.</p> <p>Interview with S10 CNA on 10/29/24 at 09:43 AM revealed that she was responsible for checking the resident's chair alarm.</p> <p>Interview and observation on 10/29/24 at 09:36 AM, S3 RN stated S10 CNA was responsible for Resident #48's care that day. S3 RN revealed that the clip alarm was not connected and it should have been.</p>

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<p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>38373</p> <p>FACILITY</p> <p>Based on record review and interview the facility failed to accurately submit mandatory direct care staffing information, based on payroll, to Centers for Medicare & Medicaid Services (CMS) for Fiscal Year (FY) Quarter 3 2024 (April 1- June 30).</p> <p>Findings:</p> <p>Review of the PBJ (Payroll Based Journal) Staffing Report for FY Quarter 3 2024 (April 1- June30) revealed the facility triggered for Excessively Low Weekend Staffing and No RN Hours on 04/13/2024, 04/27/2024, 06/29/2024, and 06/30/2024.</p> <p>Review of the Facility's Nursing/Ancillary Personnel Staffing Pattern Reporting Form dated 10/30/2024 for the triggered dates on the FY Quarter 3 2024 (April 1- June 30) PBJ Staffing Report revealed the facility provided more hours than required of nursing coverage and the required RN hours on 04/13/2024, 04/27/2024, 06/29/2024, and 06/30/2024.</p> <p>During an interview on 10/30/2024 at 9:34 a.m., S4 HR (Human Resources) reported she gives the PBJ information to the facility's corporate office who then submits the PBJ information to CMS. S4 HR indicated the discrepancy may have been due to agency staffing hours not being counted.</p> <p>During an interview on 10/30/2024 at 12:40 p.m. S1 Administrator reported the facility's corporate office submits the PBJ to CMS based on the information S4 HR submits to the corporate office. S1 Administrator reported he did not know why the incorrect information was submitted to CMS.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44315</p> <p>FACILITY</p> <p>Infection Control</p> <p>Based on observations, staff interviews and facility policy record reviews, the facility failed to maintain an Infection Prevention and Control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. These deficiencies had the potential to effect 73 residents that resided in the facility. The facility failed to:</p> <ol style="list-style-type: none"> 1. Ensure the lint drawers on the clothes dryers and the washing machine filters were regularly cleaned; 2. Ensure proper PPE use and infection control measures were used when performing wound care for Resident #32; and 3. Have a water management program in place that specified testing protocols and acceptable ranges for control measure, and the results of testing and corrective actions taken when control limits were not maintained. <p>Findings:</p> <p>Observation during tour of the facility's laundry department on 10/30/2024 at 11:00 a.m. revealed lint drawers of both dryers were dirty, lint traps completely full of lint with an excessive amount of lint that fell out onto the floor when the lint drawers were opened. S7 Laundry/ Housekeeping revealed the night shift must not have emptied it out after using the dryer. S7 Laundry/ Housekeeping revealed the washing machine filters were dirty and are supposed to be cleaned by maintenance but was not done.</p> <p>Interview in the facility's laundry department on 10/30/2024 at 11:20 a.m. with S5 Maintenance Supervisor revealed he had cleaned the washer filters and the lint drawers with a shop vacuum last week.</p> <p>Interview on 10/30/2024 at 11:45 a.m. in the facility's laundry room with S6 Housekeeping Supervisor revealed the laundry housekeeping staff are responsible for cleaning the lint drawer traps after every 3-4 loads that are dried. S6 Housekeeping Supervisor opened both dryer lint drawers with lint fell out onto the floor and confirmed that both of lint drawer traps were dirty with the lint traps completely full of lint. S6 Housekeeping Supervisor confirmed the washing machine filters were dirty and the dryer lint drawer traps should have been cleaned after 3-4 loads and was not done.</p> <p>46773</p> <p>Review of the Facility's Wound care policy titled Dressing Change (Wound Care), Clean Policy and Procedure on 10/30/2024 with a revision date of 10/30/2024 read in part .</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Purpose:</p> <ol style="list-style-type: none"> 1. To Protect wound 2. To prevent irritation 3. To prevent infection and spread of infection 4. To promote healing <p>Procedure:</p> <ol style="list-style-type: none"> 12. Perform hand hygiene 13. Apply disposable gloves 14. Pour prescribed solution onto gauze to be used for cleaning 15. Cleanse wound with prescribed solution 16. Remove disposable gloves and discard them into biohazard 17. Perform hand hygiene <p>Resident #32</p> <p>Review of Resident #32's 10/2024 Physician Orders read in part .</p> <p>10/15/2024-Cleanse Stage III Pressure area to right heel with Dakin's (pat dry), apply Santyl, then calcium alginate, then Gentian [NAME] to periwound area, and pad with abdominal pad then wrap with gauze roll daily Monday-Friday until resolved.</p> <p>An observation of wound care for Resident #32 on 10/30/2024 at 9:25 a.m. revealed S3 RN providing wound care to right foot pressure ulcer. S3 RN was observed cleaning the right heel wound with a 4x4, discarded soiled 4x4, obtained a new 4x4 from the clean field and cleansed the wound with soiled gloves two more times without discarding gloves and cleansing hands.</p> <p>An interview on 10/30/2024 at 2:55 p.m., S2 RN was notified by this surveyor that she failed to remove soiled gloves and sanitize hands prior to obtaining supplies from the clean field and cleansing the wound. S2 RN confirmed that she should have removed the soiled gloves and sanitized her hands after discarding the soiled 4x4 and obtaining the new 4x4 to continue to cleanse wound, but did not.</p> <p>51096</p> <p>Review of the facility's Water Management Program Facility assessment dated [DATE] revealed the hot water temperatures at plumbing fixtures used by residents are automatically regulated by control valves to assure a temperature between 110 and 120 degrees Fahrenheit at the faucet outlet . Review revealed the person responsible for ensuring/monitoring this was the Administrator.</p> <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of the facility's Water Management Program not dated revealed the water management team will consist of the following staff members . Administrator and Assistant Director of Nursing/ Infection Preventionist. Review revealed Control measures have been put into place such as . taking water temperature throughout facility in resident room and shower rooms; Should control limits meet criteria for not meeting standards the equipment in question will be shut down and troubleshooting will commence; testing of water for bacteria, flushing system, notifying the Municipal Supplier will take place.</p> <p>Review of the water temperature log for August 2024 revealed 66 out of 68 temps in resident's room out of range; review of water temperature logs for September 2024 revealed 68 out of 68 temps in resident's rooms out of range and review of water temperature logs for October 2024 revealed 63 out of 68 temps out of range specified in the water management program with no interventions listed.</p> <p>Interview on 10/30/2024 at 2:15 p.m. with S11 ADON who has been the Infection Preventionist for one year revealed that S1 Administrator was in charge of the Water Management Program.</p> <p>Interview on 10/30/2024 at 03:50 p.m. with S1 Administrator revealed that housekeeping collects the temperature checks on all rooms in the facility monthly. S1 Administrator revealed that he then reviews the logs and must have overlooked the temperatures that were out of range and did not take any corrective actions.</p> <p>Interview on 10/30/2024 at 4:11 p.m. with S8 Regional Administrator revealed the facility has a water management program but does not have a policy in place that specifies testing protocols and acceptable ranges for control measures or documenting the results of testing and corrective actions taken when control limits are not maintained.</p>		