

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/31/2025
FORM APPROVED
OMB NO. 0938-0391

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 C 03/14/2025
NAME OF PROVIDER OR SUPPLIER SPRING VALLEY HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2915 SOUTH FREMONT AVE SPRINGFIELD, MO 65804		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 690 SS=D	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. §483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible. §483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record	F 690			

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

TITLE

(X6) DATE

Jelly Anderson Administrator 4/3/2025

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.

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F 690	Continued From page 1 review, the facility failed to ensure all residents with catheters (a thin, flexible tube inserted into the urethra (the tube that carries urine from the bladder to the outside of the body) to drain urine from the bladder) received care per standards of practice and in a manner to prevent possible infections when staff failed to document completion of monitoring of output and signs/symptoms of infection, failed to document catheter changes timely, failed to document catheter care completion, failed to update physician orders appropriately, and failed to update the care plan regarding the care/changes of the catheter for one resident (Resident #1). The facility census was 157. Review of the facility's inservice titled, "Catheter Care/Orders," undated, showed the following: -All foley catheters (a type of catheter) must have an order with size of foley and balloon with orders to change as needed for obstruction with the diagnosis; -There must be an order for catheter care every shift and as needed; -There must be an order to change catheter bag monthly and as needed; -The certified nurse aides (CNAs) that have a resident with a catheter should just know that they are doing catheter care on that resident at least once on per shift, more if it is needed or soiled; -Nurses should know that all catheters should have a stat lock to keep the tubing secure; -The catheter bag and tubing should never touch the ground and there should always be a dignity cover. 1. Review of Resident #1's face sheet showed the following:	F 690			

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F 690	Continued From page 2 -Admission date of 07/31/24; -Diagnosis included urinary tract infection (UTI), obstructive and reflux uropathy (refer to conditions where urine flow is blocked or flows backward in the urinary tract, potentially damaging the kidneys), acute kidney failure, prediabetes, and weakness. Review of the resident's quarterly Minimum Data Set (MDS - a federally mandated assessment completed by facility staff), dated 12/11/24, showed the following: -The resident had moderate cognitive impairment; -The resident was dependent on staff for toilet hygiene; -The resident had an indwelling catheter. Review of the resident's admission care plan, dated 07/31/24, showed the following: -The resident has a 16F (size) foley catheter; -Staff to position catheter bag and tubing below the level of the bladder and away from the entrance door; -Staff to check tubing for kinks each shift. Review of the resident's July 2024 Physician Order Sheet (POS) showed the following: -An order, dated 07/31/24, for foley catheter care with soap and water; -An order, dated 07/31/24, to record the amount of output from catheter per shift and monitor for signs and symptoms of infection every day and night shift.	F 690			

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F 690	Continued From page 3 Review of the resident's August 2024 POS showed an order, dated 08/06/24, for foley catheter bag change weekly every day shift and every Tuesday for catheter care. Review of the resident's August 2024 Treatment Administration Record (TAR) showed the following: -An order, dated 07/31/24, for foley catheter care with soap and water. Staff did not document completion of the care on night shift on 08/09/24. Staff did not document a reason the care was not provided. -An order, dated 07/31/24, to record the amount of output from catheter each shift and monitoring for signs and symptoms of infection, every day and night shift. Staff did not record the output or document monitoring completed on the night shift on 08/09/24. Staff did not document a reason the order was not completed. Review of the resident's admission care plan, updated 08/13/24, showed the following: -The resident had an activities of daily living (ADL) self-care performance deficit and was dependent on staff for most ADLs; -Resident had a catheter in place; -The resident required an indwelling catheterization due to diagnosis of obstructive and reflux uropathy; -The resident was at risk for UTI's due of a history of UTI's and a foley catheter; -The resident had a 16F foley catheter; -Staff to position catheter bag and tubing below the level of the bladder and away from the entrance room door; -Staff to check tubing for kinks each shift;	F 690			

