STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265536	A. Building B. Wing	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valley View Health & Rehabilitation	1600 East Rollins St Moberly, MO 65270

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 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32530 Based on observation, interview, and record review, the facility failed to provide oral hygiene for two residents (Residents #41 and #48), who required assistance with oral care, in a review of 22 sampled residents. The facility census was 84. Review of the facility's policy, Mouth Care, revised February 2018, showed the following: -Purpose of the procedure was to keep the resident's lips and oral tissues moist, to cleanses and freshen the mouth, and to prevent oral infection; -The following should be documented in the resident's medical record; -1. The date and time the mouth care was provided along with the name and title of the individual who provided the mouth care; -2. Complaints of pain or discomfort of the mouth; -3. If the resident refused the treatment, the reason why, and the intervention taken; -4. The signature and title of the person recording the data. (The facility policy did not direct staff on how often they should provide oral care.) 1. Review of Resident #41's undated medical diagnosis record showed his/her diagnoses included schizophrenia (a mental disorder characterized by disruptions in thought processes, perceptions, emotional responsiveness, and social interactions), depression, bipolar disorder (a disorder associated with episodes of mood swings ranging from depressive lows to manic highs), and post-traumatic stress disorder (PTSD, a disorder in which a person has difficulty recovering after experiencing or witnessing a terrifying event). Review of the resident's Care Plan, dated 10/05/23, showed the following: -The resident had an activities of daily living (ADL) self-care performance deficit related to impaired mobility; -The resident required extensive assistance with personal/oral hygiene (initiated on 06/16/24). (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265536	A. Building B. Wing	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valley View Health & Rehabilitation	1600 East Rollins St Moberly, MO 65270

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	(The resident's care plan did not provide any specific instructions related to personal/oral hygiene care and did not identify the resident had natural teeth and dentures.) Review of the resident's annual Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 09/15/24, showed the following: -Moderate cognitive impairment; -Did not refuse care; -Required supervision or touching assistance for oral hygiene; -Required partial/moderate assistance for mobility; -Obvious or likely cavities or broken natural teeth. During an interview on 10/01/24 at 9:15 A.M., the resident said the following: -He/She did not get his/her teeth brushed regularly; -He/She could not remember when his/her teeth were brushed last; -He/She had upper dentures and did not remember when or if they had ever been soaked or cleaned; -He/She needed help to brush his/her teeth and to clean/soak his/her upper denture; -The staff did not assist him/her with oral care; -He/She did not think the staff knew he/she even had upper dentures; -Not getting his/her teeth brushed or cleaned made him/her feel dirty. Observation on 10/01/24 at 9:25 A.M. showed the following: -The resident had yellow colored tartar (a hardened, discolored build-up of plaque, formed when the natural occurring bacteria in the mouth mixes with food particles to form a sticky, adherent film) along the front of his/her bottom natural teeth and had food debris along the lower gum line; -The resident had upper dentures in his/her mouth and had food debris along the center top of the denture plate; -The resident had a toothbrush (sealed in unopened plastic wrap) and a new tube of toothpaste (the tube was intact and had never been squeezed; the top opening had not toothpaste on it) in a clean, pink emesis basin on his/her nightstand; -The resident did not have a denture cup in his/her room. During an interview on 10/02/24 at 6:10 A.M., the resident said the following: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265536	A. Building B. Wing	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valley View Health & Rehabilitation	1600 East Rollins St Moberly, MO 65270

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-The night shift staff got him/her up and out of bed to go to the dining room this morning; -The staff did not offer oral care, but just got him/her dressed to go to the dining room for breakfast; -He/She would have liked to have his/her teeth brushed and his/her upper denture cleaned. Observation on 10/03/24 at 9:20 A.M. showed the following: -The resident had yellow colored tartar build-up along the front of his/her bottom natural teeth and had food debris along his/her lower gum line; -The resident had upper dentures in his/her mouth and had food debris along the top of the denture plate; -The unopened toothbrush and new tube of toothpaste sat in a clean, pink emesis basin on his/her nightstand; -The resident did not have a denture cup in his/her room. During an interview on 10/03/24 at 9:20 A.M., Certified Nurse Assistant (CNA) S said the following: -It was the responsibility of either the night shift or day shift staff, whoever got the resident up first in the morning, to offer oral care to a resident. Staff were also to offer oral care after meals or when the resident requested; -He/She had provided care to the resident in the past, but not this morning; -He/She did not think the resident had dentures; -He/She was not sure why the resident's toothbrush and toothpaste had not been opened; -If a CNA needed to know about the resident's oral care routine, he/she could look at the resident's care plan or ask the charge nurse. Observation on 10/03/24 at 9:30 A.M. showed the following: -The resident removed his/her top denture and showed it to CNA S; -There was food debris stuck along the inside of the upper denture; -The resident showed CNA S his/her bottom teeth; -CNA S could not locate a denture cup in the room that had been used for the resident. During an interview on 10/03/24 at 9:32 A.M., CNA S said the following: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265536	A. Building B. Wing	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valley View Health & Rehabilitation	1600 East Rollins St Moberly, MO 65270

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-It did not appear the resident had been receiving routine oral care by the way the resident's mouth/teeth looked; -He/She was not sure why the resident did not have a denture cup, but he/she did not realize the resident had an upper denture; -It was important to offer oral care to the residents to help them feel good and to prevent the development or worsening decay of the teeth. 2. Review of Resident #48's admission diagnoses dated 07/21/23, included functional quadriplegia (the complete inability to move due to severe disability or frailty caused by another medical condition without physical injury or damage to the spinal cord). Review of the resident's Care Plan, initiated on 08/10/23, showed the following: -He/She had oral/dental health problems related to poor dentition; -He/She had an ADL self-care performance deficit related to impaired mobility; -He/She was dependent on staff for performance of personal hygiene, including oral care. Review of the resident's annual MDS, dated [DATE], showed the following: -His/Her cognition was moderately impaired; -He/She had obvious broken natural teeth and/or cavities; -He/She required substantial/maximum assistance with oral hygiene. Review of the resident's Kardex, dated 10/03/24, showed he/she was dependent on staff for personal hygiene. (The Kardex did not specifically address the resident's oral hygiene needs.) Observation on 10/01/24 at 3:10 P.M. showed the following: -The resident had poor dentition; -His/Her upper teeth appeared to have obvious cavities and black stubs for teeth; -He/She had a white film over his/her lower teeth and black spots on the back lower teeth. Observation on 10/02/24 at 12:30 P.M. showed the following: -The resident had poor dentition; -His/Her upper teeth appear had obvious cavities and black stubs for teeth; -He/She had a white film over his/her lower teeth and black spots on back lower teeth. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265536	A. Building B. Wing	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valley View Health & Rehabilitation	1600 East Rollins St Moberly, MO 65270

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 10/02/24 at 12:30 P.M., the resident said the following: -Staff did not assist him/her with brushing his/her teeth and he/she was unable to do it for himself/herself; -Poor oral hygiene was probably why his/her teeth were sometimes painful; -His/Her mouth felt icky and he/she would like for staff to assist him/her with brushing them. 3. During an interview on 10/08/24 at 6:00 P.M., the Director of Nursing (DON) said he expected staff to assist with oral care every morning and after meals. During an interview on 10/08/24 at 6:05 P.M., the Administrator said she expected staff to assist with oral care every morning and after meals. 47246

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265536	A. Building B. Wing	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valley View Health & Rehabilitation	1600 East Rollins St Moberly, MO 65270

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 0686 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47246 Based on interview and record review, the facility failed to ensure staff adequately documented assessments and monitoring of pressure ulcers (any lesion caused by unrelieved pressure, resulting in damage to underlying tissue that usually occur over bony prominences and are graded or staged to classify the degree of tissue damage observed) for one resident (Resident #333), in a review of 22 sampled residents; failed to maintain documentation of communication with the resident's physician on the changes to the resident's pressure ulcers to ensure appropriate treatment and care of the pressure ulcers; failed to ensure the resident's physician or designee followed facility policy to examine the resident's pressure ulcers upon readmission to the facility and to evaluate and document the progress of the pressure ulcers during resident visits; and failed to re-evaluate the need for ordered interventions, including a low air loss mattress, when the condition of the resident's pressure ulcers worsened. The pressure ulcers on the resident's buttocks, originally developed during hospitalization , worsened while in the facility, resulting in a Stage IV pressure ulcer (a full-thickness skin and tissue loss with exposed or directly palpable fascia, muscle, tendon, ligament, cartilage, or bone in the ulcer. Slough and or eschar may be visible, but do not obscure the extent of tissue loss. Rolled edges, undermining and or tunneling often occur). The facility census was 84. Review of the facility's policy, Wound Care, dated (revised) October 2010, showed the following: -Documentation: the following information should be recorded in the resident's medical record: -The type of wound care given; -The date and time the wound care was given; -The position in which the resident was placed; -The name and title of the individual performing the wound care; -Any change in the resident's condition; -All assessment data (i.e., wound bed color, size, drainage, etc.) obtained when inspecting the wound; -How the resident tolerated the procedure; -Any problems or complaints made by the resident related to the procedure; -If the resident refused the treatment and the reason(s) why; -The signature and title of the person recording the data; -Reporting: Notify the supervisor if the resident refuses the wound care; report other information in accordance with the facility policy and professional standards of practice. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265536	A. Building B. Wing	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valley View Health & Rehabilitation	1600 East Rollins St Moberly, MO 65270

