STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195557	A. Building B. Wing	01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valley View Health Care Facility	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)
F 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to complete a Discharge Minimum Data Set (MDS) assessment upon discharge for 1 (Resident #23) of 5 sampled residents investigated for Resident Assessment.Findings: Review of facility policy on [DATE] at 2:25 p.m. titled, MDS Policy and Procedure with an effective date of [DATE] revealed the following part .All Minimum Data Sets (MDS) are to be completed and transmitted according to the most current Resident Assessment Instrument (RAI) manual. The Interdisciplinary Team will assess the resident and document during the 7 day look back and accurately complete the MDS according to the RAI manual. Review of Resident #23's medical record revealed an admission date of [DATE] and a discharge date of [DATE]. Further review of Resident #23's medical record revealed the last MDS conducted was a Quarterly MDS on [DATE] and there was no evidence that the Discharge MDS was completed. Review of Resident #23's nursing progress notes revealed that on [DATE] Resident #23 was sent to the emergency room and expired at the hospital that same day. In an interview on [DATE] at 2:09 p.m., S8 MDS LPN revealed she was assigned to complete Resident #23's Discharge MDS. In a record review with S8 MDS LPN, she revealed the last MDS completed for Resident #23 was a Quarterly on [DATE]. S8 MDS LPN confirmed the Discharge MDS for Resident #23 was not completed within the required 14-day timeframe but should have been.

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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F 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Encode each resident?s assessment data and transmit these data to the State within 7 days of assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews and interviews, the facility failed to transmit a completed MDS (Minimum Data Set) assessments within 14 days after completion for 1 (#8) of 1 residents reviewed. Findings: A review of a facility policy on [DATE] at 9:50 a.m., titled MDS Policy and Procedure revealed in part.Policy: All Minimum Data Set (MDS) are to be completed and transmitted according to the most current Resident Assessment Instrument (RAI) manual. Review of Resident #8's medical record revealed an admission date of [DATE], Resident #8 expired in the facility on [DATE]. A review of Resident #8's Death in a Facility MDS, with an ARD (Assessment Reference Date) of [DATE], revealed it was completed on [DATE]. Further review revealed it was not transmitted and was 88 days overdue. In an interview on [DATE] at 2:23 p.m., S8 MDS LPN reviewed Resident #8's MDS and stated she was responsible for transmitting the MDS after completion. S8 MDS LPN confirmed she hadn't transmitted Resident #8's Death in Facility MDS within the required timeframe after completion but should have and confirmed it was 88 days overdue.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on observation, interview and record review, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary environment and to help prevent the development and transmission of communicable diseases and infections. This failed practice had the potential to affect the 77 residents who resided in the facility. The facility failed to ensure appropriate environmental cleaning and disinfecting solutions were used to disinfect surfaces throughout the facility. Findings: Review of a facility policy on 01/29/2026 at 3:20 p.m. titled, Standard Precautions with an effective date of 11/28/2016 revealed the following in part .Purpose: To prevent the spread of infections. 