

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  275091	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/17/2024
NAME OF PROVIDER OR SUPPLIER  Valley View Home		STREET ADDRESS, CITY, STATE, ZIP CODE  1225 Perry LN Glasgow, MT 59230	

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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>46400</p> <p>Based on observation, interview, and record review, the facility failed to follow outlined interventions for 1 (#25) of 3 residents sampled for weight loss. This deficient practice increased the risk of further weight loss for the resident who had a severe weight loss over a three month period. Findings include:</p> <p>During an observation on 7/16/24 at 8:11 a.m., resident #25 was asleep in her bed. Across the room, on her desk, was her full breakfast tray.</p> <p>During an observation on 7/16/24 at 9:00 a.m., resident #25 was still asleep and her full breakfast tray had been removed.</p> <p>During an observation on 7/17/24 at 8:09 a.m., resident #25 was sitting at the desk in her room with her breakfast tray. She was pushing eggs around with her silverware, but not consuming anything.</p> <p>During an observation on 7/17/24 at 12:07 p.m., resident #25 was sitting at the dining table in the resident common area. Her lunch was untouched in front of her. There were no staff around to cue the resident to eat. She got up from the table and wandered away down the hall.</p> <p>Review of resident #25's care plan, with a review date of 7/9/24, showed under problems: I am at nutritional risk for weight loss as evidenced by poor intake, uninterest in food, and requiring encouragement during meal times . [sic]</p> <p>Interventions for resident #25's weight loss included:</p> <ul style="list-style-type: none"> <li>- Please offer me finger foods as I like to ambulate throughout the facility frequently throughout the day and my attention span for meals is very short.</li> <li>- Please obtain my weight monthly.</li> <li>- Please provide me encouragement/cueing during mealtimes.</li> </ul> <p>Review of resident #25's monthly weights, dated January 2024 - July 2024, showed the resident weighed 96.6 lbs. on 7/1/24. Three months prior on 4/1/24 she weighed 106.4 lbs. This represented a 9.2% severe weight loss in three months.</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility policy titled, Weight Monitoring, dated May 2024, showed, . Residents with weight loss - monitor weight weekly . The newly recorded resident weight should be compared to the previous recorded weight. A significant change in weight is defined as:</p> <p>a. 5% change in weight in 1 month (30 days)</p> <p>b. 7.5% change in weight in 3 months .</p> <p>A phone call for interview on resident #25's weight loss was placed to staff member M on 7/17/24 at 10:55 a. m. and was not returned by the end of the survey.</p> <p>During an interview on 7/17/24 at 2:15 p.m., staff member B stated the facility had implemented a Resident at Risk meeting that would occur biweekly and address resident issues including weight loss. The meeting on 7/11/24 had identified resident #25 as having a significant weight loss, and the team identified new interventions to be put in place. Staff member B stated the biweekly meetings were new and were intended to catch issues sooner than the quarterly QAPI meeting.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>46400</p> <p>Based on observation, interview, and record review, the facility failed to ensure food items placed in the unit's nourishment refrigerator were dated and labeled with a resident name. This deficient practice increased the risk of a resident receiving incorrect, or out dated, food items. Findings include:</p> <p>During an observation on 7/17/24 at 7:54 a.m., there was an unlabeled and undated Tupperware container in the resident nourishment refrigerator, which was located at the end of the 100 hall. The contents of the container included a homemade, unknown yellow liquid substance. There was no indication of which resident the food belonged to or how long it was in the refrigerator.</p> <p>During an interview on 7/17/24 at 10:11 a.m., staff member L stated it was the responsibility of housekeeping to clean refrigerators in the resident common areas. Staff member L stated family members would often place items in the refrigerator without staff knowing.</p> <p>Review of the facility policy Use and Storage of Food Brought in by Family or Visitors, dated 12/27/18, showed, All food items that are already prepared by the family or visitor brought in must be labeled with content and dated . The prepared food must be consumed by the resident within 3 days. If not consumed within 3 days, food will be thrown away by facility staff.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>47752</p> <p>Based on observation, interview, and record review, the facility failed to screen visitors for signs or symptoms of Covid-19, prior to entering the building, during a Covid-19 outbreak; failed to post transmission based precaution signage on the doors of Covid-19 positive residents, and failed to follow transmission based precautions for 4 (#s 15, 21, 26, and 27); failed to practice proper hand hygiene during a laundry pass for 2 (#s 14 and 31); and failed to follow enhanced barrier precautions for 3 (#s 14, 31, and 42) of 22 sampled residents. This deficient practice increased the risk of an individual contracting Covid-19, other viruses, or infections, for all residents, staff, or visitors. Findings include:</p> <p>1. During an observation on 7/15/24 at 2:24 p.m., the facility had printed signs on the entrance doors showing there was a Covid-19 outbreak. Upon entrance into the facility, there was a sign in log, and N-95 masks. There was no staff member present, no screening equipment, or a questionnaire asking visitors about signs or symptoms of Covid-19.</p> <p>During an observation on 7/16/24 at 7:07 a.m., upon entrance into the facility there was a sign in log, and N-95 masks. There was no staff member present, no screening equipment, or a questionnaire asking visitors about signs or symptoms of Covid-19.