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 0686 Level of Harm - Actual harm Residents Affected - Few	Review of the National Pressure Ulcer Advisory Panel (NPUAP) guidelines, dated September 2016, showed the following definitions: -Stage I pressure injury is intact skin with localized area of non-blanchable (when you press on the area of redness the redness does not go away) erythema (redness). Presence of blanchable erythema changes in sensation, temperature, or firmness may precede visual changes; -Stage II pressure injury is a partial-thickness loss of skin with exposed dermis (the thick layer of living tissue below the top layer of skin that forms the true skin). The wound bed is viable, pink, or red, moist, and may also present as an intact or ruptured serum-filled blister, and deeper tissue are not visible. Granulation tissue (new connective tissue), slough (dead tissue in the process of separating from the body, which is usually light colored, soft, moist, or stringy), and eschar (dead tissue that sheds or falls off from health skin) are not present; -Stage III pressure injury is a full thickness loss of skin, where adipose (fat) is visible in the ulcer and granulation tissue and rolled wound edges are often present. Slough and eschar may be visible, but do not obscure the extent of tissue loss. The depth of tissue damage varies by the location on the body. Undermining and tunneling may occur. Fascia (a thin sheath of fibrous tissue), muscle, tendon, ligament, cartilage, or bone are not exposed; -Stage IV pressure injury is a full-thickness skin and tissue loss with exposed or directly palpable fascia, muscle, tendon, ligament, cartilage, or bone in the ulcer. Slough and or eschar may be visible, but do not obscure the extent of tissue loss. Rolled edges, undermining and or tunneling often occur. Depth varies by location; -Unstageable pressure injury is a full thickness skin and tissue loss in which the extent of tissue damage within the ulcer cannot be confirmed because it is obscured by slough or eschar; -Deep Tissue Pressure Injury (DTPI) is an intact or non-intact skin with localized area of persistent non-intact skin with localized area of persistent non-blanchable deep red, maroon, purple discoloration, or epidermal separation revealing a dark wound bed or blood-filled blister. This injury results from intense and/or prolonged pressure and shear forces at the bone-muscle interface. The wound may evolve rapidly to reveal the actual extent of tissue injury or may resolve without tissue loss. If necrotic tissue, subcutaneous tissue, granulation tissue, fascia, muscle, or other underlying structures are visible, this indicates a full thickness pressure injury (unstageable, stage III or stage IV pressure injury). Review of the facility policy, Pressure Ulcers/Skin Breakdown-Clinical Protocol, dated (revised) April 2018, showed the following: -Assessment and Recognition: -The nurse shall describe and document/report the following: -a. Full assessment of pressure sore including location, stage, length, width and depth, presence of exudates or necrotic tissues; -b. Pain assessment; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265536	A. Building B. Wing	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valley View Health & Rehabilitation	1600 East Rollins St Moberly, MO 65270

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 0686 Level of Harm - Actual harm Residents Affected - Few	-c. Resident's mobility status; -d. Current treatments, including support surfaces, and: -e. All active diagnoses; -3. The staff and practitioner will examine the skin of newly admitted residents for evidence of existing pressure ulcers or other skin conditions; -4. The physician will assist the staff to identify the type (for example, arterial or stasis ulcer) and characteristics (presence of necrotic tissue, status of wound bed, etc.) of an ulcer; -5. The physician will help identify and define and complications related to pressure ulcers; -Monitoring: -1. During resident visits, the physician will evaluate and document the progress of wound healing-especially for those with complicated, extensive, or poorly healing wounds. 1. Review of Resident #333's undated medical diagnoses record showed the resident's diagnoses included transverse myelitis (a neurological disorder that results in inflammation of both sides of one section of the spinal cord, which can cause pain, muscle weakness, paralysis, sensory problems, or bladder and bowel dysfunction), diabetes mellitus (too much sugar in the bloodstream), and peripheral vascular disease (PVD, a circulatory condition in which narrowed blood vessels reduce blood flow to the limbs-usually the legs). Review of the resident's Care Plan, dated 06/19/24, showed the following: -The resident has potential/actual impairment to skin integrity. The resident refused wound care, turning/repositioning every two hours, and hygiene cares to promote wound healing; -Monitor/document location, size, and treatment of skin injury. Report abnormalities, failure to heal, signs/symptoms of infection, maceration, etc. to the physician; -Weekly treatment documentation to include measurement of each area of skin breakdown's width, length, depth, type of tissue and exudate and any other notable changes or observations. Review of the resident's progress notes, dated 07/14/24 at 2:16 P.M., showed the resident had experienced emesis (vomiting) all day and was discharged to the hospital where he/she was admitted . Review of the resident's progress notes, dated 07/24/24 at 5:53 P.M., showed the resident was readmitted to the facility from the hospital. Review of the resident's Weekly Wound Assessment, dated 07/25/24 at 9:00 A.M., showed Registered Nurse (RN) N documented the following: -Date of onset: 07/25/24; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265536	A. Building B. Wing	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valley View Health & Rehabilitation	1600 East Rollins St Moberly, MO 65270

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 0686 Level of Harm - Actual harm Residents Affected - Few	-The resident had an unstageable pressure ulcer located on his/her right buttock that was present on admission to the facility; -The pressure ulcer measured 0.5 centimeters (cm) length by 0.5 cm in width by 0.1 cm in depth; -No undermining (separation of the wound edges from the surrounding healthy tissue, often creating a pocket under the wound surface) or tunneling (a wound that has progressed to form passageways underneath the surface of the skin); -Wound bed color- pink and red; -Granulation (the development of new tissue and blood vessels in a wound during the healing process) 100 percent; -Amount of drainage (exudate) small, less than 25 percent (%); -Type of drainage (exudate) serosanguinous (thin, watery, pale, red/pink drainage); -No odor; -Wound edges- macerated (a softening and breaking down of skin resulting from prolonged exposure to moisture) and red; -Periwound tissue (tissue surrounding a wound) macerated, redness; -No pain related to wound; -Wound healing progression-new. Review of the resident's Weekly Wound Assessment, dated 07/25/24 at 9:00 A.M., showed Registered Nurse (RN) N documented the following: -Date of onset: 07/25/24; -The resident had a Stage III pressure ulcer located on his/her left buttock that was present on admission to the facility; -The pressure ulcer was 3.6 cm in length by 4.3 cm in width by 0.1 cm in depth; -No undermining or tunneling -Wound bed color- red; -Granulation 100 percent; -Amount of drainage: small, less than 25 percent (%); -Type of drainage: serosanguinous; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265536	A. Building B. Wing	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valley View Health & Rehabilitation	1600 East Rollins St Moberly, MO 65270

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 0686 Level of Harm - Actual harm Residents Affected - Few	-No odor; -Wound edges- red; -Periwound tissue was macerated, redness; -No pain related to wound. -Wound healing progression-new. Review of the resident's Care Plan, last dated 06/19/24, showed no documentation staff updated the care plan to include the resident had pressure ulcers on his/her left and right buttocks and no goals or interventions to address these areas. Review of the resident's Nursing Progress Notes, dated 7/29/24, showed staff documented the resident was lethargic (sleepy), had a low level of consciousness and confused, with a low blood pressure. He/She was discharged to the hospital on 07/29/24. Review of the resident's progress notes, dated 08/05/24 showed the resident was readmitted to the facility from the hospital. Review of the resident's Hospital Discharge Orders, dated 08/05/24, showed the following orders for skin/wound care: -Bilateral sacral gluteal (base of the spine/buttocks) - cleanse with Theraworx (a hygiene and barrier system foam) daily. Apply triad cream (an antibiotic cream) daily dime thick (approximately 2 millimeters (ml)) to open lesions. Apply mixture of triad cream and petroleum jelly to surrounding skin and gluteal/perineal region for barrier cream. Use petroleum jelly as needed with incontinence care after daily application of petroleum jelly. Do not scrub barrier/wound cream away with repeated care, wipe away top (soiled) layer only and then reapply; -Please do the following for the best care of the patient: IsoAir low air loss mattress (a special mattress that helps prevent and treat pressure injuries and manages moisture)-please implement! Review of the resident's physician orders showed an order, dated 08/06/24 at 7:00 A.M., to cleanse the resident's bilateral buttocks with cleanser, pat dry, apply thick layer of zinc/collagen mixture (topical treatment for cell repair) every shift until healed every day for wound healing. (Review showed no evidence staff obtained an order for a low air loss mattress.) Review of the resident's weekly wound assessment, dated 08/06/24 at 7:53 A.M., showed Registered Nurse (RN) N documented the following: -The resident had a stage II pressure ulcer on his/her right buttock that was present on admission to the facility; -The pressure ulcer measured 4 cm in length by 5 cm in width by 0.1 cm in depth. (The size of the pressure ulcer increased from the previous assessment on 7/25/24 when it measured 0.5 cm in length by 0.5 cm in width by 0.1 cm in depth. Staff identified the pressure ulcer on 7/25/24 as unstageable.) (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265536	A. Building B. Wing	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valley View Health & Rehabilitation	1600 East Rollins St Moberly, MO 65270

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 0686 Level of Harm - Actual harm Residents Affected - Few	-No undermining or tunneling; -Wound bed color- pink and red; -Granulation 100 percent; -Amount of drainage: small, less than 25% -Type of drainage: serosanguinous; -No odor; -Wound edges- macerated and red; -Periwound tissue: macerated, redness; -No pain related to wound. Review of the resident's weekly wound assessment, dated 08/06/24 at 8:01 A.M. showed RN N documented the following: -The resident had a pressure ulcer on his/her left buttock that was present on admission to the facility. He/She classified the wound as a deep tissue injury (DTI); -The pressure ulcer measured 5.5 cm in length by 4 cm in width, by 0.1 cm in depth. (The size of the pressure ulcer increased from the previous assessment on 7/25/24 when it measured 3.6 cm in length by 4.3 cm in width by 0.1 cm in depth. Staff identified the pressure ulcer changed from a stage III pressure ulcer on 7/25/24 to a DTI on 8/6/24.) -No undermining or tunneling; -Wound bed color- red and black; -Necrosis (the death of the cells in your body tissues which can occur due to injuries, infections, or diseases) 100%. (Staff's assessment on 7/25/24 showed the pressure ulcer had 100% granulation tissue.) -Amount of drainage-none; -No odor; -Wound edges- red; -Periwound tissue macerated, redness; -No pain related to wound. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265536	A. Building B. Wing	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valley View Health & Rehabilitation	1600 East Rollins St Moberly, MO 65270