7. Disinfect or sterilize reusable equipment before use on another resident. Equipment: Disinfectant. Review of a facility policy on 01/29/2026 at 12:38 p.m. titled, Housekeeper Aide Description with an effective 04/15/2015 revealed the following in part . Must have knowledge of Infection Control; and knowledge of Material Safety Data Sheets. Clean floors, to include sweeping, dusting, damp, damp/wet mopping, stripping, waxing, buffing, disinfecting. Etc. Clean walls and ceiling by washing, wiping, dusting spot cleaning, disinfecting, deodorizing, etc. Remove dirt, dust, grease, film etc. form surfaces using proper cleaning/disinfecting solutions. Review of the facility's Safety Data Sheet on 01/29/2026 at 11:47 a.m. titled, Fabuloso All Purpose Cleaner Liquid Ocean Cool with a revision date 05/30/2019 revealed no evidence of disinfecting or sanitizing properties of the solution. Review of the facility's Fabuloso bottle labels on 01/29/2026 at 11:47 a.m. revealed the following information on the labels .Fabuloso All Purpose Cleaner; Kill Time: N/A; No EPA (Environmental Protection Agency) listing: Does not kill COVID.Observation on 01/29/2026 at 9:40 a.m. of a housekeeping cart, accompanied with S3 HSK Sup, revealed a labeled Fabuloso spray bottle. S3 HSK Sup revealed that Fabuloso was used daily for cleaning in the resident's rooms and throughout the facility. In an interview on 01/29/2026 at 10:23 a.m., S4 HSK revealed she had been working as a housekeeper for two months and was trained to use Fabuloso daily. S4 HSK revealed she used Fabuloso to wipe down bedside tables, bedrails, window seals, sinks, and countertops in resident rooms and throughout the facility. S4 HSK stated she did not wipe down these areas with any other chemical solution after wiping with Fabuloso. Observed a bottle of Fabuloso in S4 HSK's cart with a label that stated the following: NO EPA listing; Does not kill COVID; Kill Time N/A. S4 HSK stated she did not know if Fabuloso killed germs or disinfected anything and it made it smell good.In an interview on 01/29/2026 at 10:33 a.m., S1 Admin revealed that Fabuloso was used in the facility for odor control and the housekeepers would wipe down areas in the resident rooms with Fabuloso. S1 Admin stated that Fabuloso did kill germs. In an interview on 01/29/2026 at 10:55 a.m., S1 Admin provided the original bottle of the Fabuloso solution. Observed the original packaging label which read in part .Fabuloso Professional All-Purpose Cleaner and Degreaser. No evidence on the label that stated the solution killed germs or disinfected surfaces. In an interview on 01/29/2026 at 11:00 a.m., S1 Admin revealed he purchased the Fabuloso that did not have the anti-bacterial component within the solution. S1 Admin confirmed the facility had been using the wrong solutions to disinfect surfaces such as the bedside tables, dressers, counters, bed rails, and multi-touch surfaces in the resident rooms and throughout the facility for about 1 year. S1 Admin confirmed the housekeeping staff should had used the approved Micro-Kill Q3 concentrated disinfectant, Clorox Disinfecting wipes, and/or Germicidal wipes for disinfecting in the facility, not the Fabuloso he purchased.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure the person-centered care plan was implemented for 1 (Resident #78) of 25 sampled residents. Findings:Review of Resident #78's electronic health record revealed an admission date of 05/24/2024 with diagnoses which included: Osteoarthritis, Critical illness Myopathy, Age-Related Osteoporosis, Muscle Weakness, Repeated Falls, and Spinal Stenosis. Review of Resident #78's Quarterly MDS with an ARD of 10/14/2025 revealed a BIMS score of 8, indicating moderate cognitive impairment. Resident #78 required partial to moderate assistance with ADLs. Review of Resident #78's Physician Order dated 10/21/2025 read in part.fall mat to be placed on the right side of Resident #78's bed every shift for fall precautions. Review of Resident #78's comprehensive care plan with a review date of 01/12/2026 read in part.Resident #78 is at risk for falls. Interventions dated 10/21/2025 included an order to place a fall mat on the right side of Resident #78's bed. Review of Resident #78's Fall assessment dated [DATE] revealed a score of 11, indicating Resident #78 was at high risk for falls. On 01/28/2026 at 9:00 a.m., observation revealed no fall mat present on the right side of Resident #78's bed. On 01/29/2026 at 9:36 a.m., observation revealed no fall mat present on the right side of Resident #78's bed. On 01/29/2026 at 9:49 a.m., an interview with S5LPN confirmed that resident #78 had a physician order and had a care planned intervention that required a fall mat on the right side of the bed as a fall prevention measure. S5LPN confirmed through observation that the fall mat was not in place, but should have been.

