STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365841	A. Building B. Wing	04/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valley View Health Campus	1247 North River Rd Fremont, OH 43420

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 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45751 Based on medical record review, review of the Preadmission Screening and Resident Review (PASRR - assessment to evaluate residents for serious mental illness and/or intellectual disability to prevent unnecessary nursing home admissions and ensure needed services) and staff interview, the facility failed to ensure PASRRs were accurately completed. This affected one (#16) of one resident reviewed for PASRR. The facility census was 56. Findings include: Review of medical record for Resident #16 revealed an admitted [DATE]. Diagnoses included, but not limited to, unspecified dementia, generalized anxiety disorder, depression, and bipolar disorder. Review of current physician orders revealed Resident #16 had orders for sertraline 150 milligrams (mg) daily (anti-depressant) and trazodone 100 mg at bedtime (anti-depressant). Review of PASRR, completed on 03/27/25, revealed the assessment did not identify Resident #16 had diagnoses of dementia, generalized anxiety disorder, depression, or bipolar disorder. The assessment also did not identify Resident #16 was ordered psychotropic medications (sertraline and trazodone). Interview on 04/16/25 at 11:39 A.M. with Director of Sales (DOS) #207 revealed Resident #16 admitted to the facility from home. DOS #207 verified the PASRR did not accurately reflect the resident's diagnoses or use of psychotropic medications. DOS #207 stated she could use more education on completing PASRRs correctly.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51528 Based on observation, resident interview, medical record review, staff interview and review of the facility policy, the facility failed to ensure physician treatment orders were transcribed into the electronic medical record (EMR). This affected one (#20) of three residents reviewed for non-pressure ulcer skin conditions. The facility census was 60. Findings include: Review of the medical record for Resident #20 revealed an admitted [DATE]. Diagnoses included major depressive disorder, chronic obstructive pulmonary disease (COPD), and anemia. Review of the quarterly Minimum Data Set (MDS) assessment, dated 02/12/25, revealed Resident #20 was cognitively intact. Review of a Nurse Practitioner (NP) progress note, dated 04/04/25, revealed NP #910 completed a monthly visit assessment. Further review revealed Resident #20 had an all over body rash/contact dermatitis with orders for triamcinolone acetonide 0.1 percent (%) cream and Benadryl as needed (PRN). Review of the current physician orders revealed no order was in place for the triamcinolone acetonide 0.1% cream. Observation on 04/14/25 at 9:37 A.M. of Resident #20 revealed a scattered, red rash on her bilateral upper extremities, back, and bilateral lower extremities. Concurrent interview with Resident #20 revealed the rash was uncomfortable and the resident stated, I itch all over. Resident #20 stated she told staff the rash itched and they applied lotion to her legs daily, but not her back or bilateral upper extremities. Observation on 04/16/25 at 12:39 P.M. revealed Resident #20 in bed eating lunch. Concurrent interview with Resident #20 revealed she Itched all over and staff had not applied any treatment to the rash. Interview on 04/16/24 at 2:36 P.M. with Licensed Practical Nurse (LPN) #760 verified the order for triamcinolone acetonide 0.1 % cream, ordered on 04/04/25, was not transcribed into to the physician orders. LPN #760 further confirmed no treatments were being administered for the rash on Resident #20's bilateral arms, back, and bilateral legs. Interview on 04/16/25 at 2:41 P.M. with the Director of Nursing (DON) confirmed the order for triamcinolone acetonide 0.1 % had not been transcribed into Resident #20's physician orders following the NP visit on 04/04/25 and further verified no treatments had been documented for the resident's rash. Review of the facility policy titled, Guidelines for Physician Services, dated 05/11/16, revealed the physician orders and progress notes shall be maintained in accordance with current regulations and campus policy.