

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245378	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2024
NAME OF PROVIDER OR SUPPLIER Valley View Manor Hcc		STREET ADDRESS, CITY, STATE, ZIP CODE 200 East Ninth Avenue Lamberton, MN 56152	

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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49336</p> <p>Based on observation and interview the facility failed to ensure privacy of resident's medical information for 1 of 1 facility medication cart which involved 10 of 21 residents (R1, R4, R5, R6, R7, R8, R10, R11, R18, and R175). This had the potential to be viewed by any resident and visitor passing by common room across from the nursing station.</p> <p>Findings include:</p> <p>R1's, 4/13/24 quarterly, Minimum Data Assessment (MDS) identified R1 was admitted on [DATE]. R1 had a diagnosis of medically complex conditions, such as diabetes, depression, and schizophrenia.</p> <p>R4's, 4/03/24, Significant Change MDS identified R4 was admitted in March 2023. R4 had a diagnosis of other neurological conditions, high blood pressure, and peripheral vascular disease (PVD) (decreased blood-flow to extremities).</p> <p>R5's, 4/19/24, Significant Change MDS identified R5 was admitted in March 2024. R5 had a diagnoses of diabetes, depression, and respiratory failure.</p> <p>R6's, 5/08/24 quarterly, MDS identified R6 was admitted in June 2020. R6 had a diagnosis of high cholesterol.</p> <p>R7's, 3/26/24 Significant Change MDS identified R7 was admitted in July 2023. R7 had a diagnoses of heart failure, Alzheimer's, and dementia.</p> <p>R8's, 4/28/24 quarterly, MDS identified R8's was admitted in November 2020. R8 had a diagnoses of non-traumatic brain dysfunction, cancer, Alzheimer's, and dementia.</p> <p>R10's, 5/10/24 Significant Change MDS identified R10 was admitted in May 2019. R10 had a diagnosis of dementia, anxiety, diabetes, and hypertension.</p> <p>R11's, 3/08/24 Significant Change MDS identified R11 was admitted in June 2019. R11 had a diagnosis of high blood pressure, viral hepatitis, dementia, anxiety, and depression.</p> <p>R18's, 6/03/24 admission assessment identified R18 was admitted in May 2024. R18 had a diagnosis of medically complex conditions, such as diabetes, malnutrition, and manic depression.</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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R175's, 5/27/24 admission assessment identified R175 was admitted in May 2024. R175 had a diagnoses of coronary artery disease (CAD), anxiety, and depression.</p> <p>Observation on 06/03/24 at 1:10 p.m., of 1 of 1 facility medication cart identified it was located between the north, west, and east wing in the common area across from the nurses station and had been placed by the wall by a trained medication aide (TMA)-A. TMA-A had typed in a password to access the Point Click Care (PCC) online electronic health record which accessed residents medical record on the system.</p> <p>Observation on 6/03/24 at 1:11 p.m., of TMA-A at the medication cart identified she had reviewed a resident medication list and gathered the medications and had locked the medication cart. TMA-A then walked towards the East unit with the medications in her hands. The PCC electronic medical record was found open and had a list of resident's information, pictures, and room numbers.</p> <p>Observation on 6/03/24 at 1:12 p.m., of R7 identified they were seated in the common area looking out the window.</p> <p>Observation on 6/03/24 at 1:13 p.m., of trained medication aide (TMA)-A identified she remained on the East unit.</p> <p>Observation on 6/03/24 at 1:14 p.m., with TMA-A identified she had exited the East unit. TMA-A walked passed the medication cart in the common area and had headed towards the South unit.</p> <p>Observation on 6/03/24 at 1:15 p.m., in the common area identified R15 was propelling in her wheelchair towards the [NAME] unit.</p> <p>Observation on 6/03/24 at 1:16 p.m., of NA-A and NA-F identified they passed the medication cart in the common area and sat at the nursing station.</p> <p>Observation and interview on 6/03/24 at 1:18 p.m., with TMA-A identified she headed back to the medication cart and viewed her opened PCC account screen and immediately closed the screen. She stated she forgot to close the PCC's medical records access screen when she was heading to give medication to a resident. She agreed she should not have left residents information exposed on the computer to prevent unauthorized access by potential passers-by.