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 0686 Level of Harm - Actual harm Residents Affected - Few	Review of the resident's medical record showed no documentation RN N notified the resident' physician or primary care NP of the condition of the resident's pressure ulcers or the changes to the resident's pressure ulcers identified on the weekly skin assessment completed on 08/06/24. Review of the Interdisciplinary Team (IDT) meeting notes, dated 08/06/24 at 9:45 A.M., showed the Social Worker documented the following: -The resident said his/her goal was to work with therapy to go home; -The Director of Therapy explained to the resident that he/she was only able to use the slide board for transfers; -The IDT team discussed with the resident the pros and cons of an air mattress as per the resident's hospital paperwork; -The resident verbalized understanding and said he/she wanted to continue working with therapy to get stronger and go home; -The Director of Therapy explained that in the resident's best interest, therapy would continue to work on slide board transfers, but the resident would remain a mechanical lift for nursing staff until therapy cleared him/her; -The resident was in agreement with goal to go home and to work with therapy to do so; (Review of the IDT meeting notes showed no documentation the primary care NP or resident's physician were in attendance.) During an interview on 10/04/24 at 2:00 P.M., RN N said the following: -A low-air loss mattress was not obtained for the resident when he/she returned to the facility on [DATE]. He/She and the therapy team decided during an IDT meeting that since the resident's goal was to return home and therapy was working with the resident on slide board transfers, they would hold off on the low-air loss mattress for the time being. A slide board could not be used with a low-air loss mattress; -He/She was pretty sure he/she discussed why nursing and therapy decided not to implement a low air loss mattress as ordered on the hospital discharge on 08/05/24 with the resident's primary care NP and the NP concurred. During an interview on 10/07/24 at 9:45 A.M., the Director of Physical Therapy said the following: -The IDT met regarding the resident's return to the facility on [DATE]; -She recalled the conversation during the IDT meeting about the resident's hospital discharge orders on 08/05/24 for a low-air loss mattress; -The resident's goals at that time were to return home, so the team opted to continue to work with the resident on slide board transfers; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265536	A. Building B. Wing	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valley View Health & Rehabilitation	1600 East Rollins St Moberly, MO 65270

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 0686 Level of Harm - Actual harm Residents Affected - Few	-A slide board cannot be used on a low air loss mattress; -She was not aware the resident had any worsening of his/her pressure ulcers on the buttocks from his/her recent hospitalization and upon his/her return to the facility on [DATE]; -If a resident's wound involved the buttocks, a slide board could potentially cause worsening of the wound. Review of the resident's medical record showed no documentation staff notified the resident's physician or primary care NP of the IDT's discussion to not utilize a low air loss mattress on the resident's bed or consulted with the physician to determine if a slide board was appropriate for transfers when the resident had pressure ulcers on his/her buttocks. Review of the resident's progress notes, dated 08/08/24, showed the primary care NP documented the following: -History of present illness (HPI): the resident was seen in follow-up for his/her readmission to the facility from the hospital on 08/05/24; -The resident had buttocks wounds; -The resident's assessment included skin: warm and dry; -The resident's diagnosis was wound of buttock, unspecified laterality; -Continue treatment orders. (Review showed no documentation the NP evaluated the pressure ulcers and assisted the staff to identify the characteristics of the pressure ulcers, or identified any complications related to the pressure ulcers, or evaluated and documented the progress of healing per facility policy.) Review of the resident's five-day prospective payment system (PPS) Minimum Data Set (MDS), a federally mandated assessment completed by facility staff, dated 08/11/24, showed the following: -Cognitively intact; -Dependent for toileting; -Partial to moderate assistance for chair/bed-to-chair transfer; -Had an indwelling urinary catheter; -Always incontinent of bowel; -At risk for developing pressure ulcers; -Had one or more unhealed pressure ulcers at stage I or higher; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265536	A. Building B. Wing	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valley View Health & Rehabilitation	1600 East Rollins St Moberly, MO 65270

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 0686 Level of Harm - Actual harm Residents Affected - Few	-Skin and ulcer treatments did not include pressure reducing device for bed. Review of the resident's progress notes, dated 08/15/24, showed the primary care NP documented the following: -History of present illness (HPI): Medicare (part) A follow-up; -The resident had buttocks wounds; -The resident's assessment included skin: warm and dry; -The resident's diagnosis was wound of buttock, unspecified laterality; -Continue treatment orders. (Review showed no documentation the NP evaluated the pressure ulcers and assisted the staff to identify the characteristics of the pressure ulcers, or identified any complications related to the pressure ulcers, or evaluated and documented the progress of healing per facility policy.) Review of the resident's weekly wound assessment, dated 08/16/24 at 1:11 P.M., showed RN N documented the following: -The resident had a stage II pressure ulcer on his/her right buttock that was present on admission to the facility; -The pressure ulcer measured 3.0 cm in length by 3.8 cm in width and 0.1 cm in depth. (The size of the pressure ulcer decreased from the previous assessment on 08/06/24 when it measured 4 cm in length by 5 cm in width by 0.1 cm in depth.); -No undermining or tunneling; -Wound bed color- pink and red; -Granulation 100%; -Amount of drainage: small, less than 25% -Type of drainage: serosanguinous; -No odor; -Wound edges- macerated and red; -Periwound tissue: macerated, redness; -No pain related to wound. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265536	A. Building B. Wing	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valley View Health & Rehabilitation	1600 East Rollins St Moberly, MO 65270

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 0686 Level of Harm - Actual harm Residents Affected - Few	Review of the resident's weekly wound assessment, dated 08/16/24 at 1:14 P.M., showed RN N documented the following: -The resident had a pressure ulcer on his/her left buttock that was present on admission to the facility; -He/She classified the wound as a suspected deep tissue injury (DTI); -The pressure ulcer measured 5.5 cm in length by 4.0 cm in width and 0.1 cm in depth. (The size of the pressure ulcer stayed the same from the previous assessment on 08/06/24); -No undermining or tunneling; -Wound bed color- red and black, (unchanged from staff assessment on 08/06/24); -Necrosis 100% (unchanged from staff assessment on 08/06/24); -Amount of drainage-none; -No odor; -Wound edges- red; -Periwound tissue macerated, redness; -No pain related to wound. Review of the resident's progress notes, dated 08/19/24, showed the primary care NP documented the following: -History of present illness (HPI): Medicare (part) A follow-up; -The resident had buttocks wounds; -The resident's assessment included skin: warm and dry; -The resident's diagnosis was wound of buttock, unspecified laterality; -Continue treatment orders. (Review showed no documentation the NP evaluated the pressure ulcers and assisted the staff to identify the characteristics of the pressure ulcers, or identified any complications related to the pressure ulcers, or evaluated and documented the progress of healing per facility policy.) Review of the resident's Physician's Orders, dated 8/20/24, showed a new order to cleanse the resident's bilateral buttocks with cleanser, pat dry and apply calcium alginate (a type of dressing that accelerates wound healing) to affected areas, then cover with sacral silicone border foam dressing (an absorbent dressing) daily and as needed for soiling/dislodgement until healed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265536	A. Building B. Wing	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valley View Health & Rehabilitation	1600 East Rollins St Moberly, MO 65270

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 0686 Level of Harm - Actual harm Residents Affected - Few	Review of the resident's progress notes, dated 08/21/24, showed the primary care NP documented the following: -History of present illness (HPI): Medicare (part) A follow-up; -The resident had buttocks wounds; -The resident's assessment included skin: warm and dry; -The resident's diagnosis was wound of buttock, unspecified laterality; -Continue treatment orders. (Review showed no documentation the NP evaluated the pressure ulcers and assisted the staff to identify the characteristics of the pressure ulcers, or identified any complications related to the pressure ulcers, or evaluated and documented the progress of healing per facility policy.) Review of the resident's weekly wound assessment, dated 08/23/24 at 9:53 P.M., showed RN N documented the following: -The resident had an unstageable pressure ulcer on his/her bilateral buttocks that was present on admission to the facility; -The pressure ulcer measured 6.4 cm by 5.4 cm by 0.1 cm; -No undermining or tunneling; -Wound bed color pink and red; -Granulation 100%. (RN N identified the unstageable pressure ulcer had 100% granulation tissue, however, an unstageable pressure ulcer is identified as a full thickness skin and tissue loss in which the extent of tissue damage within the ulcer cannot be confirmed because it is obscured by slough or eschar. RN N did not identify any slough or eschar on the skin assessment.) -Amount of drainage: moderate, 25 to 75 percent; -Type of drainage: serosanguinous; -No odor; -Wound edges macerated and red; -Periwound tissue macerated, redness; -No pain related to wound; -Wound healing progression- worsened. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265536	A. Building B. Wing	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valley View Health & Rehabilitation	1600 East Rollins St Moberly, MO 65270

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 0686 Level of Harm - Actual harm Residents Affected - Few	Review of the resident's medical record showed no documentation staff notified the resident's physician or primary care NP of the worsening condition of the resident's pressure ulcer on 8/23/24. Review of the resident's progress notes, dated 08/25/24 at 3:43 P.M., showed facility staff documented the resident's left foot was red and warm to touch and he/she was lethargic (sleepy) and hard to arouse. The resident was discharged from the facility to the hospital where he/she was admitted . Review of the resident's hospital records, dated 08/27/24 (four days after the facility's weekly wound assessment completed on 8/23/24), showed the hospital skin care team (SCT) documented the following: -Sacrum/coccyx and bilateral gluteal unstageable pressure injury measures 11.5 cm by 14.5 cm. (a worsening in measurements from 6.4 by 5.4 cm by the facility). This large wound bed covers the sacrum, coccyx and extends on both the right and left gluteal with greater than 50% of the wound bed covered in adherent yellow-black slough (a specific type of nonviable tissue that occurs as a byproduct of the inflammatory process, it can delay healing and increase the risk of infection). Additionally, there is incontinence associated dermatitis (skin inflammation) noted to the periwound, with generalized bright red erythema with partial thickness skin loss and small areas of erosion; -Recommendations: consult a surgical team to evaluate for debridement (a surgical procedure by which dead skin tissue is removed). Review of the resident's hospital records, dated 08/28/24, showed the SCT documented the resident's sacrum and coccygeal stage IV pressure injury, post-debridement. ACS debrided some of the eschar (dead tissue that forms over healthy skin) and slough today noting this is a stage IV as this probes to bone. During an interview on 10/04/24 at 2:00 P.M., RN N/Wound Nurse said the following: -He/She was the wound care nurse for the facility; -He/She received wound care training from a wound care certified nurse practitioner (NP) who previously cared for the resident at the facility; -He/She was not wound care certified; -The resident's primary care nurse practitioner (NP) oversaw the resident's pressure ulcers after the wound care certified NP left a couple of months ago; -RN N saw the resident and provided wound care to him/her daily and as needed; -The primary care NP did not always see the resident's wounds with RN N, but RN N was always in communication with the primary care NP, either while the NP was in the building making rounds on residents or by phone, about how the wounds were looking and what treatment changes might need to be made. (Review of the resident's medical record showed no documentation of the communication between RN N and the primary care NP); (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265536	A. Building B. Wing	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valley View Health & Rehabilitation	1600 East Rollins St Moberly, MO 65270

