

PLAN OF CORRECTION

The individual signing the first page of the CMS-2567, *Statement of Deficiencies (SOD)*, is indicating their approval of the plan of correction being submitted on this form.

Name - Provider/Supplier:	
Spring Valley Health And Rehab Center	
Street Address/City/Zip Code:	
S830 - Westland Dr, Spring Valley, WI 54767	
License/Certification/ID Number (X1):	525466
Survey Date (X3):	06/21/2022
Survey Event ID Number:	H1OK11

ID Prefix Tag (X4)	Provider's Plan of Correction (Each corrective action must be cross-referenced to the appropriate deficiency.)	Completion Date (X5)
F 580	<p>Spring Valley Health and Rehabilitation Center is nonconsensual with both the finding of non-compliance and the level of deficiency cited. Submission of this Provider's Plan of Correction and response is not a legal admission by Spring Valley Health and Rehabilitation Center that there is not substantial compliance or that the deficiency was correctly cited. In addition, this Provider's Plan of Correction and response is not to be construed as an admission of interest against Spring Valley Health Care Services, Inc., the Board of Directors, Administration, or any Staff, Consultants, agents, or other individuals who may be involved or discussed in this response and plan of correction. Furthermore, preparation and submission of this Provider's Plan of Correction and response does not constitute an admission or agreement of any kind by the Spring Valley Health and Rehabilitation Center nor as validation to the accuracy or factualness of the survey agency's comments or the correctness of any conclusions set forth or implied in this Summary Statement of Deficiencies by the survey agency. Therefore, Spring Valley Health and Rehabilitation Center has, in good faith, prepared and submitted this Provider's Plan of Correction and response solely due to the requirements under State and Federal operational protocols that mandate submission of a plan of correction as a condition of participation in Title XVIII and Title XIX Programs under the Social Security Act. No statement or item in this Provider's Plan of Correction and response should be construed as an admission by Spring Valley Health and Rehabilitation Center, Inc. that this statement of deficiency is accurate or that a condition exists or did exist that would have an adverse</p>	

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	effect on the health, safety, or well-being of Residents.	
	<p>1. Corrective actions implemented:</p> <p>1.1 Professional Nurses Staff (RNs and LPNs) provided with continuing education and refresher training/ updates on the identification of change(s) in condition, if they occur. This continuing education/re-fresher training conducted by the Director of Nursing and Clinical Services and/or the Registered Nurse Educator. This continuing education/re-freshing training completed on 13 Jun 2022 or prior to a Registered Nurse's or Licensed Practical Nurse's next scheduled shift.</p> <p>1.2. Professional Nurse Staff (RNs and LPNs) provided with continuing education and refresher training/updates on the need to consult with resident's physician to implement changes in the Resident's(s') plan of care if a change in condition does occur. This continuing education/re-fresher training was conducted by the Director of Nursing and Clinical Services and/or Registered Nurse Educator. This continuing education/re-freshing training completed on 13 Jun 2022 or prior to a Registered Nurse's or Licensed Practical Nurse's next scheduled shift.</p>	13 Jun 2022
	<p>2. Measures Put in Place / Systemic Changes / Education / Training</p> <p>2.1 Director of Nursing and Clinical Services and the Registered Nurse Educator with the assistance of other Nurse Leadership Team Members reviewed and updated as/if indicated the policy and procedures that covers the identification of changes in conditions.</p> <p>2.2 Director of Nursing and Clinical Services and the Registered Nurse</p>	

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	<p>Educator with the assistance of other Nurse Leadership Team Members reviewed and updated as/if indicated the policy and procedures that covers the notification and consultation with the Resident's(s') physician to implement changes in the Resident's(s') change in conditions.</p>	
	<p>3. Monitoring / Audits / QAPI / Facility Assessment</p> <p>3.1 Director of Nursing and Clinical Services and the Nurse Leadership Team will audit on a regular and consistent basis by means of direct observation and review of electronic medical record entries by Registered Nurses and Licensed Practical Nurses for the identification of Resident's(s') change in condition is occurring. A daily clinical audit for change in conditions that maybe occurring will consist of a review by a Nurse Leadership Team member of clinical notes, medication administration records, treatment administration records, newly completed assessments, and /or nursing daily task tracking for appropriate and documented nursing interventions.</p> <p>3.2 Director of Nursing and Clinical Services and the Nurse Leadership Team will audit on a regular and consistent basis by means of direct observation and review of electronic medical record entries by Registered Nurses and Licensed Practical Nurses for the notification and consultation with the Resident's(s') physician to implement changes in the Resident's(s') change in conditions. A daily clinical audit for the notification and consultation with the Resident's(s') physician to implement changes in conditions will consist of a review by a Nurse Leadership Team member of clinical notes, medication administration records, newly completed assessments, and/or nursing daily task tracking for appropriate and documented nursing notification and consultation with</p>	

