

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265814	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/11/2025
NAME OF PROVIDER OR SUPPLIER Springfield Villa		STREET ADDRESS, CITY, STATE, ZIP CODE 1100 East Montclair Springfield, MO 65807	
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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. (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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interview, and record review, the facility failed to provide care per standards of practice when staff failed to promptly assess one resident (Resident #2) after a change in condition. The census was 123. Review of the facility's policy named, Event Investigation, undated, showed the following:-Purpose to investigate the cause of all marks, discolorations, skin breaks and injuries which have not been witnessed and to identify any injuries after a resident sustains an event;-Handle resident gently, examine the entire skin surface, interview the resident to determine cause of any conditions identified, interview any witnesses to determine cause of any conditions identified, measure vital signs, assess pain, identify all skin discolorations, redness, swelling, edema (swelling), tenderness, breaks, or changes in temperature, measure the size, depth, color and location of any skin conditions identified, palpate peripheral pulses, gently perform passive and active range of motion of all joints, assess any change in mental and cognitive status through observation and interview of the resident, observe and assess all neurological signs, notify the resident's attending physician of a change of condition or any concerns that have been identified, notify the resident's representative of a change of condition or any concerns that have been identified, attempt to determine the cause of any conditions identified, implement preventive measures as appropriate, if resident abuse is suspected, proceed with abuse investigation;-Complete a Report of Event Form as soon as possible whenever there is an unusual, unexpected and/or unintended event that is not consistent with the routine operation of the facility, the routine care of the resident and/or adversely effects or has the potential to adversely affect a resident or visitor;-Examples of when a form should be completed include allegation or known abuse of a resident by a staff member, visitor or resident, fracture/dislocation of unknown origin, bruise/skin tear of unknown origin, elopement from the facility, equipment malfunction, fall or person found on the floor, burn/scald from hot beverage or hot water temperature, occurrence involving medication, self-inflicted injury, suicide or attempted suicide, and damaged or lost personal property;-Any staff member who discovers, witnesses or is involved in an event should immediately report the event to the nurse in charge. The charge nurse is responsible for completion of the Report of Event form and forwarding to the Director of Nursing (DON) as soon as possible. Events resulting in injury, life-threatening nature and/or allegation of or known abuse/neglect, the charge nurse will notify the DON and Administrator immediately. Upon notification of an event resulting in hospitalization or need to notify outside agency, the Administrator will notify the Quality Assurance Nurse Consultant and Director of Operations immediately;-The following should be completed on the form facility name; who the event involved; person's by name; date and time of the event; description of the event; witness names and contact information; primary diagnoses; cognitive status; exact location of event; equipment involved; type of event; observations; exact location of the injury and measurement; vital signs; mental/neuro status - after the event; range of motion; complaint of pain; first aid given; what was done immediately to prevent event from happening again; nurse completing report and date with nurse signature with date;-Follow up section to be - These questions are to be completed by the DON to ensure an entry was made in the nurses' notes regarding the event, the event was logged for tracking/trending purposes, the facility's investigation was completed to determine causal factors of the event and to determine changes in resident plan of care or facility practice to reduce the likelihood of recurrence, the plan of care was revised, 72 hour monitoring initiated in nurses' notes and any further comments. If any of the questions are answered no there must be further explanation of why;-Administrative action taken, to be completed by the Administrator after review of the event report and investigation findings. Provide information regarding any further administrative action including but not limited to personnel action or policy revision. 