

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/10/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165507	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 01/24/2017	
NAME OF PROVIDER OR SUPPLIER  VALLEY VIEW VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE  2555 GUTHRIE AVENUE BUILDING C DES MOINES, IA 50317		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS  Correction Date: <u>2/4/17</u>  Investigation of facility complaints #64767-C and #64937-C resulted in the following deficiencies.  See Code of Federal Regulations (42CFR) Part 483, Subpart B-C. 483.24, 483.25(k)(l) PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING  483.24 Quality of life Quality of life is a fundamental principle that applies to all care and services provided to facility residents. Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, consistent with the resident's comprehensive assessment and plan of care.  483.25 (k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.  (l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on observation, clinical record review,		F 000		
F 309 SS=G			F 309		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Dawn Casper* 2/10/17

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 309	<p>Continued From page 1</p> <p>facility policy review and staff and physician interviews, the facility failed to provide the necessary care to maintain the highest physical well being for one of four residents reviewed and on two separate incidents. (Resident #1) The facility reported a census of 66.</p> <p>Findings include:</p> <p>A Minimum Data Set (MDS) assessment form dated 11/16/16, indicated Resident #1 had diagnosis that included heart failure, pneumonia, depression, dizziness and giddiness, weakness, urine retention, shortness of breath and pain. The assessment indicated the resident had a Brief Interview for Mental Status (BIMS) score of 15 out of 15, had fluctuating inattention and disorganized thinking, required limited assistance of staff for transfers, ambulation in the room and corridor, locomotion on and off the unit, dressing and toilet use, with one fall without injury and no skin issues.</p> <p>A Care Plan with the last care conference dated 10/26/16, indicated the resident had edema to his/her bilateral lower extremities, at a mild risk for skin breakdown due to limited mobility, occasional incontinence and a diagnosis of a cerebrovascular accident (CVA), some forgetfulness and with difficulty making appropriate decisions for himself/herself, at risk for a decline with ambulation and transfers and at risk for falls. The approaches included the following:</p> <p>a. Encourage to elevate his/her legs when sitting in the recliner. (created 10/26/16) b. Remind him/her to wear ted hose as he/she failed to wear them at times per physician's order.</p>	F 309		

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F 309	<p>Continued From page 2 (created 10/26/16)</p> <p>c. Assist him/her with putting on the ted hose and removing them at night. (created 10/26/16)</p> <p>d. Inspect his/her skin every day during cares and perform systemic weekly skin inspection and skin checks with baths. (edited 5/9/16)</p> <p>e. He/she required assistance of 1 staff with supervision for all mobility and transfers. (edited 1/9/17)</p> <p>f. He she required assistance with activities of daily living (ADL'S), toileting, dressing and bathing. (edited 1/9/17)</p> <p>g. Ambulate partway to and from meals as tolerated wit a 4 wheeled walker and staff having pushed the wheel chair behind the him/her. (created 11/28/16)</p> <p>h. Recommend staff assistance with all transfers and mobility. (created 11/28/16)</p> <p>An Event Report dated 12/3/16 at 9:30 a.m., indicated no actual fall occurred, the resident stated he/she got his/her arm stuck in the grab bar when he/she tried to get off of the toilet which made him/her loose his/her balance so he/she leaned against the wall, put on the call light and waited until help arrived. No injury had been noted at that time. The resident stated he/she originally got up unassisted and took himself/herself to the bathroom.</p> <p>The Event Report Notes and the Resident Progress Notes dated 12/2/16 failed to address the above stated event and/or any assessment or intervention.</p> <p>The Event Report Notes dated 12/3/16 at 9:22 a.m., documented the following:</p> <p>The nurse had been told earlier that morning</p>	F 309		

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F 309	<p>Continued From page 3</p> <p>by a Certified Nursing Assistant (CNA) the resident had not wanted to go to breakfast and wanted a room tray due to not feeling well. The nurse asked the CNA what had been wrong and he stated the resident's arm hurt. The nurse thought to herself the resident had slept on his/her arm wrong. At the time stated above the nurse had been called to the resident's room due the CNA stated the resident told him he/she had fallen the night previous and his/her right wrist had been swollen. The resident called his/her family and the nurse had been suppose to return their call. After the assessment the nurse found the resident's right wrist edematous, slightly deformed, with a pain level of 10 out of 10 but the vital signs and neurological checks had been within normal limits (WNL). The physician had been called with an order received to send the resident to the Emergency Room (ER) via the ambulance service.</p> <p>During an interview 1/14/17 at 8:13 p.m., Staff E, CNA confirmed she answered the resident's bathroom call light on 12/2/16 and found him/her standing beside the toilet, leaned up against the wall but she could not recall where the resident's hands had been positioned but said they had not been caught in the rails beside the toilet. The staff member then called for the assistance of Staff B. The resident told the staff member he/she had fallen earlier and was upset because he/she fell all of the time. The staff member looked at the resident's hand and noted it had been swollen with no deformity. The staff member confirmed she heard Staff B inform Staff D, Licensed Practical Nurse (LPN) about the resident's hand sometime after supper and before midnight.</p>	F 309		

