

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 12/13/2024
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49585</p> <p>Based on record review and interview, the facility failed to provide care for all residents per standards of practice when staff failed to obtain wound orders for all wounds and failed to provided wound care according to physician orders for two residents (Residents #6 and #7) and when staff failed to administer medication and treatments according to physician orders for two residents (Residents #5 and #9) of five sampled residents. The facility census was 160.</p> <p>Review of a facility policy titled Wound Management, reviewed 11/15/22, showed the following information:</p> <ul style="list-style-type: none"> -The facility will provide evidence-based treatments in accordance with current standards of practice and physician orders; -Wound treatment will be provided in accordance with physician's order regarding cleansing method, type of dressing, and frequency of dressing change; -Treatments will be documented on the Treatment Administration Record (TAR). <p>Review of a facility policy titled Physician Orders, dated 09/2022, showed the following:</p> <ul style="list-style-type: none"> -Ensure physician orders are transcribed and implemented in accordance with professional standards and state and federal guidelines; -Orders must be recorded in the medical record by the licensed nurse authorized to transcribe such orders; -Physician order sheets will be maintained with current physician orders as new orders are received; -Physician orders will be transcribed to the appropriate administration record; -Monthly review of the physician orders will be completed to assure appropriateness, accuracy, and completeness. <p>1. Review of Resident #6's face sheet (a document that gives a resident's information at a quick glance) showed the following:</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-admitted [DATE];</p> <p>-Diagnoses included aphasia (disorder that affects how a person communicates), high blood pressure, open wound of lower leg, and chronic ulcer (open wound) of right lower leg.</p> <p>Review of the resident's admission minimum data set (MDS; a federally mandated assessment tool completed by facility staff), dated 10/22/24 showed the following:</p> <p>-Resident had moderate cognitive impairment;</p> <p>-Required assistance of one staff for dressing, transfers, toileting, and bed mobility;</p> <p>-At risk for developing pressure ulcers;</p> <p>-Had one unstageable (unable to visualize wound bed due to slough (yellow/white colored dead cells) or eschar (brown or black colored dead tissue)) ulcer;</p> <p>-Had three venous (chronic wound that results from prolonged venous insufficiency (a condition that occurs when blood pools in the veins of the legs or arms)) ulcers;</p> <p>-Had ointments and dressings applied to body other than to feet.</p> <p>Review of the resident's care plan, revised 12/10/24, showed the following:</p> <p>-Resident had impairment to skin integrity related to wounds to bilateral lower extremities, left heel, and right buttocks;</p> <p>-Perform treatment to wound per current treatment order;</p> <p>-Weekly treatment documentation to include measurement of each area of the skin breakdowns width, length, depth, type of tissue and exudate and any other notable changes.</p> <p>Review of the resident's nursing admission note, dated 10/22/24, showed resident admitted with the following present:</p> <p>-An open area to right buttocks;</p> <p>-Venous ulcer to left posterior leg;</p> <p>-Venous ulcer to left lower leg measuring 1.5 centimeters (cm) by 1.0 cm;</p> <p>-Pressure ulcer to left heel measuring 1.1 cm by 2.3 cm by 0.1 cm;</p> <p>-Right lower leg venous ulcer measuring 3.2 cm by 7.3 cm by 0.1 cm.</p> <p>Review of resident's October 2024 Physician Order Sheet (POS) showed the following:</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-An order, dated 10/23/24, for bilateral lower extremities. Staff to cleanse with phisoderm (skin cleanser) and water in a circular motion for 30 seconds; rinse and pat dry; cut a section of Exufiber AG (antimicrobial fiber dressing) apply to wound bed to absorb drainage; cover with mepilex (bordered foam dressing); cover with ABD (abdominal) pad; wrap with kerlix (sterile, bulky, gauze bandage rolls used to protect and dress wounds); and secure with tape every day.</p> <p>(Staff did not document wound care orders for the open area to the buttock or left heel.)</p> <p>Review of the resident's nursing note, dated 11/04/24, showed the resident had the following:</p> <p>-An open area to right buttocks;</p> <p>-Venous ulcer to left posterior leg;</p> <p>-Venous ulcer to left lower leg measuring 1.5 cm by 1.0 cm;</p> <p>-Pressure ulcer to left heel measuring 1.1 cm by 2.3 cm by 0.1 cm;</p> <p>-Right lower leg venous ulcer measuring 3.2 cm by 7.3 cm by 0.1 cm;</p> <p>-Nurse noted all wounds showed no change since admission.</p> <p>Review of resident's November 2024 POS showed the following:</p> <p>-An order, dated 10/23/24, and discontinued on 11/19/24, for bilateral lower extremities. Staff to cleanse with phisoderm and water in a circular motion for 30 seconds. Rinse and pat dry. Cut a section of Exufiber Ag apply to wound bed to absorb drainage. Cover with mepilex Cover with ABD pad and wrap with kerlix, secure with tape every day.</p> <p>-An order, dated 11/19/24, for bilateral lower extremities. Staff to cleanse with wound cleanser. Rinse and pat dry. Cut a section of Calcium Ag (highly absorbent dressing) apply to wound bed to absorb drainage. Cover with mepilex. Cover with ABD pad and wrap with kerlix, secure with tape every day.</p> <p>(Staff did not document wound care orders for the open area to the buttock or left heel.)</p> <p>Review of resident's November 2024 Treatment Administration Record (TAR) showed staff did not document wound care completed on 11/02/24, 11/09/24, 11/10/24, 11/13/24, 11/16/24, and 11/23/24.</p> <p>Review of the resident's December 2024 POS showed the following:</p> <p>- An order, dated 11/19/24, for bilateral lower extremities. Staff to cleanse with wound cleanser. Rinse and pat dry. Cut a section of Calcium Ag (highly absorbent dressing) apply to wound bed to absorb drainage. Cover with mepilex. Cover with ABD pad and wrap with kerlix, secure with tape every day.</p> <p>(Staff did not document wound care orders for the open area to the buttock or left heel.)</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. Review of Resident #7's face sheet showed the following:</p> <ul style="list-style-type: none"> -admitted [DATE]; -Diagnoses included diabetes mellitus (disease that results in too much sugar in the blood), chronic obstructive pulmonary disease (COPD - a group of lung disease that block airflow and make it difficult to breathe), and congestive heart failure (CHF - chronic condition in which the heart does not pump blood as well as it should). <p>Review of the resident's significant change MDS, dated [DATE], showed the following:</p> <ul style="list-style-type: none"> -Resident cognitively intact; -Dependent on staff for dressing, transfers, toileting, and bed mobility; -At risk for developing pressure ulcers; -No pressure ulcers; -Had one venous ulcer. <p>Review of the resident's wound physician note, dated 11/13/24, showed the following:</p> <ul style="list-style-type: none"> -Lymphademic (pooling of lymphatic fluid) wound of the left calf measuring 7.0 cm by 6.2 cm by 0.1 cm. -Treatment plan for left calf is collagen powder (used to enhance wound healing) and unna boot (compression bandage to treat and manage venous leg ulcers) covered with Coban (self-adherent wrap) twice weekly and as needed for 30 days. Absorbent pad under leg and knee every shift and as needed for saturation for 30 days. -Lymphademic wound of the right shin measuring 2.2 cm by 3.0 cm by 0.1 cm. -Treatment plan for right shin is apply unna boot covered with Coban once weekly on Wednesdays and as needed for 30 days. <p>Review of the resident's November 2024 POS showed the following:</p> <ul style="list-style-type: none"> -An order, dated 11/13/24, for the left calf. Staff to cleanse wound with wound cleanser; pat dry; apply collagen powder to wound bed; and wrap with bilateral unna boot once weekly on Wednesday. (Staff did not included the full order from the physician's wound note. Staff did not document the order for the right leg.) <p>Review of the resident's November 2024 TAR showed staff documented the treatment to the left calf completed on held on 11/27/24 and see nurse's note.</p> <p>Review of the resident's nurses' notes showed staff did not document the reason the ordered treatment was held on 11/27/24.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the resident's wound physician note, dated 12/11/24, showed the following:</p> <ul style="list-style-type: none"> -Lymphademic wound of the left calf measuring 2 cm by 2.1 cm by 0.1 cm. -Treatment plan for left calf is collagen powder and unna boot covered with Coban twice weekly for 9 days. Absorbent pad under leg and knee every shift and as needed for saturation for 9 days. -Lymphademic wound of the right shin measuring 1.2 cm by 1.2 cm by 0.1 cm. -Treatment plan for right shin is apply unna boot covered with Coban once weekly on Wednesdays and as needed for 9 days. <p>Review of the resident's care plan, updated 12/13/24, showed the following:</p> <ul style="list-style-type: none"> -Alteration in skin integrity to the left lower extremity; -Resident followed by lymphedema clinic and wraps are completed by facility; -Has impaired skin integrity as evidenced by a venous would to left lower lateral leg and treatment to right lower extremity; -Staff to report progress/wound healing to physician; -Unna boots once weekly as ordered for edema (swelling); -Weekly treatment documentation to include measurement of each area of the skin breakdowns width, length, depth, type of tissue and exudate and any other notable changes. <p>Review of the resident's December 2024 POS showed the following:</p> <ul style="list-style-type: none"> -An order, dated 06/10/24, for the left calf. Staff to cleanse wound with wound cleanser; pat dry; apply collagen powder to wound bed; wrap with bilateral unna boot once weekly on Wednesday. (Staff did not document the full physician order from the wound physician's note and did not document an order for the resident's right leg.) <p>Review of resident's December TAR showed staff documented the treatment to the left calf as held, see nurse notes, on 12/03/24.