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	<p>the Resident's(s') physician.</p> <p>3.3 Spring Valley Health and Rehabilitation Center Quality Advancement and Process Improvement Team Members will provide additional monitoring and oversight to the implementation of actions, education/training, systems, policies, procedures, monitoring, and audits. In addition, the Quality Advancement and Process Improvement Team Members will evaluate the effectiveness of corrective actions by identifying inconsistencies, and making, where appropriate, recommendations to the Director of Nursing and Clinical Services, Administration, and/or the Leadership Team Members, for additional follow-up or corrective actions to be considered and evaluated for implementation to reinforce that correction is achieved, sustained, and effectiveness evaluated on an on-going basis further ensuring that the alleged deficient condition does not recur and that there is not a potential for a Resident(s) to be adversely affected by the same allegedly deficient condition.</p>	
	<p>This Provider's Plan of Correction and response shall be considered as Spring Valley Health and Rehabilitation Center's allegation of substantial compliance with CFR 483.10(g)(14)(i)-(iv)(15) – F 580 as of 13 Jun 2022 with the initiation of the Provider's Plan of Correction.</p> <p>*****</p>	
F 609	<p>Spring Valley Health and Rehabilitation Center is nonconsensual with both the finding of non-compliance and the level of deficiency cited. Submission of this Provider's Plan of Correction and response is not a</p>	

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	<p>legal admission by Spring Valley Health and Rehabilitation Center that there is not substantial compliance or that the deficiency was correctly cited. In addition, this Provider’s Plan of Correction and response is not to be construed as an admission of interest against Spring Valley Health Care Services, Inc., the Board of Directors, Administration, or any Staff, Consultants, agents, or other individuals who may be involved or discussed in this response and plan of correction. Furthermore, preparation and submission of this Provider’s Plan of Correction and response does not constitute an admission or agreement of any kind by the Spring Valley Health and Rehabilitation Center nor as validation to the accuracy or factualness of the survey agency’s comments or the correctness of any conclusions set forth or implied in this Summary Statement of Deficiencies by the survey agency. Therefore, Spring Valley Health and Rehabilitation Center has, in good faith, prepared and submitted this Provider’s Plan of Correction and response solely due to the requirements under State and Federal operational protocols that mandate submission of a plan of correction as a condition of participation in Title XVIII and Title XIX Programs under the Social Security Act. No statement or item in this Provider’s Plan of Correction and response should be construed as an admission by Spring Valley Health and Rehabilitation Center, Inc. that this statement of deficiency is accurate or that a condition exists or did exist that would have an adverse effect on the health, safety, or well-being of Residents.</p>	
	<p>Spring Valley Health and Rehabilitation Center reported to the State’s Office of Caregiver Quality (OCQ) via the States Misconduct Incident Reporting (MIR) system on Sun. 29 May 2022 at approx. 2000. The report was submitted by a Nurse Manager on duty.</p>	

