

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265664	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/04/2025
NAME OF PROVIDER OR SUPPLIER  James River Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  3550 East Battlefield Springfield, MO 65809	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0561  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.  (continued on next page)

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to promote and facilitate the right of self-determination for every resident when staff failed to honor reasonable shower preferences for three residents (Resident #1, #2, and #3). The facility census was 96.1. Review of Resident #1's face sheet (a general information sheet) showed the following:-admission date of 03/14/24;-Diagnoses included type 2 diabetes, morbid obesity, and chronic kidney disease.Review of the resident's quarterly Minimum Data Set (MDS - federally mandated assessment instrument completed by facility staff), dated 10/02/25, showed the following:-No cognitive impairment;- Partial/moderate assistance with shower/bathing;-Supervision/touching assistance with shower/bath transfer.Review of the resident's October 2025 shower sheets showed the resident received a shower on the following dates: -On 10/03/25;-On 10/09/25 (six days after the prior shower);-On 10/22/25 (13 days after the prior shower);-On 10/27/25.Review of the resident's October 2025 nursing notes showed staff did not document any additional showers or any shower refusals by the resident. Review of the resident's most current care plan, as of 11/04/25, showed the following:-Resident had an activities of daily living (ADL) self-care performance deficiency due to limited mobility;-Resident was partial/moderate assist with one staff with showering;-Resident preferred to shower on Monday and Thursday.Observation and interview on 11/04/25, at 10:34 A.M., showed the following: -The resident's hair appeared oily;-The resident said he/she feels dirty, and his/her head is starting to itch; -He/she should receive two showers per week;-Resident received his/her last shower eight days ago (10/27/25);-He/she has not received two showers per week in the last month;-Resident would like to have a shower daily;-The facility does not have staff to assist with showers.2. Review of Resident #2's face sheet showed the following:-admission date of 10/25/22;-Diagnoses included congestive heart failure (CHF - is a long-term condition that happens when the heart can't pump blood well enough to give the body a normal supply), type 2 diabetes, morbid obesity, and anxiety.Review of the resident's annual MDS, dated [DATE], showed the following:-No cognitive impairment;-Partial/moderate assistance with shower/bathing;-Supervision/touching assistance with shower/bath transfer.Review of the resident's October 2025 shower sheets showed the resident received a shower on the following dates: -On 10/02/25;-On 10/09/25 (seven days after the prior shower);-On 10/14/25;-On 10/22/25 (eight days after the prior shower);-On 10/28/25.Review of the resident's October 2025 nursing notes showed staff did not document any additional showers or any shower refusals by the resident.Review of the resident's most current care plan, as of 11/04/25, showed the following:-Resident had an ADL self-care performance deficit due to limited mobility with morbid obesity;-Supervision of one staff when bathing or showering;-Resident prefers bathing/showering on Monday, Thursday, and as needed.Observation and interview on 11/04/25, at 9:48 A.M., showed the following: -The resident's hair appeared oily;-The resident said he/she felt dirty;-The resident preferred to have regular shows as he/she has cellulitis (skin infection) and the skin under his/her stomach fold starts to crack;-He/she normally received one shower per week;-The resident had not bathed in seven days (10/28/25).3. Review of Resident #3's face sheet showed the following:-admission date of 09/30/22;-Diagnoses included type 2 diabetes, morbid obesity, schizoaffective disorder-depressive type (a mental health condition that combines symptoms of schizophrenia and a mood disorder), and borderline intellectual functioning. Review of the resident's quarterly MDS, dated [DATE], showed the following:-No cognitive impairment;-Partial/moderate assistance with shower/bathing;-Substantial/maximum assistance with shower/bath transfer.Review of the resident's October 2025 shower sheets showed the resident received a shower on the following dates: -On 10/03/25;-On 10/08/25;-On 10/10/25;-On 10/14/25;-On 10/27/25 (13 days after the prior shower).Review of the resident's October 2025 nursing notes showed staff did not document any additional showers or any shower refusals by the resident. Review of the resident's most current care plan, as of 11/04/25, showed the following:-Resident had an ADL self-care performance deficit due to limited mobility;-Partial/moderate assist with showers;-Resident preferred bathing/showering on Tuesday, Friday, and as needed.During an interview on 11/04/25, at 11:39 A.M., the resident said the following:-Resident said he/she was supposed to receive two showers per week, but normally only received one;-The resident was active and felt like he/she needed at least two showers per week;-When the resident only received one shower per week, he/she started to feel dirty and itchy. 4. During an interview on 11/04/25, at 9:57 A M Certified Nursing Assistant (CNA) A said the following:-He/she was the shower aide for the 200</p>		