</p> <p>During an observation on 7/17/24 at 7:08 a.m., upon entrance into the facility there was a sign in log, and N-95 masks. There was no staff member present, no screening equipment, or a questionnaire asking visitors about signs or symptoms of Covid-19.</p> <p>During an interview on 7/17/24 at 1:03 p.m., staff member J stated the facility was not screening visitors when they entered the building. Staff member J stated, All the family members were called and asked to perform hand hygiene and wear a mask when they entered the building, other than that there is no screening in place.</p> <p>Review of a facility document titled, COVID-19, undated showed: . staff and visitor screening upon entrance into the facility will be by active or passive means.</p> <p>Review of a facility document titled, Infectious Outbreak or Pandemic, dated, 8/1/23, showed:</p> <p>. 4. Screening visitor and staff include questions about signs and symptoms, possible exposure, PPE compliance, and temperature checks, etc.</p> <p>2. During an interview on 7/15/25 at 2:30 p.m., staff member A stated the facility was in a Covid-19 outbreak. Staff member A stated, We have two staff members, and two residents test positive for Covid-19.</p> <p>During an observation on 7/15/24 at 4:19 p.m., resident #27 was sitting in a recliner in her room. A plastic container with three drawers was placed outside the room. The container stored personal protective equipment. Resident #27's door to her room was open to the hallway. There was not a transmission-based precaution sign placed outside the room, on the door/entry to room, to notify staff what type of personal protective equipment was to be used when providing care for #27.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an observation on 7/15/24 at 4:25 p.m., resident #15 was sitting in a recliner in his room. Resident #15 was coughing. A plastic container with three drawers was placed outside the room. The container stored personal protective equipment. Resident #15's door to his room was open to the hallway. There was not a transmission-based precaution sign placed outside the room to notify staff what type of personal protective equipment was to be used when cares were provided.</p> <p>During an observation on 7/15/24 at 4:26 p.m., resident #21 was sitting in his wheelchair in the doorway of his room. Resident #21 was coughing. A plastic container with three drawers was placed outside the room. The container stored personal protective equipment. Resident #21's door to his room was open to the hallway. There was no transmission-based precaution sign placed outside the room to notify staff what kind of personal protective equipment was to be used when cares were provided to the resident.</p> <p>During an interview on 7/15/24 at 4:27 p.m., staff member C stated, We have three residents who are confirmed to be Covid-19 positive. We keep their doors open so they (the residents) do not feel isolated.</p> <p>During an observation on 7/16/24 at 7:44 a.m., and 7:46 a.m., the resident room doors for #15, 21, and 27 were open, and no transmission-based precaution signs were placed outside the rooms.</p> <p>During an observation on 7/17/24 at 8:01 a.m., and 8:03 a.m., the doors to resident #15, 21, and 27's rooms were open, and no transmission-based precautions signs were placed outside the rooms.</p> <p>During an interview on 7/17/24 at 8:10 a.m., staff member H and staff member I stated they knew a resident was on transmission-based precautions because there was personal protective equipment provided outside the rooms. Staff members H stated, I had no clue there were different types of transmission-based precautions. Staff member I stated, I did not know that there were different types either, I did ask staff member J if signs should be up outside the doors though.</p> <p>During an observation on 7/17/24 at 11:36 a.m., resident #s 15, 21, and 27 had specific contact/droplet precaution signs posted outside their rooms.</p> <p>During an interview on 7/17/24 at 1:03 p.m., staff member J stated she educated staff on infection control practices bi-annually and as needed.</p> <p>Review of a facility policy titled, Infectious Outbreak or Pandemic, dated, 8/1/23, showed:</p> <ul style="list-style-type: none"> <li>. Isolation Precautions</li> <li>. 3. The facility will use standard approaches, as defined by the CDC, for transmission-based precautions: airborne, contact, and droplet precautions. The category of transmission-based precautions will determine the type of personal protective equipment (PPE) to be used.</li> </ul> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>3. During an observation on 7/16/24 at 8:33 a.m., staff member G was distributing resident clothing. Staff member G entered resident #14's room. No hand hygiene was performed prior to entering resident #14's room. Staff member G opened resident #14's closet and hung up the clothing. No hand hygiene was completed after exiting resident #14's room. Staff member G walked back to the laundry cart and picked up more clothing and entered resident #31's room. No hand hygiene was completed prior to entering resident #31's room. Staff member G opened resident #31's closet and hung up the clothing and exited resident #31's room. No hand hygiene was completed after exiting resident #31's room.</p> <p>During an interview on 7/16/24 at 8:38 a.m., staff member G stated, I just forgot, it's that simple. I have been here long enough to know better. I am supposed to clean my hands before I get the clean clothes off the cart and after I exit a resident's room. I have been educated on hand hygiene through staff in-services and trainings.</p> <p>Review of a facility document titled, Hand Hygiene, undated, showed: The use of gloves does not replace hand hygiene . Hand hygiene is indicated and will be provided before entering and exiting residents room .