</p> <p>Interview on 6/03/24 at 1:26 p.m., with nursing assistant (NA)-A identified stated staff were supposed to close (lock) their screens to prevent patient record exposure. Staff were to close the computer screen to hide residents' information before leaving the medication cart.</p> <p>Interview on 6/03/24 at 1:45 p.m., with NA-F identified if she had found the medication cart screen unlocked leaving access to private medical information passers-by, she would close the health record and would notify the employee of the exposed medical record and would inform them of of the error.</p> <p>Interview on 6/03/24 at 5:23 p.m., with TMA-C identified on rare occasions she had seen patient information accessible on the medication cart with the screen unlocked when no one was around. During those times, she had closed the electronic medical record and had notified the staff member who had left the medical record exposed.</p> <p>(continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 6/03/24 at 7:09 p.m., with director of nursing identified residents' information should always be secured and remain private. She would expect staff to follow the policies and procedures related to the facility's confidentiality policy. She was unaware of any breeches in securing resident private data.</p> <p>Interview on 6/04/24 at 1:35 p.m., with administrator identified her expectations would be for staff to always safeguard the confidentiality of resident's health records.</p> <p>Review of 12/2021, Confidentiality of Information and Personal Privacy policy identified the facility would safeguard residents personal and medical records in accordance with residents' rights and privacy practices.</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>39988</p> <p>Based on observation, interview, and document review the facility failed to implement enhanced barrier precautions (EBP) and ensure personal protective equipment (PPE) was used according to EBP indications for high-contact resident care activities for 2 of 2 residents (R5 and R18) with a wound and indwelling catheter. Additionally, the facility failed to monitor, track and trend for signs and symptoms of infections in the facility.</p> <p>Findings include:</p> <p>EBP</p> <p>R5's 4/19/24, significant change Minimum Data Set (MDS) assessment identified R5's cognition was intact, R5 required assistance of one staff for cares and transfers. R5 had an indwelling catheter and was continent of bowel. R5 had pain and took a scheduled pain medication, she was short of breath when lying flat, and had a stage 4 pressure ulcer with full thickness tissue loss that was present upon admission. R5 received pressure ulcer cares and had pressure relieving devices on her bed and in her wheelchair. R5 received daily diabetic injection, took an antidepressant, diuretic, antiplatelet, and antibiotic during the assessment period. Review of other MDS's for R5 identified the first time the indwelling catheter was identified was on the 1/11/23, quarterly MDS.</p> <p>R5's 6/5/24, printed diagnoses list identified Charcot's joint, left ankle and foot, congestive heart failure, neuromuscular dysfunction of bladder, chronic kidney disease, chronic non-pressure ulcer left heel and mid-foot with fat layer exposed, peripheral vascular disease, pneumonia (4/3/23), history of methicillin resistant staphylococcus aureus (MRSA), osteomyelitis left ankle and foot, type 2 diabetes mellitus, diabetic foot ulcer, morbid obesity, pressure ulcer of right heel stage 4, hypertension, asthma, and traumatic amputation of one right lesser toe.</p> <p>R5's 4/17/24, physician orders and treatments had no mention of contact precautions or EBP to be utilized for wound care or catheter care.</p> <p>R5's 6/5/24, printed care plan identified R5 had pressure ulcer and suprapubic catheter however, there was no mention of any implement of precaution.</p> <p>R5's 4/18/24, care area assessment (CAA) for urinary incontinence and indwelling catheter identified R5 had a Foley catheter in place and required staff assistance with toileting. The CAA for pressure ulcer identified impaired skin integrity related to decreased mobility and a pressure injury. There was no mention that R5 required any types of precautions related to her indwelling catheter or wound.</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>Observation and interview on 6/3/24 at 4:25 p.m., observed 2 nursing assistant (NA) that donned a mask before entering R5's room to answer a call light, staff entered the room and shut the door. Outside of R5's room was a dresser with a contact precaution sign that identified staff were to wash hands, glove, gown before entering room and remove before exiting room and an EBP sign that identified PPE to be used for high contact care activities for residents with indwelling medical devices, wounds, colonization, or infection with a multi-drug-resistant organism (MDRO). NA-B exited the room carrying a tied-up garbage bag and carried that to the soiled utility room. NA-B reported that staff did not have to gown unless they were doing something with the catheter.