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 0686 Level of Harm - Actual harm Residents Affected - Few	-He/She documented his/her findings on the weekly skin assessment flow sheet and in the nurses' progress notes if he/she needed to; -He/She completed skin assessments weekly unless there was a change in the wound; -If a wound was not improving or worsened, he/she notified the primary care NP. Sometimes he/she spoke to the NP when the NP was making rounds at the facility or he/she could always call the NP; -The resident sometimes refused wound care and to turn; -If a resident refused care, staff should document that in the progress notes. He/She wasn't sure why that had not been documented. (Review of the resident's progress notes showed no evidence the resident refused care.) -He/She did not exactly recall how the resident's pressure ulcers looked on 08/20/24 when the wound care orders were changed to a calcium alginate product for the buttocks, but he/she would have gotten the wound care order from the primary care NP; -His/Her last assessment of the resident's pressure ulcers was on 08/23/24, two days prior to the resident being discharged to the hospital; -He/She could not recall how the resident's pressure ulcers looked on 08/23/24, but remembered the buttocks did not have any depth, and that he/she was still comfortable with the current treatment orders. During an interview on 10/08/24 at 11:00, the primary care NP said the following: -She was not wound care certified; -She oversaw wound care for her residents after the previous wound certified NP left the facility, about two months ago; -She did not make rounds with RN N, who was the wound care nurse, but she was in contact with RN N as she was in the facility at least one to two times each week seeing other residents; -The resident had been in and out of the facility for hospital admissions and had been seen by other specialists while hospitalized and on an outpatient basis; -She thought the resident's pressure ulcers were managed by other specialists, to include infectious disease (ID), vascular (blood flow specialists) and orthopedics (bone specialists), so she would typically not change any wound care orders. (Review of the resident's progress and consultation notes showed no documentation that other medical specialists who saw the resident, including vascular and orthopedics, evaluated or ordered treatment specific to the resident's buttocks/sacral wounds.); -She thought she last saw the resident's pressure ulcers after the resident's vascular appointment, maybe in July; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265536	A. Building B. Wing	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valley View Health & Rehabilitation	1600 East Rollins St Moberly, MO 65270

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 0686 Level of Harm - Actual harm Residents Affected - Few	-If the wound nurse did not communicate any concerns about the resident's pressure ulcers not improving or worsening, she would not have changed any orders; -She may have given the order to change the wound treatment for the buttocks to a calcium alginate product on 08/20/24. She was not sure and could not recall what changes had been reported to prompt the new orders. (Review of the resident's progress notes showed no documentation regarding the condition of the resident's pressure ulcers on 08/20/24 or evidence staff notified the NP regarding the resident's pressure ulcers on this date.); -She thought she remembered staff said they were not going to use a low-air loss mattress when the resident returned to the facility on [DATE] because therapy wanted to still work on transfers with the slide board; -Not using a low-air loss mattress could have contributed to worsening of the resident's wounds, however, the resident had several other medical issues that likely also contributed to her lack of wound healing or wound deterioration; -She could not speak to the discrepancy of the pressure ulcer assessment by the wound care nurse in the facility on 08/23/24 to the hospital assessment of the pressure ulcer on 08/27/24 which determined the resident had a stage IV sacral pressure ulcer; -She expected nursing staff to follow the facility policy for wound care; -She expected nursing staff to document wound care, verbal orders, or other communications about the resident with the primary care team (physician/NP) in the progress notes. During an interview on 10/08/24 at 4:15 P.M., the Director of Nurses (DON) said the following: -The facility's wound nurse was trained by the previous certified wound care NP who was no longer at the facility; -The primary care NP oversaw the residents with wounds while the facility looked for a new wound care provider; -The primary care NP was in communication with the wound care nurse at least one to two times weekly as the NP was in the building making rounds on her residents; -He was not sure if the primary care NP saw Resident #333's pressure ulcers when she was in the facility; -He was aware therapy was still working on slide board transfers when the resident was readmitted on [DATE] and that the low-air loss mattress, as ordered on hospital discharge, was not obtained at that time, and that the resident's PCP was also aware; -He was not aware the pressure ulcers on the resident's buttocks had worsened from 08/05/24 through 08/25/24; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265536	A. Building B. Wing	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valley View Health & Rehabilitation	1600 East Rollins St Moberly, MO 65270

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 0686 Level of Harm - Actual harm Residents Affected - Few	-He was unable to speak to the discrepancies and worsening of the pressure ulcer on the resident's buttocks from the wound nurse's weekly skin assessment on 08/23/24 to the resident's hospital evaluation of the pressure ulcer on 08/27/24 which showed a stage IV sacral pressure ulcer; -If he had known the pressure ulcer had gotten so bad, they would have done things differently such as stopping the slide board transfers and started using a low-air loss mattress; -He expected nursing staff to follow facility policy for wound care; -He expected the wound care nurse to report and document any changes of a resident's pressure ulcers and any communication or new orders about wound care with the primary care NP or physician in the progress notes; -He expected the wound care nurse to report any changes or worsening of a resident's pressure ulcers to the DON and document those changes and communication in the progress notes. During an interview on 10/08/24 at 5:00 PM, the Administrator said the following: -She expected nursing staff, including the wound care nurse, to report changes or worsening of a resident's pressure ulcers to the DON and the PCP; -She expected nursing staff, including the wound care nurse, to document any chan

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265536	A. Building B. Wing	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valley View Health & Rehabilitation	1600 East Rollins St Moberly, MO 65270

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 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32530 Based on observation, interview and record review, the facility failed to ensure staff safely transferred two residents (Residents #133 and #21), in a review of 22 sampled residents and one additional resident (Resident #30), who required assistance with transfers. Staff failed to utilize proper transfer technique when transferring Resident #133, when staff did not use a gait belt and did not ensure the resident wore proper foot wear during a transfer which resulted in a fall with injury. The resident sustained a displaced fracture of the tibia/fibula (ankle) as a result of the fall. The facility census was 84. Review of the facility policy, Managing Falls and Fall Risk, revised [DATE], showed the following: -Based on previous evaluations and current data, the staff will identify interventions related to the resident's specific risks and causes to try to prevent the resident from falling and to try to minimize complications from falling; -According to the Minimum Data Set (MDS), a fall is defined as unintentionally coming to rest on the ground, floor or other lower level, but not as a result of an overwhelming external force (e.g., a resident pushes another resident). An episode were a resident lost his/her balance and would have fallen, if not for another person or if he or she had not caught him/herself, is considered a fall. -Environment factors that contribute to the risk of falls include: wet floors, poor lighting, incorrect bed height or width, obstacles in the footpath, improperly fitted or maintained wheelchairs, and footwear that is unsafe or absent. Review of the facility's policy, Safe Lifting and Movement of Residents, revised [DATE], showed the following: -In order to protect the safety and well-being of staff and residents and to promote quality care, this facility uses appropriate techniques and devices to lift and move residents; -Resident safety, dignity, comfort and medical condition will be incorporated into goals and decisions regarding the safe lifting and moving of residents; -Nursing staff, in conjunction with the rehabilitation staff, shall assess individual residents' needs for transfer assistance on an ongoing basis. Staff will document resident transferring and lifting needs in the care plan. Such assessment shall include the following: resident's preferences for assistance; resident's mobility (degree of dependency); resident's size; weight-bearing ability; cognitive status; whether the resident is usually cooperative with staff; the resident's goals for rehabilitation, including restoring or maintaining functional abilities; -Staff responsible for direct resident care will be trained in the use of manual (gait/transfer belts, lateral boards) and mechanical lifting devices. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265536	A. Building B. Wing	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valley View Health & Rehabilitation	1600 East Rollins St Moberly, MO 65270

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 0689 Level of Harm - Actual harm Residents Affected - Few	1. Review of Resident #133's discharge Minimum Data Set (MDS), a federally mandated assessment to be completed by a previous facility, dated [DATE], showed the following: -His/Her cognition was intact; -The resident required partial to moderate assistance (helper provided less than half the effort, helper lifts, holds, or supports trunk or limbs, but provides less than half the effort), with position changes from sitting to standing and transferring from chair to chair and/or chair to bed; -The resident required supervision/touch assistance with toilet transfers; -The resident required supervision or touch assistance with walking ten feet. Review of the resident's undated discharge documents from a previous facility showed the following: -The resident weighed 415 pounds; -The resident could ambulate and transfer to the toilet. Review of the resident's face sheet showed he/she admitted to the facility on [DATE]. Review of the resident's physician's orders, dated [DATE], showed the resident used a walker and wheelchair. Review of the resident's admission fall assessment, dated [DATE], showed the following: -He/She was at risk for falls; -He/She was not steady and only able to stabilize with physical assistance while standing, sitting, and during transfers. Review of the resident's care plan, initiated on [DATE], showed the following: -The resident had an activity of daily living (ADL) self-care performance deficit related to limited mobility; -The resident required substantial/maximum assist with transfers. -The resident was at high risk for falls related to deconditioning; -Ensure the resident wore appropriate footwear (non-skid socks) when ambulating. Observation on [DATE] at 6:25 A.M. showed the following: -The resident requested to use the bedside commode; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265536	A. Building B. Wing	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valley View Health & Rehabilitation	1600 East Rollins St Moberly, MO 65270