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F 309	<p>Continued From page 4</p> <p>During an interview 11/12/17 at 9:33 a.m., Staff B, CNA confirmed on 12/2/16 he answered the resident's bathroom call light and observed another CNA as she assisted the resident off of the toilet when the resident became unsteady and leaned back against the wall and placed his/her right wrist on the upper bar beside the toilet to steady himself/herself. Staff B then assisted the resident to bed with the use of a walker. The staff member indicated although the resident placed his/her hand on the walker he/she failed to bare weight on the wrist however he had not noticed any deformity to the area. The staff member indicated he reported the entire situation to Staff D who had not been present during the incident.</p> <p>During an interview 1/11/17 at 3:31 p.m., Staff D indicated around 8:30 p.m. as she had been doing rounds she observed Staff B and another CNA with the resident who had been standing up against the wall in the bathroom with his/her hand on a rail with no noted deformity. Staff D asked the staff members if the resident had fallen and they said no so no assessment had been completed.</p> <p>During an interview 1/12/17 at 1:15 p.m., Staff D first stated Staff B failed to report any issues to her and that she had been standing right there during the incident. Then the staff member stated she could not remember if he told her anything. The staff member then stated she could not say one way or another if Staff B reported anything to her or not.</p> <p>During an interview 1/10/16 at 4:56 p.m., Staff F, LPN confirmed during report on 12/3/16 nothing had been reported to her about the resident's injury. Around 7:45 a.m. to 8:15 a.m. she asked</p>		F 309	

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F 309	<p>Continued From page 5</p> <p>Staff G, environmental aide where the resident had been and he stated the resident refused to eat in the dining room because he/she had not felt well. Staff F continued to assist the residents in the dining area when Staff H, CNA told her the resident's family member wanted her to call him/her. Staff F entered the resident's room, looked at the resident's right wrist and noted an obvious broken bone as the wrist had been deformed and edematous. The staff member asked the resident what happened and the resident stated he/she had fallen the night before. Staff F called the resident's family and physician and sent the resident to the ER via the local ambulance service.</p> <p>During an interview 1/13/17 at 9:35 a.m. Staff F indicated Staff G told her the resident refused to eat in the dining area on 12/3/16 because his/her arm hurt but he did not act like the situation had been emergent so she just thought the resident slept on his/her arm incorrectly.</p> <p>A written statement provided by Staff G (not dated) documented the following:</p> <p>I walked in to see if the resident wanted to get up for breakfast. He/she said no because he/she did not feel good and that his/her arm hurt so he went and told Staff F about it. He then went back in to check on the resident after she received his/her room tray and Staff H had been in the bathroom. Both of the staff members agreed the resident's arm looked swollen so they told Staff F who went to the resident's room.</p> <p>A written statement provided by Staff H dated 12/3/16 documented the following:</p>		F 309	

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F 309	<p>Continued From page 6</p> <p>I had been informed by Staff G the resident refused to get up for breakfast because his/he arm hurt so she informed the dining room to get the resident a room tray for breakfast. Staff H entered the resident's room after breakfast, turned on his he light, went into the room and the resident stated right away that he/she needed to go to the hospital and to call her family. The staff member asked why and the resident showed the staff member his/her arm and told the staff member he/she had fallen the night before after shift change. The staff member called the resident's family who then requested to speak the nurse. Staff G informed Staff F who followed through accordingly.</p> <p>During an interview 1/13/17 at 6:55 p.m., Staff I, Certified Medication Aide (CMA) confirmed she administered the resident's 8 p.m. medications on 12/2/16 while he/she had been positioned in the recliner and he/she had no complaints. At 6 a.m. on 12/3/16 she entered the resident's room to administer his/her morning medication, raised the head of the bed (HOB) and noticed the resident's arm/wrist as swollen and reddish. She asked Staff B if he thought the area had been swollen and he agreed it had been. The staff member had no further follow through.</p> <p>During an interview 1/12/17 at 12 p.m., the Director of Nursing (DON) confirmed she would have expected the nurses to properly assess and document the resident's complaint of arm discomfort.</p> <p>An Event Report dated 12/23/16 at 8:30 p.m., indicated the resident had a large round shaped blister on the inner aspect of his/her left foot. The resident wore ted hose which at times wrinkled at</p>	F 309		