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	<p>1. Corrective actions implemented:</p> <p>1.1 Spring Valley Health and Rehabilitation Center reported to the State’s Office of Caregiver Quality (OCQ) via the States Misconduct Incident Reporting (MIR) system on Sun. 29 May 2022 at approx. 2000. The report was submitted by a Nurse Manager on duty.</p> <p>1.2 Professional Nurses Staff (RNs and LPNs) and Leadership Team Members provided with continuing education and refresher training/updates on the identification of alleged viloations potentially involving abuse, neglect, explotation or mistreatment, including injuries of unknown source and misappropriation of resident property. This continuing education/re-fresher training conducted by the Director of Nursing and Clinical Services and/or the Registered Nurse Educator. This continuing education/re-freshing training completed on 18 Jul 2022 or prior to a Registered Nurse's or Licensed Practical Nurse's or Leadership Team Members next scheduled shift.</p> <p>1.3 Professional Nurses Staff (RNs and LPNs) and Leadership Team Members provided with continuing education and refresher training/updates on the immediate reporting of alleged viloations potentially involving abuse, neglect, explotation or mistreatment, including injuries of unknown source and misappropriation of resident property. This continuing education/re-fresher training conducted by the Director of Nursing and Clinical Services and/or the Registered Nurse Educator. This continuing education/re-freshing training completed on 18 Jul 2022 or prior to a Registered Nurse's or Licensed Practical Nurse's or Leadership Team Members next scheduled shift.</p>	<p>18 Jul 2022</p>
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	<p>2. Measures Put in Place / Systemic Changes / Education / Training</p> <p>2.1 Director of Nursing and Clinical Services and the Registered Nurse Educator updated and developed guidelines for Reporting, Investigating, Prevention, and Correction of Alleged Violations of Abuse, Neglect Exploitation or Mistreatment of Residents.</p> <p>2.2 Director of Nursing and Clinical Services and the Registered Nurse Educator developed an educational presentation based on the guidelines for Reporting, Investigating, Prevention, and Correction of Alleged Violations of Abuse, Neglect Exploitation or Mistreatment of Residents.</p> <p>2.3 The educational presentation based on the guidelines for Reporting, Investigating, Prevention, and Correction of Alleged Violations of Abuse, Neglect Exploitation or Mistreatment of Residents is the basis for continuing education/re-fresher training conducted by the Director of Nursing and Clinical Services and/or Registered Nurse Educator for all Registered Nurse / Licensed Practical Nurse Nurse Managers and Leadership Team members. This continuing education/re-freshing training completed by 18 Jul 2022 or prior to a Registered Nurse's, Licensed Practical Nurse's, or Leadership Team Member's next scheduled shift.</p>	
	<p>3. Monitoring / Audits / QAPI / Facility Assessment</p> <p>3.1 The Annual Continuing Education Modules for Staff Persons to complete in the Healthcare Academy online continuing education</p>	

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	<p>includes the <i>Abuse, Neglect, and Exploitation Prevention</i> module.</p> <p>3.2 Nurse Managers and Leadership Team Members will consistently monitor and be observant of any occurrences that may involve alleged violations potentially involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property and report immediately, but not later than 2 hours after an occurrence of concern, if the events that cause the occurrence involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the occurrence do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency) in accordance with State law through established procedures.</p> <p>3.3 Spring Valley Health and Rehabilitation Center Quality Advancement and Process Improvement Team Members will provide additional monitoring and oversight to the implementation of actions, education/training, systems, policies, procedures, monitoring, and audits. In addition, the Quality Advancement and Process Improvement Team Members will evaluate the effectiveness of corrective actions by identifying inconsistencies, and making, where appropriate, recommendations to the Director of Nursing and Clinical Services, Administration, and/or the Leadership Team Members, for additional follow-up or corrective actions to be considered and evaluated for implementation to reinforce that correction is achieved, sustained, and effectiveness evaluated on an on-going basis further ensuring that the alleged deficient condition does not recur and that there is not a potential for a Resident(s) to be adversely affected by the same allegedly deficient condition.</p>	
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	<p style="text-align: center;">This Provider’s Plan of Correction and response shall be considered as Spring Valley Health and Rehabilitation Center’s allegation of substantial compliance with CFR 483.12(c)(1)(4) – F 609 as of 18 Jul 2022 with the initiation of the Provider’s Plan of Correction.</p> <p style="text-align: center;">* * * * *</p>	
F 610	<p>Spring Valley Health and Rehabilitation Center is nonconsensual with both the finding of non-compliance and the level of deficiency cited. Submission of this Provider’s Plan of Correction and response is not a legal admission by Spring Valley Health and Rehabilitation Center that there is not substantial compliance or that the deficiency was correctly cited. In addition, this Provider’s Plan of Correction and response is not to be construed as an admission of interest against Spring Valley Health Care Services, Inc., the Board of Directors, Administration, or any Staff, Consultants, agents, or other individuals who may be involved or discussed in this response and plan of correction. Furthermore, preparation and submission of this Provider’s Plan of Correction and response does not constitute an admission or agreement of any kind by the Spring Valley Health and Rehabilitation Center nor as validation to the accuracy or factualness of the survey agency’s comments or the correctness of any conclusions set forth or implied in this Summary Statement of Deficiencies by the survey agency. Therefore, Spring Valley Health and Rehabilitation Center has, in good faith, prepared and submitted this Provider’s Plan of Correction and response solely due to the requirements under State and Federal operational protocols that mandate submission of a plan of correction as a condition of</p>	