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 0689 Level of Harm - Actual harm Residents Affected - Few	-Certified Nursing Assistant (CNA) M assisted the resident to prepare for the transfer from the bed to the bedside commode; -The resident did not wear socks or shoes. CNA M did not assist the resident to put on proper footwear prior to the transfer; -CNA M did not put a gait belt on the resident. The resident held onto his/her walker and stood while CNA M provided stand-by assistance. The resident said the floor was wet. The resident's left foot began to slide. The resident told CNA M to place his/her foot next to his/her (the resident's) left foot to prevent it from sliding. CNA M placed his/her foot next to the resident's foot and the resident started to pivot to the bedside commode. As the resident pivoted, his/her right foot slid, and he/she said he/she was going to fall. CNA M attempted to assist the resident to the floor by attempting to hold onto the resident's arm, but the resident fell to the floor. During an interview on [DATE] at 8:25 A.M., the resident said the following: -He/She stood up and his/her right knee buckled which caused his/her left leg/foot to slide; -Staff never used a gait belt on him/her; -His/Her feet were too swollen for socks and his/her slippers were too big for him/her to wear so he/she did not wear footwear. During an interview on [DATE] at 4:10 P.M., CNA M said the following: -He/She did not use a gait belt when transferring this resident because the resident had told him/her (in the past) that he/she could transfer by himself/herself; -During the transfer, the resident said there was water on the floor, but the floor was usually shiny and cold. He/She did not see anything wet on the floor prior to the transfer. If he/she had noted the floor was wet, he/she would not have transferred the resident; -He/She worked with the resident a couple of times and was directed (did not specify who provided this direction) that the resident required stand by assist with transfers; -The resident had never had any problems with previous transfers; -He/She should have assisted the resident to sit down and asked for assistance when the resident asked him/her to place his/her foot next to the resident's foot to prevent it from sliding. Review of the resident's nursing progress note, completed by Registered Nurse (RN) H, dated [DATE] at 7:15 A.M., showed the following: -The resident had a witnessed fall during a pivot transfer with one assist; -Assessment completed and x-ray of the right ankle/foot ordered. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265536	A. Building B. Wing	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valley View Health & Rehabilitation	1600 East Rollins St Moberly, MO 65270

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 0689 Level of Harm - Actual harm Residents Affected - Few	Review of the resident's right ankle x-ray report, dated [DATE], showed an acute displaced fracture of the tibia/fibula (ankle). During an interview on [DATE] at 7:00 A.M., the Assistant Director of Nursing (ADON) said the resident normally required a one person stand/pivot transfer. During an interview on [DATE] at 3:25 P.M., RN H said the resident may only require standby assistance if he/she was having a good day, but staff should always use a gait belt when transferring the resident. During an interview on [DATE] at 3:40 P.M., the Director of Nursing (DON) said the following: -The resident transferred to the facility from another facility; -The discharging facility's staff, who transported the resident to the facility, demonstrated how the resident transferred which was one person pivot transfer with a gait belt; -He expected staff to use a gait belt with transfers; -When the resident said the floor was wet and was sliding, the CNA should have stopped the transfer, sat the resident down, and assessed the situation; -The CNA should not have used his/her foot as a wedge for the resident's foot during the transfer. 2. Review of Resident #30's care plan, dated [DATE], showed the following: -The resident had an activity of daily living (ADL) self-care deficit performance deficit related to weakness; -Staff were to transfer the resident with a mechanical lift; -The resident was a risk for falls related to gait/balance problems. Review of the resident's admission MDS, dated [DATE], showed the following: -Cognitively intact; -Upper and lower extremity impairment on one side; -Required partial to moderate assistance chair/bed-to-chair transfers; -Medical diagnoses included stroke. During an interview on [DATE] at 4:10 P.M., the resident said the following: -He/She had a stroke that left his/her left side weak, so it was hard for him/her to get out of bed without help; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265536	A. Building B. Wing	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valley View Health & Rehabilitation	1600 East Rollins St Moberly, MO 65270

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 0689 Level of Harm - Actual harm Residents Affected - Few	-Usually just one staff helped him/her to get out of bed; -Sometimes the staff used a gait belt when they helped him/her up, but not always; -He/She did not always feel steady on his/her feet when he/she was up. Observation on [DATE] at 4:20 P.M. showed the following: -The resident lay in bed and was barefoot; -CNA C did not put a gait belt on the resident; -CNA C assisted the resident to sit on the side of the bed, then assisted the resident to stand at the bedside by lifting up under the resident's left arm/underarm area; -The resident held onto the walker with his/her right hand while he/she attempted to steady himself/herself to stand; -The resident tottered to his/her left side briefly while standing; -CNA C steadied the resident by holding onto the resident's left arm; -The resident put his/her left hand onto the walker and used both hands to hold on and steady himself/herself as he/she stood at the walker. During an interview on [DATE] at 5:00 P.M., the resident said the following: -He/She felt very unsteady when CNA C helped him/her up earlier and did not use a gait belt; -He/She was afraid of falling. During an interview on [DATE] at 9:05 A.M., CNA C said the following: -The resident required stand-by assistance from one staff for transfers; -He/She didn't use a gait belt because the resident usually did pretty well with transfers; -He/She did not realize the resident was barefoot. The resident probably should have worn gripper socks. During an interview on [DATE] at 3:00 P.M., the Restorative Nurse Aide (RNA) said the following: -The resident was on restorative therapy and transferred with assistance from one staff; -He/She was not sure why the care plan indicated the resident needed a mechanical lift; -Staff should always use a gait belt for all transfers. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265536	A. Building B. Wing	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valley View Health & Rehabilitation	1600 East Rollins St Moberly, MO 65270

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 0689 Level of Harm - Actual harm Residents Affected - Few	3. Review of Resident #21's face sheet showed the resident's diagnoses included hemiplegia and hemiparesis (weakness on one side of the body) following a stroke, affecting the left non dominant side, morbid obesity, unsteadiness on feet, cognitive communication deficit, difficulty walking and need for assistance with personal care. Review of the resident's significant change MDS, dated [DATE], showed the following: -The resident had severe cognitive impairment; -The resident had limited range of motion on one side of his/her upper body and lower body; -The resident required partial assistance from bed to chair transfer and for sit to stand assistance. Review of the resident's visual bedside Kardex report (a facility document that directed staff how to care for a resident) showed the following: -Mobility: The resident was weight bearing; -Transfer: Maximum one staff assist; -Dressing: The resident required extensive assistance; -No documentation of gait belt use. Observation on [DATE] at 12:33 P.M., showed the following: -A gait belt hung on the towel rack in the resident's room; -CNA C assisted the resident to sit on the side of his/her bed; -CNA C did not put a gait belt around the resident; -CNA C placed his/her left arm under the resident's right arm, placed his/her right hand around the resident's waist, and assisted the resident to a standing position. CNA C then pivoted the resident and assisted the resident to sit in a wheelchair; -The resident was able to stand briefly for the transfer. During an interview on [DATE] at 12:40 P.M., CNA C said the resident required one staff to help him/her stand and pivot to his/her wheelchair. Staff did not use a gait belt to assist the resident with his/her transfers. The resident did not like the staff to use a gait belt during his/her transfers. During an interview on [DATE] at 9:06 A.M., Licensed Practical Nurse (LPN) C said the resident was able to stand to transfer. Staff should use a gait belt when helping with transfers. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265536	A. Building B. Wing	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valley View Health & Rehabilitation	1600 East Rollins St Moberly, MO 65270

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 0689 Level of Harm - Actual harm Residents Affected - Few	During an interview on [DATE] at 2:34 P.M., the Director of Rehabilitation said the resident had a stroke and had improved with therapy. He/She required one staff to help him/her stand and pivot to his/her wheelchair. Staff had been educated to use a gait belt when doing a one person transfer with the resident. No one had ever mentioned the resident refused the use of a gait belt during transfers. 4. During an interview on [DATE] at 6:00 P.M., the DON said he expected staff to use gait belts with all stand by transfers. During an interview on [DATE] at 6:05 P.M., the Administrator said she expected staff to use gait belts with all stand by transfers. 47246

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265536	A. Building B. Wing	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valley View Health & Rehabilitation	1600 East Rollins St Moberly, MO 65270

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44610 Based on observation, interview, and record review, the facility failed to ensure food was stored, prepared, and served to residents in a safe and sanitary manner when staff failed to utilize proper hand hygiene and gloving techniques, hair restraint usage, surface sanitation, food storage, and dish handling and storage. The facility census was 84. 1. Review of the facility policy, Food Preparation and Service, revised ,d+[DATE], showed the following: -Food and nutrition services employees will prepare and serve food in a manner that complies with safe food handling practices; -Food and nutrition services staff, including nursing services personnel, wash their hands before serving food to residents. Employees also wash their hands after collecting soiled plates and food waste prior to handling food trays; -Gloves are worn when handling food directly and changed between tasks. Review of the facility policy, Preventing Foodborne Illness - Employee Hygiene and Sanitary Practices, revised ,d+[DATE], showed the following: -Food and nutrition services employees will follow appropriate hygiene and sanitary procedures to prevent the spread of foodborne illness; -Employees must wash their hands: -After personal body functions (i.e. toileting, blowing/wiping nose, coughing, sneezing); -Whenever entering or re-entering the kitchen; -Before coming in contact with any food surfaces; -After handling raw meat, poultry or fish; -When switching between working with raw food and working with ready-to-eat food; -After handling soiled equipment or utensils; -During food preparation, as often as necessary to remove soil and contamination and to prevent cross contamination when changing tasks; -After engaging in other activities that contaminate the hands; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265536	A. Building B. Wing	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valley View Health & Rehabilitation	1600 East Rollins St Moberly, MO 65270