</p> <p>Interview on 6/3/24 at 4:38 p.m., with R5 identified staff assisted her on and off the toilet. She reported staff do not gown up unless they messed with her catheter or urine.</p> <p>Observation on 6/4/24 at 9:54 a.m., the dresser outside of R5's room continues to have 2 signs one contact precautions sign and one EBP sign.</p> <p>Observation and Interview on 6/4/24 at 3:55 p.m., with licensed practical nurse (LPN)-A who donned a gown and gloves prior to entering R5's room. On the dresser outside of R5's room was 2 signs one contact precaution sign and one EBP sign. LPN-A confirmed she was to wear glove and gown when performing the dressing change on R5's wound.</p> <p>Interview on 6/5/24 at 7:18 a.m., with trained medication aide (TMA)-A confirmed there was a sign for contact precautions and a sign for EBP on R5's dresser outside of her door. TMA-A revealed that R5 should be on EBP related to her urine and the other sign might have been taken out by a wandering resident. She reported that the DON made the decision on what precautions were implemented and would set that up for residents when needed. TMA-A took the sign for contact precautions off the top of the dresser and stuck it inside the drawer leaving only the EBP sign out. The EBP sign identified EBP to be used for high contact care activities for residents with indwelling medical devices, wounds, colonization, or infection with a MDRO.</p> <p>Interview on 6/5/24 at 8:38 a.m., with director of nursing (DON) identified precautions were determined by the resident diagnosis or if they were having signs and symptoms of a diseased. She revealed she was responsible for implementing precautions. She identified the facility only had one resident on precautions and that was R5 because she had MRSA in her wound. The DON reported R5 was on contact precautions with the PPE supplies outside of R5's room in a dresser. Staff needed to gown and glove for wound care, but they did not have to gown for any other cares. When asked why R5 had 2 different precaution signs on the dresser outside of R5's room, one for contact precautions and one for EBP she stated that the assistant director of nursing had set up the precautions for R5. She revealed that she had not paid any attention to the signs as she had been so busy with all her other job duties but should have caught there were 2 signs posted.</p> <p>Interview on 6/5/24 at 8:47 a.m., with registered nurse (RN)-A identified R5 was on contact precautions related to R5 having VRE in her urine. RN-A revealed her understanding was the precautions were implemented only when working with R5's urine.</p> <p>Observation and interview on 6/5/24 at 8:51 a.m., with TMA-A who commented on the contact precaution sign on dresser outside of R5's room as it was the only precaution sign displayed on top of the dresser and stated she thought that R5 was on EBP for her urine.</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>Observation on 6/5/24 at 8:49 a.m., of the dresser outside of R5's room contained only the contact precaution sign. The sign identified that everyone must, clean their hands, including before entering and when leaving the room, Providers and staff must also put on gloves before room entry, discard gloves before room exit, put on gown before room entry, discard gown before room exit, do not wear same gown and gloves for the care of more than one person, use dedicated or disposable equipment, clean and disinfect reusable equipment.</p> <p>Interview on 6/5/24 at 9:04 a.m., with medical record staff identified that staff only had to don a gown and gloves when handling urine or working with R5's urine. The contact precaution sign outside R5's room was for when the facility had an influenza outbreak back in March and staff did not want R5 to get that as she became septic so easy. She confirmed staff only needed to gown and glove when working with R5's urine.</p> <p>Observation 6/5/24 at 9:06 a.m., TMA-A took the EBP sign out of the drawer and placed it back next to the contact precaution sign on top of the dresser outside of R5's room.