

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555053	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/23/2024
NAME OF PROVIDER OR SUPPLIER  Valley View Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  729 Browning Road Delano, CA 93215	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>37697</p> <p>Based on interview and record review, the facility failed to accurately assess one of three sampled residents (Resident 1) for fall risk. This failure had the potential for Resident 1 to not have the appropriate interventions in place to prevent fall incidents.</p> <p>Findings:</p> <p>During an interview on 5/23/24 at 11 a.m. with Director of Nursing (DON), DON stated Resident 1 had 10 fall incidents since the beginning of 2024.</p> <p>During a review of Resident 1's ADMISSION RECORD (AR), dated 6/5/24, the AR indicated, Resident 1 diagnosis including Parkinson's disease (a brain disorder causing uncontrollable movement), convulsions (involuntary muscle contractions), Schizophrenia (a serious mental illness that affects how a person thinks, feels, and behaves), difficulty in walking and need for assistance with personal care.</p> <p>During a concurrent interview and record review on 6/4/24 at 11:55 a.m. with DON, Resident 1's Nursing - Fall Risk Evaluation (NFRE), was reviewed. The NFRE indicated the following:</p> <p>a. On 2/10/24 (after a fall incident), Resident 1 had a fall risk score of five (moderate fall risk). DON stated some interventions put into place for moderate fall risk were to monitor the resident closely and keep their bed in low position.</p> <p>b. On 3/1/24 (after a fall incident), Resident 1 fall risk score increased to eight (moderate fall risk). DON stated the same interventions were continued.</p> <p>c. On 4/2/24 (after a fall incident), Resident 1 fall risk score increased to 12 (high risk for falls). DON stated some interventions put into place for Resident 1 being a high fall risk was to remind the resident about safety, place a call do not fall sign as a visual reminder for the resident to call for help, refer to therapy, monitor for any signs of injury/pain after the fall and request a psychological evaluation.</p> <p>d. On 4/5/24 (after a fall incident), Resident 1's fall risk score decreased to 10 (high fall risk). DON stated she did not know why the number decreased despite Resident 1's frequent falls.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>e. On 4/9/24 (after a fall incident), Resident 1's fall risk score decreased to seven (moderate fall risk). DON stated the reason the fall risk score decreased was because the nurse (not identified) did not do the fall assessment correctly.</p> <p>f. On 5/13/24 (after a fall incident), Resident 1's fall risk score was eight. DON stated Resident 1 should have been a high fall risk if the assessment were done correctly.</p> <p>DON stated that NFRE are done by licensed nursing staff, They (licensed nursing staff) have to answer the prompted questions correctly (on the NFRE), unfortunately the answers they inputted did not match the resident (Resident 1). DON stated care provided to residents for falls were based on the NFRE.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Fall Risk Assessment, undated, the P&amp;P indicated, It is the policy of this facility to provide an environment that is free from accident hazards over which the facility has control and provides supervision and assistive devices to each resident to prevent avoidable accidents. The risk assessment will be completed by the nurse or designee upon admission, quarterly, or when a significant change is identified. The risk assessment will contain the following components . Identify environmental hazards and individual risks, including the need for supervision . Evaluate and analyze hazards and risks . An At Risk for Falls care plan will be completed for each resident to address each item identified on the risk assessment and will be updated accordingly.</p>		