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F 690	Continued From page 4 -Staff to monitor for signs/symptoms of discomfort on urination and frequency; -Staff to monitor/record/report to physician for signs/symptoms of a UTI including pain, burning, blood tinged urine, cloudiness, no output, deepening of urine color, increased pulse, increased temp urinary frequency, foul smelling urine, chills, altered mental status, change in behavior, and change in eating patterns. Review of the resident's August 2024 TAR showed the following: -An order, dated 07/31/24, for foley catheter care with soap and water. Staff did not document completion of the care on night shift on 08/16/24, 08/17/24, 08/23/24, 08/24/24, and 08/31/24. Staff did not document a reason the care was not provided. -An order, dated 07/31/24, to record the amount of output from catheter per shift , monitoring for signs and symptoms of infection, every day and night shift. Staff did not record the output or document monitoring completed on the night shift on 08/16/24, 08/17/24, 08/23/24, 08/24/24, and 08/31/24. Staff did not document a reason the order was not completed. Review of the resident's September 2024 POS showed an order, dated 07/31/24 with a start date of 09/01/24, to maintain 18 French/10 ml bulb foley catheter to straight drain. Staff to change every month, every day shift, every 30 days for obstruction and reflux uropathy. The order was discontinued on 09/07/24. Review of the resident's September 2024 TAR showed the following:	F 690			

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F 690	Continued From page 5 -An order, dated 07/31/24, for foley catheter care with soap and water. Staff did not documented completion of the care on the night shift on 09/04/24, 09/05/24, and 09/06/24. Staff did not document a reason the care was not provided. The order was discontinued on 09/07/24. -An order, dated 07/31/24, to record the amount of output from catheter per shift and monitoring for signs and symptoms of infection every day and night shift. Staff did not document urine output and monitoring completed on 09/04/24, 09/05/24, and 09/06/24. Staff did not document a reason the order was not completed. The order was discontinued on 09/07/24. -An order, dated 09/07/24, to record the amount of output from catheter per shift , monitoring for signs and symptoms of infection every day and night shift. Staff did not document urine output and monitoring completed on 09/07/24 and 09/08/25. (Staff did not keep transcribe an order for catheter care after 09/07/24.) Review of the resident's Nurse Practitioner(NP) note dated 09/10/24, at 5:04 P.M., showed resident had a history of chronic indwelling foley now with hematuria (blood in urine) and large clots causing obstructions to his/her foley catheter. Resident pulled foley out and decision made to leave it out to avoid trauma/further bleeding. Staff to hold resident's Eliquis (blood thinner). Since then, he/she had been urinating without difficulty and no blood noted in briefs currently. Staff was working on getting him/her in to see a urologist. Review of the resident's September 2024 POS showed an order, dated 09/10/24, to schedule Urology consult as soon as possible for	F 690			

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F 690	Continued From page 6 hematuria and urinary retention. Review of the resident's September 2024 TAR showed the following: -An order, dated 09/07/24, to record the amount of output from catheter per shift and monitoring for signs and symptoms of infection every day and night shift. Staff did not document completion of the order on 09/08/24, 09/13/24, and 09/21/24. Staff did not document why the order was not completed. Review of the resident's NP note dated 09/23/24, at 12:54 P.M., showed the resident was readmitted after a three day stay in emergency room for urinary obstruction. During the hospital stay the foley catheter was reinserted due to obstruction. Otherwise, the resident returned with no new orders. Review of the resident's September 2024 TAR showed the following: -An order, dated 09/07/24, to record the amount of output from catheter per shift and monitoring for signs and symptoms of infection every day and night shift. Staff did not document completion of the order on 09/25/24, 09/27/24, and 09/28/24. Staff did not document why the order was not completed. (Staff did not transcribe and carry over the order for catheter cares.) Review of the resident's October 2024 TAR showed the following: -An order, dated 09/07/24, to record the amount of output from catheter per shift and monitoring	F 690			