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	<p>participation in Title XVIII and Title XIX Programs under the Social Security Act. No statement or item in this Provider’s Plan of Correction and response should be construed as an admission by Spring Valley Health and Rehabilitation Center, Inc. that this statement of deficiency is accurate or that a condition exists or did exist that would have an adverse effect on the health, safety, or well-being of Residents.</p>	
	<p>Spring Valley Health and Rehabilitation Center submitted to the State’s Office of Caregiver Quality (OCQ) via the States Misconduct Incident Reporting (MIR) system on Fri. 03 Jun 2022 an investigative report. This investigative report was submitted on the fifth day after the investigation was initiated on 30 May (Memorial Day) 2022. The investigation report was submitted by the Administrator.</p> <p>The investigative report included documentation of a Registered Nurse’s overall assessment and condition of the resident on Sun 29 May 2022 and Mon. 30 May 2022. Interviewing of the Resident was attempted. Although, Resident was somewhat alert but verbally unresponsive. Witnesses present during the alleged occurrence were interviewed by the Director of Nursing and Clinical Services and written statements obtained. A nurse or aide from the hospice provider was not interviewed since no hospice personnel was reported as being present during the alleged occurrence. Since there was no physician contacted before or after the alleged occurrence, there was no physician to interview. The Director of Nursing and Clinical Services reviewed the alleged occurrence with the facility’s Medical Director on 03 Jun 2022 before submittal of the investigative report to the State’s Office of Caregiver Quality (OCQ) via the States Misconduct Incident Reporting (MIR) system on 03 Jun 2022. The investigation conducted by Administration from 30 May 2022 to 03 Jun 2022 was identical in nature to the investigation completed by the Pierce County Sheriff’s department over 2 days, 07-08 Jun 2022.</p>	

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	<p>1. Corrective actions implemented:</p> <p>1.1 Spring Valley Health and Rehabilitation Center Spring Valley Health and Rehabilitation Center submitted to the State’s Office of Caregiver Quality (OCQ) via the States Misconduct Incident Reporting (MIR) system on Fri. 03 Jun 2022 an investigative report. This investigative report was submitted on the fifth day after the investigation was initiated on 30 May (Memorial Day) 2022. The investigation report was submitted by the Administrator.</p> <p>1.2 Professional Nurses Staff (RNs and LPNs) and Leadership Team Members provided with continuing education and refresher training/updates on the investigation of alleged viloations potentially involving abuse, neglect, explotation or mistreatment, including injuries of unknown source and misappropriation of resident property. This continuing education/re-fresher training conducted by the Director of Nursing and Clinical Services and/or the Registered Nurse Educator. This continuing education/re-freshing training completed on 18 Jul 2022 or prior to a Registered Nurse's or Licensed Practical Nurse's or Leadership Team Members next scheduled shift.</p>	18 Jul 2022
	<p>2. Measures Put in Place / Systemic Changes / Education / Training</p> <p>2.1 Administrator, Director of Nursing and Clinclal Services, and the Registered Nurse Educator adopted and developed the Facility Reporting Incidents (FRI) guidelines for investigating of alleged violations of abuse, neglect exploitation or mistreatment of residents.</p>	