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49742 Based on observation, resident interview, staff interview, review of the medical record and review of facility policy, the facility failed to ensure urinary catheters were maintained in a manner to prevent the impediment of urinary flow. This affected one (#36) of one resident reviewed for catheter care. The facility identified six additional residents (#34, #39, #40, #49, #206, and #207) with indwelling urinary catheters. Additionally, the facility failed to ensure follow-up appointments were scheduled with urology for the prevention and treatment of urinary tract infections (UTIs). This affected one (#5) of two residents reviewed for UTIs. The facility census was 60. Findings include: 1. Review of the medical record for Resident #36 revealed an admitted [DATE]. Diagnoses included, but not limited to, hemiplegia and hemiparesis, cerebrovascular disease, neuromuscular dysfunction of bladder, other specified disorders of the male genital organs, benign prostatic hyperplasia (BPH), and urinary retention. Review of the quarterly Minimum Data Set (MDS) assessment, dated 01/22/25, revealed Resident #36 had a Brief Interview of Mental Status (BIMS) score of 12, indicating the resident was moderately cognitively impaired. Additionally, Resident #36 had an indwelling urinary catheter and was dependent for toileting. Observation on 04/14/25 at 11:24 A.M. of Resident #36 revealed the indwelling urinary catheter collection bag was folded over, below the drainage tube, impeding the flow of urine from the resident's bladder through the drainage tube, and into the urinary catheter collection bag. Interview on 04/14/25 at 11:29 A.M. with Certified Nursing Assistant (CNA) #730 verified Resident #36's indwelling urinary catheter collection bag was folded over, below the drainage tube, and the flow of urine was impeded. 51528 2. Review of the medical record for Resident #5 revealed an admitted [DATE]. Diagnoses included acute cystitis (inflammation of the urinary bladder, most often caused by bacterial infection) without hematuria (blood), hypersensitive chronic kidney disease, and UTI. Review of the quarterly Minimum Data Set (MDS) assessment, dated 01/22/25, revealed Resident #5 was cognitively intact. Review of urology notes revealed Resident #5 had an appointment on 12/18/24. The note documented Resident #5 was an established patient with a history of recurrent UTIs. The physician ordered a retroperitoneal ultrasound (imaging of the space behind the lining of the abdominal cavity, commonly evaluates the kidneys and other organs in the region). Further review of documentation revealed the ultrasound was completed on 01/02/25. (continued on next page)

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Additional review of Resident #5's medical record revealed no evidence the resident was seen by urology after the 12/18/24 appointment. Interview on 04/14/25 at 2:09 P.M. with Resident #5 revealed she had frequent UTIs and took medications to prevent them, adding as soon as medications were stopped, the infections returned. Resident #5 could not recall the last time she was seen by urology but stated it was usually every few months. Interview on 04/15/25 at 1:09 P.M. with the Director of Nursing (DON) revealed she was unsure if a follow-up to Resident #5's urology appointment on 12/18/24, and subsequent ultrasound, had been made. A follow-up interview on 04/15/25 at 1:47 P.M. with the DON confirmed the facility had no evidence any follow-up appointments had been scheduled for Resident #5 with urology. Review of the facility policy titled, Guidelines for the Use of Indwelling Catheters, reviewed 12/16/24, revealed the purpose of urinary catheterization was to provide urinary drainage when medically necessary. Additionally, a resident, with or without a catheter, received the appropriate care and services to prevent infections to the extent possible.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 49742 Based on observation, staff interview, review of pharmacy medication expiration dates and review of facility policy, the facility failed to ensure multi-use medications vials were properly dated. This had the potential to affect 56 residents residing in the facility. The facility census was 56. Findings include: Observation on 04/15/25 at 6:36 A.M. of the 300-hall medication storage room, with the Director of Nursing (DON), revealed one, open and undated, multi-use vial of Tuberculin, Purified Protein Derivative diluted/Aplisol, one ml (milliliter) (used for tuberculin testing), approximately three-quarters full. Further observation revealed the vial was dispensed from the pharmacy on 03/25/25 and had an imprinted expiration date of 01/17/26. Concurrent interview with the DON verified the multi-use Tuberculin vial was open and undated and should have been dated with the date it was opened. Review of a pharmacy document titled, Expiration Dates, dated January 2021, revealed the discard date for Tuberculin, Purified Protein Derivative diluted/Aplisol was 30 days after it was opened. Review of the facility policy titled, Labeling of Medications and Biologicals, revised 12/16/24, revealed facility staff should date the label of any multi-use vial when the vial is first accessed.

