

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 165356	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2020
NAME OF PROVIDER OF SUPPLIER VALLEY VIEW COMMUNITY		STREET ADDRESS, CITY, STATE, ZIP 108 SOUTH HIGH STREET GREENE, IA 50636	
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 0585 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>Based on observation, resident and staff interviews, the facility failed to make available information on how to make a grievance and who the grievance Official was. The facility census was 27 residents. Findings include: 1. Observation throughout the survey on 3/2-4/20, revealed no posting regarding the facility designated Grievance Officer or the contact information for the Grievance Officer. During the group interview on 3/3/20 at 1:00 p.m., residents responded they were not aware of the grievance officer in the facility. During interview on 3/3/20 at 2:02 p.m., the Administrator stated resident's would come to her if they had a grievance, but acknowledged the designated grievance officer information was not posted. During record review of the Resident Handbook no grievance officer was identified in the handbook.</p>		
F 0607 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on personnel file review, facility policy review and staff interview, the facility failed to provide dependent adult abuse training for one of five employees reviewed. (Staff A) The facility census was 27 residents. Findings include: 1. The personnel file for Staff A, certified nurse aide, CNA documented a completed date of Dependent Adult Abuse training on [DATE]. During interview on [DATE] at 9:30 a.m., the Business Office Manager stated Staff A's Dependent Adult Abuse training was not current, and she was working on it right now. During interview on [DATE] at 9:45 a.m., Staff A verified she did not have a current Dependent Adult Abuse certificate. During interview on [DATE] at 11:00 a.m., the Director of Nursing stated she did not have knowledge that Staff A's Dependent Adult Abuse had expired. Review of a document titled Nursing Facility Abuse Prevention, Identification, Investigation and Reporting policy revealed each employee will take a one hour recertification training within 3 years of the initial training.</p>		
F 0689 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, clinical record review and staff interviews, the facility failed to ensure one resident had a safe transfer as planned. (Residents #16) The facility census was 27 residents. Findings include: 1. The Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #16 had [DIAGNOSES REDACTED]. The Care Plan dated 1/21/20, revealed the resident required assistance of one staff for transfers and a gait belt was to be used. The Care Plan indicated the resident was at high risk for falls. During observation on 3/3/20 at 7:30 a.m., Staff B transferred the resident from the recliner to the wheelchair with no gait belt used. During interview at the time, Staff B acknowledged he did not use a gait belt and should have. During interview at the time, the Director of Nursing stated staff should follow the Care plan and a gait belt should have been used.</p>		
F 0809 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times.</p> <p>Based on resident and staff interviews and facility document review, the facility failed to ensure staff offered residents a snack at bedtime each night. The facility census was 27 residents. Findings include: During group interview on 3/3/20 at 1:00 p.m., four of four residents present reported not being offered bedtime snacks every night. Residents stated they do not get snacks after 2:30 p.m. The January 2020 Snack Flow Sheet Valley View revealed no documentation of bedtime snacks being offered to residents. The February 2020 Snack Flow Sheet Valley View had two documented entries of snacks being offered. During interview on 3/3/20 at 2:16 p.m., Staff E stated snacks were not always passed after supper and it has been a problem for a while. Staff E helped prepare the snacks and finds the snacks not passed when she comes back in the morning. During interview on 3/4/20 at 11:15 a.m., the Director of Nursing stated the snack records were not being filled out consistently.</p>		
F 0812 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, facility policy review and staff interview, the facility failed to maintain a clean and sanitary kitchen and failed to serve resident food items utilizing proper hair/beard coverings. The facility census was 27 residents. Findings include: 1. During observation of the breakfast meal on 3/2/20 at 8:48 a.m., Staff C, Dietary Aide, wore a beard net. However, the net did not contain all of their beard. Staff C had approximately 3 inches of beard exposed on the sides of his face and on his neck. Staff C was standing over food in the kitchen while it was being dishd. Staff C transported dishd food in and out of the kitchen. 2. During observation of the noon meal on 3/2/20, at 12:14 p.m., Staff C, Dietary Aide, wore hair and beard restraints. However, the beard restrain failed to fully restrain the beard. The beard net covered Staff C's nose, covering the mustache. Staff C had approximately 3 inches on each side of the beard not covered by beard net. Approximately 2 inches of beard on Staff C's neck was not restrained in the beard net. Staff C transported food from the kitchen to tables on a cart. Staff C returned to the kitchen for each table service. 3. Observation on 3/3/20 at 12:05 p.m., revealed a thick layer of dust on a standing fan. The fan was blowing in the direction of the food preparation counter. Staff D, Cook, buttered bread at the counter. The counter was approximately 10 feet from the fan. Observation revealed a thick layer of dust on a wall mounted air conditioner. The undated Prevention of Foodborne Illness Policy stated Dietary Staff must wear hair and/or beard restraints to prevent their hair from contacting exposed food. During interview on 3/3/20 at 12:46 p.m., Staff D, Cook, stated Maintenance cleans the fan and air conditioner. Staff D stated they did not know how often it was cleaned. During interview on 3/3/20 at 2:03 p.m., the Dietary Manager</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

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.

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F 0812 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>(continued... from page 1) acknowledged the fan and air conditioner needed cleaned. The Dietary Manager stated Maintenance cleaned them monthly but it needed done more frequently. The Dietary Manager stated hair and beard restraints should be worn by all staff in the kitchen.</p> <p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, clinical record review and staff interviews, the facility failed to follow proper infection control practices for one resident reviewed with a catheter. (Resident #13) The facility census was 27 residents. Findings include: 1. The Minimum Data Set Assessment ((MDS) dated [DATE], revealed Resident #13 had [DIAGNOSES REDACTED]. The Care Plan revised on 8/12/19, revealed the resident had an Indwelling Foley Catheter. The Care Plan directed staff to monitor for symptoms of urinary tract infection [MEDICAL CONDITION]. During observation on 3/3/20 at 7:50 a.m., Staff B, Certified Nurse Aide, CNA knocked and entered Resident 13's room and left to get alcohol swabs. Staff B again knocked and entered the residents room and put on gloves, but failed to wash hands. Staff B took a trash bag containing the resident's catheter supplies from the bathroom and sat it on the floor, with no barrier. Staff B removed their gloves and left the room to get a new leg bag. Staff B did not wash their hands. Staff B returned to the resident's room and put on new gloves without completing hand hygiene. Staff B removed gloves and left room to get hand sanitizer. Staff B returned and placed a bottle of hand sanitizer on resident's bedside table, put on clean gloves without completing hand hygiene. Staff B using gloved hands retracted foreskin and cleansed around catheter tubing with disposable wipes and removed gloves. Without completing hand hygiene Staff B put on new gloves, used an alcohol wipe to clean around the catheter tubing and connected leg bag to the catheter and removed gloves. During interview on 3/4/20 at 11:17 p.m., the Director of Nursing (DON) acknowledged hand hygiene should be completed before and after catheter care.</p>		