

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235649	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/31/2025
NAME OF PROVIDER OR SUPPLIER  Valley Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1015 E Paris Ave SE Grand Rapids, MI 49546	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to develop a care plan specific to the residents care needs in 1 (Resident #4) of 8 residents reviewed for care plans, resulting in the potential for unmet needs. Findings include: Review of an admission Record revealed Resident # 4 was originally admitted to the facility on [DATE] with pertinent diagnoses which included dementia and major depressive disorder. Review of Resident #4's Orders revealed that Resident #4 was enrolled to hospice services on 3/11/25. Review of Resident #4's current Care Plan did not reveal a focus related to hospice/end of life, or integration of hospice/end of life services into Resident #4's comprehensive plan of care. In an interview on 7/31/2025 at 8:42 AM, Director of Nursing (DON) B confirmed that Resident #4 was enrolled with hospice. DON B reviewed Resident #4's care plan with surveyor and confirmed that Resident #4's care plan did not have a focus related to hospice services that he was receiving. Review of the facility's Comprehensive Care Plan policy dated 1/2025 revealed, Policy: It is the policy of this community to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs and ALL services that are identified in the resident's comprehensive assessment and meet professional standards of quality Policy Explanation and Compliance Guidelines: 3. The comprehensive care plan will describe, at a minimum, the following: a. The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being .</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to perform effective hand washing and complete hand hygiene between glove changes during resident care in 2 of 2 residents (Resident #11 &amp; #19) reviewed for infection control, resulting in the potential for cross-contamination and the development and spread of infection to a vulnerable population. Findings include: Resident #11</p> <p>Review of an admission Record revealed Resident #11 was a female, with pertinent diagnoses which included multiple sclerosis (a disease in which the immune system causes damage to the protective covering of the nerve cells), anemia, vascular disease, lower extremity ulcers, anxiety, and depression.</p> <p>In an observation on 7/29/25 at 10:06 AM, Agency Shabaz (a term used for Certified Nursing Assistants (CNA's) in the [NAME] House model of care who provide direct care to the residents) I assisted Resident #11 with a brief change in the resident's room. Observed Agency Shabaz I don (put on) gloves and clean Resident #11's buttocks and perineal area with pre-moistened, disposable wipes. Noted Resident #11 had a bowel movement. After removing and discarding Resident #11's soiled brief, Agency Shabaz I removed and discarded the soiled gloves, then donned a new pair of gloves with no hand hygiene performed between the glove change.</p> <p>In an interview on 7/29/25 at 12:58 PM, Agency Shabaz I reported hand hygiene should be completed when changing gloves during resident care.</p> <p>In an observation on 7/30/25 at 3:13 PM, Shabaz G assisted Resident #11 with a transfer from her wheelchair to her bed, in the resident's room, to change a soiled brief and pants. Observed Shabaz G don gloves prior to assisting Resident #11 with a transfer using the dependent lift in her room. Observed Shabaz G remove Resident #11's pants, discard gloves, and perform hand washing at the sink in Resident #11's room for approximately 7 seconds. Shabaz G then donned a new pair of gloves and continued with resident care.</p> <p>In an observation on 7/30/25 at 3:56 PM, Shabaz G and Registered Nurse (RN) D completed wound care for Resident #11 while she was in bed, in her room. Observed RN D remove the soiled dressing from Resident #11's left leg and clean the wound bed. RN D discarded the soiled dressing and removed her gloves, then applied a new pair of gloves with no hand hygiene performed between the glove change. Once the new dressing was applied, RN D discarded her gloves, taped/dated and initialed the dressing, and donned a new pair of gloves with no hand hygiene performed between the glove change. After examining and removing the soiled dressing from Resident #11's right elbow, RN D removed and discarded her gloves, and donned a new pair of gloves with no hand hygiene performed between the glove change before moving to examine Resident #11's left elbow. When finished with the assessment of Resident #11, RN D discarded her gloves and performed hand washing in the resident's bathroom for approximately 5 seconds.</p> <p>In an interview on 7/30/25 at 4:30 PM, RN D reported hand hygiene should be completed with each glove change. RN D reported hand washing should be performed for a minimum of 20 seconds.</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 - Few</p>	<p>Review of the policy/procedure Hand Hygiene, revised 1/2025, revealed .All team members will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors . Hand hygiene technique when using soap and water .Wet hands with water. Avoid using hot water to prevent drying of skin .Apply soap to hands, using enough to create a good lather and cover all surfaces .Rub hands together vigorously for at least 15 seconds, covering all surfaces of the hands and fingers .Rinse hands with water .Dry thoroughly with a single-use towel .Use towel to turn off the faucet .The use of gloves does not replace hand hygiene. If your task requires gloves, perform hand hygiene prior to donning gloves, and immediately after removing gloves .</p> <p>Resident #19</p> <p>Review of an admission Record revealed Resident #19 was originally admitted to the facility on [DATE] with pertinent diagnoses which included non-pressure chronic ulcer of other part of left foot with unspecified severity.</p> <p>Review of Resident #19's Orders revealed, left lateral foot: monitor area for signs of infection and/or changes, notify provider. Change dressing on Wednesday's and document presentation of wound. Monitor dressing every shift every shift change dressing if soiled or dislodged. Start date: 6/18/25.</p> <p>In a wound care observation on 7/30/2025 at 11:37 AM, Registered Nurse (RN) D applied gloves and removed Resident #19's sock and soiled dressing from her left foot. RN D then threw away the soiled dressing and removed her gloves. RN D then applied new gloves and began cleaning Resident #19's wound. It was noted that RN D did not wash her hands after removing the soiled gloves and before applying new gloves.</p>		