</p> <p>Review of the resident's nurses' notes showed staff did not document the reason the ordered treatment was held on 12/03/24.</p> <p>Observation and interview on 12/13/24, at 12:50 P.M., showed the following:</p> <ul style="list-style-type: none"> -Licensed Practical Nurse (LPN) E entered the resident's room to observe the resident's legs; -Dressing in place to the resident's left lower extremity. No dressing noted to right lower extremity; <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-LPN E reported he/she was unaware of any wound to the right leg;</p> <p>-Resident right lower leg appeared swollen with scaly, flaky skin with a red dried area noted to right shin. Area appeared to be approximately 1 cm by 1 cm with no drainage noted.</p> <p>-LPN E reported the right lower leg was scaly with dry skin. He/she noted a red, scabbed area to right shin approximately 1 cm x 1 cm. LPN E was unaware of any wound care orders to this area;</p> <p>-Resident reported the wound care physician reported it was 1.2 cm by 1.2 cm yesterday and did something to it during his/her visit, but the resident was unable to recall what treatment was done.</p> <p>3. Review of Resident #5's face sheet showed the following:</p> <p>-admitted [DATE];</p> <p>-Diagnoses included bacterial meningitis (infection of the membranes that surround the brain and spinal cord), sepsis (condition in which body responds improperly to an infection), high blood pressure, and muscle weakness.</p> <p>Review of the resident's quarterly MDS, dated [DATE] showed the following:</p> <p>-Moderate cognitive impairment;</p> <p>-Dependent on staff for dressing, transfers, toileting, and bed mobility;</p> <p>-Used a wheelchair for mobility;</p> <p>-Resident is on antibiotic medication.</p> <p>Review of the resident's care plan, dated 11/18/24, showed the following:</p> <p>-The resident required staff assistance with activities of daily living (ADL - basic skills required to care for oneself) due to confusion, impaired balance, and limited mobility;</p> <p>-Resident is on diuretic (medication to help reduce fluid in the body) medication related to high blood pressure. Staff to administer as ordered by physician;</p> <p>-Resident is on antibiotic therapy related to sepsis and meningitis. Staff to administer as ordered by the physician.</p> <p>Review of the resident's October 2024 and November 2024 POS showed an order, dated 10/24/24, for bupropion (an antidepressant) extended-release tablet 300 milligrams (mg), give one tablet once daily.</p> <p>Review of the resident's October 2024 Medication Administration Record (MAR) showed staff did not document administering the bupropion on 10/27/24 and 10/28/24.</p> <p>Review of the resident's November 2024 MAR showed staff did not document administering the bupropion on 11/09/24, 11/10/24, and 11/14/24.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the resident's October 2024 and November 2024 POS showed an order, dated 10/24/24, for allopurinol (medication to lower uric acid levels) 300 mg, give one tablet daily.</p> <p>Review of the resident's October 2024 and November 2024 MAR showed staff did not document administering the allopurinol 10/27/24 and 10/28/24.</p> <p>Review of the resident's November 2024 MAR showed staff did not document administering the allopurinol on 11/09/24, 11/10/24, and 11/14/24.</p> <p>Review of the resident's October 2024 POS showed an order, dated 10/24/24, for aspirin 81 mg, give one tablet daily.</p> <p>Review of the resident's October 2024 MAR showed staff did not document administering the aspirin on 10/27/24 and 10/28/24.</p> <p>Review of the resident's November 2024 MAR showed staff did not document administering the aspirin on 11/09/24, 11/10/24, and 11/14/24.</p> <p>Review of the resident's October 2024 and November 2024 POS showed an order, dated 10/24/24, for clopidogrel bisulfate (a blood thinner) 75 mg tablet, give one tablet once daily.</p> <p>Review of the resident's October 2024 MAR showed staff did not document administering the clopidogrel bisulfate on 10/27/24 and 10/28/24.</p> <p>Review of the resident's November 2024 MAR showed staff did not document administering the clopidogrel bisulfate on 11/09/24, 11/10/24, and 11/14/24.</p> <p>Record review of the resident's October 2024 and November 2024 POS showed an order, dated 10/24/24, for citalopram hydrobromide (an antidepressant) 20 mg tablet, give one tablet once daily.</p> <p>Review of the resident's October 2024 MAR showed staff did not document administering the citalopram hydrobromide on 10/27/24 and 10/28/24.</p> <p>Review of the resident's November 2024 MAR showed staff did not document administering the citalopram hydrobromide on 11/09/24, 11/10/24, and 11/14/24.</p> <p>Review of the resident's October 2024 and November 2024 POS showed an order, dated 10/24/24, for loratadine (allergy medication) 10 mg tablet, give one tablet daily.</p> <p>Review of the resident's October 2024 MAR showed staff did not document administering the loratadine on 10/27/24 and 10/28/24.</p> <p>Review of the resident's November 2024 MAR showed staff did not document administering the loratadine on 11/09/24, 11/10/24, and 11/14/24.</p> <p>Review of the resident's October 2024 POS showed an order, dated 10/24/24, for gabapentin (pain medication) 600 mg, give one tablet three times daily.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>31464</p> <p>4. Review of Resident #9's face sheet showed the following information:</p> <p>-admitted [DATE];</p> <p>-Diagnoses included COPD, type 2 diabetes mellitus with polyneuropathy (multiple nerve malfunction), morbid obesity, seizure disorder, bipolar disorder (mood swings), paranoid personality disorder, thyroid dysfunction, major depressive disorder, and degenerative disc disease.</p> <p>Review of the resident's quarterly MDS, dated [DATE], showed the following information:</p> <p>-Cognitively intact;</p> <p>-Required supervision/standby assistance with activities of daily living (ADLs).</p> <p>Review of the resident's care plan, last updated 12/11/24, showed the following:</p> <p>-Administer antipsychotic medications as ordered by physician;</p> <p>-Administer anti-anxiety medications as ordered by physician;</p> <p>-Administer mood stabilizer medication for bipolar, depression, paranoia as ordered.</p> <p>Review of the resident's POS, current as of 12/13/24, showed an order, dated 10/01/24, for buspirone hydrochloride (used to treat anxiety) oral tablet 15 mg, give one tablet by mouth at bedtime.</p> <p>Review of the resident's October 2024 MAR showed the following:</p> <p>-Staff did not document administration of the buspirone morning dose on 10/14/24, 10/17/24, 10/22/24, 10/23/24, 10/25/24, 10/26/24, 10/27/24, and 10/28/24 (eight of 30 opportunities in October 2024);</p> <p>-Staff did not document administration of the buspirone bedtime dose on 10/04/24, 10/12/24, 10/14/24, 10/15/24, 10/17/24, 10/28/24, and 10/31/24 (seven of 30 opportunities in October 2024).</p> <p>Review of the resident's November 2024 MAR showed the following:</p> <p>-Staff did not document administration of the buspirone morning dose on 11/01/24, 11/09/24, 11/10/24, 11/13/24, 11/14/24, 11/15/24, and 11/16/24 (seven of 30 opportunities in November 2024);</p> <p>-Staff did not document administration of the buspirone bedtime dose on 11/01/24, 11/05/24, 11/09/24, 11/14/24, 11/20/24, and 11/28/24 (six of 30 opportunities in November 2024).</p> <p>Review of the resident's December 2024 MAR showed staff did not document administration of the buspirone morning dose on 12/03 and 12/07 (two of 12 opportunities in December 2024).</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the resident's POS, current as of 12/13/24, showed an order dated 10/01/24 for duloxetine hydrochloride (used to treat depression) oral capsule delayed release particles 60 mg, give 2 capsules by mouth one time a day.</p> <p>Review of the resident's October 2024 MAR showed staff did not document administration of the duloxetine on 10/14/24, 10/17/24, 10/22/24, 10/23/24, 10/25/24, 10/26/24, 10/27/24, 10/28/24, 10/30/24, and 10/31/24 (10 of 30 opportunities in October 2024).</p> <p>Review of the resident's November 2024 MAR showed staff did not document administration of the duloxetine on 11/01/24, 11/09/24, 11/10/24, 11/13/24, 11/14/24, 11/15/24, and 11/16/24 (seven of 30 opportunities in November 2024).</p> <p>Review of the resident's December 2024 MAR showed staff did not document administration of the duloxetine on 12/03/24 and 12/07/24 (two of 12 opportunities in December 2024).</p> <p>Review of the resident's POS, current as of 12/13/24, showed an order, dated 10/01/24, for meloxicam (non-steroidal anti-inflammatory) oral tablet 15 mg, give 1 tablet by mouth one time a day.</p> <p>Review of the resident's October 2024 MAR showed staff did not document administration of the meloxicam on 10/14/24, 10/17/24, 10/22/24, 10/23/24, 10/25/24, 10/26/24, 10/27/24, 10/28/24, 10/30/24, and 10/31/24 (10 of 30 opportunities in October 2024).</p> <p>Review of the resident's November 2024 MAR showed staff did not document administration of the meloxicam on 11/01/24, 11/09/24, 11/10/24, 11/13/24, 11/14/24, 11/15/24, and 11/16/24 (seven of 30 opportunities in November 2024).</p> <p>Review of the resident's December 2024 MAR , as of 12/12/24, showed staff did not document administration of the meloxicam on 12/03/24 and 12/07/24 (two of 12 opportunities in December 2024).</p> <p>Review of the resident's POS, current as of 12/13/24, showed an order, dated 10/10/24, for nystatin external cream, apply to affected areas every day and night shift for red/raw skin.</p> <p>Review of the resident's October 2024 MAR showed staff did not document application of nystatin cream bedtime dose on 10/11/24, 10/14/24, 10/15/24, 10/16/24, 10/17/24, 10/18/24, 10/21/24, and 10/31/24 (eight of 31 opportunities in October 2024).</p> <p>Review of the resident's November 2024 MAR showed the following:</p> <p>-Staff did not document application of the nystatin cream morning dose on 11/02/24, 11/09/24, 11/10/24, 11/13/24, 11/16/24, and 11/23/24 (six of 30 opportunities in November 2024);</p> <p>-Staff did not document application of the nystatin cream bedtime dose on 11/01/24, 11/02/24, 11/09/24, 11/10/24, 11/14/24, 11/19/24, 11/20/24, 11/22/24, 11/23/24, 11/26/24, 11/27/24, 11/29/24, and 11/30/24 (13 of 30 opportunities in November 2024).</p> <p>Review of the resident's POS, current as of 12/13/24, showed an order, dated 10/01/24, for potassium chloride extended release oral tablet 10 mEq, give 1 tablet by mouth two times per day for supplement.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Spring Valley Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2915 South Fremont Ave Springfield, MO 65804	