</p> <p>Observation and Interview on 6/5/24 at 10:02 a.m., with NA-A who was assisting R5 in the bathroom to get dressed for the day. NA-A had gloves on and was putting on R5's shoes while R5 was seated on the toilet. NA-A removed her gloves and washed her hands and picked up R5's catheter then suddenly stopped and put clean gloves on before touching the catheter bag again. NA-A then placed the catheter bag into a material bag cover. NA-A changed gloves again and provided buttocks cares when R5 stood up. NA-A was asked when she if she needed or when she needed to implement gowning as the sign outside of R5's door indicated. NA-A reported that those were old signs and staff were using PPE when R5 had pneumonia, but staff were no longer doing that.</p> <p>Interview on 6/5/24 at 10:23 a.m., with DON identified the facility communicated with staff when a resident was placed on precautions would be via the 24-hour nursing report and other departments would be notified via their department manager. She said the facility did not want to tell everyone either but wanted to keep everyone safe. She reported that the previous DON and assistant DON had walked off the job at the end of April and she was unable to find any surveillance. She reported since she could not find the surveillance information there was no way that anyone was monitoring or tracking it for trends. She identified the charge nurse would document illness in the resident progress notes and potentially add monitoring the treatment record depending on what the illness was. She confirmed there was no one at the facility reviewing the information. The DON was unaware of the new requirement for implementing EBP for residents with infection or colonized CDC targeted multi-drug-resistant organism (MDRO), wounds, and/or indwelling medical devices. She revealed that if R5 did not have VRE listed in her diagnosis she would not know where to find the diagnosis.</p> <p>Review of the October 2021, Isolation-Categories of Transmission-Based and Enhanced Precautions policy identified EBP would be used for any resident with infection or colonization of a targeted MDRO when contact precautions did not apply, wounds, and/or indwelling medical devices such as urinary catheters, feeding tube, or tracheostomy. The use of PPE should be implemented during high-contact tasks where there was a potential for exposure to blood and body fluids such as device care, wound care, toileting, dressing, bathing, transferring, providing hygiene, or changing linens.</p> <p>SURVEILLANCE</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>Interview on 6/5/24 at 10:23 a.m., with DON identified that the previous DON and assistant DON had walked off the job at the end of April and she was unable to find any surveillance. She reported since she could not find the surveillance information there was no way that anyone was monitoring or tracking it for trends. She identified the charge nurse would document illness in the resident progress notes and potentially added monitoring the treatment record depending on what the illness was. She confirmed there was no one at the facility reviewing the infection control information. The DON was unaware of the new requirement for implementing EBP for residents with infection or colonized CDC targeted MDRO, wounds, and/or indwelling medical devices.</p> <p>Interview on 6/5/24 at 11:03 a.m., with administrator identified she was able to find some infection surveillance documentation in Point Click Care (PCC) the facilities electronic medical record. She confirmed no one had been monitoring or tracking infections for trends as she reported she had just figured out how to view them in PCC.</p> <p>Review of the facility infection control surveillance 1/1/24 through 6/5/24 identified areas to document included the resident name, date of birth, room number, onset date, diagnostic, current prescriber, infection type, organism, current prescription, created date, name of creator, last updated date, signs, or symptoms of MDRO, isolation/precaution closed/resolved date, and comments. All categories had not been filled out, and there were multiple entries under category of infection as unknown. There were multiple blanks under category of organism and isolation or precaution implementation. The surveillance identified 16 out of 40 residents listed had unknown infection however, had been prescribed an antibiotic. The surveillance also revealed the facility had an influenza outbreak in March with 12 confirmed cases logged. Additionally, R5 was identified with an onset of 1/1/24, with a bacterial infection with signs and symptoms of MDRO and a urinary tract infection. The form identified R5 to be placed on EBP for a history of VRE in urine and for wound care. There was a resolve date for the urinary tract infection of 5/2/24 and no resolved date for the bacterial infection with signs and symptoms of MDRO.