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	<p>2.2 Administrator, Director of Nursing and Clinical Services and the Registered Nurse Educator implemented Facility Reporting Incidents (FRI) form for investigating of alleged violations of abuse, neglect exploitation or mistreatment of residents.</p>	
	<p>3. Monitoring / Audits / QAPI / Facility Assessment</p> <p>3.1 The Annual Continuing Education Modules for Staff Persons to complete in the Healthcare Academy online continuing education includes the <i>Abuse, Neglect, and Exploitation Prevention</i> module.</p> <p>3.2 Nurse Managers and Leadership Team Members will consistently monitor and be observant of any occurrences that may indicate an investigation potentially involving alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property.</p> <p>3.3 Spring Valley Health and Rehabilitation Center Quality Advancement and Process Improvement Team Members will provide additional monitoring and oversight to the implementation of actions, education/training, systems, policies, procedures, monitoring, and audits. In addition, the Quality Advancement and Process Improvement Team Members will evaluate the effectiveness of corrective actions by identifying inconsistencies, and making, where appropriate, recommendations to the Director of Nursing and Clinical Services, Administration, and/or the Leadership Team Members, for additional follow-up or corrective actions to be considered and evaluated for implementation to reinforce that correction is achieved, sustained, and effectiveness evaluated on an on-going basis further ensuring that the alleged deficient condition does not recur and that there is not a potential</p>	

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	<p>for a Resident(s) to be adversely affected by the same allegedly deficient condition.</p>	
	<p>This Provider’s Plan of Correction and response shall be considered as Spring Valley Health and Rehabilitation Center’s allegation of substantial compliance with CFR 483.12(c)(2)-(4) – F 610 as of 18 Jul 2022 with the initiation of the Provider’s Plan of Correction.</p> <p>*****</p>	
F 684	<p>Spring Valley Health and Rehabilitation Center is nonconsensual with both the finding of non-compliance and the level of deficiency cited. Submission of this Provider’s Plan of Correction and response is not a legal admission by Spring Valley Health and Rehabilitation Center that there is not substantial compliance or that the deficiency was correctly cited. In addition, this Provider’s Plan of Correction and response is not to be construed as an admission of interest against Spring Valley Health Care Services, Inc., the Board of Directors, Administration, or any Staff, Consultants, agents, or other individuals who may be involved or discussed in this response and plan of correction. Furthermore, preparation and submission of this Provider’s Plan of Correction and response does not constitute an admission or agreement of any kind by the Spring Valley Health and Rehabilitation Center nor as validation to the accuracy or factualness of the survey agency’s comments or the correctness of any conclusions set forth or implied in this Summary Statement of Deficiencies by the survey agency. Therefore, Spring Valley Health and Rehabilitation Center has, in good faith, prepared and submitted this Provider’s Plan of Correction and response solely due to</p>	

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	<p>the requirements under State and Federal operational protocols that mandate submission of a plan of correction as a condition of participation in Title XVIII and Title XIX Programs under the Social Security Act. No statement or item in this Provider’s Plan of Correction and response should be construed as an admission by Spring Valley Health and Rehabilitation Center, Inc. that this statement of deficiency is accurate or that a condition exists or did exist that would have an adverse effect on the health, safety, or well-being of Residents.</p>	
	<p>1. Corrective actions implemented:</p> <p>1.1 Professional Registered Nurses Staff provided with continuing education and refresher training/ updates on ensuring ongoing assessments are completed based on current standards of practice. This continuing education/re-fresher training conducted by the Director of Nursing Services and/or the Registered Nurse Educator. This continuing education/re-freshing training completed on 13 Jun 2022 or prior to a Registered Nurse's next scheduled shift.</p> <p>1.2 Professional Nurse Staff (RNs and LPNs) provided with continuing education and refresher training/update on ensuring ongoing wound care is being completed on current standards of practice. This continuing education/re-fresher training conducted by the Director of Nursing and Clinical Services and/or Registered Nurse Educator. This continuing education/re-freshing training completed on 13 Jun 2022 or prior to a Registered Nurse's or Licensed Practical Nurse's next scheduled shift.</p>	13 Jun 2022
	<p>2. Measures Put in Place / Systemic Changes / Education / Training</p> <p>2.1 Director of Nursing and Clinical Services and the Registered Nurse</p>	