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F 690	Continued From page 7 for signs and symptoms of infection every day and night shift for urine output. Staff did not record the output or monitoring completed on night shift on 10/11/24, 10/14/24, 10/15/24, 10/16/24, 10/17/24, 10/18/24, 10/21/24, 10/23/24 and 10/31/24. Staff did not document the reason the order was not completed. (Staff did not document orders to for catheter care or to change the resident's foley catheter as needed.) Review of the resident's Urology records, dated 10/25/25, showed the following: -The resident was referred for hematuria possibly related to foley trauma. The resident said he/she thought the foley was sometimes pulled or tripped on. The resident had been managed with a foley for urinary diversion given incontinence and poor mobility; -An order was provided to the facility to bring the resident on a stretcher so they can perform a cystoscopy (a medical procedure that allows a healthcare professional to examine the inside of the bladder and urethra using a thin, flexible tube called a cystoscope) and foley catheter exchange. He/she was unable to transfer the resident given the resident's body habitus and lack of staff. Review of the resident's nurse's note, entered on 03/13/25 at 3:29 P.M. for 10/25/24 at 5:27 P.M., showed the Assisted Director of Nursing (ADON) noted the resident's catheter was changed while at his/her urology appointment. Review of the resident's October 2024 TAR showed the following: -An order, dated 09/07/24, to record the amount	F 690			

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F 690	Continued From page 8 of output from catheter per shift and monitoring for signs and symptoms of infection every day and night shift for urine output. Staff did not record the output or monitoring completed on night shift on 10/31/24. Staff did not document the reason the order was not completed. (Staff did not document orders to for catheter care or to change the resident's foley catheter as needed.) Review of the resident's November 2024 TAR showed the following: -An order, dated 09/07/24, to record the amount of output from catheter per shift and monitoring for signs and symptoms of infection every day and night shift. Staff did not document completion of the order on on the morning shift of 11/02/24, 11/09/24, 11/10/24, 11/13/24, 11/16/24, and 11/23/24, or the night shift 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, and 11/23/24. Staff did not document a reason the order was not completed. (Staff did not document orders to for catheter care or to change the resident's foley catheter as needed.) Review of the resident's nurse's note, created on 03/13/25 at 3:27 P.M. for 11/25/24 at 5:27 P.M., showed the ADON noted the resident had a cystoscopy and catheter change while at urology appointment. Review of the resident's November 2024 TAR showed the following: -An order, dated 09/07/24, to record the amount of output from catheter per shift, monitoring for signs and symptoms of infection every day and night shift. Staff did not document completion of the order on the night shift on 11/26/24, 11/27/24,	F 690			

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F 690	Continued From page 9 11/29/24, and 11/30/24. Staff did not document a reason the order was not completed. (Staff did not document orders to for catheter care or to change the resident's foley catheter as needed.) Review of the resident's physician notes dated 12/03/24, at 1:20 P.M., showed the following: -The resident had increased risk of infection due to chronic indwelling foley catheter due to benign prostatic hyperplasia (BPH - an enlarged prostate) with obstruction. The resident had a history of recurrent urinary tract infections; -Foley bag with clear yellow liquid. The resident was followed by urology; -Plan to follow enhanced barrier precautions (EBP - infection control intervention designed to reduce transmission of multidrug-resistant organisms (MDROs) in nursing homes) and monthly foley changes and routine catheter care every shift. Review of the resident's Urology records, dated 12/06/24, showed a cystoscopy was performed and post-procedure a 16 French coude' catheter was placed. Review of the resident's nurses note, created on 03/13/25 at 3:52 P.M. for 12/06/24 at 1:20 P.M., showed resident's catheter was changed at a urology appointment. Review of the resident's December 2024 TAR showed the following: -An order, dated 09/07/24, to record the amount of output from catheter per shift and monitoring for signs and symptoms of infection every day and night shift for urine output. Staff did not	F 690			

