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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155126	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Springs Valley Meadows	457 S Sr 145 French Lick, IN 47432

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to ensure infection control practices were followed for 2 of 3 residents observed for incontinence care and 3 of 7 residents observed for medication pass. The nursing staff failed to change gloves after touching multiple items in the room before starting incontinence care, touched medications with bare hands, and a washed hands with a five second lather. (Resident 61, Resident 21, Resident 24, Resident 45, Registered Nurse 32, CNA 14, CNA 21, CNA 44)Findings include: 1. On 4/27/26 at 6:35 A.M., Registered Nurse (RN) 32 was observed prepping medications for Resident 21. She pulled the card of medications up from the cart, put the following medications into her bare hand, placed them into a medication cup, and administered them to the resident: one Aspirin 81 milligrams (mg) tablet for anticoagulation one Lisinopril 5 mg tablet for high blood pressure one memantine 10 mg tablet for dementia one Zoloft 50 mg tablet for depression one Vascepa 1 gram (gm) tablet for high cholesterol one Vitamin D3 25 microgram (mcg) tablet for vitamin deficiency two Tylenol 325 mg tablets for pain 2. On 4/27/26 at 6:22 A.M., RN 32 was observed prepping medications for Resident 24. She pulled the card of medications up from the cart, put the following medications into her bare hand, placed them into a medication cup, and administered them to the resident: two Tylenol 500 mg tablets for pain one citalopram 10 mg tablet for depression one galantamine 8 mg tablet for dementia behaviors one memantine 10 mg tablet for dementia behaviors one multivitamin tablet 3. During an observation on 4/27/26 at 10:29 A.M., RN 32 washed her hands with a five second lather (continued on next page)

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.

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

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	during medication administration. 4. During an observation on 4/29/26 at 10:48 A.M., incontinence care was performed on Resident 45 by Certified Nurse Aide (CNA) 21 and CNA 44. Both CNAs washed their hands and put on gloves. CNA 44 adjusted the bed with the controller. CNA 21 grabbed wipes from the nightstand drawer. Both lowered blankets and unfastened the resident's brief. CNA 44 grabbed a wipe from the package and wiped the resident's external female genitalia from back to front, discarded the wipe in the trash bag, grabbed another wipe, and wiped the external female genitalia from back to front. Resident 45 was rolled onto her left side and held by CNA 44 wearing the same gloves used for incontinence care. CNA 21 grabbed wipes and wiped the bowel movement from the resident's buttocks. 5. On 4/29/26 at 11:10 A.M., Certified Nurse Aide (CNA) 14 was observed doing incontinence care for Resident 61. CNA 14 put on gloves, put the head of the bed down with the remote, got wipes out of drawer, pulled the privacy curtain around Resident 61 then started perineal care without changing gloves. During an interview on 4/30/26 at 10:32 A.M., the Infection Preventionist indicated nursing staff should not touch resident medications with their bare hand and should lather their hands for at least 20 seconds during handwashing. She further indicated prior to providing incontinence care, staff should remove gloves and perform hand hygiene after touching random items. On 5/1/26 at 12:36 P.M., a current Medication Pass Procedure Policy, last revised April 2025, was provided by the Administrator and indicated, . Medications opened without contamination. On 4/30/26 at at 12:36 P.M., a current Hand Hygiene Policy, last revised December 2021, was provided by the Administrator and indicated, . Purpose of Policy: To provide a standardized approach to Hand hygiene to reduce or minimize the transmission of infection from potential microorganism on the hands of all employees.B. Indication for hand rubbing but not limited to.After each resident contact and after contact with a resident's environmental surfaces, touching items on the floor, and resident care equipment. On 4/30/26 at at 12:36 P.M., a current Perineal Care Policy, last reviewed March 2023, was provided by the Administrator and indicated, . Females: separate labia and was urethral area first. Wash between and outside labia in downward strokes. Alternate from side to side wipe from front to back and from center of perineum outward . On 4/30/26 at 12:36 P.M., the Administrator provided a Hand Hygiene policy, revised 12/21, that indicated, .B. Indication for hand rubbing but not limited to.After each resident contact and after contact with a resident's environmental surfaces, touching items on the floor, and resident care equipment. 410 IAC (Indiana Administrative Code) 16.2-3.1-18(l) 410 IAC (Indiana Administrative Code) 16.2-3.1-18b(1)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, interview, and record review, the facility failed to ensure narcotics were double locked in the medication cart for 1 of 2 medication carts observed. Narcotic box on medication cart was not locked. (South Long Hall Medication Cart)Finding includes:On 4/27/26 at 6:15 A.M., the South Long Hall Medication Cart narcotic box was observed to be unlocked.During an interview on 4/30/26 at 9:09 A.M., Licensed Practical Nurse (LPN) 56 indicated medication carts should always be locked, and the narcotic box should always be under a double lock.On 5/2/26 at 10:25 A.M., a current Controlled Substances Policy, dated November 2024, was provided by the Administrator and indicated, . It is the policy of this facility that all controlled substances will be stored . by state regulations . All controlled substances administered by the facility should be kept under double lock . 410 Indiana Administrative Code (IAC) 16.2-3.1-25(n)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on observation, interview, and record review, the facility failed to accurately document in clinical records for 1 of 1 resident reviewed for hospice, and 1 of 3 residents reviewed for nutrition. A resident's clinical record contained a different resident's hospice records and snacks were documented as eaten when not consumed. (Resident 6, Resident 11)Findings include: 1. On 4/28/26 at 10:36 A.M., Resident 6's clinical record was reviewed. The diagnosis included, but was not limited to, Alzheimer's disease. The most recent significant change MDS (Minimum Data Set) assessment, dated 3/13/26, indicated hospice care.Resident documents included, but were not limited to, scanned and uploaded hospice documentation dated 4/7/26. The documentation belonged to a different resident in the facility that was also under hospice care.On 4/29/26 at 10:35 A.M., the Director of Nursing (DON) indicated hospice documentation was generally uploaded to the resident's clinical record every three months, with updates to the plan of care, and when the resident passed.2. On 4/28/26 at 10:41 A.M., Resident 11's clinical record was reviewed. The diagnosis included, but was not limited to, heart failure. An IDT (Interdisciplinary Team) note, dated 2/17/26, indicated Resident 11 had experienced an 11.3% weight loss in 30 days with a new recommendation for peanut butter and jelly sandwich and chips at 10:00 A.M.Current physician orders included, but were not limited to:Peanut butter sandwich and chips at 10:00 A.M., dated 2/17/26.The most recent MDS (Minimum Data Set) assessment, dated 3/23/26, indicated no cognitive impairment, no behaviors, setup/cleanup assistance with eating, and significant weight loss.A Dietary Administration History indicated Resident 11 had been provided and eaten a peanut butter sandwich at 10:00 A.M. on the following dates:4/25/26 100% consumed4/26/26 100% consumed4/28/26 50% consumed. On 4/28/26 at 1:06 P.M., Resident 11 was observed sitting in a recliner in her room. Two unopened peanut butter sandwiches were observed on the bedside table, and one was observed on the dresser. The dates on the sandwiches were 4/25/26, 4/26/26, and 4/28/26, and all indicated a time of 10:00 A.M. On 5/1/26 at 8:59 A.M., the Administrator provided a current Nursing job description, last updated 11/2014, that indicated Monitors delivery of care and services throughout shift to ensure needs are met, tasks are completed, including complete and accurate resident documentation, and that work of direct care staff is of acceptable quality and quantity 410 IAC (Indiana Administrative Code) 16.2-3.1-50(a)(2)