

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235377	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/27/2025
NAME OF PROVIDER OR SUPPLIER Valley View Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1050 Four Mile NW Grand Rapids, MI 49544	
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>Based on interview and record review, the facility failed to provide care and services to promote dignity and respect in 2 (Resident #106 and #107) of 3 residents reviewed for dignity/respect, resulting in feelings of frustration and the potential for decreased self-esteem and decreased quality of life. Findings include: Resident #106 Review of an admission Record revealed Resident #106 was a female, with pertinent diagnoses which included: major depressive disorder, recurrent, unspecified. Review of a Brief Interview for Mental Status (BIMS) assessment for Resident #106, with a reference date of 6/30/25 revealed a BIMS score of 15, out of a total possible score of 15, which indicated Resident #106 was cognitively intact. In an interview on 8/25/25 at 11:36 AM, Resident #106 reported call light wait time could be as much as 1/2 hour. Resident #106 reported she has had to wait so long for staff to answer her call light that she has soiled her brief. Resident #106 reported she has also had to wait a long time for staff to change her brief, and it made her feel degraded. In an interview on 8/25/25 at 11:46 AM, Certified Nurse Aide (CENA) F reported Resident #106 does not refuse cares. In an interview on 8/26/25 at 1:07 PM, CENA T reported Resident #106 does not refuse cares. Resident #107 Review of an admission Record revealed Resident #107 was a female, with pertinent diagnoses which included: other specified depressive episodes. Review of a Brief Interview for Mental Status (BIMS) assessment for Resident #107, with a signed date of 8/20/25 revealed a BIMS score of 11, out of a total possible score of 15, which indicated Resident #107 was moderately cognitively impaired. In an interview on 8/25/25 at 11:46 AM, Resident #107 reported she has had to wait a long time for staff to change her brief. Resident #107 stated, last night, it seemed like I sat there forever. Resident #107 reported it made her feel like an old lady having to wait to get her brief changed. In an interview on 8/25/25 at 2:34 PM, CENA U reported resident #107 does not refuse cares. In an interview on 8/26/25 at 3:03 PM, Licensed Practical Nurse (LPN) R reported residents sometimes complained about long call light wait times. In an interview on 8/26/25 at 3:05 PM, CENA V reported there had been some residents who complained to her about long call light wait times.</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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