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F 309	<p>Continued From page 7</p> <p>the foot and heel area which could have possibly contributed to the blister.</p> <p>The Event Report Notes read as follows:</p> <p>a. 12/23/16 at 8:30 p.m. - The left inner aspect of the heel with a large fluid filled blister approximately 4 centimeters (cm) wide x (by) 3.5 cm long and round. The resident stated he/she had pain when bore weight on that foot.</p> <p>b. 12/30/16 at 2:47 p.m. - The blister on the left heel remained intact. The area measured 3.5 cm x 3.0 cm filled with clear fluid, no drainage redness, swelling or warmth around the area and the resident had no complaints of pain.</p> <p>c. 1/2/17 at 1:49 p.m. - The blister on the left foot remained intact however it appeared to have been blood filled, tender to the touch with no redness surrounding the area however he/she had 2-3 plus pitting edema to the left leg and foot. The resident complained of increased pain to the blister area itself and requested a pain pill which had been given. The nurse failed to inform the physician and/or family related to the change of condition.</p> <p>d. 1/4/17 at 8:53 a.m. - New orders received from the Nurse Practitioner (NP) to discontinue the cling to the left heel and to wear a protective boot on the heel until another specialized boot arrived at the facility.</p> <p>An observation 1/11/17 at 5:02 p.m., revealed the resident wearing a ted hose stocking on his/her right foot/leg with the hole to the outer aspect of the foot which exposed 3 toes and wrinkled around the ankle area. (the hole belonged on the bottom of the foot)</p> <p>During an interview 1/10/17 at 1:55 p.m., a</p>		F 309		

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F 309	Continued From page 8  Physician indicated he/she could not say one way or another if the resident's blistered area had been unavoidable. The Physician indicated the area could have been caused from the resident's bed hose but he/she did not know.	F 309		
F 314 SS=D	483.25(b)(1) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES  (b) Skin Integrity -  (1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that-  (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and  (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing.  This REQUIREMENT is not met as evidenced by:  Based on record review, staff and family interviews and observations the facility failed to prevent a pressure sore for 1 of 4 residents reviewed (Resident #1) The facility identified a census of 66 residents.  Findings include:  A Minimum Data Set (MDS) assessment form dated 11/16/16, indicated Resident #1 had a re-admission date of 11/3/16 with diagnoses that	F 314		

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F 314	<p>Continued From page 9</p> <p>included heart failure, pneumonia, depression, weakness, shortness of breath and pain. The assessment indicated the resident had a Brief Interview for Mental Status (BIMS) score of 15 out of 15, had fluctuating inattention and disorganized thinking, required limited assistance of staff for transfers, ambulation in the room and corridor, locomotion on and off the unit, dressing and toilet use. Resident #1 did not have skin issues listed on the MDS upon re-admission. The MDS indicated the resident at risk for developing pressure ulcers.</p> <p>A Care Plan with the last care conference dated 10/26/16, indicated the resident had edema to his/her bilateral lower extremities, at a mild risk for skin breakdown due to limited mobility, occasional incontinence and a diagnosis of a cerebrovascular accident (CVA), some forgetfulness and with difficulty making appropriate decisions for himself/herself, at risk for a decline with ambulation and transfers and at risk for falls. The approaches included the following:</p> <ul style="list-style-type: none"> <li>a. Encourage to elevate his/her legs when sitting in the recliner.</li> <li>b. Remind him/her to wear ted hose as he/she failed to wear them at times per physician's order.</li> <li>c. Assist him/her with putting on the ted hose and removing them at night.</li> <li>d. Inspect his/her skin every day during cares and perform systemic weekly skin inspection and skin checks with baths.</li> </ul> <p>Review of Event Report dated 12/23/16 at 8:30 p.m., completed by Staff J RN indicated the resident had a large round shaped blister on the inner aspect of his/her left foot. The resident wore ted hose which at times wrinkled at the foot</p>		F 314	