</p> <p>Review of the 4/17/24, Quality Assurance and Assessment (QAA)/ Quality Assessment and Performance Improvement (QAPI) meeting minutes identified infection control/antibiotic stewardship, and resident immunizations for pneumococcal, influenza, COVID, and TB with no resident completion percentages identified. The actions included encourage all new residents to be up to date on vaccinations. Re-educate staff on completing Loeb's criteria and 72-hour time out assessments. The minutes lacked review of infections or a summary of tracking or trending of infections.</p> <p>Review of the 1/18/24, Surveillance for Infections policy identified the purpose was to identify trends to guide appropriate interventions and prevent future infections. Surveillance should include infections documentation, diagnosis, infection site, laboratory records, treatment measures, antibiotic review to assist in identifying potentially indicators of infections. The infection preventionist or designee should summarize the information monthly and analyze the data for trends.</p>		

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<p>F 0882</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home.</p> <p>49336</p> <p>Based on interview and document review the facility failed to ensure the acting infection preventionist (IP) (who is the facility's director of nursing (DON)) had completed specialized training in infection prevention and control. This had the potential to affect all 21 residents residing in the facility.</p> <p>Findings include:</p> <p>Interview on 6/04/24 at 02:16 p.m., with director of nursing (DON) stated, she had not completed her IP training and certification and planned to complete it when time allotted her to do so. She stated no other staff in the facility had IP training and she was assigned as the IP designee when the assistant director of nursing ADON resigned from his position abruptly.</p> <p>Interview on 6/04/24 at 02:27 p.m., with administrator stated the facility does not have a certified IP at the facility due to the ADON leaving their position at the facility and could not provide records for 2 of the residents to confirm COVID vaccines were offered.</p> <p>Review of 7/20/23 Facility Assessment identified the facility had a certified IP in the facility and would have monthly infection control meetings with medical director, consulting pharmacist and leadership team to discuss infection control issues or concerns</p> <p>A policy related to the IP was requested but not provided by the end of the survey.</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49336</p> <p>Based on interview and document review, the facility failed to ensure 4 of 5 sampled residents (R172, R173, R174 and R175) were appropriately vaccinated against pneumonia upon admission.</p> <p>Findings include:</p> <p>Review of the current CDC pneumococcal vaccine guidelines located at https://www.cdc.gov/vaccines/vpd/pneumo/hcp/pneumo-vaccine-timing.html, identified for:</p> <p>1) Adults [AGE] years of age or older, staff were to offer and/or provide based off previous vaccination status as shown below:</p> <p>a) If NO history of vaccination, offer and/or provide:</p> <p>aa) the PCV-20 OR</p> <p>bb) PCV-15 followed by PPSV-23 at least 1 year later.</p> <p>b) For PPSV-23 vaccine ONLY (at any age):</p> <p>aa) PCV-20 at least 1 year after prior PPSV-23 OR</p> <p>bb) PCV-15 at least 1 year after prior PPSV-23</p> <p>c) For PCV-13 vaccine ONLY (at any age):</p> <p>aa) PCV-20 at least 1 year after prior PCV13 OR</p> <p>bb) PPSV-23 at least 1 year after prior PCV13</p> <p>d) For PCV-13 vaccine (at any age) AND PPSV-23 BEFORE [AGE] years:</p> <p>aa) PCV-20 at least 5 years after last pneumococcal vaccine dose OR</p> <p>bb) PPSV-23 at least 5 years after last pneumococcal vaccine dose</p> <p>e) Received PCV-13 at Any Age AND PPSV-23 AFTER Age [AGE] years:</p> <p>aa) Use shared clinical decision-making to decide whether to administer PCV20. If so, the dose of PCV-20 should be administered at least 5 years after the last pneumococcal vaccine.</p> <p>(continued on next page)</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R172 was admitted in May 2024. R172's, 5/28/24 admission Minimum Data Assessment (MDS) identified she was [AGE] years old and was noted to be up to date on her vaccines. R172's vaccination record identified she received PPSV-23 on 9/15/14 followed by PCV-13 on 12/01/15. There was no documentation to support R172 had been offered or declined the PCV-15 or PCV-20 upon admission to ensure she was up to date with the current CDC guidelines.