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Implement a program that monitors antibiotic use. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49742 Based on review of the facility Infection Tracking - ATB (antibiotic) Log, staff interview and review of facility policy, the facility failed to ensure residents met criteria prior to the initiation of antibiotics. This affected 13 (#5, #7, #14, #17, #26, #34, #38, #48, #50, #942, #943, #944, and #952) of 17 residents reviewed for antibiotic stewardship. The facility census was 56. Findings include: Review of the facility Infection Tracking- ATB Surveillance Log from 01/01/25 to 04/16/25 revealed the facility utilized McGeer's (set of clinical and laboratory findings used to help identify true infections requiring antibiotic treatment) criteria to determine appropriate antibiotic usage. Further review revealed the following residents were ordered antibiotics without meeting McGeer's criteria for antibiotic use: Resident #5, with an admitted [DATE], was ordered Ertapenem for a urinary tract infection (UTI) on 03/27/25 and did not meet McGeer's criteria for antibiotic use. Resident #7, with an admitted [DATE], was ordered Bactrim DS for a UTI on 01/19/25 and did not meet McGeer's criteria for antibiotic use. Resident #14, with an admitted [DATE], was ordered Ertapenem for a UTI on 02/19/25 and did not meet McGeer's criteria for antibiotic use. Resident #17, with an admitted [DATE], was ordered Ertapenem for a UTI on 01/14/25 and did not meet McGeer's criteria for antibiotic use. Resident #26, with an admitted [DATE], was ordered Ertapenem for a UTI on 01/22/25 and did not meet McGeer's criteria for antibiotic use. On 02/16/25, Resident #26 was ordered Amoxicillin for a UTI and did not meet McGeer's criteria for antibiotic use. Resident #34, with an admitted [DATE], was ordered Cefadroxil for a UTI on 01/16/25 and did not meet McGeer's criteria for antibiotic use. Resident #38, with an admitted [DATE], was ordered Ertapenem for a UTI on 02/03/25 and did not meet McGeer's criteria for antibiotic use. Resident #48, with an admitted [DATE], was ordered Levofloxocin for a UTI on 03/28/25 and did not meet McGeer's criteria for antibiotic use. Resident #50, with an admitted [DATE], was ordered Levofloxacin for a UTI on 12/29/24 and did not meet McGeer's criteria for antibiotic use. Resident #942, with an admitted [DATE], was ordered Ertapenem for a UTI on 02/27/25 and did not meet McGeer's criteria for antibiotic use. (continued on next page)

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident #943, with an admitted [DATE], was ordered Cephalexin for a UTI on 03/11/25 and did not meet McGeer's criteria for antibiotic use. Resident #944, with an admitted [DATE], was ordered Levofloxacin for a UTI on 03/06/25 and did not meet McGeer's criteria for antibiotic use. Resident #952, with an admitted [DATE], was ordered Ciprofloxacin for a UTI on 01/29/25 and did not meet McGeer's criteria for antibiotic use. Interview on 04/16/25 at 1:56 P.M. with Registered Nurse (RN) #907, identified as the facility's infection preventionist, confirmed the facility utilized McGeer's criteria as part of their antibiotic surveillance program and further verified the above residents were ordered antibiotics without meeting McGeer's infection criteria for antibiotic usage. Review of the facility policy titled, Antibiotic Stewardship, dated 12/16/24, revealed the purpose was to optimize the treatment of infections by ensuring that residents who required an antibiotic were prescribed the appropriate antibiotic and to reduce the risk of adverse events, including the development of antibiotic resistant organisms, from unnecessary or inappropriate antibiotic use.