</p> <p>46400</p> <p>4. During an observation on 7/15/24 at 4:00 p.m., there was no signage or supplies for the use of enhanced barrier precautions in resident #42's room. Resident #42 had a foley catheter bag hanging at the side of his bed. Review of the medical record showed resident #42 had an indwelling foley catheter since 4/6/24.</p> <p>During an observation on 7/17/24 at 8:12 a.m., there was no signage or supplies for enhanced barrier precautions in resident #42's room.</p> <p>During an interview on 7/17/24 at 1:03 p.m., staff member J stated enhanced barrier precautions were placed for residents with chronic wounds or catheters. Staff member J stated each resident on enhanced barrier precautions had a yellow and black striped magnet on the doorway and personal protective equipment in the room.</p> <p>During an interview on 7/17/24 at 1:35 p.m., staff member M stated the yellow and black striped magnets on the doorways were the signals to staff for enhanced barrier precautions. Staff member M stated someone would have this indicator for precautions if they had a catheter. Staff member M stated resident #42 did have a catheter, and she was unsure why he didn't have the yellow and black magnet on his door.</p> <p>During an observation on 7/17/24 at 1:40 p.m., resident #14 had a yellow and black striped magnet on the doorway. Resident #14 had a chronic indwelling foley catheter. The catheter was contained in a cover and hanging from the underside of the resident's wheelchair. Resident #14 did not have any personal protective equipment located inside or outside of the room.</p> <p>During an observation on 7/17/24 at 1:42 p.m., resident #31 had a yellow and black striped magnet on the doorway. Resident #31 had a chronic indwelling foley catheter. The catheter was contained in a cover and hanging from the underside of the resident's wheelchair. Resident #31 did not have any personal protective equipment located inside or outside of the room.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of the facility policy, Enhanced Barrier Precautions, dated 3/26/24, showed, .An order for enhanced barrier precautions will be obtained for residents with any of the following: . urinary catheters .</p> <p>According to the CDC article, Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs), dated 4/2/24, showed:</p> <p>. Nursing home residents with wounds and indwelling medical devices are at especially high risk of both acquisition of and colonization with MDROS . The use of gown and gloves for high-contact resident care activities is indicated, when Contact Precautions do not otherwise apply, for nursing home residents with wounds and/or indwelling medical devices regardless of MDRO colonization . indwelling medical devices e.g. , central line, urinary catheter .</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>47752</p> <p>Based on interview and record review, the facility failed to ensure a resident received, or had the opportunity to receive, the pneumococcal vaccine series, for 1 (#15) of 5 sampled residents for vaccinations. Findings include:</p> <p>Review of resident #15's immunization record showed resident #15 had received one pneumococcal vaccine on 4/4/2018. The immunization record did not show what type of pneumococcal vaccine resident #15 had received.</p> <p>A review of a facility document titled, Pneumococcal Vaccine Informed Consent/Decline, showed, resident #15's resident representative signed for resident #15 to receive pneumococcal vaccines on 4/16/24.</p> <p>During an interview on 7/17/24 at 1:03 p.m., staff member J stated, [A Facility Name] works with us on providing vaccinations. Pneumococcal vaccines are not one the facility keeps in house. I just have not set up a clinic (vaccination) yet. It is just something I have not thought about doing yet. I am behind on looking at the immunizations. I have started asking the hospital to provide the pneumococcal vaccine prior to discharge.</p> <p>Review of a facility document titled, Influenza, Pneumococcal, and SARS-COV-2 Immunizations-Residents, dated, 7/19/23, showed:</p> <p>. 5. Pneumococcal Vaccine: Residents will be assessed for eligibility to receive this vaccine series with in 5 working days of admission and will be offered the vaccine.</p> <p>. 12. 8. Vaccines not supplied in house will be provided by outside resources such as [Facility Names], and other alternative methods. [sic]</p>

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<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p>47752</p> <p>Based on interview and record review, the facility failed to document resident declinations and education regarding the Covid-19 vaccine, for 2 (#s 11 and 27) of 5 sampled residents for immunizations. Findings include:</p> <p>A review of resident #11's preventive health care report, with a creation date of 12/14/23, showed, resident #11's resident representative refused the administration of the Covid-19 vaccination.</p> <p>A review of resident #27's preventative health care report, with a creation date of 12/14/23, showed, resident #27's resident representative refused the administration of the Covid-19 vaccination.</p> <p>A request was made on 7/17/24 at 10:16 a.m., for the signed declinations for resident #11 and #27. The signed declinations were not provided prior to the end of the survey.</p> <p>During an interview on 7/17/24 at 1:03 p.m., staff member J stated she did not have any signed declinations or documentation for resident #11 or #27's Covid-19 vaccinations. Staff member J stated she did not provide any education regarding the risks and benefits to the resident representatives for resident #11 or #27.</p> <p>A review of a facility policy titled, Influenza, Pneumococcal, and SARS-COV-2 Immunizations-Residents, dated, 7/19/23, showed:</p> <p>. 8. If the resident or responsible party refuses an immunization, it will be documented in the permanent medical record. The resident or responsible party will be provided with an education program and the resident or responsible party will be offered the immunization, annually.</p>		