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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the resident's October 2024 MAR showed the following:</p> <p>-Staff did not document administration of the potassium chloride morning dose 10/14/24, 10/17/24, 10/22/24, 10/23/24, 10/25/24, 10/26/24, 10/27/24, 10/28/24, 10/30/24, and 10/31/24 (10 of 30 opportunities in October 2024);</p> <p>-Staff did not document administration of the potassium chloride evening dose per physician orders on 10/02/24, 10/06/24, 10/08/24, 10/09/24, 10/14/24, 10/17/24, 10/18/24, 10/21/24, 10/22/24, 10/23/24, 10/25/24, 10/26/24, 10/27/24, 10/28/24, 10/30/24, and 10/31/24 (16 of 31 opportunities in October 2024).</p> <p>Review of the resident's November 2024 MAR showed the following:</p> <p>-Staff did not document administration of the potassium chloride morning dose on 11/01/24, 11/09/24, 11/10/24, 11/13/24, 11/14/24, 11/15/24, and 11/16/24 (seven of 30 opportunities in November 2024);</p> <p>-Staff did not document administration of the potassium chloride evening dose on 11/01/24, 11/04/24, 11/06/24, 11/07/24, 11/08/24, 11/09/24, 11/10/24, 11/13/24, 11/14/24, 11/15/24, 11/16/24, and 11/26/24 (12 of 30 opportunities in November 2024).</p> <p>Review of the resident's December 2024 MAR, as of 12/12/24, showed the following:</p> <p>-Staff did not document administration of the potassium chloride morning dose on 12/03/24 and 12/07/24 (two of 12 opportunities in December 2024);</p> <p>-Staff did not document administration of the potassium chloride evening dose on 12/02/24, 12/03/24, 12/04/24, 12/06/24, 12/07/24, and 12/08/24 (six of 11 opportunities in December 2024).</p> <p>Review of the resident's POS, current as of 12/13/24, showed an order, dated 10/01/24, for Qulipta (used to treat migraines) oral tablet 30 mg, give one tablet by mouth one time a day.</p> <p>Review of the resident's October 2024 MAR showed staff did not document administration of the Qulipta on 10/14/24, 10/17/24, 10/22/24, 10/23/24, 10/25/24, 10/26/24, 10/27/24, 10/28/24, 10/30/24, and 10/31/24 (10 of 30 opportunities in October 2024).</p> <p>Review of the resident's November 2024 MAR showed staff did not document administration of the Qulipta on 11/09/24, 11/10/24, 11/13/24, 11/14/24, 11/15/24, and 11/16/24 (six of 30 opportunities in November 2024).</p> <p>Review of the resident's December 2024 MAR, as of 12/12/24, showed staff did not document administration of the Qulita on 12/03/24 and 12/07/24 (two of 12 opportunities in December 2024).</p> <p>Review of the resident's POS, current as of 12/13/24, showed an order, dated 10/01/24, for Seroquel (antipsychotic) oral tablet, give 1 tablet by mouth at bedtime.</p> <p>Review of the resident's October 2024 MAR showed staff did not document administration of the Seroquel on 10/04/24, 10/12/24, 10/14/24, 10/15/24, 10/17/24, 10/28/24, and 10/31/24 (seven of 31 opportunities in October 2024).</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the resident's November 2024 MAR showed staff did not document administration of the Seroquel on 11/01/24, 11/05/24, 11/09/24, 11/14/24, 11/20/24, and 11/28/24 (six of 30 opportunities in November 2024).</p> <p>5. During an interview on 12/12/24, at 2:09 P.M., Certified Medication Technician (CMT) B said if staff does not document a medication as given in the medical record it was possibly not given.</p> <p>During an interview on 12/13/24, at 2:05 P.M., LPN A said the following:</p> <ul style="list-style-type: none"> -The facility had a wound care nurse, but he/she quit; -Residents are followed by a wound physician that comes to facility; -Nurses enter new orders into the electronic medical record and it automatically sends an alert to the pharmacy; -When an order is entered into the medical record it automatically populates in the TAR; -He/she would contact the physician for a wound care order and enter order in the electronic chart; -Staff did not give a medication if it is not documented as given in the medical record. <p>During an interview on 12/13/24, at 3:40 P.M., the Administrator and the Director of Nursing (DON) said the following:</p> <ul style="list-style-type: none"> -Staff should follow physician orders; -Staff should document that wound care is completed or enter a note stating why it was not done; -The facility has a new wound physician that is treating residents. <p>MO00244756, MO00245170, MO00245884, MO00245949</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31464</p> <p>Based on record review and interview, the facility failed to ensure staff provided pressure ulcer care was provided per standards of practice when staff failed to care plan a pressure ulcer and failed to provide wound care to a pressure ulcer according to physician orders for one resident (Resident #10) of five sampled residents. The facility census was 160.</p> <p>Review of a facility policy titled Wound Management, reviewed 11/15/22, showed the following:</p> <ul style="list-style-type: none"> -The facility will provide evidence-based treatments in accordance with current standards of practice and physician orders; -Wound treatment will be provided in accordance with physician's orders regarding cleansing method, type of dressing, and frequency of dressing change; -Treatments will be documented on the Treatment Administration Record (TAR). <p>1. Review of Resident #10's face sheet (gives basic profile information) showed the following information:</p> <ul style="list-style-type: none"> -admitted [DATE]; -Diagnoses included high blood pressure, throat cancer, bladder infection, spinal disc degeneration and stenosis (narrowing of the spine which causes pressure to the spinal cord and nerves), low back pain, atrial fibrillation (a-fib - irregular heart function), presence of implanted cardiac pacemaker, history of blood clots, type 2 diabetes mellitus, and pressure ulcer of sacral (a triangular bone in the lower back) region. <p>Review of the resident's nurses' admission note, dated 11/22/24, showed the following information:</p> <ul style="list-style-type: none"> -Resident admitted from home for seven weeks while getting chemo and radiation treatment; -Coccyx (tailbone) red. <p>Review of the resident's discharge Minimum Data Set (MDS - a federally mandated assessment tool completed by facility staff), dated 11/25/24, showed the following information:</p> <ul style="list-style-type: none"> -Cognitively intact; -Required substantial assistance for activities of daily living (ADLs - dressing, grooming, bathing, eating, and toileting). <p>Review of the resident's Physician Order Sheet (POS), current as of 12/13/24, showed an order, dated 12/05/24, to cleanse coccyx wound with normal saline and pat dry; apply Mepilex border (flexible and highly absorbent all-in-one bordered foam dressing for treating chronic and acute wounds); and change every three days and as needed per soiling.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the resident's December 2024 Treatment Administration Record (TAR) showed the following:</p> <ul style="list-style-type: none"> -A current order to cleanse coccyx wound with normal saline and pat dry; apply Mepilex border; and change every three days and as needed per soiling. -Staff did not document completion of the treatment on 12/05/24. <p>Review of the resident's care plan, last updated 12/06/24, showed the following:</p> <ul style="list-style-type: none"> -Discharge planning for home. Evaluate and discuss with the resident/family/caregivers the prognosis for independent or assisted living; -Actual/potential or history of pain related to neuropathy (a condition that occurs when nerves outside of the brain and spinal cord are damaged) and spinal stenosis. <p>(Staff did not care plan related to a pressure ulcer or redness of coccyx.)</p> <p>Review of the resident's December 2024 Treatment Administration Record (TAR) showed the following:</p> <ul style="list-style-type: none"> -A current order to cleanse coccyx wound with normal saline and pat dry; apply Mepilex border; and change every three days and as needed per soiling. -Staff did not document completion of the treatment on 12/06/24, 12/07/24, 12/08/24, and 12/09/24. <p>During an interview on 12/13/24, at 2:03 P.M., Licensed Practical Nurse (LPN) G said the nurses should follow the physician orders for wound treatment. They should document completion of the treatment and any other pertinent information, such as the appearance or changes to the wound.</p> <p>During an interview on 12/13/24, beginning at 3:40 P.M., the Administrator, the Director of Nursing (DON), the Assistant Director of Nursing (ADON), and the corporate Quality Assurance Registered Nurse (QA RN) said staff should follow the physician's order for wound treatment and document any changes in the appearance of the wound, any new information, or refusal of treatment by the resident.</p> <p>MO00245170</p> <p>49585</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31464</p> <p>Based on record review and interview, the facility failed to ensure residents were free from significant medication errors when staff failed to document administration of multiple medications for three residents (Residents #8, #9, and #5) of 15 sampled residents. The facility census was 160.