

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525466	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/08/2025
NAME OF PROVIDER OR SUPPLIER Spring Valley Health and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE S830 - Westland Dr Spring Valley, WI 54767	

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 0607</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>Based on interview and record review, the facility did not develop and implement an Abuse, Neglect, and Exploitation policy to prevent and identify potential abuse concerns. This had the potential to affect all residents in the facility that would need a self report made. -Facility had an abuse policy that referred to Nebraska reporting regulations instead of Wisconsin reporting regulations. Findings include: The facility's policy and procedure for Abuse Prevention, last reviewed November 2024, includes, in part. 7. Reporting: a. Any employee who suspects an alleged violation immediately notifies the administrator. The administrator notifies the appropriate state agency immediately, following state law. b. The results of all investigations are reported to the administrator and the appropriate state agency, as required by state law and/or within 5 working days of the alleged violation. e. When reporting alleged abuse, neglect, or exploitation to the state of Nebraska, please email to: dhss.healthfacilityinvestigations@nebraska.gov .On 08/08/25 at 3:39 PM, Surveyor interviewed Nursing Home Administrator (NHA) A and asked NHA A where did the facility policy titled, Abuse, Neglect, and Exploitation, and Suspected Crimes, come from. NHA A reported the facility uses Health Dimensions Group (HDG). Surveyor reported to NHA A that in #7 in the policy for reporting letter (e.) states when reporting to Nebraska and identifies an email located in Nebraska. Surveyor asked if NHA A knows why this policy is being utilized to train staff on proper reporting measures when allegations of abuse occur. NHA A reported the policy must have been for another facility building that is under the HDG company. Surveyor asked NHA A if there are any other policies that were reviewed with staff when educating about abuse and neglect concerns. NHA A reported other than Relias training the facility uses this policy that Surveyor is referring to. NHA A reported to Surveyor they do report all allegations to the State of Wisconsin, even though this error is in the abuse reporting policy. Surveyor verified that self reports have been being reported to the State of Wisconsin to the correct contact. NHA A stated the abuse policy will need to be updated with correct state regulations and contact information when training staff.</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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