

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  09/18/2024
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>37697</p> <p>Based on interview and record review, the facility failed to provide physician ordered treatments for four of four sampled residents (Resident 1, Resident 2, Resident 3, and Resident 4). This failure had the potential for worsening of resident condition, increased chance for infection, and increased healing times.</p> <p>Findings:</p> <p>During a concurrent interview and record review on 9/25/24 at 10:53 a.m. with Director of Nursing (DON), Resident 1, 2, 3 and 4 's TREATMENT ADMINISTRATION RECORD (TAR), dated September 2024 were reviewed. The TAR indicated the following:</p> <p>A. Resident 1 had a physician order for Mupirocin External Ointment (a medicated cream used to treat skin infections) 2 % (percent - a unit of measurement). Apply to affected area topically two times a day for skin infection. The TAR indicated Resident 1 did not receive this medicated cream at 9 a.m. on 9/2/24, 9/3/24, 9/4/24, 9/5/24, 9/6/24 and 9/10/24. The TAR indicated Resident 1 did not receive this medicated cream at 6 p.m. on 9/5/24, 9/6/24, 9/8/24, 9/9/24, 9/10/24, 9/11/24 and 9/13/24.</p> <p>B. Resident 1 had a physician order for Medi-honey Wound/Burn Dressing External Paste (a medicated dressing for wounds). Apply to right heel (foot) topically (on the surface of body) every day shift every two days for Diabetic Ulcer (a type of wound). Cleanse right heel with normal saline (NS - a type of fluid) pat dry with gauze. Infuse onto gauze to hold the medi-honey in place, then place on the wound bed and overly with kerlix (type of dressing). The TAR indicated Resident 1 did not receive this treatment on 9/17/24.</p> <p>C. Resident 2 had a physician order for Santyl External Ointment (a medicated cream) 250 UNIT/GM (gram - a unit of measurement). Apply to left shin (front part of lower leg) wound topically every shift for wound healing Cleanse with NS pat dry with gauze, apply Santyl ointment, cover with non-adherent pads then secure with abdominal pad (a type of dressing) and kerlix gauze. The TAR indicated Resident 2 did not receive this treatment during the day on 9/6/24, 9/7/24, 9/11/24, 9/12/24 and 9/13/24. The TAR indicated Resident 2 did not receive this treatment during the evening on 9/7/24 and 9/12/24.</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
---	-------	-----------

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  09/18/2024
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>D. Resident 3 had a physician order to apply antifungal powder (a medicated powder) to right gluteal (buttock) fold and keep the area clean and dry every shift for wound treatment. The TAR indicated Resident 3 did not receive this treatment during the day on 9/6/24 and 9/7/24. The TAR indicated Resident 3 did not receive this treatment during the evening on 9/7/24.</p> <p>E. Resident 3 had a physician order to apply Betadine Solution (topical antiseptic) to right heel topically every shift. Cleanse with NS, pat dry, paint area with Betadine. The TAR indicated Resident 3 did not receive this treatment during the day on 9/6/24 and 9/7/24. The TAR indicated Resident 3 did not receive this treatment in the evening on 9/7/24.</p> <p>F. Resident 3 had a physician order to cleanse bilateral (both sides) buttocks with NS and apply barrier cream (a protective cream) for excoriation (skin wound where the top surface layer has been removed) every shift. The TAR indicated Resident 3 did not receive this treatment during the day on 9/6/24 and 9/7/24. The TAR indicated Resident 3 did not receive this treatment during the evening on 9/7/24.</p> <p>G. Resident 3 had a physician order for Hydrogel External Gel (a type of dressing to keep the wound warm, moist, and close). Apply to right buttock topically every shift for excoriation/wound. Cleanse with NS, pat dry. Apply Hydrogel and cover with dry dressing. The TAR indicated Resident 3 did not receive this treatment during the day on 9/6/24, 9/7/24 and 9/9/24. The TAR indicated Resident 3 did not receive this treatment during the evening on 9/7/24.</p> <p>H. Resident 3 had a physician order for zinc oxide external Ointment (used to treat minor skin irritation) 25 %. Apply to distal sacrum (area above the buttocks) topically every shift for pressure injury (a wound caused from prolonged pressure). The TAR indicated Resident 3 did not receive this treatment during the day on 9/6/24 and 9/7/24. The TAR indicated Resident 3 did not receive this treatment during the evening on 9/7/24.</p> <p>I. Resident 4 had a physician order to keep dressing to left foot dry and intact every shift. The TAR indicated Resident 4 did not receive this treatment during the evening on 9/10/24, 9/11/24, 9/13/24, 9/16/24 and 9/17/24.</p> <p>DON verified the above findings and stated the staff (nurses) were not documenting the treatments being done. DON stated, If staff did not document it (treatment) (it) did not happen.</p> <p>During a review of the facility ' s policy and procedure (P&amp;P) titled, Wound Treatment Management, dated 11/2023, the P&amp;P indicated, To promote wound healing of various types of wounds, it is the policy of this facility to provide evidence-based treatments in accordance with current standards of practice and physician orders. Wound treatments will be provided in accordance with physician orders, including the cleansing method, type of dressing, and frequency of dressing change. Treatments will be documented on the Treatment Administration Record or in the electronic health record.</p>		