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	-Food services employees will be trained in the proper use of utensils such as tongs, gloves, deli paper, and spatulas as tools to prevent foodborne illness; -Gloves are considered single-use items and must be discarded after completing the task for which they are used. The use of disposable gloves does not substitute for proper handwashing. Observation on [DATE] at 11:07 A.M., in the kitchen, showed the following: -The Dietary Manager put on gloves, separated frozen raw beef patties with her gloved hands, and laid the raw patties out on a pan; -Without changing her gloves or washing her hands, she used her gloved hands to pick up lids (grasping the inner and outer portions of the lids) for three pitchers that were full of beverages and placed the lids onto the beverage pitchers; -She used her same gloved hands to grasp the handles of the convection oven, put food items in the oven, closed the oven door, and touched the handle of a food thermometer. Observation on [DATE] at 11:07 A.M., in the kitchen, showed the Dietary Manager picked up two small bowls by extending her bare fingers inside the bowls and touched the eating surface of the bowls. She then served soup into the bowls for residents at the lunch meal service. Observation on [DATE] at 11:29 A.M., in the kitchen, showed the following: -Cook I used his/her gloved hands to grasp the handle of a spoon to stir a food item on the stove; -Without washing his/her hands or changing his/her gloves, he/she used his/her same gloved hands to grasp the inner eating surface of a bowl and moved the bowl to the food preparation counter; -He/She used his/her same gloved hands to open the reach-in cooler door and obtained bags of shredded lettuce and cheese; -He/She moved the bowl (that sat on the preparation counter) with one gloved finger inside the bowl and used his/her gloved fingers to reach into the bags of lettuce and cheese and place the food items into the bowl. Observation on [DATE] at 11:39 A.M., in the kitchen, showed the following: -Dietary Aide J used his/her gloved hands to grasp the handle of and open the reach-in cooler; -He/She obtained a jug of milk from the cooler and picked up a cup with his/her gloved finger located on the inside drinking surface of the cup; -He/She poured milk into the cup and placed it on a tray with other cups of beverages being prepared for the lunch meal service. Observation on [DATE], from 12:19 P.M. to 1:15 P.M., in the kitchen, showed the following: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265536	A. Building B. Wing	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valley View Health & Rehabilitation	1600 East Rollins St Moberly, MO 65270

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	-Cook I served residents' meals at the steam table during the lunch meal service; -He/She used his/her gloved hands to grasp the handles of serving utensils to serve food, opened the reach-in cooler to obtain food items, and used potholders to obtain plate warmers from the oven; -Without washing his/her hands or changing his/her gloves, he/she grasped chips, buns, and sliced cheese with his/her gloved hands and placed the items onto a resident's plate. Observation on [DATE], from 7:37 A.M. to 7:58 A.M., in the kitchen, showed the following: -Cook L served residents' meals at the steam table during the breakfast meal service; -He/She used his/her gloved hands to grasp the handles of serving utensils to serve food, opened the reach-in cooler to obtain food items, and touched meal tickets; -Without washing his/her hands, he/she changed his/her gloves and grasped hard boiled eggs and toast with his/her gloved hands and placed the items onto residents' plates. Observation on [DATE] at 7:49 A.M., in the kitchen, showed the following: -The Dietary Manager used his/her gloved hands to place pieces of bread in the toaster, turned on the toaster, touched her clothing, touched the handle of a cart, and left the kitchen through the dining room/kitchen door; -She re-entered the kitchen, and without washing his/her hands or changing his/her gloves, used his/her gloved hands to take the toast from the toaster to serve during the breakfast meal service. During an interview on [DATE] at 11:48 A.M., the Dietary Manager said the following: -Staff should wash their hands anytime they leave the kitchen, prior to touching food items, after switching tasks, after changing gloves, and after completing dirty tasks or touching dirty items; -Staff changing their gloves was not a substitute for washing their hands; -Staff should not use soiled gloves to touch ready-to-eat food items; -Staff should handle bowls, cups, pitchers, and other dishes by the non-eating surfaces of those items. 2. Review of the facility policy, Preventing Foodborne Illness - Employee Hygiene and Sanitary Practices, revised ,d+[DATE], showed hair nets or caps and/or beard restraints must be worn to keep hair from contacting exposed food, clean equipment, utensils, and linens. Observation on [DATE] at 11:02 A.M., showed [NAME] I prepared pureed food items at the food preparation counter in the kitchen. He/She wore a hair restraint but his/her hair was not completely contained within the hair restraint and several strands of hair, measuring approximately six inches in length, were exposed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265536	A. Building B. Wing	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valley View Health & Rehabilitation	1600 East Rollins St Moberly, MO 65270

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Observation on [DATE] at 11:07 A.M., in the kitchen, showed the Dietary Manager placed frozen beef patties onto a pan for the lunch meal service. Approximately 25% of her hair was exposed and not contained within a hair restraint. During an interview on [DATE] at 11:48 A.M., the Dietary Manager said staff should properly wear hair restraints that fully covered their hair. 3. Review of the facility policy, Food Preparation and Service, revised ,d+[DATE], showed appropriate measures used to prevent cross contamination included the following: -Sanitizing towels and cloths used for wiping surfaces in containers filled with approved sanitizing solution; -Cleaning and sanitizing work surfaces and food-contact equipment between uses. Observation on [DATE] at 10:51 A.M., in the kitchen, showed the following: -A moist white cloth, soiled across 50% of the cloth's surface, sat on the counter by the microwave; -The cloth was not submerged in sanitizing solution. Observation on [DATE], from 12:02 P.M. to 12:17 P.M., in the kitchen, showed the following: -The Dietary Manager obtained a bag of hot dogs from the reach-in cooler and spilled liquid from the bag onto the preparation counter; -She used a dry cloth to wipe up the spill from the counter; -Without placing the dry cloth in sanitizing solution, she wiped another spill located on another preparation counter, placed the cloth on the counter, and left the area; -She returned to the area, picked up the soiled cloth and used it to wipe a three-tiered plastic cart located by the three-compartment sink and placed the cloth in the bucket of sanitizing solution in the sink with approximately 25% of the cloth not submerged in the sanitizing solution; -The Dietary Manager left the area then returned and obtained the cloth from the sanitizing solution; -She wiped a preparation counter with the cloth, left the cloth on the counter, and left the area. Observation on [DATE] at 11:27 A.M., in the kitchen, showed a moist white cloth hung on the edge of a sanitizing solution bucket located in the three-compartment sink. Approximately 75% of the cloth was not submerged in the sanitizing solution. During an interview, on [DATE] at 11:48 A.M., the Dietary Manager said the following: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265536	A. Building B. Wing	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valley View Health & Rehabilitation	1600 East Rollins St Moberly, MO 65270

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	-Staff should properly sanitize cleaning cloths that have been used to wipe up spills, such as meat juices, prior to wiping other surfaces; -Sanitizing cloths should be stored fully submerged in sanitizing solution between uses. 4. Review of the facility policy, Food Receiving and Storage, revised ,d+[DATE], showed all foods stored in the refrigerator or freezer will be covered, labeled, and dated (use by date). Review of the facility policy, Refrigerators and Freezers, revised ,d+[DATE], showed the following: -This facility will ensure safe refrigerator and freezer maintenance, temperatures, and sanitation and will observe food expiration guidelines; -All food shall be appropriately dated to ensure proper rotation by expiration dates. Received dates (dates of delivery) will be marked on cases and on individual items removed from cases for storage. Use by dates will be completed with expiration dates on all prepared food in refrigerators. Expiration dates on unopened food will be observed and use by dates indicated once food is opened; -Supervisors will be responsible for ensuring food items in pantry, refrigerators, and freezers are not expired or past perish dates. Observation of the chart, Labeling and Dating System Protocol, revised [DATE], posted on the reach-in freezer in the kitchen, showed the following: -Follow manufacturer's expiration date on all unopened or opened product. If there is no printed manufacturer's date on the product, follow below dating protocol: -Hard boiled eggs: three days; -All fresh and frozen foods must be dated with the date it was received into the kitchen. Observation of the Cold Storage Chart, revised ,d+[DATE], posted on the reach-in freezer in the kitchen, showed fully cooked ham slices could be stored in the freezer (0 degrees Fahrenheit) for one to two months. Observation on [DATE] at 9:04 A.M., in the reach-in coolers and freezer, showed the following: -An opened 10-pound box of frozen ground beef patties did not have the inner plastic sealed and the patties were exposed to air; -An opened 15-pound box of bacon did not have the inner plastic sealed and the bacon was exposed to air; -An opened 16-ounce stick of butter was not securely sealed and was exposed to the air; -A clear drink pitcher with a green lid contained a red liquid and was not labeled or dated; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265536	A. Building B. Wing	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valley View Health & Rehabilitation	1600 East Rollins St Moberly, MO 65270

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	-A gallon zipper top bag of four hard boiled eggs was labeled with a marker and read 'Eggs ,d+[DATE];' -A small fluted bowl of pears and a small fluted bowl of chocolate pudding were undated; -Ten cups of white milk and two cups of chocolate milk, located on a tray, were undated. Observation on [DATE] at 9:10 A.M., in the kitchen on a three-tiered wire cart, showed an opened bag of bread, containing approximately ten slices. The bag was loosely folded over and not securely sealed. Observation on [DATE] at 9:12 A.M., in the dry storage room adjacent to the kitchen, showed a zipper-top bag contained a 2-pound open bag of powdered sugar and was not closed or securely sealed. The lid on an opened, 10-pound box of dry lasagna noodles was loosely closed and was not securely sealed. Observation on [DATE] at 9:23 A.M., on a three-tiered plastic cart by a small reach-in cooler in the kitchen, showed an open bag of potato chips, an open bag of hamburger buns and an open bag of sliced bread. The bags were loosely folded over and were not securely sealed. Observation on [DATE] at 9:26 A.M., in the dry storage room located near the kitchen, showed the following: -Three opened, approximately half-full 16-ounce bottles of snow cone syrup sat on the shelf unrefrigerated. The labels on the bottles read 'Refrigerate After Opening;' -In the reach-in freezer, a zipper-top gallon bag of sliced ham had an excess accumulation of ice crystals and had a handwritten marker date of ,d+[DATE]. One large open bag of mixed vegetables and one large open bag of broccoli was not sealed and was open to the air. Observation on [DATE] at 7:17 A.M., in the kitchen on a three-tiered plastic cart, showed two opened bags of chips had their tops loosely folded over and were not securely sealed. During an interview, on [DATE] at 11:48 A.M., the Dietary Manager said the following: -Opened food items should be properly sealed, labeled, dated, and stored per the manufacturer's instructions; -Staff should refer to the chart posted on the reach-in freezer for guidance on how long to store and when to dispose of food items. 5. Observation on [DATE] at 9:23 AM, in the kitchen showed the clean dishes cart, located between the small and large reach-in coolers, contained dishes that were not inverted or covered. The top plate, in a stack of approximately 15 plates, had bits of brown-colored dried debris on the surface. Observation on [DATE] at 10:51 AM, in the kitchen, showed the following: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265536	A. Building B. Wing	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valley View Health & Rehabilitation	1600 East Rollins St Moberly, MO 65270

