STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175572	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY HEALTH CARE CENTER	**400 12TH STREET PO BOX 189, VALLEY FALLS, Kansas, 66088**

(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
F0000	INITIAL COMMENTS The following citations represent the findings of a Health Recertification Survey. The census was 31. The sample included 12 residents.	F0000		
F0727 SS = F	RN 8 Hrs/7 days/Wk, Full Time DON CFR(s): §483.35(b)(1)-(3) §483.35(b) Registered Nurse §483.35(b)(1)Except when waived under paragraph (e) or (f) of this section, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week. §483.35(b)(2) Except when waived under paragraph (e) or (f) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis. §483.35(b)(3) The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents. This REQUIREMENT is NOT MET as evidenced by: Based on observation, record review, and interview, the facility failed to provide Registered Nurse (RN) coverage for eight consecutive hours a day, seven days a week. Findings included: - Review of Payroll Based Journaling (PBJ) report provided by the Centers for Medicare & Medicaid Services (CMS) for Fiscal Year 2026, Quarter 3 (04/01/2026 to 06/30/2026) triggered for no RN coverage for the following (13 days):05/23/2026, 05/24/2026, 05/25/2026, 05/30/2026, 05/31/2026, 06/06 /2026, 06/07/2026, 06/13/2026, 06/14//2026, 06/20/2026, 06/21/2026, 06/27/2026, and 06/28/2026.	F0727		

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F0727 SS = F	Continued from page 1 Review of the schedules from 04/01/2026 to 06/30/2026 provided by the facility lacked evidence of RN coverage for the 13 days. The facility was unable to provide time punches for RN coverage for the 13 days. On 11/03/2026 at 09:10 AM, Administrative Nurse D stated there was no RN coverage for the 13 days requested. On 11/04/2026 at 08:36 AM, Administrative Staff A stated the facility was unable to provide RN coverage. She stated the facility was unable to find RNs to work. The facility's "Competent and Sufficient Staffing" policy dated 09/2024 documented the facility would provide sufficient number of nursing staff with the skill sets and competency necessary to provide care and services for all residents in accordance with resident care plans and the Facility Assessment.	F0727		
F0880 SS = D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards;	F0880		

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F0880 SS = D	Continued from page 2 §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is NOT MET as evidenced by: Based on record review, observations, and	F0880		

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F0880 SS = D	Continued from page 3 interviews, the facility failed to establish and maintain an effective infection prevention and control program to prevent the potential spread of infection when the facility failed to ensure a clean hand-washing sink with paper towels was available for staff. Findings Included: - On 11/03/2026 at 07:20 AM, during the walk through the facility's laundry room, a soaking sink had dried dirt in the bottom of all three basins. On the left side of the three-basin soak sink, a dehumidifier hose was stretched from the dehumidifier machine into the hand-washing sink, which was next to the three-basin sink. A hose ran from a dehumidifier to the hand-washing sink. The hand-washing sink had dried dirt, and blue and red paint. The hand-washing sink had no paper towels, the paper towel holder was put on the hose from the dehumidifier, to hold the dehumidifier hose into the handwashing sink drain. On 11/03/2026 at 07:26 AM, Administrative Staff A stated she was unsure why the sinks looked the way they did. She stated she would expect a clean hand-washing sink, that staff could use. Administrative Staff A stated there were no housekeeping or laundry staff at the facility at this time. She stated Maintenance Supervisor U comes into the facility early and she was sure he had started the linens, she stated he had left the building but would return shortly. On 11/03/2026 at 09:14 AM, Maintenance Supervisor U stated that he was draining the dehumidifier in the three sink soak basins and the basins clogged. He stated he had to run the hose to the hand-washing sink. Maintenance Supervisor U stated he had cleaned the sink, and the sink was usable for hand washing. Maintenance Supervisor U stated the laundry room had disinfectant wipes, and there were paper towels hanging. The facility's "Hand Hygiene" policy dated 11/28/2027 documented wash hands with soap and water when hands were visibly soiled and after care of a resident. The facility's "Cleaning Instructions Hand Washing Sink" dated 04/27/2020 documented washing the bowl, faucet, top, sides, and underneath the sink with hot detergent solution. Rinse the sink using clean cloth and hot water.	F0880		