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F 314	<p>Continued From page 10</p> <p>and heel area and commented on the report the wrinkles could possibly be the contributing factor for the blister to the left heel area.</p> <p>The Event Report Notes read as follows:</p> <p>a. 12/23/16 at 8:30 p.m. - The left inner aspect of the heel had a large fluid filled blister approximately 4 centimeters (cm) wide x (by) 3.5 cm long and round. The resident stated he/she had pain when standing on that foot.</p> <p>b. 12/30/16 at 2:47 p.m. - The blister on the left heel remained intact. The area measured 3.5 cm x 3.0 cm filled with clear fluid, no drainage redness, swelling or warmth around the area and the resident had no complaints of pain.</p> <p>c. 1/2/17 at 1:49 p.m. - The blister on the left foot remained intact however it appeared to have been blood filled, tender to the touch without redness surrounding the area however he/she had 2-3 plus pitting edema to the left leg and foot. The resident complained of increased pain to the blister area itself and requested a pain pill. The nurse failed to inform the physician and/or family related to the change of condition.</p> <p>d. 1/4/17 at 8:53 a.m. - New orders received from the Nurse Practitioner (NP) to discontinue the dressing to the left heel and to wear a protective boot on the heel until another specialized boot arrived at the facility.</p> <p>Review of the facility weekly skin reports for December 25-31, 2016 indicated Resident #1 had a blister to their left heel which measured 3.5 by 3.0 centimeters which the staff applied a Skin Prep to twice daily. The report stated Resident #1 did not have the blister upon admission.</p> <p>During an interview on 1/15/17 at 11:05 a.m. Resident #1 stated they now have to wear a boot</p>		F 314		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 314	Continued From page 11  to the left foot because of a blister on the left heel. The resident stated the staff thought the blister is from wearing their ted hose.  During an interview on 1/10/17 at 1:55 p.m. with Resident #1's physician, the physician indicated they are not sure how the blister occurred but it could have possibly been from the the ted hose the resident wore.	F 314		
F 353 SS=E	483.35(a)(1)-(4) SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS  483.35 Nursing Services  The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). [As linked to Facility Assessment, §483.70(e), will be implemented beginning November 28, 2017 (Phase 2)]  (a) Sufficient Staff. (a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:  (i) Except when waived under paragraph (e) of this section, licensed nurses; and	F 353		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 353	<p>Continued From page 12</p> <p>(ii) Other nursing personnel, including but not limited to nurse aides.</p> <p>(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.</p> <p>(a)(3) The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.</p> <p>(a)(4) Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding to resident's needs.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, clinical record review, resident, staff and family interviews and facility policy review the facility failed to ensure sufficient staff were available to answer resident call lights in a timely manner (within 15 minutes). (Resident #5, #6, #7) The facility identified a census of 66 residents.</p> <p>Findings include:</p> <p>1. Review of a Minimum Data Set (MDS) assessment form dated 10/19/16, indicated Resident #5 had diagnosis that included hypertension, cerebrovascular accident (CVA), non-Alzheimer dementia, anxiety, depression, urgency of urination, muscle weakness and pain. The assessment indicated the resident had a Brief Interview for Mental Status (BIMS) score of</p>	F 353		

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F 353	<p>Continued From page 13</p> <p>12 out of 15 and independent with most activities of daily living (ADL'S).</p> <p>An observation of the call system alert box located at the nurse's station on 1/10/17 at 11:36 a.m., revealed the the call light for Resident #5 on greater than 25:02 minutes.</p> <p>During an interview 1/10/17 at 11:44 a.m., the Resident #5 confirmed the staff are not good about answering call lights due to shortage of staff.</p> <p>2. Review of a MDS assessment form dated 11/2/16, indicated Resident #6 had diagnosis that included hemiplegia, depression, non-traumatic intra-cerebral hemorrhage, weakness, pain and lack of coordination. The assessment indicated the resident had a BIMS score of 15 and dependent on staff with bed mobility, transfers, locomotion, dressing, toilet use and personal hygiene.</p> <p>During an interview 1/11/17 at 2:45 p.m., the resident indicated he/she waited and waited for staff to answer his/her call light. The resident indicated they had to wait up to 2 hours yesterday (1/10/17) for their call light to be answered.</p> <p>3. Review of a MDS assessment form dated 11/16/16, Resident #7 had diagnosis that included hypertension, non-Alzheimer's dementia, and a cerebral infarction. The assessment indicated the resident had a BIMS score of 15 and required extensive assistance of staff with transfers, ambulation in the room and toilet use.</p> <p>During an interview 1/10/17 at 2:45 p.m., the</p>	F 353		