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	-One red and one clear beverage pitcher sat in a two-compartment sink near the steam table. The interior surface of the red picture was scratched across 75% of the surface and the clear pitcher had an approximate 0.25-inch by 2-inch chip out of the rim near the pour spout; -On a three-tiered metal cart, located behind the reach-in cooler by the three-compartment sink, showed several non-inverted plastic containers. Three of the containers were damaged and not smooth across approximately 50% of the interior surface. Observation on [DATE] at 11:57 A.M., in the kitchen, showed the following: -Cook I obtained a metal mesh screen colander and placed it over the two-compartment sink; -The colander was discolored brown across 50% of the screen' s surface; -He/She strained the juice from cooked carrots through the colander. Observation on [DATE] at 11:29 A.M., in the kitchen, showed a clear plastic bowl with visible water droplets on the interior surface of the bowl, was stacked inside another bowl on a three-tiered metal cart located behind the reach-in cooler and the three-compartment sink. During an interview on [DATE] at 11:48 A.M., the Dietary Manager said dishes should be stored clean, dry, inverted, and be in good condition.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265536	A. Building B. Wing	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valley View Health & Rehabilitation	1600 East Rollins St Moberly, MO 65270

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 0868 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Have the Quality Assessment and Assurance group have the required members and meet at least quarterly 32530 Based on interview and record review, the facility failed to ensure the Medical Director or his/her designee attended the Quality Assurance and Performance Improvement (QAPI) meetings on a quarterly basis. The facility census was 84. Review of the facility's QAPI Plan, dated March 2020, showed the following: -The Quality Assessment and Assurance (QAA) committee was designed to address quality deficiencies through analysis of the underlying cause and actions targeted at correcting systems at a comprehensive level; -QAA committee was responsible for analyzing identified problems, establishing, corrective actions, measuring progress against the established goals and benchmarks, and communicating information to staff and residents and reporting findings to the administrator and governing board; -The QAA committee consisted of the Administrator, all department heads, Medical Director, and Pharmacist. 1. Review of the QAA meeting attendance log, dated 07/30/24, showed no documentation the facility's Medical Director and/or designee attended the meeting. Review of the QAA meeting attendance log, dated 08/22/24, showed no documentation the facility's Medical Director and/or designee attended the meeting. Review of the QAA meeting attendance log, dated 09/20/24, showed no documentation the facility's Medical Director and/or designee attended the meeting. During an interview on 10/03/24 at 4:25 P.M., the Administrator verified the Medical Director did not attend any of the QAA committee meetings. The Medical Director had previously been told when the meetings were held each month, but she did not contact the Medical Director every month to remind him/her of the meetings. The Medical Director did not send a designee to the meetings.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265536	A. Building B. Wing	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valley View Health & Rehabilitation	1600 East Rollins St Moberly, MO 65270

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32530 Based on observation, interview, and record review, the facility failed to provide care to prevent the development and transmission of diseases and infections for four residents (Residents #21, #40, #283, and #31), in a review of 22 sampled residents, and four additional residents (Resident #71, #38. #79 and #50). Staff failed to perform appropriate hand hygiene during personal care for Residents #21 and #71; failed to utilize Enhanced Barrier Precautions (EBP) during personal care for Resident #71 who had a gastrostomy tube (a flexible tube that is surgically inserted through the abdominal wall and into the stomach that allows for the delivery of nutrition and medication directly into the stomach); failed to ensure Resident #40's urinary catheter (tube inserted into the bladder to excrete urine from the body) drainage bag was stored off the floor; failed to ensure Resident #283's wound vac (a treatment device that uses pressure to help close wounds and increase healing) was kept up off the floor while in use; and failed to ensure staff used proper technique and hand hygiene during a medication pass for Residents #31, #38, #79 and #50. The facility census was 84. Review of the facility's handwashing/hand hygiene policy, dated August 2019, showed the following: -All personnel shall follow the handwashing/hand hygiene procedure to help prevent the spread of infections to other personnel, residents, and visitors; -Wash hands with soap and water when hands are visibly soiled; -Use an alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap and water for the following situations: -Before and after direct contact with residents; -Before preparing or handling medications; -Before handling clean or soiled dressings, gauze pads, etc; -Before moving from a contaminated body site to a clean body site during resident care; -After contact with a resident's intact skin; -After contact with blood or bodily fluids; -After handling used dressings, contaminated equipment, etc; -After contact with objects (e.g., medical equipment) in the immediate vicinity of the resident; -After removing gloves; -Hand hygiene is the final step after removing and disposing of personal protective equipment; -The use of gloves does not replace handwashing/hand hygiene.; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265536	A. Building B. Wing	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valley View Health & Rehabilitation	1600 East Rollins St Moberly, MO 65270

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Integration of glove use along with routine hand hygiene is recognized as the best practice for preventing healthcare-associated infections. Review of the facility's undated guidance on Enhanced Barrier Precautions (EBP) showed the following: -EBP refers to an infection control intervention designed to reduce transmission of multidrug-resistant organisms (MDRO) that employs targeted gown and glove use during high contact resident care activities; -EBP are used in conjunction with standard precautions and expand the use of PPE to donning of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDRO's to staff hands and clothing; -EBP are indicated for residents with wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with a MDRO; -Indwelling medical device examples include central lines, urinary catheters, feeding tubes, and tracheostomies; -For residents for whom EBPs are indicated, EBP is employed when performing the following high-contact resident care activities including dressing, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care and wound care. Review of the facility policy, Urinary Catheter Care, dated September 2014, showed the following: -The purpose was to prevent catheter-associated urinary tract infections; -Keep the urinary catheter tubing and drainage bag off the floor. 1. Review of Resident #21's significant change Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 07/23/24, showed the following: -The resident was incontinent of bowel and bladder; -The resident required substantial assistance for toileting hygiene; -The resident required moderate assistance for personal hygiene. Review of the resident's visual bedside Kardex report (a facility document instructing staff how to care for the resident) showed the following: -Toileting: Clean peri-area with each incontinence episode; -Personal Hygiene: The resident required extensive assistance; -Dressing: The resident required extensive assistance. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265536	A. Building B. Wing	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valley View Health & Rehabilitation	1600 East Rollins St Moberly, MO 65270

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observation on 09/30/24 at 12:29 P.M., showed the following: -Certified Nurse Assistant (CNA) C cleaned the resident's perineal area using a wet wipe, removed his/her gloves and washed his/her hands; -With his/her bare hands, CNA C folded up a urine soaked disposable pad from under the resident and placed it in a plastic bag; -CNA C did not wash his/her hands with soap and water and did not use hand sanitizer after handling the urine soiled pad; -CNA C grabbed the handles of the resident's wheelchair to reposition the wheelchair in the resident's room, cleaned the resident's glasses and put them on the resident's face, and brushed the resident's hair with soiled hands; -CNA C washed his/her hands before leaving the resident's room; -CNA C held onto the soiled handles of the wheelchair and pushed the resident out of his/her room to the dining room. During an interview on 10/03/24 at 2:45 P.M., CNA C said he/she should not have touched soiled linens with his/her bare hands. After he/she touched the dirty linens, he/she should have washed his/her hands with soap and water before touching any other items with his/her dirty hands. During an interview on 10/03/24 at 9:20 A.M., the Infection Preventionist (IP) said staff should wash their hands with soap and water before entering a resident's room, before putting on gloves, in between cares and when leaving a resident's room. Staff should not touch any items that have urine on them with their bare hands. During an interview on 10/09/24 at 9:41 A.M., the Director of Nursing (DON) said he expected staff to wear gloves if they touched any items that were soiled with urine. Staff should wash their hands with soap and water after touching an item that was soiled with urine. During an interview on 10/09/24 at 10:00 A.M., the Administrator said staff should not touch any soiled items with their bare hands. If a staff member used their bare hands to pick up a soiled item, they should wash their hands with soap and water. 2. Review of Resident's #71's quarterly MDS, dated [DATE], showed the following: -Always incontinent of bowel and bladder; -Dependent on staff for personal hygiene; -Maximum assistance to roll left and right; -Resident had a gastrostomy tube (g-tube). Review of the resident's Care Plan, revised 06/18/24, showed the following: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265536	A. Building B. Wing	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valley View Health & Rehabilitation	1600 East Rollins St Moberly, MO 65270

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-The resident was incontinent of bowel and bladder; -Clean peri-area after each incontinence episode; -The resident received all nutrition/fluids through a g-tube; -The plan did not identify the need for or use of enhanced barrier precautions (EBP) when providing care to the resident. Review of the resident's October 2024 Physician Order Sheet (POS) showed the resident received Jevity (nutritional supplement) 1.5 cal via g-tube at 75 cc/hr (cubic centimeters per hour) for 20 hours and off for four hours. Observation on 10/1/24 at 9:40 A.M. showed the following: -EBP signage on the resident's door indicated that a gown and gloves were required in the resident's room and PPE, including gowns and gloves, were in a cart in the corner of the hallway; -The resident lay in bed and had a g-tube with Jevity running at 75 cc/hr; -Certified Nurse Assistant (CNA) C was in the resident's room. CNA C wore a mask and gloves but did not wear a gown; -CNA C unfastened the resident's urine soiled incontinence brief, pushed it down between the resident's legs, and cleaned the resident's peri area with incontinence wipes; -While wearing the same gloves, CNA C touched and moved the blanket off the resident's feet and rolled the resident to his/her right side, touching the resident's right hip, with his/her soiled gloves; The resident's upper body touched CNA C's clothing; -CNA C cleaned the resident's buttocks with incontinence wipes, pulled the incontinence brief from under the resident, and rolled the urine soiled bed pad to the right side, then rolled the resident to his/her left side and removed the bed pad; -CNA C removed his/her soiled gloves, scooped up the soiled linens using the outside of a trash bag, tied the bag and sat the bag on the floor; -CNA C washed his/her hands, left the room to get a clean bed pad and returned to the room; -CNA C donned new gloves, rolled the resident to his/her right side and placed the clean bed pad and incontinence brief under the resident, then rolled the resident to his/her left side and pulled the incontinence brief and bed pad through; -CNA C rolled the resident to his/her back, covered him/her with a blanket, elevated the head of the bed, and placed a call light in reach; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265536	A. Building B. Wing	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valley View Health & Rehabilitation	1600 East Rollins St Moberly, MO 65270