</p> <p>Review of a facility policy titled Physician Orders, dated 09/2022, showed staff to ensure physician orders are transcribed and implemented in accordance with professional standards and state and federal guidelines.</p> <p>Review of a facility policy titled Medication Administration - Preparation and General Guidelines, revised August 2014, showed the following information:</p> <p>-Medications are administered as prescribed in accordance with good nursing principles and practices;</p> <p>-Medications are administered in accordance with written orders of the prescriber;</p> <p>-The individual who administers the medication dose records the administration on the resident's Medication Administration Record (MAR) directly after the medication is given. At the end of each medication pass, the person administering the medications reviews the MAR to ensure necessary doses were administered and documented. In no case should the individual who administered the medications report off-duty without first recording the administration of any medications;</p> <p>-The resident's MAR is initialed by the person administering the medication, in the space provided under the date, and on the line for that specific medication dose administration. Initials on each MAR are cross referenced to a full signature in the space provided;</p> <p>-If a dose of regularly scheduled medication is withheld, refused, not available, or given at a time other than the scheduled time (e.g., the resident is not in the facility at scheduled dose time, or a starter dose of antibiotic is needed), the space provided on the front of the MAR for that dosage administration is initialed and circled. An explanatory note is entered on the reverse side of the record. If a vital medication is withheld, refused, or not available the physician is notified. Nursing documents the notification and physician response;</p> <p>-If and electronic MAR system is used, specific procedures required for resident identification, identifying medications due at specific times, and documentation of administration, refusal, holding of doses, and dosing parameters such as vital signs and lab values are described in the system's user manual. These procedures should be followed, and may differ slightly from the procedures for using paper MARs; electronic systems also describe procedures for electronic signatures.</p> <p>1. Review of Resident #8's face sheet (gives basic profile information) showed the following information:</p> <p>-admitted [DATE];</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Diagnoses included congestive heart failure (CHF - a chronic condition that occurs when the heart can't pump enough blood to meet the body's needs), coronary artery disease (CAD - heart disease that occurs when the arteries that supply blood to the heart narrow), hyperlipidemia (high cholesterol), chronic obstructive pulmonary disease (COPD - breathing disorder), history of mini-strokes and stroke, atrial fibrillation (a-fib - irregular heart function), type 2 diabetes mellitus, muscle wasting with generalized weakness, acute kidney failure, schizophrenia, depression, hypertension (high blood pressure); gastro-esophageal reflux disease (GERD - stomach acid back up into the esophagus/throat), and gout (arthritis).</p> <p>Review of the resident's care plan, updated 11/12/24, showed the following information:</p> <p>-History/potential for behavior problem related to diagnosis of schizophrenia. Staff to administer medications as ordered;</p> <p>-Antipsychotic medication use related to depression and schizophrenia. Staff to administer medications as ordered;</p> <p>-Diagnosis of congestive heart failure. Staff to give cardiac medications as ordered;</p> <p>-Resident has diabetes mellitus. Staff to administer medication as ordered by doctor and monitor for signs/symptoms of high or low blood sugar.</p> <p>Review of the resident's admission Minimum Data Set (MDS - a federally mandated assessment tool completed by facility staff), dated 11/13/24, showed the resident had severely impaired cognition.</p> <p>Review of the resident's current Physician Order Sheet (POS) showed an order, dated 11/06/24, for amlodipine besylate (used to treat high blood pressure) oral tablet 10 milligram (mg), give one tablet by mouth one time a day. Staff to hold if systolic blood pressure (SBP) is 100 millimeters of mercury (mm/Hg) or less and notify physician if held three consecutive doses.</p> <p>Review of the resident's November 2024 Medication Administration Record (MAR) showed staff did not document assessment of the resident's blood pressure, or administration of the amlodipine besylate on 11/09/24, 11/10/24, and 11/16/24.</p> <p>Review of the resident's current POS showed an order, dated 11/06/24, for apixaban (used to treat a-fib) oral tablet 5 mg tablet, give one tablet by mouth two times.</p> <p>Review of the resident's November 2024 MAR showed the apixaban scheduled for administration at 8:00 A.M. and 8:00 P.M. Staff did not document administration of the apixaban on 11/09/24, at 8:00 A.M. or 8:00 P.M., on 11/10/24, at 8:00 A.M., and on 11/14/24 at 8:00 P.M.</p> <p>Review of the resident's current POS showed an order, dated 11/06/24, for aripiprazole (used to treat schizophrenia) oral tablet 5 mg, give one tablet by mouth one time a day.</p> <p>Review of the resident's November 2024 MAR showed staff did not document administration of the aripiprazole on 11/09/24, 11/10/24, or 11/16/24.</p> <p>(continued on next page)</p>

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the resident's current POS showed an order, dated 11/06/24, for aspirin 81 mg oral tablet chewable, give one tablet by mouth one time a day.</p> <p>Review of the resident's November 2024 MAR staff did not document administration of the aspirin on 11/09/24, 11/10/24, or 11/16/24.</p> <p>Review of the resident's current POS showed an order, dated 11/06/24, for atorvastatin calcium (used to treat high cholesterol) oral tablet 40 mg, give one tablet by mouth at bedtime for.</p> <p>Review of the resident's November 2024 MAR staff did not document administration of the atorvastatin calcium 11/09/24 or 11/14/24.</p> <p>Review of the resident's current POS showed an order, dated 11/06/24, for clonidine transdermal patch (used to treat high blood pressure) weekly 0.2 mg/24 hour, apply one patch to the skin one time a day every Saturday.</p> <p>Review of the resident's November 2024 MAR showed staff did not document administration of the clonidine transdermal patch 11/09/24 or 11/16/24.</p> <p>Review of the resident's current POS showed an order, dated 11/06/24, for Coreg (used to treat high blood pressure) oral tablet 25 mg tablet, give one tablet by mouth two times a day. Staff to hold if SBP is 100 mm/Hg or less and notify physician if held three consecutive doses.</p> <p>Review of the resident's November 2024 MAR showed the Coreg scheduled for administration at 8:00 A.M. and 8:00 P.M. daily. Staff did not document administration for the Coreg on 11/09/24, at 8:00 A.M. or 8:00 P.M., on 11/10/24, at 8:00 A.M., on 11/14/24, at 8:00 P.M., or on 11/16/24 at 8:00 A.M.</p> <p>Review of the resident's current (POS) showed an order, dated 11/06/24, for gabapentin (used to treat nerve pain) oral capsule 100 mg, give two capsules by mouth at bedtime.</p> <p>Review of the resident's November 2024 MAR showed staff did not document administration of the gabapentin on 11/09/24 or 11/14/24.</p> <p>Review of the resident's current POS showed an order, dated 11/06/24, for hydralazine hydrochloride (used to treat high blood pressure) oral tablet 50 mg, give one tablet by mouth three times a day. The order was discontinued 11/20/24.</p> <p>Review of the November 2024 MAR showed staff the hydralazine hydrochloride scheduled for administration at 6:00 A.M., 2:00 P.M., and 10:00 P.M. Staff did not document administration of the hydralazine hydrochloride 1/07/24, at 2:00 P.M., on 11/09/24, at 2:00 P.M. or 10:00 P.M., on 11/10/24 at 2:00 P.M., on 11/12/24, at 6:00 A.M., on 11/14/24, at 10:00 P.M., or on 11/15/24. at 6:00 A.M.</p> <p>Review of the resident's current POS showed an order, dated 11/20/24, for hydralazine hydrochloride oral tablet 10 mg, give one tablet by mouth every eight hours. Staff to hold if SBP is 100 mm/Hg or less and notify physician if held for three consecutive doses. The order was discontinued on 11/24/24.</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the resident's November 2024 MAR showed staff the hydralazine hydrochloride scheduled for administration at 6:00 A.M., 2:00 P.M. and 10:00 P.M. daily. Staff did not document assessment of the resident's blood pressure or administration of the hydralazine hydrochloride oral tablet 100 mg on 11/20/24, at 10:00 P.M., or 11/21/24, at 6:00 A.M.</p> <p>Review of the resident's current POS showed an order, dated 11/26/24, for hydralazine hydrochloride oral tablet 10 mg, give one tablet by mouth every eight hours. Staff to hold if SBP is 100 mm/Hg or less and notify physician if held for three consecutive doses. The order was discontinued on 12/02/24.</p> <p>Review of the resident's November 2024 MAR showed the hydralazine hydrochloride oral tablet 100 mg scheduled for administration at 6:00 A.M., 2:00 P.M., and 10:00 P.M. Staff did not document assessment of the resident's blood pressure or administration of the hydralazine hydrochloride on 11/27/24 at 6:00 A.M.</p> <p>Review of the resident's current POS showed an order, dated 12/02/24, for hydralazine hydrochloride oral tablet 100 mg, give one table by mouth every eight hours. Staff to hold if SBP was 100 mm/Hg or less and notify physician if held three consecutive doses</p> <p>Review of the resident's November 2024 MAR showed the hydralazine hydrochloride oral tablet 100 mg scheduled for administration 8:00 A.M., 2:00 P.M., and 10:00 P.M. Staff did not document assessment of the resident's blood pressure or administration the hydralazine hydrochloride on 12/04/24 at 8:00 A.M., on 12/10/24, at 8:00 A.M., or on 12/11/24 at 8:00 A.M.</p> <p>Review of the resident's current POS showed an order, dated 11/06/24, for insulin lispro (fast-acting insulin) injection solution 100 unit/ml scheduled for 8:00 A.M., 12:00 P.M., and 5:00 P.M. Staff to inject subcutaneously (below the skin) per the following sliding scale:</p> <ul style="list-style-type: none"> -If blood sugar measured 0 mg/deciliter (dL) to 119 mg/dL, administer no insulin and notify physician if blood sugar measured 60 mg/dL or less; -If blood sugar measured 120 mg/dL to 160 mg/dL, administer 3 units of insulin; -If blood sugar measured 161 mg/dL to 200 mg/dL, administer 5 units of insulin; -If blood sugar measured 201 mg/dL to 240 mg/dL, administer 8 units of insulin; -If blood sugar measured 241 mg/dL to 280 mg/dL, administer 12 units of insulin; -If blood sugar measured 281 mg/dL to 320 mg/dL, administer 16 units of insulin; -If blood sugar measured 321 mg/dL or more, administer 20 units of insulin and notify physician if blood sugar measured 400 mg/dL or greater. <p>Review of the resident's November 2024 MAR showed staff did not document assessment of the resident's blood sugar level of administration of the insulin lispro injection on 11/09/24, at 8:00 A.M., on 11/10/24, at 12:00 P.M. or 5:00 P.M., or on 11/13/24, at 12:00 P.M.</p> <p>(continued on next page)</p>		