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F 353	<p>Continued From page 14</p> <p>resident indicated he/she utilized the clock on the wall in his/her room and timed the call light on for 30 minutes and one time last week an hour. The resident indicated he/she took Lasix (fluid reduction pill) and had to use the toilet frequently. The resident stated, there is not enough staff at the facility to assist timely.</p> <p>During an interview 1/11/16 at 4:48 p.m., Staff A, Certified Nursing Assistant (CNA) confirmed the staff are not able to answer call lights within 15 minutes due to a lack of staff.</p> <p>During an interview 1/12/17 at 9:50 a.m., Staff B, CNA confirmed the staff are not able to answer call lights within 15 minutes.</p> <p>During an interview 1/12/17 at 11:05 a.m., Staff C, CNA confirmed the staff are not able to answer call lights within 15 minutes especially upstairs.</p> <p>A Call Light policy revised August 2016, included the following staff directives:</p> <ol style="list-style-type: none"> <li>Answer ALL call lights promptly whether or not you had been assigned to the resident.</li> <li>Answer all call lights in a prompt, calm, courteous manner.</li> <li>All call lights were to have been answered in 15 minutes or less.</li> </ol>	F 353		

**F309-G**

This Plan of Correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. The Plan of Correction is submitted to meet requirements established by State and Federal law.

It is the policy of Valley View Village to comply with all resident rights including but not limited to, the right to receive the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.

To assure continued compliance, the following plan has been put into place;

1. Regarding cited resident: Met with resident to ensure all needs being met. Will continue to meet with the resident and family quarterly to review the care plan, listen to concerns and make changes as needed.
2. Actions taken to identify other potential residents having similar occurrences:  
Developed and implemented care plan that is consistent with the resident's specific conditions, risks, needs, behaviors. Consistently implement care plan. Continue to involve resident, family, and staff in care plan development. Charge nurses monitor implementation of care plan. Update certified nursing assistant care sheets to ensure all necessary cares are communicated.
3. Measures put in place to ensure deficient practice does not recur:  
Staff has been in serviced on January 31, 2017 and February 2, 2017. Continuing education including monthly licensed staff in services and Certified Nursing Assistant in services are implemented to enhance communication and training including but not limited to; assessments, communication to family, and resident interventions.  
Pain Champion will be named to interview and track resident pain levels, resulting in more efficient interventions leading to decreased resident pain.
4. Effective implementation of actions will be monitored by:  
Director of Nursing or designee will audit monthly for six months to ensure nursing staff is assessing residents and providing the proper interventions. The data collected will be presented to the Quality Assessment and Assurance Committee quarterly. At that time the Quality Assessment and Assurance Committee will make the decision/recommendation regarding any follow-up audits needing to be continued.
5. Those responsible to maintain compliance will be:  
The Director of Nursing or designee is responsible for maintain compliance in assessments and interventions.

Completion date for certification purposes only is: 2/4/17

**F353-E**

This Plan of Correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. The Plan of Correction is submitted to meet requirements established by State and Federal law.

It is the policy of Valley View Village to have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.

To assure continued compliance, the following plan has been put into place;

1. Regarding cited resident: Resident's #5, #6, #7 and other residents, re-education in services were held on 01/31/2017 and 02/02/2017 for all nursing staff to review the call light policy including but not limited to: all call lights are to be answered promptly, all call lights are to be answered in a calm and courteous manner, and all call lights are to be answered in fifteen minutes or less. Two call lights on each wing were also moved to be more visible to staff in the hall.
2. Actions taken to identify other potential residents having similar occurrences:  
An audit of call lights and staffing was completed to strategize an improvement program and notify and plan effective re-education.
3. Measures put in place to ensure deficient practice does not recur:  
Call light audits are performed weekly by Director of Nursing to ensure that all call lights are answered in 15 minutes or less. The facility is confident that they are in compliance with the intent of this regulation. It is the policy of Valley View Village to have sufficient nursing staffing with the appropriate competencies and skill sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of our residents.
4. Effective implementation of actions will be monitored by:  
Director of Nursing or designee will audit weekly to ensure resident call lights are being answered in a timely manner. The data collected will be presented to the Quality Assessment and Assurance Committee quarterly. At that time the Quality Assessment and Assurance Committee will make the decision/recommendation regarding any follow-up audits needing to be continued.
5. Those responsible to maintain compliance will be:  
The Director of Nursing or designee is responsible for maintain compliance in assessments and interventions.