

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

PRINTED: 06/25/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155496		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/21/2025	
NAME OF PROVIDER OR SUPPLIER VALLEY VIEW HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 333 W MISHAWAKA RD ELKHART, IN 46517			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00459528, IN00458543, IN00458187, IN00457109, and IN00456749.</p> <p>Complaint IN00459528 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00458543 - Federal/State deficiencies related to the allegations are cited at F659</p> <p>Complaint IN00458187 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00457109 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00456749 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: May 14, 15, 16, 19, 20 & 21, 2025</p> <p>Facility number: 000523 Provider number: 155496 AIM number: 100266930</p> <p>Census Bed Type: SNF/NF: 82 Total: 82</p> <p>Census Payor Type: Medicare: 2 Medicaid: 76 Other: 4 Total: 82</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p>			F 0000	Preparation and execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts or alleged or conclusions set forth on the State of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the position of Federal and State Law. The Plan of Correction is submitted in order to respond to the allegation of non-compliance cited during the survey process. Please accept this plan of correction as the provider's credible allegation of compliance. The facility is respectfully requesting a desk review		

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

TITLE

(X6) DATE

Olivia Shirley

Executive Director

06/13/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 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 0659 SS=D Bldg. 00	<p>Quality Review completed on 5/30/2025</p> <p>483.21(b)(3)(ii) Qualified Persons</p> <p>Based on record review and interview, the facility failed to ensure nursing staff who participated in cardiopulmonary resuscitation (CPR) were current in their CPR training and certification for 1 of 3 residents reviewed for cardiopulmonary resuscitation, (Resident E).</p> <p>Finding includes:</p> <p>Resident E's clinical record was reviewed on 5/19/25 at 10:00 A.M. Diagnoses included but were not limited to pericardial effusion (fluid around the heart), breast cancer, heart valve insufficiency, and hypertension.</p> <p>A nursing progress note dated 2/28/25 at 1:13 P.M., indicated Certified Nursing Assistant (CNA)11 and CNA 12 went to Resident E's room to provide care and noted the resident had increased difficulty breathing so the CNAs notified the nurse. Licensed Practical Nurse (LPN) 1, indicated upon arrival and initial assessment the resident was unresponsive, without a pulse and respirations. She began CPR, and Emergency Services was called.</p> <p>An untitled document dated 2/28/25 at 1:20 P.M., was provided by the Director of Nursing on 5/20/25 at 9:45 A.M. The Director of Nursing indicated the document was a record of the CPR response documentation and time-line that was assembled by the staff following the CPR event. The Director of nursing indicated the times were approximate. The document indicated LPN 1</p>		F 0659	<p>Alleged deficiency: The facility failed to ensure nursing staff who participated in CPR were current in their CPR training and certification for 1 of 3 residents reviewed for CPR.</p> <p>Corrective Action for resident(s) found to have deficient: All direct care staff members human resource files audited for current CPR status.</p> <p>Identify other residents having same potential deficient: All residents have the potential to be affected.</p> <p>Measures put into place or systemic changes: All direct care HR files audited for CPR certification status. A CPR class will be scheduled for needed staff. HR Director/Designee will audit all new employees to ensure their CPR certification is current.</p> <p>Plan to monitor performance to maintain compliance: HR Director or designee will audit all new employees CPR certifications for a minimum of 6 months until 100% of compliance is maintained. Audit will ensure all</p>		06/16/2025	

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	<p>announced CPR at 12:47 P.M., and connected the Automated External Defibrillator (AED) at 12:49 P.M. RN 4 opened the resident's airway at 12:48 P.M. and began chest compressions at 12:49 P.M., and continued until Emergency Medical Services (EMS) arrived at 12:53 P.M. Resident E was transferred to the local Emergency Room by EMS at 1:20 P.M.</p> <p>During an interview on 5/20/25 at 10:50 A.M., RN 4 indicated on 2/28/25, after performing CPR on Resident E, she went online to obtain her CPR certification. RN 4 indicated her CPR certification was not current at the time she had provided CPR to Resident E.</p> <p>During an interview on 5/20/25 at 10:53 A.M., LPN 1 indicated her CPR certification had lapsed before performing CPR on Resident E. LPN 1 indicated after performing CPR on Resident E on 2/28/25, she went online to obtain a current CPR certification.</p> <p>On 5/16/25 at 10:14 A.M., the Director on Nursing provided an undated policy titled, "Cardiopulmonary Resuscitation (CPR)," and indicated it was the facility's current policy. The policy indicated the facility would follow current American Heart Association (AHA) guidelines regarding CPR to ensure staff present were properly trained/certified in CPR.</p> <p>This citation relates to Complaint IN00458543.</p> <p>3.1-35(g)(1)</p>				<p>direct care staff have current CPR certification. If any compliance trends are identified, they will be reviewed in QAPI meetings</p>		