

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

PRINTED: 11/21/2023

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 11/01/2023
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NAME OF PROVIDER OR SUPPLIER VALLEY VIEW HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 333 W MISHAWAKA RD ELKHART, IN 46517
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00418027 and IN00419446.</p> <p>Complaint IN00418027 - Federal/State deficiencies related to the allegations are cited at F755.</p> <p>Complaint IN00419446 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: October 26, 27, 30, 31, and November 1, 2023</p> <p>Facility number: 000523 Provider number: 155496 AIM number: 100266930</p> <p>Census Bed Type: SNF/NF: 88 Total: 88</p> <p>Census Payor Type: Medicare: 4 Medicaid: 80 Other: 4 Total: 88</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed 11/9/2023.</p>	F 0000		
F 0755 SS=D Bldg. 00	<p>483.45(a)(b)(1)-(3) Pharmacy Srvcs/Procedures/Pharmacist/Records §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
David Henke	Executive Director	11/17/2023

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 disclosed 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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	<p>residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>§483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Based on record review and interview, the facility failed to ensure physician's orders were followed when medications were not documented as administered for 1 of 3 residents reviewed for medications, (Resident B).</p> <p>Findings include:</p> <p>On 10/26/23 at 2:00 P.M., Resident B's clinical</p>	F 0755	Preparation and execution of this plan of correction does not constitute admission or agreement by this provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The plan of correction is prepared and executed solely because it is required by the provisions of	11/23/2023

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	<p>records were reviewed.</p> <p>Resident B's Admission Record indicated the resident was admitted to the facility on 7/31/23.</p> <p>The resident's Admission MDS (Minimum Data Set) dated 8/07/23, indicated Resident B was cognitively intact and required extensive assistance with activities of daily living. The resident was admitted to the facility following a right femoral-popliteal bypass surgery, and had diagnoses which included cardio-respiratory conditions, coronary artery disease, peripheral vascular disease, diabetes mellitus, depression, chronic obstructive pulmonary disease, left leg above the knee amputation, and a diabetic ulcer to the right great toe.</p> <p>Review of Physician's Orders for medications and supplement to be administered, included the following:</p> <p>Eliquis (a blood thinner) 5 MG (milligram), 2 times daily, dated 8/15/23.</p> <p>Eliquis 5 MG was not documented as administered, refused, or withheld on 9/04/23 at 8:00 A.M., 9/05/23 at 8:00 P.M.</p> <p>Gabapentin (used to treat nerve pain) 200 MG, 2 times daily, dated 8/24/23;</p> <p>Gabapentin 200 MG was not documented as administered, refused, or withheld on 8/30/23 at 2:30 P.M., and on 9/04/23 at 6:30 A.M.</p> <p>Gabapentin 600 MG, at bedtime for neuropathy, dated 8/11/23.</p> <p>Gabapentin 600 MG was not documented as administered, refused, or withheld on 9/05/23.</p> <p>Metoprolol Succinate Extended Release (used for</p>		<p>federal and state law.</p> <p><b>The facility cordially requests paper compliance regarding alleged deficient practices.</b></p> <p>1 Resident B was not harmed by the alleged deficient practice. The resident no longer resides at the facility.</p> <p>2 All residents with physician orders for oral medication have the potential to be affected by this alleged deficient practice. All residents with physician orders for oral medication were audited to ensure that all oral medications were signed out as administered.</p> <p>3 All licensed nurses and QMA's were educated on the Medication Administration policy with an emphasis on documenting medications administered/refused/held.</p> <p>4 DON or designee will audit 5 residents with oral medication orders to ensure all medications are documented as administered/refused/held 3 x week for 4 weeks, then 2 x week for 4 weeks, then 1 x week x 4 weeks. DON/Designee will report on audits monthly to the interdisciplinary team during QAPI Meeting. The IDT will determine if the audits are necessary to continue after 100% compliance achieved.</p>	

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	<p>high blood pressure) 25 MG, every morning, dated 7/31/23. Metoprolol Succinate Extended Release was not documented as administered, refused, or withheld on 9/04/23, and on 9/09/23 at 9:00 A.M.</p> <p>Tamsulosin HCL 0.8 MG, daily in the morning, dated 7/31/23; Tamsulosin HCL 0.8 MG was not documented as administered, refused, or withheld on 9/04/23 at 8:00 A.M.</p> <p>Prostat (supplement for wound healing), 30 ml (milliliter) 2 times daily. Prostat 30 ml was not documented as administered, refused, or withheld on 9/03/23, 9/04/23, 9/09/23 at 8:00 A.M., and on 9/05/23 at 5:00 P.M.</p> <p>Aripiprazole (an antidepressant) 10 mg, 1 time daily for depression, dated 8/11/23. Aripiprazole 10 MG was not documented as administered, refused, or withheld on 9/04/23, and 9/09/23 at 9:00 A.M.</p> <p>Aspirin 81 MG, 1 time daily in the afternoon, dated 8/15/23. Aspirin 81 MG was not documented as administered, refused, or withheld on 9/04/23 and 9/09/23 at 1:00 P.M.</p> <p>Atorvastatin Calcium (for peripheral vascular disease) 80 MG, 1 time one time daily, dated 8/11/23. Atorvastatin Calcium 80 MG was not documented as administered, refused, or withheld on 9/04/23 and 9/09/23 at 9:00 A.M.</p> <p>CetraVite Senior multivitamin, 1 tablet in the morning for wound care, dated 8/2/23.</p>			

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	<p>CetraVite Senior multivitamin was not documented as administered, refused, or withheld on 9/03/23, 9/04/23, and 9/09/23.</p> <p>Desvenlafaxine Extended Release (an antidepressant) 50 MG 1 time daily for depression, dated 8/11//23.</p> <p>Desvenlafaxine Extended Release was not documented as administered, refused, or withheld, on 9/04/23 and 9/09/23 at 9:00 A.M.</p> <p>On 10/30/23 at 10:30 A.M., during an interview with Nurse Practitioner 1, she indicated when medications and treatments are ordered by the resident's physician, it is expected that the medications and treatments would be administered as ordered.</p> <p>On 10/31/23 at 10:30 A.M., the Regional Nurse Consultant provided an undated policy titled, "Medication Administration," and indicated it was the facility's current medication administration policy. The policy indicated, "...It is the policy of this facility to provide resident centered care that meets the...needs and concerns of the residents...Administer medication only as prescribed by the provider...medications will be charted when given...Medications that are refused or withheld or not given will be documented..."</p> <p>This citation is related to Complaint IN00418027.</p> <p>3.1-25(b)(3)</p>			