

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

PRINTED: 04/10/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165427	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/03/2025
NAME OF PROVIDER OR SUPPLIER VALLEY VISTA FOR NURSING AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 200 SOUTH EIGHTH AVENUE EAST NEWTON, IA 50208		
(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 ✓ <i>JFS</i> Correction date: <u>4/16/25</u> The following deficiency resulted from investigation of Complaint #126551-C and Facility Reported Incident #126795-I conducted March 31, 2025 through April 3, 2025. Complaint #126551-C was substantiated. Facility Reported Incident #126795-I was not substantiated. See code of Federal Regulations (42 CFR), Part 483, Subpart B-C.	F 000			
F 677 SS=E	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on clinical record review, resident and staff interviews, and facility policy review, the facility failed to provide consistent bathing for the residents residing in the facility for four of twenty four days reviewed. The facility reported a census of 61 residents. Findings include: 1. The Minimum Data Set (MDS) of Resident #4, dated 1/23/25 identified a Brief Interview for Mental Status (BIMS) score of 15, which indicated cognition intact. The MDS coded the resident required substantial/maximal assistance to shower/bathe self.	F 677			

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

Maurice P

TITLE

Administrative

(X6) DATE

4/17/25

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 677	<p>Continued From page 1</p> <p>The Care Plan of Resident #4, review date 2/13/25, documented the resident required two staff assistance for bathing.</p> <p>On 3/31/25 at 9:50 am, Resident #4 stated during her stay in the facility over the last two months she had missed showers multiple times. She stated this made her feel unclean.</p> <p>2. The MDS of Resident #6, dated 1/28/25 identified a BIMS score of 12, which indicated moderate cognitive impairment.</p> <p>The Care Plan of Resident #6, review date 1/21/25, failed to document bathing status.</p> <p>On 3/31/25 at 2:12 pm, Resident #6 stated he primarily used a washcloth at the sink and gave himself sink baths and washed his own hair in the sink. He stated he didn't like the way staff gave showers and described it as "just being wheeled in and stuck under the water". He stated when staff had provided a shower, they often did not wash his hair and didn't feel he got clean.</p> <p>3. The MDS of Resident #9, dated 3/12/25, identified a BIMS score of 15, which indicated cognition intact. The MDS coded the resident required substantial/maximal assistance to shower/bathe self.</p> <p>The Care Plan of Resident #9, review date 1/21/25, documented the resident required two staff assistance for bathing.</p> <p>On 4/1/25 at 9:33 am, Resident #9 stated she had been bed bound for the last several weeks following a medical procedure in February. She</p>	F 677			

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F 677	<p>Continued From page 2</p> <p>stated she was only getting bed baths at this time and sometimes had not received them as scheduled. She stated she sometimes refused baths because some staff wanted to provide a bed bath with wet wipes instead of soap and water. She stated she preferred to wait for a bath by staff members who she knew would give her a bath how she wanted it done. She said some staff were in a rush and just wanted to wipe her down and not get her clean.</p> <p>On 4/1/25 at 10:38 am, the Assistant Director of Nursing (ADON) stated she maintains packets of the bathing schedules. She stated the staff member who provides a shower/bath is to document the shower in the resident's Electronic Health Record (EHR), fill out a bath sheet, and sign the packet. She said the packet included what type of bath (shower or bed bath), if the resident's bedding was changed, etc. She stated that she made an audit book to keep track of the residents' receiving showers. She said she then tracks the showers in the EHR, the bath sheets and the packets and places the information onto the audit forms.</p> <p>The ADON stated bed baths should never be given with wet wipes and she was not aware of the situation. She stated she was aware of one former employee who was doing bed baths using wet wipes and that employee was educated and corrected. She stated she will provide further education to staff regarding the proper procedures for bathing.</p> <p>Review of the bathing audit sheets for March of 2025, completed on 4/1/25, revealed the following:</p>	F 677			