1. Review of Resident #2's face sheet (a document that gives a resident's information at a quick glance) showed the following:-admission date of 07/31/24;-Diagnoses included chronic kidney disease - stage 5 (end-stage kidney disease - when the kidneys have failed or have very low function), encephalopathy (a disease in which the functioning of the brain is affected by some agent or condition), and mood disorder. Review of the resident's quarterly Minimum Data Set (MDS - a federally mandated assessment instrument completed by facility staff), dated 08/17/25, showed the following:-Resident had mild cognitive impairment;-The resident required set-up or clean up assistance for oral hygiene;-The resident required substantial/maximal assistance for transfers and used a wheelchair. Review of the resident's care plan dated 07/31/24 showed the resident required dialysis (the process of removing excess water, solutes</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interview, and record review the facility failed to ensure an environment as free from accident hazards as possible when staff failed to identify, assess, investigate, and document bruising of an unknown source for one resident (Resident #1). The census was 123. Based on observations, interview, and record review the facility failed to ensure an environment as free from accident hazards as possible when staff failed to identify, assess, investigate, and document bruising of an unknown source for one resident (Resident #1). The census was 123. Review of the facility's policy named, Event Investigation, undated, showed the following:-Purpose to investigate the cause of all marks, discolorations, skin breaks and injuries which have not been witnessed and to identify any injuries after a resident sustains an event;-Handle resident gently, examine the entire skin surface, interview the resident to determine cause of any conditions identified, interview any witnesses to determine cause of any conditions identified, measure vital signs, assess pain, identify all skin discolorations, redness, swelling, edema (swelling), tenderness, breaks, or changes in temperature, measure the size, depth, color and location of any skin conditions identified, palpate peripheral pulses, gently perform passive and active range of motion of all joints, assess any change in mental and cognitive status through observation and interview of the resident, observe and assess all neurological signs, notify the resident's attending physician of a change of condition or any concerns that have been identified, notify the resident's representative of a change of condition or any concerns that have been identified, attempt to determine the cause of any conditions identified, implement preventive measures as appropriate, if resident abuse is suspected, proceed with abuse investigation;-Complete a Report of Event Form as soon as possible whenever there is an unusual, unexpected and/or unintended event that is not consistent with the routine operation of the facility, the routine care of the resident and/or adversely effects or has the potential to adversely affect a resident or visitor;-Examples of when a form should be completed include allegation or known abuse of a resident by a staff member, visitor or resident, fracture/dislocation of unknown origin, bruise/skin tear of unknown origin, elopement from the facility, equipment malfunction, fall or person found on the floor, burn/scald from hot beverage or hot water temperature, occurrence involving medication, self-inflicted injury, suicide or attempted suicide, and damaged or lost personal property;-Any staff member who discovers, witnesses or is involved in an event should immediately report the event to the nurse in charge. 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Upon notification of an event resulting in hospitalization or need to notify outside agency, the Administrator will notify the Quality Assurance Nurse Consultant and Director of Operations immediately;-The following should be completed on the form facility name; who the event involved; person's by name; date and time of the event; description of the event; witness names and contact information; primary diagnoses; cognitive status; exact location of event; equipment involved; type of event; observations; exact location of the injury and measurement ; vital signs; mental/neuro status - after the event; range of motion; complaint of pain; first aid given; what was done immediately to prevent event from happening again; nurse completing report and date with nurse signature with date;-Follow up section to be - These questions are to be completed by the DON to ensure an entry was made in the nurses' notes regarding the event, the event was logged for tracking/trending purposes, the facility's investigation was completed to determine causal factors of the event and to determine changes in resident plan of care or facility practice to reduce the likelihood of recurrence, the plan of care was revised, 72 hour monitoring initiated in nurses' notes and any further comments. If any of the questions are answered no there must be further explanation of why;-Administrative action taken, to be completed by the Administrator after review of the event report and investigation findings. Provide information regarding any further administrative action including but not limited to personnel action or policy revision. 1. Review of Resident #1's face sheet (a document that gives a resident's information at a quick glance) showed the following:-admission date of 10/23/25;-Diagnoses included cerebral infarction (the death of brain tissue due to a lack of blood flow, typically caused by a blood clot), hemiplegia and hemiparesis (a complete paralysis on one side of the body, while hemiparesis is weakness on one side), muscle weakness, cognitive communication deficit, dementia (general term for loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily life) anxiety disorder, and anhsia</p>		