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-CNA C doffed his/her gloves, put the trash in the trash bag, and took the bags of trash and soiled linen to the soiled utility room. CNA C did not wash his/her hands prior to leaving the resident's room. During an interview on 10/8/24 at 3:25 P.M., CNA C said the following: -For EBP precautions, staff should put on a gown and gloves before entering a resident's room; -Staff should use proper hand hygiene, which included washing hands before gloving and after removing gloves; -Staff should put on clean gloves when going from dirty to clean objects; -Staff should remove gloves and wash hands when leaving a room; -He/She forgot to put a gown on that day (when he/she provided care to the resident) and did not perform proper hand hygiene; -The storage container for the PPE was outside the resident's room and pushed back in the corner, so it did not catch his/her attention when entering the room to provide care. During an interview on 10/03/24 at 9:20 A.M., the Infection Preventionist (IP) said she expected staff to wear gowns and gloves and use appropriate hand hygiene when providing personal cares to residents on EBP. During an interview on 10/8/24 at 6:00 P.M., the DON said he expected staff to wear gowns and gloves and use appropriate hand hygiene when providing personal cares to residents on EBP. During an interview on 10/8/24 at 6:05 P.M., the Administrator said she expected staff to wear gowns and gloves and use appropriate hand hygiene when providing personal cares to residents on EBP. 3. Review of Resident #40's Care Plan, dated 04/18/23, showed the resident had a urinary catheter (tube inserted into the bladder to drain urine) related to obstructive uropathy (condition in which the flow of urine is blocked). (The resident's care plan did not direct staff on where the catheter or catheter drainage bag should be positioned.) Review of the resident's Physician's Orders, dated October 2024, showed an order for a urinary catheter. Observation on 09/30/24 at 11:50 A.M. showed the following: -The resident lay in his/her bed which was in the lowest position; -His/Her urinary catheter drainage bag hung from the bed frame and touched the floor. Observation on 10/01/24 at 3:30 P.M. showed the following: -The resident lay in his/her bed which was in the lowest position; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265536	A. Building B. Wing	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valley View Health & Rehabilitation	1600 East Rollins St Moberly, MO 65270

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-His/Her urinary catheter drainage bag hung from the bed frame and touched the floor. Observation on 10/02/24 at 6:00 A.M. showed the following: -The resident lay in his/her bed which was in the lowest position; -His/Her urinary catheter drainage bag hung from the bed frame and touched the floor. Observation on 10/2/24 11:45 A.M. showed the following: -The resident lay in bed which was in the lowest position; -His/Her urinary catheter drainage bag hung from the bed frame and rested on the floor. During an interview on 10/02/24 at 1145 A.M., CNA R said the following: -Urinary catheter drainage bags should not touch the floor; -The resident's urinary catheter drainage bag should not be on the floor. The resident's bed was so low, he/she didn't know where the drainage bag should be positioned to keep it from touching the floor. During an interview on 10/02/24 at 11:50 A.M., CNA P said the following: -Urinary catheter drainage bags should not touch the floor; -He/She was not sure where to position the resident's catheter drainage bag in order to keep it off the floor because of the resident's bed was in the lowest position. Observation on 10/3/24 9:20 A.M. showed the following: -The resident lay in bed with the bed in the lowest position; -His/Her urinary catheter drainage bag hung from the bed frame and rested on the floor. During an interview on 10/08/24 at 6:00 P.M., the DON said urinary catheter drainage bags should be kept off the floor at all times to prevent infection. During an interview on 10/08/24 at 6:05 P.M., the Administrator said urinary catheter drainage bags should be kept off the floor at all times to prevent infection. 4. Review of Resident #283's admission record, dated 09/20/24, showed the resident's diagnoses included non-pressure, chronic ulcer of buttock with necrosis (tissue death) of muscle and paraplegia (paralysis of lower body). Review of the resident's Physician Orders, dated September 2024, showed an order for negative pressure therapy (wound vac; medical treatment that uses a vacuum to help wounds heal) to wound site, set unit to 125 millimeters of mercury (mmHg) (a unit used to measure pressure) continuously. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265536	A. Building B. Wing	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valley View Health & Rehabilitation	1600 East Rollins St Moberly, MO 65270

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the resident's wound evaluation and management summary, dated 09/30/24, showed the following: -The resident had a wound on his/her sacrum (large, triangular bone at the base of the spine); -The wound was a Stage 4 pressure wound (Full-thickness skin and tissue loss with exposed or directly palpable fascia, muscle, tendon, ligament, cartilage or bone in the ulcer. Slough and/or eschar may be visible on some parts of the wound bed. Epibole (rolled edges), undermining and/or tunneling often occur.); -The wound measured 4.5 centimeters (cm) in length by 4.0 cm in width by 2.0 cm in depth; -The wound had moderate serous exudate (a clear or pale yellow, watery, thin plasma that leaks from a wound during the body's healing process) (an increase in exudate may indicate an infection); -The wound was over 97 days old; -The wound had previously undergone autolytic debridement (a natural process where the body's enzymes and cells break down dead tissue in a wound); -The wound treatment plan included negative pressure wound therapy using a pump set at 125 mmHg low continuously for 23 days. Observation on 09/30/24 at 12:11 P.M. and 3:30 P.M., showed the resident's wound vac sat on the floor next to the left side of the resident's bed. The pump was running and connected to the resident's wound site. Observation on 10/02/24 at 6:50 A.M. and 7:44 A.M., showed the resident's wound vac sat on the floor next to the left side of the resident's bed. The pump was running and connected to the resident's wound site. Observation on 10/03/24 at 8:23 A.M., showed the resident's wound vac sat on the floor next to the left side of the resident's bed. The pump was running and connected to the resident's wound site. During an interview on 10/03/24 at 9:02 A.M., the Wound Nurse said the resident's wound vac should not be on the floor. The resident had an increased risk of infection if the wound vac was on the floor. The wound vac should be on a chair beside the resident's bed. During an interview on 10/03/24 at 9:20 A.M., the IP said the wound vac should not be on the floor. The resident had an increased risk of infection if the wound vac was on the floor. The wound vac was normally attached to an intravenous (IV) pole. She did not know why the wound vac was on the floor. During an interview on 10/09/24 at 9:41 A.M., the DON said the wound vac should not be on the floor. He was not aware the wound vac was on the floor. The wound vac should be attached to an IV pole or should be on a bed side table. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265536	A. Building B. Wing	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valley View Health & Rehabilitation	1600 East Rollins St Moberly, MO 65270

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 10/09/24 at 10:00 A.M., the Administrator said the wound vac should not be on the floor. The wound vac should be hung up. There were bags that attached to the back of wheelchairs which could hold the wound vac. 5. Review of Resident #38's POS for October 2024 showed an order for Timolol (medicated eye drop used to treat glaucoma) 0.5% eye drops; instill one drop in the right eye once a day. Observation on 10/02/24 at 8:15 A.M., showed the following: -Certified Medication Technician (CMT) P entered the resident's room to administer Timolol 0.5 % (medicated eye drop); -Without washing and/or sanitizing his/her hands, CMT P put on gloves, pulled down the resident's lower right eyelid, instilled one drop of the medication into the resident's eye, removed his/her gloves, and exited the room. CMT P returned to his/her medication cart, opened the medication cart, and placed the medication into the cart before sanitizing his/her hands. 6. Review of Resident #31's Physician Order Sheet (POS) for October 2024, showed an order for acidophilus lactobacillus (a probiotic that is used to help maintain the number of healthy bacteria in your stomach and intestines) oral capsule; one capsule by mouth daily. Observation on 10/02/24 at 7:50 A.M. showed CMT P removed the resident's medication cards from the medication cart, popped medications into a medicine cup, placed the medications in a small plastic bag, crushed the medications with the medication crusher, and without sanitizing and/or donning gloves, picked up the acidophilus capsule from a medication cup, opened it, placed the contents of the capsule into applesauce, and administered it to the resident. 7. Observation on 10/02/24 at 8:20 A.M., showed the following: -CMT P administered Symbicort inhaler (steroid inhaler used to treat chronic lung conditions) to Resident #79; -Without washing and/or sanitizing hands, CMT P exited Resident #79's room, returned to the medication cart, opened the cart, removed Resident #50's medications, and punched the medications into a medication cup before he/she sanitized his/her hands. During an interview on 10/02/24 at 8:30 A.M., CMT P said the following: -He/She was supposed to wash and/or sanitize his/her hands before and after administering resident's medications; -He/She should not have touched clean items with contaminated hands and/or gloves; -He/She did not wash and/or sanitize like he/she should have because he/she forgot. During an interview on 10/08/24 at 6:00 P.M., the Director of Nursing (DON) said the following: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265536	A. Building B. Wing	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valley View Health & Rehabilitation	1600 East Rollins St Moberly, MO 65270

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-He expected staff to perform hand hygiene before providing care, after providing care, and as needed during care; -Staff should not touch clean items with contaminated hands and/or gloves; -Staff should not touch medications with their bare hands. During an interview on 10/08/24 at 6:05 P.M., the Administrator said the following: -She expected staff to perform hand hygiene before care, after care, and as needed during care; -Staff should not touch clean items with contaminated hands and/or gloves; -Staff should not touch medications with their bare hands. 47008 47246 49528