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F 677	<p>Continued From page 3</p> <p>On Monday 3/3/25, twenty (20) facility residents were scheduled to receive a bath or shower. Of the 20 scheduled residents, 14 of them received no bath that day and no make up bath the following day.</p> <p>On Tuesday, 3/4/25, twenty (20) facility residents were scheduled to receive a bath or shower. Of the 20 scheduled residents, 18 of them received no bath that day and no make up bath the following day.</p> <p>On Wednesday, 3/5/25, twenty (20) facility residents were scheduled to receive a bath or shower. The audit sheet showed one staff member, Staff A, Certified Nurse Aide, was assigned to complete 11 of the 20 baths/showers. Staff A documented all 11 of the residents refused to shower that day. Of the remaining residents, other staff members completed five of the scheduled bathing and three other residents had no documentation of the bath or shower being completed.</p> <p>On Friday, 3/7/25, nineteen (19) facility residents were scheduled to receive a bath or shower. Only one resident was documented as having received a shower that day.</p> <p>On 4/1/25 at 1:40 pm, the ADON stated the audit sheets were correct and she had no record of the resident baths being completed on 3/3/25, 3/4/25 or 3/7/25. In regards to Staff A on 3/5/25, she stated the expected procedure if a resident refuses bathing, to approach the resident a total of three times and if the resident refuses all three times, the staff member is to report the refusal to the charge nurse and the charge nurse will speak to the resident. She said Staff A does not have a</p>	F 677			

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F 677	<p>Continued From page 4</p> <p>record of not completing scheduled bathing and this day was an isolated incident. She stated she spoke to him and he told her it was an especially busy evening shift and it was late in the shift when he attempted to start baths. She said many residents were already lying in bed and did not want to get back up and receive a bath at that time.</p> <p>On 4/2/25 at 8:15 am, the Administrator stated they try to have shower aides scheduled to give the majority of the baths. She stated if there is not a shower aide scheduled, then the scheduled baths are split up and the Certified Nurse Aides as well as the Certified Medication Aides. She said each staff member will typically have three to four baths to complete during an eight hour shift and it would not be a normal occurrence for a single staff member to have 11 baths in one shift. She said the resident baths are given six days a week and divided between the day shift and the evening shift. She stated they are currently looking at the bathing schedule and speaking to residents on their preferences to make sure the schedules can be completed.</p> <p>The facility policy Activities of Daily Living (ADLs), Supporting, revision date March 2018, documented the following:</p> <p>Policy Statement: Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene.</p> <p>Point 2: Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the</p>	F 677			

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F 677	Continued From page 5 resident and in accordance with the plan of care, including appropriate support and assistance with: a. Hygiene (bathing, dressing, grooming, and oral care); b. Mobility (transfer and ambulation, including walking); c. Elimination (toileting); d. Dining (meals and snacks); and e. Communication (speech, language, and any functional communication systems).	F 677			

Plan of Correction for Vally Vista for Nursing and Rehabilitation-Provider #165427

Date of Investigation: March 31-April 3, 2025

Plan and/or execution of this plan of correction does not constitute admission or agreement by this provider of the truth of deficiencies. The plan of correction is prepared and executed solely because it is required in accordance with State and Federal Law.

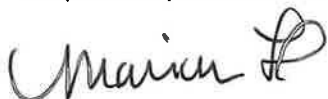
Responsible Party: ADMIN/DON/Designee

Compliance Date: 4/16/2025

F-677 ADL Care Provided for Dependent Residents

- The facility does assist residents with bathing.
- Resident #4 no longer resides at the facility.
- Resident #6's bath schedule and care plan has been reviewed and updated on 4.15.25 to reflect resident preference for sink baths rather than showers. Resident will also be re-approached anytime he refuses to ensure his needs are being met per his preference.
- Resident #9's bath schedule and care plan has been reviewed and updated on 4.15.25 to reflect resident preference of bed baths with soap and water instead of wipes. Resident will also be re-approached anytime she refuses to ensure her needs are being met per her preference.
- All residents were audited for bathing schedules and preferences with care plans updated by 4/16/2025.
- Education provided to all nursing staff by 4/9/2025 regarding shower and bed bath policies and procedures.
- ADMIN/DON/Designee will audit showers 5 x per week x 4 weeks, 2 times per week x 4 weeks, weekly x 4 weeks to ensure bathing is completed according to resident preferences and schedule. Results will be discussed at the following QA Meeting for further review of continued compliance.

Respectfully Submitted



Mariah Fox- Administrator

641-792-7440