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F 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason. Based on observation, record review and interview, the facility failed to ensure ADLs (activities of daily living) were performed for 1 (#57) of 4 residents reviewed for ADLs. The facility failed to ensure Resident #40 received nail care. Findings: Review of the medical record for Resident #57 revealed an admit date of 05/21/2025 with diagnoses that included in part.Benign Prostatic Hyperplasia without Lower Urinary Tract Symptoms, Peripheral Vascular Disease, and Tobacco Use. Review of Resident #57's Quarterly MDS with an ARD of 11/18/2025 revealed a BIMS score of 15, which indicated intact cognition. Review of the MDS revealed Resident #57 required supervision or touching assistance with personal hygiene. Review of Resident #57's current care plan revealed Resident #57 required staff assistance for ADL care related to needing assistance with ADLs and mobility. Interventions included in part, assist the resident with bathing, hygiene, and grooming tasks. Resident #57 was also at risk for skin impairment related to bladder and bowel incontinence at times. Interventions included in part, keep fingernails short. An observation on 01/27/2026 at 9:47 a.m. revealed Resident #57 was noted to have long fingernails to both hands with a brown unknown substance underneath them. Interview with Resident #57 revealed he wanted his nails cut and had asked staff to cut them previously. Resident #57 stated he was not a Diabetic. An observation on 01/28/2026 at 9:40 a.m. revealed Resident #57 was noted to have long fingernails to both hands. Interview with Resident #57 stated he had a bath yesterday but no one looked at his nails. Resident #57 stated that he had asked staff to cut his nails and would like his nails cut. In an interview on 01/28/2026 at 10:00 a.m. S10 CNA stated Resident #57 requires assistance with personal hygiene such as nail care. S10 CNA stated Resident #57's nail care is done on his shower days and that she doesn't cut his nails but can clean them. S10 CNA stated the treatment nurse is who cuts the residents nails. During interview with S10 CNA, Resident #57 walked and S10 CNA confirmed that Resident #57's nails were long and should have been cut. In an interview on 01/28/2026 at 10:08 a.m., S9 Treatment Nurse stated all residents in the facility have a standing order to receive nail care that includes cutting and trimming. S9 Treatment Nurse stated Resident #57 is not a Diabetic therefore all staff are responsible for cutting and trimming his nails. S9 Treatment Nurse confirmed Resident #57's nails should've been cut but was not. In an interview on 01/28/2026 at 10:28 a.m., S2 DON stated that CNAs can cut, trim, and file any resident that doesn't have a diagnosis of Diabetes. S2 DON stated the CNAs will usually ask S Treatment Nurse to go around and cut residents nails. S2 DON acknowledged that Resident #57's nails were long and should have been cut but was not.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on interview and record review, the facility failed to ensure that a resident who was unable to carry out activities of daily living received the necessary services to maintain good personal hygiene by failing to provide assistance with bathing for 1 (Resident #55) of 4 residents reviewed for ADLs. Findings:Review of Resident #55's medical record revealed an admit date of 08/06/2024 with diagnoses which included: Cellulitis of the Chest Wall, Unsteadiness on Feet, Depression, Tachycardia, Cardiac Arrest, Chronic Obstructive Pulmonary Disease, Cerebral Infarction, End Stage Renal Disease, Ventricular Tachycardia, Implants and Grafts, and Blindness in the Right and Left eye Category 5. Review of Resident #55's Quarterly MDS with an ARD of 10/28/2025 revealed Resident #55 had a BIMs score of 15, indicating intact cognition. Resident #55 required partial/moderate assistance with bathing. Review of Resident #55's Care Plan, dated 11/12/2025, revealed that the resident required staff assistance with ADL care, including bathing. Review of the document titled POC Task Response History-Daily Bed Bath revealed in part. Resident #55 did not receive a bed bath on the following dates:12/29/2025- documented as not applicable01/19/2026- documented as resident not available01/23/2026- documented as resident not available On 01/27/2026 at 9:37 a.m., an interview with Resident #55 revealed that she was not consistently receiving her bed baths as scheduled. On 01/28/2026 at 2:58 p.m., an interview with S6 CNA Sup, confirmed that Resident #55 was scheduled to receive a bed bath daily and specifically prior to dialysis on Monday, Wednesdays, and Fridays. S6 CNA Sup confirmed that Resident #55 did not receive her scheduled bed bath on 12/29/2025, 01/19/2026, and 01/23/2026, but should have.