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 12/13/2024
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the resident's current POS showed an order, dated 11/06/24 and discontinued on 11/20/24, for insulin lispro (fast-acting insulin) injection solution 100 unit/ml scheduled for 9:00 P.M. Staff to inject subcutaneously per the following sliding scale:</p> <ul style="list-style-type: none"> -If blood sugar measured 0 mg/deciliter (dL) to 119 mg/dL, administer no insulin ; -If blood sugar measured 120 mg/dL to 160 mg/dL, administer 2 units of insulin; -If blood sugar measured 161 mg/dL to 200 mg/dL, administer 4 units of insulin; -If blood sugar measured 201 mg/dL to 240 mg/dL, administer 6 units of insulin; -If blood sugar measured 241 mg/dL to 280 mg/dL, administer 8 units of insulin; -If blood sugar measured 281 mg/dL to 320 mg/dL, administer 11 units of insulin; -If blood sugar measured 321 mg/dL or more, administer 15 units of insulin. <p>Review of the resident's November 2024 MAR showed staff did not document assessment of the resident's blood sugar level of administration of the insulin lispro injection, scheduled at 9:00 P.M., on 11/08/24, 11/09/24, 11/10/24, 11/11/24, 11/12/24, or 11/14/24.</p> <p>Review of the resident's current POS showed an order, dated 11/20/24, for insulin lispro injection solution 100 unit/ml per the following sliding scale:</p> <ul style="list-style-type: none"> -If blood sugar measured 0 mg/dL to 119 mg/dL, administer no insulin ; -If blood sugar measured 120 mg/dL to 160 mg/dL, administer 2 units of insulin; -If blood sugar measured 161 mg/dL to 200 mg/dL, administer 4 units of insulin; -If blood sugar measured 201 mg/dL to 240 mg/dL, administer 6 units of insulin; -If blood sugar measured 241 mg/dL to 280 mg/dL, administer 8 units of insulin; -If blood sugar measured 281 mg/dL to 320 mg/dL, administer 11 units of insulin; -If blood sugar measured 321 mg/dL or more, administer 15 units of insulin. <p>Review of the resident's November 2024 MAR showed administration of the insulin lispro 100 unit/ml scheduled for 7:00 A.M., 11:30 A.M., 4:30 P.M., and 9:00 P.M.). Staff did not document assessment of the resident's blood sugar level of administration of the insulin lispro injection 11/20/24, at 4:30 P.M. or 9:00 P.M. , on 11/21/24, at 9:00 P.M., or on 11/22/24, at 9:00 P.M.</p> <p>Review of the resident's current POS showed an order, dated 11/06/24, for isosorbide mononitrate extended release 24-hour (used to treat high blood pressure) 30 mg oral tablet, give one tablet by mouth one time a day with 60 mg tablet = 90 mg. Staff to hold if SBP is 100 mm/Hg or less and notify physician if held three consecutive doses.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Spring Valley Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2915 South Fremont Ave Springfield, MO 65804	
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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the resident's November 2024 MAR showed the staff did not document assessment of the resident's blood pressure or administration of the isosorbide mononitrate extended release 24-hour 30 mg oral tablet on 11/09/24, 11/10/24, or 11/16/24.</p> <p>Review of the resident's current POS showed an order, dated 11/06/24, for isosorbide mononitrate extended release 24-hour 60 mg oral tablet, give one tablet by mouth one time a day along with 30 mg tablet = 90 mg. Staff to hold if SBP is 100 mm/Hg or less and notify physician if held three consecutive doses.</p> <p>Review of the resident's November 2024 MAR showed the staff did not document assessment of the resident's blood pressure or administration of the isosorbide mononitrate extended release 24-hour 60 mg oral tablet on 11/09/24, 11/10/24, or 11/16/24.</p> <p>Review of the resident's current POS showed an order, dated 11/06/24, for pantoprazole sodium oral tablet delayed release (used to treat acid reflux) 40 mg tablet, give one tablet by mouth one time a day.</p> <p>Review of the resident's November 2024 MAR showed staff did not document administration of the pantoprazole sodium on 11/10/24, 11/11/24, 11/12/24, or 11/15/24.</p> <p>Review of the resident's current POS showed an order, dated 11/06/24, for Seroquel (used to treat a schizophrenia) oral tablet 200 mg, give two tablets by mouth at bedtime.</p> <p>Review of the resident's November 2024 MAR showed staff did not document administration of the resident's Seroquel 11/09/24 or 11/14/24.</p> <p>Review of the resident's current POS showed an order, dated 11/12/24, for Lantus (insulin glargine - long acting) subcutaneous solution 100 u/ml, inject 10 units subcutaneously at bedtime.</p> <p>Review of the resident's November 2024 MAR showed staff did not document administration of the resident's Lantus on 11/14/24.</p> <p>Review of the resident's current POS showed an order, dated 12/02/24, for Metformin hydrochloride (antidiabetic) oral tablet 500 mg, give one tablet by mouth two times a day.</p> <p>Review of the resident's December 2024 MAR showed the Metformin hydrochloride scheduled for administration at 8:00 A.M. and 5:00 P.M. Staff did not document administration of the 5:00 P.M. dose of Metformin hydrochloride on 12/02/24, 12/03/24, 12/04/24, 12/06/24, or 12/08/24.</p> <p>2. Review of Resident #9's face sheet showed the following information:</p> <p>-admitted [DATE];</p> <p>-Diagnoses included chronic obstructive pulmonary disease (COPD), type 2 diabetes mellitus with polyneuropathy (multiple nerve malfunction), seizure disorder, bipolar disorder (mood swings), paranoid personality disorder, legal blindness, thyroid dysfunction, major depressive disorder, and degenerative disc disease.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Spring Valley Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2915 South Fremont Ave Springfield, MO 65804	
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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the resident's quarterly MDS, dated [DATE], showed the resident was cognitively intact.</p> <p>Review of the resident's care plan, last updated 12/11/24, showed the following:</p> <ul style="list-style-type: none"> -Currently taking an anticonvulsant medication. Staff to administer medication as ordered and monitor for side effects; -Diagnosis of diabetes mellitus and administer medication as ordered by doctor; -Diagnosis of hypothyroidism and administer thyroid replacement therapy as ordered; -Diagnosis of seizure disorder and administer medications as ordered. <p>Review of the resident's current POS showed an order, dated 10/01/24, for glipizide oral tablet (antidiabetic) 5 mg, give one tablet by mouth one time a day.</p> <p>Review of the resident's October 2024, November 2024, and December 2024 MAR showed the following:</p> <ul style="list-style-type: none"> -Staff did not document administration of the glipizide on 10/14/24, 10/17/24, 10/22/24, 10/23/24, 10/25/24, 10/26/24, 10/27/24, 10/28/24, 10/30/24, and 10/31/24 (10 of 30 opportunities in October 2024); -Staff did not document administration of the glipizide 11/01/24, 11/09/24, 11/10/24, 11/13/24, 11/14/24, 11/15/24, and 11/16/24 (seven of 30 opportunities in November 2024); -Staff did not document administration of glipizide on 12/03/24 and 12/07/24 (two of 12 opportunities in December 2024). <p>Review of the resident's current POS showed an order, dated 10/01/24, for levothyroxine sodium (used to treat thyroid levels) oral tablet 50 microgram (mcg), give 1 tablet by mouth one time a day.</p> <p>Review of the resident's October 2024, November 2024, and December 2024 MAR showed the following:</p> <ul style="list-style-type: none"> -Staff did not document administration of the levothyroxine sodium on 10/05/24, 10/12/24, 10/13/24, 10/15/24, 10/16/24, 10/17/24, 10/18/24, 10/23/24, 10/25/24, 10/29/24 (10 of 30 opportunities in October 2024); -Staff did not document administration of the levothyroxine sodium on 11/01/24, 11/02/24, 11/06/24, 11/10/24, 11/11/24, 11/12/24, 11/15/24, 11/16/24, 11/20/24, 11/21/24, 11/24/24, 11/25/24, 11/27/24, and 11/29/24 (14 of 30 opportunities in November 2024); -Staff did not document administration of the levothyroxine sodium on 12/04/24, 12/10/24, and 12/11/24 (three of 12 opportunities in December 2024). <p>Review of the resident's current POS showed an order, dated 10/01/24, for Metformin hydrochloride extended release oral tablet, give 1 tablet by mouth one time a day.