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F 690	Continued From page 10 document completion of the order on the night shift on 12/23/24 and 12/27/24. Staff did not document a reason the order was not completed. (Staff did not document orders to for catheter care or to change the resident's foley catheter as needed.) Review of the resident's Urology notes, dated 01/06/25, showed the resident was seen for the retention of urine. Bladder catheterization completed. Next appointment scheduled for 03/27/25. Review of the nurse's note dated 01/06/25, at 5:22 P.M. (late entry), showed the resident was seen by the urologist. His/her catheter was changed at appointment. Review of the resident's physician notes dated 01/20/25, at 3:39 P.M., showed the following: -The resident had increased risk of infection due to chronic indwelling foley catheter due to BPH with obstruction. The resident had a history of recurrent urinary tract infections; -Foley bag with clear yellow liquid. The resident was followed by urology; -Plan to follow EBP and monthly foley changes and routine catheter care every shift. Review of the resident's January 2025 TAR showed staff did not transcribe any orders regarding catheter changes or catheter care. Review of the resident's February 2025 TAR showed the following: -An order, dated 09/07/24, to record the amount of output from catheter per shift and monitoring	F 690			

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F 690	Continued From page 11 for signs and symptoms of infection every day and night shift. Staff did not document completion of the order on 02/22/25. Staff did not document the reason the order was not completed. (Staff did not document orders to for catheter care or to change the resident's foley catheter as needed.) Record review of the resident's February 2025 nurses' notes showed the following: -On 02/27/25, a change of condition note showed resident had an altered level of consciousness/ mental status. Recommended to get a urinalysis or culture. -Created on 03/13/25, at 2:20 P.M., for 02/27/25 , the ADON noted staff received a verbal order to change the foley catheter to obtain a urine specimen. Catheter was changed with no cares of pain or discomfort. Review of the resident's nursing note dated 03/03/25, at 10:54 P.M., showed Licensed Practical Nurse (LPN) B noted urine was obtained for a urinalysis (per current order) collected via foley catheter and placed in the specimen cup. Observations on 03/03/25, at 12:05 P.M., showed resident lying in bed with covers over his/her legs. The catheter bag hung on side of the bed. The urine was amber (dark yellow) in color. Observations on 03/03/25, at 2:15 P.M., showed the Family Nurse Practitioner (FNP) in the resident's room. The FNP said the resident's urine present in the catheter bag was amber in color with a scant amount of sediment. He/she checked the catheter tubing and rolled the foreskin naturally to assess the approximate 1 inch erosion area on the left side of the resident's	F 690			

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FORM APPROVED
OMB NO. 0938-0391

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 C 03/14/2025
NAME OF PROVIDER OR SUPPLIER SPRING VALLEY HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2915 SOUTH FREMONT AVE SPRINGFIELD, MO 65804		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 690	Continued From page 12 penis. The FNP completed peri care on the resident with wet wipes present at the bedside. He/she asked the ADON to accompany him/her to the resident's room and showed the ADON the red erosion area on the resident's foreskin and informed him/her the erosion was due to his catheter tubing not being rotated from side to side. The FNP informed the ADON that staff needed to move the resident's catheter tubing frequently. Review of the resident's physician's note, dated 3/04/25, showed the following: -The resident had an indwelling catheter present with amber urine with scant sediment noted. There was a small area of penile erosion; -Chronic indwelling foley catheter due to obstructive uropathy, continue with foley and monitor output; -Continue foley catheter, start stat lock and adjust position of the foley every shift to prevent breakdown; -Continue frequent and as needed foley catheter cleaning. Review of the resident's March 2025 POS showed an order, dated 03/04/25, for STAT lock or foley catheter, replace as needed. Review of the resident's nursing notes dated 03/07/25, at 11:21 A.M., showed the ADON noted the physician was notified of the urinalysis results and received new order to obtain new specimen and repeat the urinalysis. Review of the resident's physician's notes, dated 03/10/25, showed the following:	F 690			

