

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  275021	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/28/2024
NAME OF PROVIDER OR SUPPLIER  Valle Vista Rehabilitation and Nursing LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  402 Summit Ave Lewistown, MT 59457	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>32998</p> <p>Based on observation, interview, and record review, the facility failed to maintain the kitchen in a sanitary and clean condition. This had the potential to effect all residents in the facility who consumed food or services from the kitchen. Findings include:</p> <p>During an observation of the kitchen, on 8/28/24 at 10:23 a.m., the following was found:</p> <ul style="list-style-type: none"> <li>- Corners of the kitchen floor: had white debris resembling crumbs</li> <li>- Underneath the shelves there was white, tan, and brown debris resembling crumbs and dirt</li> <li>- Underneath the workspace, next to the stove, there were white and tan debris resembling crumbs and food particles</li> <li>- At the edge of the floor where the mop boards meet the floor was a dark brown substance.</li> </ul> <p>During an interview on 8/28/24 at 1:19 p.m., staff member G stated employees on shift were the ones who did the cleaning. Staff member G stated there was a list of tasks, and the checklist needed to be completed by the employee doing the cleaning. Staff member G stated he was requiring the checklist to be done weekly, but it was not getting checked off, so he switched to daily checkoffs. Staff member G stated there were staff on vacation.</p> <p>During an interview on 8/28/24 at 1:16 p.m., staff member B stated some dietary staff were on vacation, and the facility lost some employees after school started.</p> <p>Review of the facility policy, titled Dietary Sanitization, showed . All kitchens, kitchen areas, and dining areas shall be kept clean, free from litter and rubbish . the food services manager will be responsible for scheduling staff for regular cleaning of kitchen and dining areas .</p> <p>Review of the kitchen checklists for the last two months showed gaps where the kitchen checklists were not getting completed.</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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