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	<p>Educator with the assistance of other Nurse Leadership Team Members reviewed and updated as/if indicated the policy and procedures that covers ongoing assessments by Registered Nurses based on current standards of practice.</p> <p>2.2 Director of Nursing and Clinical Services and the Registered Nurse Educator with the assistance of other Nurse Leadership Team Members reviewed and updated as/if indicated the policy and procedures that covers wound care by Registered Nurses based on current standards of practice.</p>	
1. Monitoring / Audits / QAPI / Facility Assessment	<p>3.1 Director of Nursing and Clinical Services and the Nurse Leadership Team will audit on a regular and consistent basis by means of direct observation and review of electronic medical record entries by Registered Nurses for ongoing assessments of wound care by Registered Nurses based on current standards of practice change in condition is occurring. A weekly clinical audit for ongoing assessment of wound care will consist of a review by a Nurse Leadership Team member of the weekly Wound Assessment and Evaluation along with any relevant clinical notes, medication administration records, treatment administration records, newly completed assessments, and /or nursing daily task tracking related to the wound care for appropriate and documented nursing interventions.</p> <p>3.2 Director of Nursing and Clinical Services and the Nurse Leadership Team will audit on a regular and consistent basis by means of direct observation and review of electronic medical record entries by Registered Nurses and Licensed Practical Nurses for ongoing wound care based on current standards of practice. A weekly clinical audit for ongoing wound</p>	

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	<p>care based on current standards of practice will consist of a review by a Nurse Leadership Team member of the weekly Wound Assessment and Evaluation along with any relevant clinical notes, medication administration records, treatment administration records, newly completed assessments, and /or nursing daily task tracking related to the wound care for appropriate and documented nursing interventions.</p> <p>3.3 Spring Valley Health and Rehabilitation Center Quality Advancement and Process Improvement Team Members will provide additional monitoring and oversight to the implementation of actions, education/training, systems, policies, procedures, monitoring, and audits. In addition, the Quality Advancement and Proces Improvement Team Members will evaluate the effectiveness of corrective actions by identifying inconsistencies, and making, where appropriate, recommendations to the Director of Nursing and Clinical Services, Administration, and/or the Leadership Team Members, for additional follow-up or corrective actions to be considered and evaluated for implementation to reinforce that correction is achieved, sustained, and effectiveness evaluated on an on-going basis further ensuring that the alleged deficient condition does not recur and that there is not a potential for a Resident(s) to be adversely affected by the same allegedly deficient condition.</p>	
	<p>This Provider’s Plan of Correction and response shall be considered as Spring Valley Health and Rehabilitation Center’s allegation of substantial compliance with CFR 483.25 – F 684 as of 13 Jun 2022 with the initiation of the Provider’s Plan of Correction.</p> <p>*****</p>	

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F 849	<p>Spring Valley Health and Rehabilitation Center is nonconsensual with both the finding of non-compliance and the level of deficiency cited. Submission of this Provider’s Plan of Correction and response is not a legal admission by Spring Valley Health and Rehabilitation Center that there is not substantial compliance or that the deficiency was correctly cited. In addition, this Provider’s Plan of Correction and response is not to be construed as an admission of interest against Spring Valley Health Care Services, Inc., the Board of Directors, Administration, or any Staff, Consultants, agents, or other individuals who may be involved or discussed in this response and plan of correction. Furthermore, preparation and submission of this Provider’s Plan of Correction and response does not constitute an admission or agreement of any kind by the Spring Valley Health and Rehabilitation Center nor as validation to the accuracy or factualness of the survey agency’s comments or the correctness of any conclusions set forth or implied in this Summary Statement of Deficiencies by the survey agency. Therefore, Spring Valley Health and Rehabilitation Center has, in good faith, prepared and submitted this Provider’s Plan of Correction and response solely due to the requirements under State and Federal operational protocols that mandate submission of a plan of correction as a condition of participation in Title XVIII and Title XIX Programs under the Social Security Act. No statement or item in this Provider’s Plan of Correction and response should be construed as an admission by Spring Valley Health and Rehabilitation Center, Inc. that this statement of deficiency is accurate or that a condition exists or did exist that would have an adverse effect on the health, safety, or well-being of Residents.</p>	

PLAN OF CORRECTION

The individual signing the first page of the CMS-2567, *Statement of Deficiencies (SOD)*, is indicating their approval of the plan of correction being submitted on this form.