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F 690	Continued From page 13 -The resident was seen to check chronic indwelling catheter and review recent urine culture results. He/she was positive for E.coli (bacteria - specimen likely contaminated) and enterococcus faecalis(gram-positive bacteria). Per the physician, the culture was to be collected and sent again; -Resident needed catheter, clamping of foley before changing out in order to obtain urine for urine culture. -Indwelling catheter present, yellow/amber urine without hematuria, and small area of penile erosion. Review of the resident's nursing notes showed the following: - On 03/12/25, at 7:30 A.M., the ADON noted the resident's catheter was changed with no cares of pain or discomfort; -Created on 3/13/25 for 03/12/25 at 7:31 A.M., the ADON noted specimen for urinalysis was collected and collected by lab. Review of the resident's admission care plan, updated 03/12/25, showed staff did not update the care plan to include information regarding urology seeing the resident for catheter changes or catheter care being managed by urology. During an interview on 03/03/25 at 2:54 P.M., CNA A said peri care was completed every two hours and as needed. He/she had assisted the resident. He/She had not seen blood in his/her urine/catheter bag or dried blood on his/her peri area. If he/she observed blood in a resident's urine, he/she would report it to the nurse, charge nurse, or others in chain of command.	F 690			

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F 690	Continued From page 14 During an interview on 03/12/25, at 10:30 A.M., CNA E said the following: -He/she would expect catheter care to be done every time they do pericare which is generally when a person has a bowel movement; -He/she was not aware if he/she was supposed to document catheter care being completed. During an interview on 03/14/25, at 10:53 A.M., CNA D said the following: -He/she was not sure if there were orders for catheter care in the computer or who documented it getting done. He/she did not document in the EMR when he/she completed catheter care and the nurse does not ask; -He/she completed the catheter care if he/she saw that the resident had a bowel movement and emptied the bag when it was full. During an interview on 03/12/25, at 9:45 A.M., Licensed Practical Nurse (LPN) B said catheter care was provided by nurses or aides every shift per the physician orders and as needed. During an interview on 03/14/25, at 10:48 A.M., LPN C said the following: -Generally there is an order for residents with a catheter to have it changed every 30 days with the specifications on what size and bulb. If not, then there is an order with instructions for when it should be changed or if it is only to be changed by Urology; -There is always an order put in for catheter care to ensure that it is getting done. There may also be an order for monitoring output and signs and symptoms of infection;	F 690			

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F 690	Continued From page 15 -The orders are generally in an order set and that was what gets put in when the resident admitted with a catheter or they had one put in at the facility; -The nurse should at least make observations of the catheter every shift to ensure there is no infection or kinks. This should be documented on the TAR; -If a resident was seeing a Urologist then they will send orders on how often they would like the catheter changed or if they would prefer to wait until their next appointment. This information should be in the chart; -If a resident was seeing a Urologist for catheter changes, the facility was still responsible for overall catheter care; -If the nurse had a question they can call the Urologist's office to get more information; -The care plan should have information regarding if the Urologist is doing the resident's catheter changes. During an interview on 03/12/25, at 10:37 A.M., Registered Nurse (RN) F said the following: -Catheter care should be completed at least once per day and then checked off on the TAR; -The catheter tubing/bag should be changed weekly and the actual foley changed once per month. Those are the standard orders; -Some resident's see a Urologist for most of their catheter changes, but there should be a as needed (prn) order with instructions regarding possible need for catheter changes; -There should also still be orders for catheter care. During an interview on 03/13/25, at 4:02 P.M., the Urology FNP said the following:	F 690			

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F 690	Continued From page 16 -The resident was seen by Urology in October 2024 for hematuria (blood in urine) that was caused by trauma from being pulled on; -There was communication with the facility in November 2024 and the facility said they would try to change the catheter; -The resident had a cystoscopy in December 2024 and a catheter change by Urology; -He/she last saw the resident on 01/06/25; -He/she expected that the facility would follow their protocols and standard practice regarding orders for catheter care and changes of the catheter as needed; -He/she would expect there would be orders for the care of the catheter; -The facility was allowed to change the catheter as needed if there is blood or sediment; -The facility can call Urology for clarification, if they have questions or if they need orders. During interviews on 03/12/25, at 1:12 P.M., and on 03/14/25, at 9:58 A.M. and 12:04 P.M., the MDS Coordinator said the following: -The resident's orders to change his/her catheter are being handled by his/her urologist. The resident had a urology visit 01/06/25 and his/her catheter was changed at that time; -Urology saw the resident on 10/25/24 and recommended a cystostomy, which was scheduled for 11/26/24. He/she was seen by urology on 12/06/24 for a catheter change. Him/her next appointment with urology was 03/27/25, which will include a catheter change; -Facility staff should change the catheter bag and tubing as needed per standing orders; -Facility staff should clean the resident's catheter tubing every time he/she was incontinent of	F 690			