</p> <p>R173 was admitted in May 2024. R173's, 5/29/24 admission MDS identified he was [AGE] years old. Section O-Special Treatment and Programs identified R173 was up to date on his pneumococcal vaccines. R173's MIIC vaccination record identified he received Prevnar 13 on 12/08/15 followed by PPSV-23 on 12/29/16. There was no documentation to support R173 had been offered or declined the PCV-15 or PCV-20 upon admission to ensure he was up to date with the current CDC guidelines.</p> <p>R174 was admitted in May 2024. R174's, 5/30/24 admission MDS identified R174 was [AGE] years old. Section O- Special Treatments and Programs identified R174 was up to date on her pneumococcal vaccines. R174's received PCV-13 on 12/15/17 followed by PPSV-23 5/29/19. There was no documentation to support R174 had been offered or declined the PCV-15 or PCV-20 upon admission to ensure she was up to date with the current CDC guidelines.</p> <p>R175 was admitted in May 2024. R175's, 5/27/24's admission MDS identified she was [AGE] years old. Section O-Special Treatments and Programs identified R175 was up to date on her vaccines. R175's vaccination record lacked documentation of any pneumococcal vaccines. There was no documentation to support R175 had been offered or declined the PCV-20 OR PCV-15 to ensure she had been offered or administered vaccinations according to current CDC guidelines.</p> <p>Interview on 6/04/24 at 1:57 p.m., with director of nursing (DON) stated she that facility had the local clinic visited residents for routine vaccines including the shingle vaccine. She stated she was unaware if the local clinic had provided pneumococcal vaccines during their visit.</p> <p>Interview on 6/04/24 at 2:44 p.m., with administrator stated the PCV vaccines were not offered to the residents from the local clinic visit due to the in-house standing orders the facility had to vaccinate residents at the facility. Staff would need to obtain consent or declination of the vaccine for a resident and agreed that was not completed on admission for new residents identified above.</p> <p>Review of 1/18/2022 Vaccination of Residents policy identified the facility would assess new residents' current status vaccinations and would document residents' refusals on their medical record. In addition, the facility would provide educations related to the benefits and potential side effects of vaccinations.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245378	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2024
NAME OF PROVIDER OR SUPPLIER Valley View Manor Hcc		STREET ADDRESS, CITY, STATE, ZIP CODE 200 East Ninth Avenue Lamberton, MN 56152	
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 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p>49336</p> <p>Based on interview and document review, the facility failed to offer the Coronavirus (COVID-19) vaccine to 2 of 5 residents (R172 and R173) reviewed for COVID immunizations upon admission.</p> <p>Findings include:</p> <p>R172's, 5/28/24 admission minimum data assessment (MDS) identified R172 was cognitively intact and had a diagnosis of anemia.</p> <p>R172's current, undated vaccine history log identified she had no record of being offered or declination of the COVID-19 vaccine.</p> <p>R173's, 5/29/24 admission minimum data assessment (MDS) identified R173 was cognitively intact and had a diagnosis of heart disease and high blood pressure.</p> <p>R173's current, undated vaccine history log identified he had no record of being offered or declination of the COVID-19 vaccine.</p> <p>Interview on 6/04/24 at 1:57 p.m., with director of nursing (DON) stated she was unsure if the facility had administered COVID vaccines to residents. She thought perhaps R172 and R173 were not interested in receiving the COVID vaccine but could not provide a declination form for either resident to show they had been instructed on risks to benefits and declined the vaccine.</p> <p>Review of December 2021 Coronavirus Disease (COVID-19)-Vaccination of Residents policy identified residents could accept or refuse the COVID-19 vaccine and would be provided education related to the vaccine. The facility would provide the COVID-19 vaccine directly by the facility or indirectly through an arrangement with other appropriate health entities. The facility's Infection Preventionist (IP) or designee would oversee the education, documentation, and residents' vaccine status for COVID-19.</p> <p>Review of 7/20/23, Facility Assessment identified the facility followed Minnesota Department of Health (MDH) and Center of Disease Control (CDC) guidelines for COVID-19. The assessment identified the facility was to offer COVID vaccines to residents and employees.</p>		