Name - Provider/Supplier:	
Spring Valley Health And Rehab Center	
Street Address/City/Zip Code:	
S830 - Westland Dr, Spring Valley, WI 54767	
License/Certification/ID Number (X1):	525466
Survey Date (X3):	06/21/2022
Survey Event ID Number:	H10K11

	<p>1. Corrective actions implemented:</p> <p>1.1 Professional Registered Nurse Staff (RNs and LPNs) were provided with continuing education and refresher training/ updates on ensuring communication with hospice(s) regarding patient care. This continuing education/re-fresher training conducted by the Director of Nursing Services and/or the Registered Nurse Educator. This continuing education/re-freshing training completed on 13 Jun 2022 or prior to a Registered Nurse's or Licensed Practical Nurse's next scheduled shift.</p> <p>1.2. Professional Nurse Staff (RNs and LPNs) were provided with continuing education and refresher training/update on ensuring communication with hospice(s) regarding ongoing care of a Resident(s). This continuing education/re-fresher training conducted by the Director of Nursing Services and Clinical Services and/or Registered Nurse Educator. This continuing education/re-freshing training completed on 13 Jun 2022 or prior to a Registered Nurse's or Licensed Practical Nurse's next scheduled shift.</p>	13 Jun 2022
	<p>2. Measures Put in Place / Systemic Changes / Education / Training</p> <p>2.1 Director of Nursing and Clinical Services and the Registered Nurse Educator conferenced with Resident DNM's hospice provider nurse manager and a operations managers/supervisor on 13 Jun 2022 to discuss, review, and identify opportunities to improve communication between Spring Valley Health and Rehabilitation Center 's health care personnel and the hospice's health care personnel.</p> <p>2.2 Director of Nursing and Clinical Services and the Registered Nurse Educator with the assistance of other Nurse Leadership Team Members</p>	

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	<p>reviewed and updated as/if indicated the policy and procedures that covers communication with hospice(s) regarding Resident care.</p> <p>2.3 Director of Nursing and Clinical Services and the Registered Nurse Educator with the assistance of other Nurse Leadership Team Members reviewed and updated as/if indicated the policy and procedures that covers communication with hospice(s) regarding Resident(s) ongoing care.</p>	
	<p>3. Monitoring / Audits / QAPI / Facility Assessment</p> <p>3.1 The hospice Registered Nurse Manager will complete the daily wound care and assessment at least once a week for hospice residents with wound care protocols in place. The Hospice Registered Nurse will note observations during the wound care and wound assessment to be shared and consult immediately with Spring Valley Health and Rehabilitation Center Nurse Manager.</p> <p>3.2 Director of Nursing and Clinical Services and the Nurse Leadership Team will audit on a regular and consistent basis by means of direct observation and review of electronic medical record entries by Registered Nurses and Licensed Practical Nurses for ensuring communication with hospice(s) regarding Resident care is occurring.</p> <p>3.3 Director of Nursing and Clinical Services and the Nurse Leadership Team will audit on a regular and consistent basis by means of direct observation and review of electronic medical record entries by Registered Nurses and Licensed Practical Nurses for ensuring communication with hospice(s) regarding ongoing care of a Resident(s).</p>	

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	<p>3.4 Spring Valley Health and Rehabilitation Center Quality Advancement and Process Improvement Team Members will provide additional monitoring and oversight to the implementation of actions, education/training, systems, policies, procedures, monitoring, and audits. In addition, the Quality Advancement and Process Improvement Team Members will evaluate the effectiveness of corrective actions by identifying inconsistencies, and making, where appropriate, recommendations to the Director of Nursing and Clinical Services, Administration, and/or the Leadership Team Members, for additional follow-up or corrective actions to be considered and evaluated for implementation to reinforce that correction is achieved, sustained, and effectiveness evaluated on an on-going basis further ensuring that the alleged deficient condition does not recur and that there is not a potential for a Resident(s) to be adversely affected by the same allegedly deficient condition.</p>	
	<p>This Provider's Plan of Correction and response shall be considered as Spring Valley Health and Rehabilitation Center's allegation of substantial compliance with CFR 483.70(o)(1)-(4) – F 849 as of 13 Jun 2022 with the initiation of the Provider's Plan of Correction.</p> <p>*****</p>	