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F 690	Continued From page 17 bowel; -The resident would not have an order in his/her chart to change the catheter due to urology taking care of it. He/She had never viewed his catheter, tubing, or bag because he/she did not work on that hall; -The facility physician provided an order on 03/11/25 for facility staff to change the resident's catheter, and facility staff changed his/her catheter at that time; -The resident was not seen by Urology in February; -He/she was not aware of any staff calling or communicating with the resident's urologist; -The electronic medical record (EMR) does have an order set that the facility generally uses when a resident has a foley catheter. The orders included pericare/catheter care every shift; -There was usually an order for when the catheter could be changed with specifications of size and an diagnosis; -The CNA's can also document in the EMR under the cardex when they complete catheter care; -Care plans should include the specifications for changing the catheter, catheter care and if the resident sees urology for catheter changes; -Any orders regarding the catheter should be completed and documented on the TAR. During interviews on 03/03/15, at 2:15 P.M., and on 03/14/25, at 11:11 A.M., the Assistant Director of Nursing (ADON) said the following: - Residents should be receiving peri-care every two hours and as needed with soiling. He/she had not recently observed any dried blood on the resident's peri area. He/She had never witnessed him/her pull his/her catheter out, but he/she was aware of him/her pulling on the catheter due to	F 690			

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F 690	Continued From page 18 confusion. If he/she noticed blood in his/her urine he/she would contact his/her physician and follow any orders or protocol that are in place. There should be catheter orders should be in the EMR; -He/she received an order from the FNP to get a UA on the resident and change the resident's catheter due to the resident having a change in mental status; -The catheter was changed, but he/she did not document that at the time and put in a late entry note; -The sample was obtained and then due to inconclusive results from the culture the physician requested another sample be obtained; -There was a standing protocol for orders for any resident that admits with a foley catheter. The standing order was to change the catheter every 30 days and as needed with the size and specifications; -He/she changed the resident's catheter on 01/20/25. There should be an order; -There should be a catheter care order or output orders to be completed per shift and as needed and is checked off on the TAR; -He/she had not spoken with Urology to get specifications for orders or catheter changes; -The facility was responsible or catheter care in the facility; -The resident's care plan should have in included information regarding the resident seeing urology. During an interview on 03/14/25, at 11:28 A.M., the Director of Nursing (DON) said the following: -If a resident had a catheter is was standard for them to have an order for the catheter with the size, diagnosis and when to change it; -The expectation was to do catheter care with every bowel movement, but it should be done at	F 690			

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F 690	Continued From page 19 least once per shift and documented on the TAR; -There should also be an order for checking for signs and symptoms of infection and checked off on the TAR; -If the resident had an order for to track output it should be filled out on the TAR or reason given if not; -He/she would expect to see a note in the nurses' notes regarding resident visits to Urology especially if the resident had a catheter change or a procedure done; -He/she would expect information regarding resident seeing Urology for catheter changes to be in the care plan. During an interview on 03/14/25, at 1:30 P.M., the Administrator said the following: -If a resident was admitted with a catheter the admission team put in orders regarding the catheter; -If they had any questions they can contact the facility physician; -If urology does not send back any orders after a resident is seen, then the facility can just call the facility physician if they have a question. MO00250400	F 690			

Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00144	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/14/2025
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NAME OF PROVIDER OR SUPPLIER SPRING VALLEY HEALTH & REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 2915 SOUTH FREMONT AVE SPRINGFIELD, MO 65804
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A4075	19 CSR 30-85.042(66) Nursing Care per Res Condition Each resident shall receive personal attention and nursing care in accordance with his/her condition and consistent with current acceptable nursing practice. I/II This regulation is not met as evidenced by: Class II 1. Please refer to F690. MO00250400	A4075		

Missouri Department of Health and Senior Services

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

TITLE

(X6) DATE

STATE FORM

6899

DHL911

If continuation sheet 1 of 1

Deely Anderson Administrator April 3, 2025

PLAN OF CORRECTION

Provider/Supplier Name:	Spring Valley Health & Rehabilitation Center	
Street Address, City, Zip:	2915 South Fremont Ave Springfield, MO 65804f	
Date of Survey:	03/14/2025	
PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		26DO447755
ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
	Submission of this Plan of Correction by Spring Valley Health and Rehabilitation is not a legal admission that a deficiency exists or that this Statement of Deficiency was correctly cited. In addition, preparation and submission of this Plan of Correction does not constitute an admission or agreement of any kind by the facility of the trust of any acts set forth in this allegation by the survey agency.	
F 690		
	- The following corrective actions were taken to rectify the noted deficient practices related to Bowel/Bladder Incontinence, Catheter and UTI. Resident #1 remains in facility. ADON assessed resident #1 catheter for change-out if indicated. 3/12/2025 DON ensured updated orders for catheter care and changed if indicated. 3/13/2025 DON ensured Resident #1 had orders for out/put and monitoring for signs and symptoms of infection. DON completed audit of Urologist Physician orders for any needed updates. 3/12/2025 - To ensure that no other residents have the potential to be affected by the same deficient practice: All current residents with a catheter were reviewed by the DON/Designee to ensure catheter care is received per standards of practice, catheter care completion, updating physician orders and updating the care plan	

	for care/changes of the catheter. 3/12/2025 3. The facility has put the following measures and/or systemic changes into place to ensure that the deficient practice does not recur: Education was completed by the Director of Nursing and/or Designee for Nursing staff on Catheter Care/Orders and Output Measurement, signs and/or symptoms of infection in the MAR and/or CNA Task Bar, catheter care completion, updating physician orders and updating the care plan for care/changes of the catheter. 3/12/2025 MDS completed audit review of resident care plans for any needed additions for care/changes of catheter. 3/12/2025 DON/Designee completed audit for missed care documentation of catheter changes timely, catheter care completion for any needed corrections, Physician Notification for any needed new orders or instructions placement in Residents Chart with full Risk Report completed. 3/12/2025 4. The facility plans to monitor its performance to ensure that the systematic changes are sustained, and that the facility maintains compliance: As part of our Quality Assurance program the Director of Nursing/ADON/MDS Coordinator/or Designee will monitor all residents with care-documentation, catheter changes timely, catheter care completion, updating physician orders and updating the care plan for care/changes of the catheter. 5 X per week X 4 weeks, 3 X per week X 4 weeks. Any negative findings will be corrected immediately and staff education/re-education as needed. Negative findings will be discussed at the QAPI meeting. Date of Compliance: 3/14/2025	

The Administrator signing and dating the first page of the CMS-2567

PLAN OF CORRECTION

Provider/Supplier Name:	Spring Valley Health & Rehabilitation Center	
Street Address, City, Zip:	2915 South Fremont Ave. Springfield, Missouri 65804	
Date of Survey:	3/14/2025	
PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		265188
ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
A4075		
	Submission of this Plan of Correction by Spring Valley Health and Rehabilitation is not a legal admission that a deficiency exists or that this Statement of Deficiency was correctly cited. In addition, preparation and submission of this Plan of Correction does not constitute an admission or agreement of any kind by the facility of the trust of any acts set forth in this allegation by the survey agency.	
	19CSR 30-85.042(66) Nursing Care Per Resident Condition	
	1. *Please refer to F690	
	Completion Date:	3/14/2025

The Administrator signing and dating the first page of the CMS-2567/State Form is indicating their approval of the plan of correction being submitted on this form.