</p> <p>Review of the resident's October 2024, November 2024, and December 2024 MAR showed the following:</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Staff did not document administration of the Metformin 10/14/24, 10/17/24, 10/22/24, 10/23/24, 10/25/24, 10/26/24, 10/27/24, 10/28/24, 10/30/24, and 10/31/24 (10 of 30 opportunities in October 2024);</p> <p>-Staff did not document administration of the Metformin on 11/01/24, 11/09/24, 11/10/24, 11/13/24, 11/14/24, 11/15/24, and 11/16/24 (seven of 30 opportunities in November 2024);</p> <p>-Staff did not document administration of the Metformin on 12/03/24 and 12/07/24 (two of 12 opportunities in December 2024).</p> <p>Review of the resident's current POS showed an order, dated 10/01/24, for oxcarbazepine (used to treat seizures) oral tablet 300 mg, give 3 tablets by mouth two times a day.</p> <p>Review of the resident's October 2024, November 2024, and December 2024 MAR showed the following:</p> <p>-Staff did not document administration of the oxcarbazepine morning dose on 10/14/24, 10/17/24, 10/22/24, 10/23/24, 10/25/24, 10/26/24, 10/27/24, 10/28/24, 10/30/24, and 10/31/24 (10 of 30 opportunities in October 2024);</p> <p>-Staff did not document administration of the oxcarbazepine bedtime dose on 10/04/24, 10/12/24, 10/14/24, 10/15/24, 10/17/24, 10/28/24, and 10/31/24 (seven of 30 opportunities in October 2024);</p> <p>-Staff did not document administration of the oxcarbazepine morning dose on 11/01/24, 11/09/24, 11/10/24, 11/13/24, 11/14/24, 11/15/24, and 11/16/24 (seven of 30 opportunities in November 2024);</p> <p>-Staff did not document administration of the oxcarbazepine bedtime dose on 11/01/24, 11/05/24, 11/09/24, 11/14/24, 11/20/24, and 11/28/24 (six of 30 opportunities in November 2024);</p> <p>-Staff did not document administration of the oxcarbazepine morning dose on 12/03/24 and 12/07/24 (two of 12 opportunities in December 2024).</p> <p>Review of the resident's current POS showed an order, dated 10/01/24, for Symbicort inhalation aerosol (used to treat breathing problems) 160-4.5 mcg/actuation, inhale two puffs orally two times.</p> <p>Review of the resident's October 2024, November 2024, and December 2024 MAR showed the following:</p> <p>-Staff did not document administration of the Symbicort inhaler morning dose on 10/14/24, 10/17/24, 10/22/24, 10/23/24, 10/25/24, 10/26/24, 10/27/24, 10/28/24, 10/30/24, and 10/31/24 (10 of 30 opportunities in October 2024);</p> <p>-Staff did not document administration of the Symbicort inhaler bedtime dose on 10/04/24, 10/12/24, 10/14/24, 10/15/24, 10/17/24, 10/28/24, and 10/31/24 (seven of 31 opportunities in October 2024);</p> <p>-Staff did not document administration of the Symbicort inhaler morning dose 11/01/24, 11/09/24, 11/10/24, 11/13/24, 11/14/24, 11/15/24, and 11/16/24 (seven of 30 opportunities in November 2024);</p> <p>-Staff did not document administration of the Symbicort inhaler bedtime dose on 11/01/24, 11/05/24, 11/09/24, 11/14/24, 11/20/24, and 11/28/24 (six of 30 opportunities in November 2024);</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Staff did not document administration of the Symbicort inhaler morning dose on 12/03/24 and 12/07/24 (two of 12 opportunities in December 2024).</p> <p>Review of the resident's current POS showed an order, dated 10/01/24, for tiotropium bromide monohydrate inhalation aerosol (used to treat COPD) solution 1.25 mcg/actuation, inhale 2 puffs orally twice a day.</p> <p>Review of the resident's October 2024, November 2024, and December 2024 MAR showed the following:</p> <p>-Staff did not document administration of the tiotropium bromide inhaler morning dose on 10/14/24, 10/17/24, 10/22/24, 10/23/24, 10/25/24, 10/26/24, 10/27/24, 10/28/24, 10/30/24, and 10/31/24 (10 of 30 opportunities in October 2024);</p> <p>-Staff did not document administration of the tiotropium bromide inhaler bedtime dose on 10/04/24, 10/12/24, 10/14/24, 10/15/24, 10/17/24, 10/28/24, and 10/31/24 (seven of 30 opportunities in October 2024);</p> <p>-Staff did not document administration of the tiotropium bromide inhaler morning dose on 11/01/24, 11/09/24, 11/10/24, 11/13/24, 11/14/24, 11/15/24, and 11/16/24 (seven of 30 opportunities in November 2024);</p> <p>-Staff did not document administration of the tiotropium bromide inhaler bedtime dose on 11/01/24, 11/05/24, 11/09/24, 11/14/24, 11/20/24, and 11/28/24 (six of 30 opportunities in November 2024);</p> <p>-Staff did not document administration of the tiotropium bromide inhaler morning dose on 12/03/24 and 12/07/24 (two of 12 opportunities in December 2024).</p> <p>Review of the resident's current POS showed an order,order dated 10/01/24, for topiramate (used to treat seizures) oral tablet 100 mg, give 1 tablet by mouth two times a day.</p> <p>Review of the resident's October 2024, November 2024, and December 2024 MAR showed the following:</p> <p>-Staff did not document administration of the topiramate morning dose on 10/14/24, 10/17/24, 10/22/24, 10/23/24, 10/25/24, 10/26/24, 10/27/24, 10/28/24, 10/30/24, and 10/31/24 (10 of 30 opportunities in October 2024);</p> <p>-Staff did not document administration of the topiramate bedtime dose on 10/04/24, 10/12/24, 10/14/24, 10/15/24, 10/17/24, 10/28/24, and 10/31/24 (seven of 31 opportunities in October 2024).</p> <p>-Staff did not document administration of the topiramate morning dose per physician orders on 11/01/24, 11/09/24, 11/10/24, 11/13/24, 11/14/24, 11/15/24, and 11/16/24 (seven of 30 opportunities in November 2024);</p> <p>-Staff did not document administration of the topiramate bedtime dose per physician orders on 11/01/24, 11/05/24, 11/09/24, 11/14/24, 11/20/24, and 11/28/24 (six of 30 opportunities in November 2024).</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Staff did not document administration of the topiramate morning dose on 12/03/24 and 12/07/24 (two of 12 opportunities in December 2024).</p> <p>49585</p> <p>3. Review of Resident #5's face sheet showed the following:</p> <p>-admitted [DATE];</p> <p>-Diagnoses included bacterial meningitis (infection of the membranes that surround the brain and spinal cord), sepsis (condition in which body responds improperly to an infection), high blood pressure, and muscle weakness.</p> <p>Review of the resident's quarterly MDS, dated [DATE], showed the following:</p> <p>-Moderate cognitive impairment;</p> <p>-Resident is on antibiotic medication.</p> <p>Review of the resident's care plan, dated 11/18/24, showed the following:</p> <p>-Resident on diuretic (medication to help reduce fluid in the body) medication related to high blood pressure. Staff to administer as ordered by physician;</p> <p>-Resident is on antibiotic therapy related to sepsis and meningitis. Staff to administer as ordered by the physician.</p> <p>Review of the resident's October 2024 and November 2024 POS showed an order, dated 10/23/24, for levetiracetam (a seizure preventing medication) 500 mg, give one tablet twice daily.</p> <p>Review of the resident's October 2024 MAR showed staff did not document administering the 8:00 A.M. dose of levetiracetam on 10/27/24 and 10/28/24.</p> <p>Review of the resident's October 2024 MAR showed staff did not document administering the 8:00 P.M. dose of levetiracetam on 10/28/24 and 10/31/24.</p> <p>Review of the resident's November 2024 MAR showed staff did not document administering the 8:00 A.M. dose of levetiracetam on 11/09/24, 11/10/24, and 11/14/24.</p> <p>Review of the resident's November 2024 MAR showed staff did not document administering the 8:00 P.M. dose of levetiracetam on 11/1/24, 11/05/24, 11/09/24, and 11/14/24.</p> <p>Review of the resident's October 2024 and November 2024 POS showed an active order for metoprolol succinate (blood pressure medication) extended-release tablet 50 mg, give one tablet daily. Hold for SBP of 100 mm/Hg or less and notify physician if held three consecutive doses.</p> <p>Review of the resident's October 2024 MAR showed staff did not document administering the metoprolol succinate on 10/27/24 and 10/28/24.</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the resident's November 2024 MAR showed staff did not document administering the metoprolol succinate on 11/09/24, 11/10/24, and 11/14/24.</p> <p>Review of the resident's October 2024 and November 2024 POS showed a active order for Vancocin (an antibiotic) 125 mg capsule, give one capsule every 6 hours for clostridium difficile (bacteria that can cause inflammation of the colon) prevention. Taper after intravenous (iv) antibiotics have been discontinued.</p> <p>Review of the resident's October 2024 MAR showed staff did not document administering the Vancocin on the following dates:</p> <ul style="list-style-type: none"> -10/23/24 at 6:00 P.M.; -10/24/24 at 6:00 P.M.; -10/25/24 at 6:00 A.M. and 6 :00 P.M.; -10/26/24 at 6:00 P.M.; -10/27/24 and 10/28/24 at 12:00 P.M. and 6:00 P.M.; -10/29/24 at 12:00 A.M. and 6:00 A.M.; -10/30/24 and 10/31/24 at 8:00 P.M. <p>Review of the resident's November 2024 MAR showed staff did not document administering the Vancocin on the following dates:</p> <ul style="list-style-type: none"> -11/01/24 at 12:00 A.M., 6:00 A.M. and 6:00 P.M.; -11/02/24 at 12:00 A.M. and 6:00 A.M.; -11/04/24 at 6:00 P.M.; -11/05/24 at 12:00 P.M. and 6:00 P.M.; -11/06/24 at 12:00 A.M., 6:00 A.M. and 6:00 P.M.; -11/07/24 at 6:00 P.M.; -11/08/24 at 6:00 P.M.; -11/09/24 at 12:00 P.M. and 6:00 P.M.; -11/10/24 at 12:00 A.M., 6:00 A.M., 12:00 P.M., and 6:00 P.M.; -11/11/24 at 11:00 A.M.; <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-11/14/24 at 12:00 P.M. and 6:00 P.M.;</p> <p>-11/15/24 at 12:00 A.M. and 6:00 A.M.</p> <p>Review of the resident's October 2024 and November 2024 POS showed a current active order for lisinopril-hydrochlorothiazide (blood pressure medication) 20-25 mg tablet, give one tablet daily. Staff to hold if SBP 100 mm/Hg or less and notify physician is held three consecutive doses.</p> <p>Review of the resident's October 2024 MAR showed staff did not document administering the lisinopril-hydrochlorothiazide on 10/27/24 and 10/28/24.</p> <p>Review of the resident's November 2024 MAR showed staff did not document administering the lisinopril-hydrochlorothiazide on 11/09/24, 11/10/24, and 11/14/24.</p> <p>4. During an interview on 12/12/24, at 2:09 P.M., Certified Medication Technician (CMT) B said if staff does not document a medication as given in the medical record it was possibly not given.</p> <p>During an interview on 12/13/24, at 2:05 P.M., License Practical Nurse (LPN) A said staff did not give a medication if it is not documented as given in the medical record.</p> <p>During an interview on 12/13/24, at 3:40 P.M., the Administrator and the Director of Nursing (DON) said the following:</p> <p>-Staff should follow physician orders;</p> <p>-Staff should be documenting medication is administered or enter a note stating why it was not done.</p> <p>MO00244756, MO00245884, MO00245949</p>		

