

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265188	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/09/2024
NAME OF PROVIDER OR SUPPLIER Spring Valley Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2915 South Fremont Ave Springfield, MO 65804	

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)
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31464</p> <p>Based on observation, interview, and record review, the facility failed to provide sufficient housekeeping and maintenance services in order to maintain a sanitary and comfortable environment in resident access areas when floors, shower rooms, bathrooms, and walls were found dirty and/or with odor. The facility census was 143.</p> <p>Review showed the facility did not provide a written policy specific to maintaining the facility's cleanliness.</p> <p>1. Observation on 04/09/24, at 10:15 A.M., of the 200 hall shower room showed a disorganized array of used towels and plastic gloves. A bucket along the wall contained a rusty, dirty substance. The shower room floor was soiled with an unknown substance.</p> <p>2. Observation on 04/09/24, at 11:10 A.M., of the 600 hall shower room showed the spa tub was dirty inside. The surface contained discolored water residue/stains and bits of paper. The top edge of the tub had a smear of dried substance with the appearance of feces. On the floor around the tub were used plastic gloves and paper towels.</p> <p>3. Observation on 04/09/24, at 11:20 A.M., of the 500 hall shower room showed the inside of the whirlpool tub was dirty. On the doorway, into the shower area, was a brown/rusty stain. The brown/rusty stains were also noted to appear as drip marks down the shower walls.</p> <p>4. Observation and interview on 04/09/24, at 11:27 A.M., showed a streak of fecal matter on the floor outside Resident #1's bathroom door. The resident said he/she went to the bathroom by herself, but accidentally went on the floor. The resident said he/she had not told anyone yet, and staff had not come in his/her room since then. Observation in his/her bathroom showed soiled clothing and very loose fecal matter on the floor in front of the toilet and in front of the sink.</p> <p>During observation and interview on 04/09/24, at 11:31 A.M., Housekeeper/Maintenance E mopped the hallway floor outside the resident's room. He/she said if there was a priority cleaning situation, staff should tell the housekeeping supervisor or just tell the housekeeper assigned for that particular hall. The surveyor notified Housekeeper/Maintenance E regarding the situation in the resident's bathroom. He/she briefly looked into the room and bathroom and said he/she would tell the housekeeper or the Housekeeping Supervisor.</p> <p>(continued on next page)</p>

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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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 04/09/24, at 3:40 P.M., the Housekeeping Supervisor he/she was not aware of the need for cleaning in the resident's room and bathroom.</p> <p>Observation on 04/09/24, at 3:50 P.M., showed the resident's bathroom floor still contained soiled clothing and drying loose fecal matter. The streak of fecal matter remained on the floor outside the bathroom door.</p> <p>5. Observation on 04/09/24, at 12:35 P.M., of the 400 hall shower room showed a shower chair with feces on the right front leg. The room smelled like feces. Dried fecal matter was noted on the doorway wall into the shower area. [NAME] splatters of unknown substance were noted on the shower wall. Barrels of soiled linens were in the room.</p> <p>6. Observation on 04/09/24, at 12:45 P.M., showed brown, dried splatters on the 400 hall wall, across from the doorway to the dining area.</p> <p>7. Observation on 04/09/24, at 3:00 P.M., of the 300 hall shower room showed rust/black substance around the base perimeter of the shower tiles. Tile at the lower left corner entering the shower area was missing a section approximately the size of a large egg, appearing to have been broken off by force. A shower chair was positioned in the shower area. The floor under the chair was soiled with feces. At the hallway doorway, the floor tiles were soiled/stained with the rust/black substance in the grout lines and appeared to be jagged. Worn blue construction/painter's tape was across the threshold gap.</p> <p>During an interview on 04/09/24, at 2:50 P.M., Resident #2 said the 300 hall shower room was very bad. The resident described it as old and dirty.</p> <p>8. Observation on 04/09/24, at 10:05 A.M., showed on the A hall in resident room [ROOM NUMBER], the floor had scattered popcorn and other food debris. There was a pair of clear plastic gloves lying on the floor with a couple of tissues by the resident's bed next to the window. In the residents' bathroom, there was a dark fecal streak on the toilet seat and on the lower wall just above the trash next to the bathroom door. There were several dark colored dried streaks on the wall. There were scraps of toilet paper on the bathroom floor. Under the bedside table, there was a plastic cup on the floor, and the bedside table metal feet were streaked and soiled.</p> <p>During an interview on 04/09/24, at 11:50 A.M., Housekeeper A said housekeepers worked only on day shift from 8:30 A.M. to 5:00 P.M. His/her routine was to clean residents' rooms each day. He/she was to re-stock supplies, sweep and mop floors, clean window sill, vents, toilet, sink, and mirror. If the residents' rooms get dirty again, staff will let him/her know to come clean it. He/she normally worked the 100 hall. Today, the housekeeper on 300 hall took off today, so he/she was to clean 300 hall. It was a smaller hall and can get it done by lunch. He/she was going to clean from the end of the 100 hall up to the front nurses' desk today. He/she does clean the residents' bedside tables. He/she will move the residents' items to one side and clean it or will move their items off to clean the bedside table.</p> <p>Observation on 04/09/24, at 3:15 P.M., showed Housekeeper A take his/her cart and leave the 100 hall after cleaning the residents' rooms.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 04/09/24, at 3:36 P.M., showed in resident room [ROOM NUMBER], the floors and toilet seat were clean, but the several dark dried streaks on the lower wall by the trash can remained.</p> <p>9. During an interview on 04/09/24, at 11:02 A.M., the Housekeeping Supervisor said staff are assigned by resident halls. there is a check-off list for each resident room and the common areas. The assigned housekeeper will clean the shower rooms at the end of their shift after the scheduled showers have been completed.</p> <p>10. During an interview on 04/09/24, at 4:55 P.M., Certified Nurse Aide (CNA) D said there is usually an aide assigned to do the showers on each hall. The bath aide should use wipes, spray cleaner, and the squeegee to sanitize the shower room after each resident, leaving the shower room clean for the next resident.</p> <p>11. During an interview on 04/09/24, at 3:40 P.M., Housekeeper A said the following:</p> <ul style="list-style-type: none"> -He/she cleans all of the rooms in his/her assigned halls, but will go from hall-to-hall to assist anyone who may need help; -He/she does follow a checklist, which includes task such as sweep, mop, toilets, sinks, mirrors, bedside tables, and window seals; -Sometimes he/she may have interruptions in their schedule, such as when a resident has an accident involving being incontinence; -If there was a really big problem that would require a lot of deep cleaning, he/she would contact the Housekeeping Supervisor and get additional help; -Housekeepers do all of the cleaning and maintenance takes care of the repairs; -If it's a really bad substance on the walls, he/she would let the supervisor know and they have deep-cleaning solutions that can be tried; -If it looks like a black substance that is growing, maintenance may get involved with the Housekeeping Supervisor, and work together. <p>12. During an interview on 04/09/24, at 4:05 P.M., Housekeeper B said the following:</p> <ul style="list-style-type: none"> -He/she cleans all the rooms in the hall assigned as well as the hall and shower rooms; -If he/she finds an area on the shower walls that is difficult to clean, he/she will let the supervisor know so they can work with maintenance to get rid of it; -If there are bowel smears on the surfaces, such as floor, tub, walls, then housekeeping will clean it; -If there is an actual bowel pile on the floor, then the aides are expected to clean it; <p>(continued on next page)</p>		

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