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 12/13/2024
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49585</p> <p>Based on observation, interview, and record review, the facility failed to store all medications per standards of practice when staff left medication at bedside for one resident (Resident #7) and when staff left medication carts unlocked and unattended with medications accessible to unauthorized staff and residents. The facility census was 160.</p> <p>Review of a facility policy entitled Medication Administration - Preparation and General Guidelines, revised August 2014, showed the following information:</p> <p>-When administering as needed medications (PRN) medications at times other than the medication pass, the dose may be prepared in the medication cart storage area and taken to the resident's bedside, leaving the cart locked and secured;</p> <p>-During administration of medications, the medication cart is kept closed and locked when out of sight of the medication nurse or aide. No medications are kept on top of the cart. The cart must be clearly visible to the personnel administering medications, and all outward sides must be inaccessible to residents or others passing by;</p> <p>-The resident is always observed after administration to ensure that the dose was completely ingested.</p> <p>Review of a facility policy titled Storage of Medications, dated November 2018, showed the following:</p> <p>-Medications and biologicals are stored safely, securely, and properly;</p> <p>-Medication supply is accessible only to licensed nursing personnel, pharmacy, or staff members lawfully authorized to administer medication;</p> <p>-Medication rooms, carts, and medication supplies are locked when not attended by persons with authorized access.</p> <p>1. Review of Resident #7's face sheet (a document that gives a resident's information at a quick glance) showed the following:</p> <p>-admitted [DATE];</p> <p>-Diagnoses included diabetes mellitus (disease that results in too much sugar in the blood), chronic obstructive pulmonary disease (COPD - a group of lung disease that block airflow and make it difficult to breathe), and congestive heart failure (CHF - chronic condition in which the heart does not pump blood as well as it should).</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the resident's significant change Minimum Data Set (MDS - a federally mandated assessment tool completed by facility staff), dated 10/21/24 showed the following:</p> <ul style="list-style-type: none"> -Resident cognitively intact; -Dependent on staff for dressing, transfers, toileting, and bed mobility; -Used a wheelchair for mobility. <p>Observation and interview on 12/12/24, at 3:30 P.M., showed two white oblong tablets in a medication cup sitting on the resident's bedside table. He/she said staff leave his/her potassium (a supplement) medication on the bedside table for him/her every day. He/she preferred to take the medication at night with milk.</p> <p>Observation on 12/13/24, at 10:58 A.M., showed two white oblong pills in a medication cup on the resident's bedside table.</p> <p>Review of the resident's medical record showed staff did not have documentation of a physician order for the resident to have medication at bedside.</p> <p>During an interview on 12/13/24, at 8:02 A.M., Certified Medication Technician (CMT) D said medications should not be left at the resident bedside.</p> <p>During an interview on 12/13/24, at 1:19 P.M., CMT B said medications should not be left on residents' bedside tables. Staff should confirm residents have taken medications before leaving.</p> <p>During an interview on 12/13/24, at 11:35 A.M., Licensed Practical Nurse (LPN) F said he/she was not aware of any residents with physician orders to leave medications at their bedside to take later. The nurse or CMT should wait with the resident until the medications are taken.</p> <p>During an interview on 12/13/24, at 3:40 P.M., the Administrator and Director of Nursing (DON) said staff should not leave medications at resident bedside.</p> <p>2. Observation on 12/13/24, at 7:49 A.M., showed an Ozempic (injectable medication used for diabetes) pen and a clear plastic container unlocked with insulin (medication used to manage high blood sugar) vials inside on top of a medication cart. The medication cart was unlocked and unattended.</p> <p>Observation on 12/13/24 showed the following:</p> <ul style="list-style-type: none"> -At 10:49 A.M., a nurse walk away from a medication cart with both bottom drawers open and the cart unlocked; -At 10:55 A.M., the medication cart with both bottom drawers remained open and the cart unlocked. <p>Observation on 12/13/24, at 11:22 A.M., showed a medication cart unlocked and unattended.</p> <p>Observation on 12/13/24, at 12:46 P.M., showed a medication cart with the bottom left drawer open and unlocked with no staff present.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 12/13/24, at 1:19 P.M., CMT B said the medication cart should always be locked when unattended.</p> <p>During an interview on 12/13/24, at 3:40 P.M. the Administrator and DON said medication carts should be locked when unattended.</p> <p>MO00244756, MO00245884, MO00245949</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49585</p> <p>Based on observation and interview, the facility failed maintain an effective infection prevention and control program when staff failed to ensure multi-use resident equipment was sanitized between uses, failed to place appropriate barriers for supplies, and failed to perform hand hygiene per standards of practice while checking resident blood sugar levels and administering insulin with four residents (Resident #2, #4, #3, and #1). The facility census was 160.</p> <p>Review of a facility policy titled Hand Hygiene, dated 04/28/22, showed the following:</p> <ul style="list-style-type: none"> -Hand hygiene should be performed before and after providing care; before and after performing aseptic (to prevent infection) task; contact with blood, body fluids, or contaminated surfaces; before and after applying and removing gloves or personal protective equipment; and after handling soiled linens or items potentially contaminated with blood, body fluids, or secretions. <p>Review of the facility policy titled Injectable Medication Administration, dated August 2018, showed the following:</p> <ul style="list-style-type: none"> -Purpose was to administer medications in a safe, accurate, and effective manner; -Equipment required includes medication, sterile syringe, alcohol wipes, gloves, and a barrier (if medication will be set down in resident room); -Procedure for subcutaneous injection included heck the medication order; prepare resident; wash hands; prepare medication; gather supplies; clean stopper of medication with alcohol wipe and withdraw medication; sanitize hands; bring supplies to bedside and maintain a clean space; inject medication; and remove and discard gloves and clean hands by sanitizing or washing. <p>Review of a facility policy titled Blood Glucose Monitoring, undated, showed the following:</p> <ul style="list-style-type: none"> -The Center for Disease Control and Prevention recommends that, whenever possible, blood glucose meters should not be shared among patients. If a device must be shared, it should be cleaned and disinfected after every use to prevent carryover of blood and infectious agents; -Staff should verify the order, gather equipment, perform hand hygiene and put on gloves, perform blood glucose test, dispose of lancet and test strip, remove gloves, perform hand hygiene, and clean and disinfect the blood glucose meter. -Contaminated blood glucose monitoring equipment increases the risk of infection by such blood borne pathogens as hepatitis B (condition that causes inflammation of the liver), hepatitis C (virus that causes liver inflammation), and human immunodeficiency virus (virus that attacks and weakens the immune system). <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>1. Review of Resident #2's face sheet (a document that gives a resident's information at a quick glance) showed the following:</p> <ul style="list-style-type: none"> -admitted [DATE]; -Diagnoses included diabetes mellitus (disease that results in too much sugar in the blood). -Resident is own responsible party. <p>Review of the resident's quarterly Minimum Data Set (MDS - a federally mandated assessment tool completed by facility staff), dated 10/10/24 showed the following:</p> <ul style="list-style-type: none"> -Resident cognitively intact; -Dependent on staff for dressing, transfers, toileting, and bed mobility. <p>Review of the resident's care plan, revised on 04/05/24, showed the resident had diabetes mellitus and was at risk for hyperglycemia (high blood sugar).</p> <p>Review of the resident's December 2024 Physician Order Sheet (POS) showed a current active order for Admelog (fast acting insulin) injection solution 100 units/milliliter (ml). Staff to inject per the following sliding scale:</p> <ul style="list-style-type: none"> -If blood glucose level is 0 milligrams/deciliter (mg/dL) to 119 mg/dL, do not administer insulin; -If blood glucose level is 120 mg/dL to 160 mg/dL, administer 2 units of insulin; -If blood glucose level is 161 mg/dL to 200 mg/dL, administer 4 units of insulin; -If blood glucose level is 201 mg/dL to 240 mg/dL, administer 6 units of insulin; -If blood glucose level is 241 mg/dL to 280 mg/dL, administer 8 units of insulin; -If blood glucose level is 281 mg/dL to 320 mg/dL, administer 10 units of insulin; -If blood glucose level is 321 mg/dL and higher, administer 12 units of insulin. <p>Observation on 12/13/24, at 11:22 A.M., showed Licensed Practical Nurse (LPN) A entered the resident's room to obtain a blood sugar reading. LPN A washed his/her hands and placed the supplies including a glucometer (a device used to measure the concentration of glucose in the blood), lancet (small, disposable needle), and alcohol wipe on the resident's bedside table without a barrier possibly contaminating supplies or the resident's table with infectious organisms.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>LPN A picked up the glucometer without gloves and the resident instructed the nurse where the gloves were in the room. LPN A then obtained a pair of gloves and proceeded to obtain the resident's blood sugar. He/she wiped the resident's finger with an alcohol wipe and used a lancet to pierce skin and obtain blood for glucometer strip. The glucometer and supplies were placed back on the resident table and LPN A removed his/her gloves and washed his/her hands. LPN A then gathered the supplies and disposed of the testing strip in the resident's trash can and the nurse left the room. The nurse then placed the used lancet and glucometer on the medication cart without a barrier, possibly contaminating the treatment cart with infectious organisms. The lancet was thrown in the sharps container and LPN A began preparing for the next resident without performing hand hygiene or cleaning the used glucometer.</p> <p>2. Review of Resident #4's face sheet showed the following:</p> <p>-admitted [DATE];</p> <p>-Diagnoses included diabetes mellitus.</p> <p>Review of the resident's quarterly MDS, dated [DATE], showed the resident cognitively intact.</p> <p>Review of the resident's care plan, revised on 04/05/24, showed the resident had diabetes mellitus and was at risk for hypoglycemia (low blood sugar) and hyperglycemia.</p> <p>Review of the resident's December 2024 POS showed an order for accu-check (blood sugar monitoring) once daily on Monday, Wednesday, and Friday.</p> <p>Observation on 12/13/24, at 11:30 A.M., showed LPN A entered the resident's room to obtain a blood sugar reading. LPN A did not perform hand hygiene on don gloves. LPN A handed the resident alcohol wipe and obtained a testing strip out of his/her pocket and prepared the glucometer for testing. LPN A then placed the glucometer on the resident's bed without a barrier and handed the a lancet. The resident used the lancet on his/her finger and the nurse handed the glucometer to the resident who then applied blood sample to strip. The resident then handed LPN A the glucometer and the nurse left the room. LPN A then placed used testing strip in the trash, set the used glucometer on the medication cart without a barrier and placed the lancet in the sharps container. The LPN did not complete hand hygiene or disinfect the glucometer.</p> <p>3. Review of Resident #3's face sheet showed the following:</p> <p>-admitted [DATE];</p> <p>-Diagnoses included diabetes mellitus.</p> <p>Review of the resident's quarterly MDS, dated [DATE], showed the resident cognitively intact.</p> <p>Review of the resident's care plan, revised on 09/24/24, showed the resident had diabetes mellitus and is at risk for complications.</p> <p>Review of the resident's December 2024 POS showed the following:</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-An order, dated 11/24/24, for Humalog (fast acting insulin) injection solution 100 units/milliliter (ml). Staff to Inject as per sliding scale if blood glucose was 0 mg/dL to 119 mg/dL, administer 0 unit of insulin; if blood glucose was 120 mg/dL to 160 mg/dL, administer 3 units of insulin; if blood glucose was 161 mg/dL to 200 mg/dL, administer 5 units of insulin; if blood glucose level was 201 mg/dL to 240 mg/dL, administer 8 units of insulin; if blood glucose was 241 mg/dL to 280 mg/dL, administer 12 units of insulin; and if blood glucose level was 281 mg/dL to 399 mg/dL, administer 16 units of insulin;</p> <p>-An order, dated 11/24/24, for Humalog injection solution, inject 8 units subcutaneously (below the skin) two times a day.</p> <p>Observation on 12/13/24, at 11:40 A.M., showed LPN A prepared the resident's insulin medication for a blood sugar reading of 159 mg/dL. LPN A did not perform hand hygiene prior to preparing medication possibly contaminating medication and supplies with infectious organisms. LPN A obtained a syringe, alcohol wipe, and the medication for the medication cart. The nurse then wiped the bottle of Humalog with an alcohol wipe and withdrew the medication with the syringe. LPN A then set the syringe without a cap covering the needle on the medication cart without a barrier possibly contaminating the syringe with infectious organisms. The nurse then obtained an alcohol wipe and the syringe with no cover over the needle and walked to the resident room. LPN A entered the room and did not perform hand hygiene or don gloves. Nurse then provided injection to resident and walked out of the room with the syringe. LPN A then placed used syringe in the sharps container and did not perform hand hygiene.</p> <p>4. Review of Resident #1's face sheet showed the following:</p> <p>-admitted [DATE];</p> <p>-Diagnoses included diabetes mellitus.</p> <p>Review of the resident's quarterly MDS, dated [DATE], showed the resident was cognitively intact.</p> <p>Review of the resident's care plan, revised on 09/25/24, showed the resident has diabetes mellitus and is at risk for hyperglycemia and hypoglycemia.</p> <p>Review of the resident's December 2024 POS showed the following:</p> <p>-An order, dated 08/09/24, for Humalog injection solution 100 units/milliliter (ml) inject as per sliding scale: if blood glucose 0 mg/dL to 119 mg/dL, administer 0 units of insulin; if blood glucose 120 mg/dL to 160 mg/dL, administer 3 units of insulin; if blood glucose was 161 mg/dL to 200 mg/dL, administer 5 units of insulin; if blood glucose 201 mg/dL to 240 mg/dL, administer 8 units of insulin; if blood glucose was 241 mg/dL to 280 mg/dL, administer 12 units of insulin; and if blood glucose was 281 mg/dL to 399 mg/dL, administer 16 units of insulin;</p> <p>-An order, dated 08/09/24, for Humalog injection solution, inject 8 units subcutaneously with meals.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 12/13/24, at 11:43 A.M., showed LPN A prepared the resident's insulin medication for a blood sugar reading of 149 mg/dL. LPN A did not perform hand hygiene prior to preparing medication possibly contaminating medication and supplies with infectious organisms. LPN A obtained a syringe, alcohol wipe, and the medication for the medication cart. The nurse did not then cleanse the top of the bottle of Humalog with an alcohol wipe, possibly infecting the syringe and medication with infectious organisms, and withdrew the medication with the syringe. LPN A then set the syringe without a cap covering the needle on the medication cart without a barrier possibly contaminating the syringe with infectious organisms. The nurse then obtained an alcohol wipe and the syringe with no cover over the needle and walked to the resident room. LPN A entered the room and did not perform hand hygiene or don gloves. Nurse then provided injection to resident and walked out of the room with the syringe. LPN A then placed the lid back on the used syringe and disposed of it in the sharps container. LPN A did not perform hand hygiene.</p> <p>X. During an interview on 12/13/24 at 1:10 P.M., Certified Nurse Assistant (CNA) B said multi use equipment should be cleansed with a disinfecting wipe between residents.</p> <p>X. During an interview on 12/13/24 at 1:19 P.M., Certified Medication Technician (CMT) C said the following:</p> <ul style="list-style-type: none"> -Supplies should not be placed on resident belongings; -Hand hygiene should be performed when entering and exiting resident rooms, before and after resident contact, and during medication pass; -Staff should use disinfecting wipes to clean equipment between residents after use. <p>X. During an interview on 12/13/24 at 2:05 P.M., LPN A said the following:</p> <ul style="list-style-type: none"> -Staff should complete hand hygiene upon entering and exiting resident rooms and after any resident contact; -Staff should don gloves for resident contact, especially wound care, incontinence care, or if in contact with soiled items; -Multi use supplies should be cleaned and wiped down with disinfecting wipes; -Syringes should not be capped when walking to resident rooms, as they are safety syringes that can be pulled back before and after use; -Supplies should be placed on a clean surface. Staff should wipe the bedside table to create a clean surface before use; -Staff should cleanse the glucometer with a disinfecting wipe and wrap it up with the wipe for 2 minutes. There should be a back up glucometer to use on other residents during the 2-minute cleaning time. <p>X. During an interview on 12/13/24, at 2:08 P.M., LPN F said the following:</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Glucometers should be wiped down and wrapped with a disinfectant wipe in between residents;</p> <p>-Staff should place all treatment supplies on a barrier cloth to prevent contamination;</p> <p>-Staff should wear gloves to perform any treatment, including blood sugar checks and injecting medication;</p> <p>-The nurse should use an alcohol wipe to cleanse the top of an insulin vial prior to withdrawing the insulin;</p> <p>-The nurse should retract the safety needle on a syringe immediately after use; staff should not walk around with an exposed contaminated needle.</p> <p>x. During an interview on 12/13/24 at 3:40 P.M., the administrator and the Director of Nursing (DON) said the following:</p> <p>-Hand hygiene should be completed all the time; before, after, and in between resident contact and before and after performing blood sugar checks;</p> <p>-Staff should wear gloves during blood sugar checks and administering injections;</p> <p>-Insulin vials should be wiped with alcohol prior to using;</p> <p>-Syringes should not be uncapped while walking to resident rooms.</p> <p>MO00244933</p>		