

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045134	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/27/2024
NAME OF PROVIDER OR SUPPLIER  The Springs Jonesboro		STREET ADDRESS, CITY, STATE, ZIP CODE  1705 Latourette Drive Jonesboro, AR 72404	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>50505</p> <p>Based on observations, interviews, record review, facility document review, facility policy review, it was determined that the facility failed to ensure fingernail care was provided for 1 (Resident #7) of 1 resident reviewed for Activities of Daily Living (ADLs).</p> <p>The findings include:</p> <p>A review of facility policy titled, Fingernails/Toenails, Care of, revised in February 2023, indicated The purposes of this procedure are to clean the nail bed, to keep nails trimmed, and to prevent infections. Nail care includes daily cleaning and regular trimming.</p> <p>A review of the Medical Diagnosis, indicated Resident #7 had a diagnosis of dementia.</p> <p>The quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 10/31/2024, revealed Resident #7 had a Staff Interview for Mental Status (SAMS) score of 3 which indicated the resident had severe cognitive impairment.</p> <p>A review of Resident #7's Care Plan, updated on 07/22/2024, revealed the resident had an ADL self-care performance deficit related to confusion and impaired balance. Interventions included: the resident has a contracture of the left hand, provide skin care as needed to keep clean and prevent skin breakdown and nail care, check nail length and trim and clean as necessary.</p> <p>A review of Resident #7's Closet Care Plan, dated 07/19/2024, indicated that Resident #7 had contracture of the left hand and skin care was to be provided as needed to keep clean and prevent skin breakdown.</p> <p>A review of an activity of daily living task Nail Care, revealed Resident #7 had nail care provided on 11/03/2024, 11/10/2024, 11/17/2024, and 11/24/2024. No refusals were documented.</p> <p>During an observation on 11/26/2024 at 8:44 AM, Resident #7's left hand appeared to be contracted as the resident could not open the hand. The ring finger fingernail on the left hand was 1/4 inches long or longer. Resident #7, then held up the right hand and stated, Just look at this black stuff. Around each fingernail cuticle and underneath each fingernail was a dark brownish substance, and the hand had a pungent odor.</p> <p>(continued on next page)</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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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>During an interview on 11/26/2024 at 8:50 AM, Certified Nursing Assistant (CNA) #5 confirmed the fingernail on the left hand of Resident #7 was too long and needed to be trimmed. CNA #5 stated Resident #7's right hand should have been cleaned prior serving the breakfast tray.</p> <p>During an interview on 11/26/2024 at 8:59 AM, the Director of Nursing (DON) confirmed the fingernail on Resident #7's left hand needed to be trimmed. The DON confirmed that Resident #7's right hand was dirty and that it would be taken care of.</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>50505</p> <p>Based on observations, interviews, record review, facility document review, and facility policy review, it was determined the facility failed to identify, and ensure preventative measures were put into place to prevent worsening of contractures for 1 (Resident #7) of 1 resident reviewed for contracture management/prevention.</p> <p>Findings include:</p> <p>A review of a facility policy titled, Resident Mobility and Range of Motion, revised in July 2024, indicated residents with limited mobility will receive appropriate services, equipment and assistance to maintain or improve mobility unless reduction in mobility is unavoidable.</p> <p>A review of the Medical Diagnosis, indicated the Resident #7 has a diagnosis of unspecified dementia. No diagnosis was noted for contracture to the left hand.</p> <p>The quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 10/31/2024, revealed Resident #7 had functional limitation in range of motion to the upper extremity on one side.</p> <p>A review of Resident #7's Care Plan, updated on 07/22/2024, revealed self the resident had an ADL self-care performance deficit related to confusion and impaired balance. Interventions included: the resident has a contracture of the left hand, provide skin care as needed to keep clean and prevent skin breakdown and nail care, check nail length and trim and clean as necessary.</p> <p>A review of Resident #7's Closet Care Plan dated 07/19/2024 indicated that Resident #7 had contracture of the left hand and skin care was to be provided as needed to keep clean and prevent skin breakdown.</p> <p>A review of the Clinical Admission for Resident #7 had no documentation of contracture upon admission to the facility.</p> <p>During an observation on 11/26/2024 at 8:44 AM, Resident #7's left hand appeared to be contracted as the resident could not open the hand. No device, hand roll or splint was observed in the room or with Resident #7.</p> <p>During an interview on 11/26/2024 at 8:50 AM, the Certified Nursing Assistant (CNA) #5, confirmed that Resident #7's left hand appeared to be contracted and was uncertain if there were any devices that were to be used.</p> <p>During an interview on 11/26/2024 at 8:59 AM, the Director of Nursing (DON) was asked if Resident #7 had a hand roll, splint or other device for the left-hand contracture. The DON responded, I will have to look, I am not sure about the contracture.</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: The nursing home is disputing this citation.</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>37634</p> <p>Based on observation, interview, and record review the facility failed to properly transfer 1 (Resident #6) of 1 (Resident #6) sampled residents to prevent the potential for injury. The findings are:</p> <p>The quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 10/12/2024, revealed Resident #6 had a Brief Interview for Mental Status (BIMS) score of 01, which indicated the resident cognitive status was severely impaired. The MDS indicated that Resident #6 was dependent on staff for transfers.</p> <p>A review of Resident #6's care plan revised on 03/04/2024 revealed the resident required substantial assistance by one staff with transfers. A care plan revision on 02/26/2024 indicated that resident #6 does not ambulate.</p> <p>On 11/25/2024 at 3:33 PM Resident #6 was in a shower chair in her room. Certified Nurse Aide (CNA) #1, and CNA #2 transferred Resident #6 from a shower chair to her bed. CNA #1 had her arm under Resident#6's right arm, and CNA #2 had her arm under Resident#6's left arm.</p> <p>During an interview on 11/25/2024 at 3:42 PM CNA #1 indicated that Resident #6 required 2 people for transfers using a gait belt. She indicated that she transferred Resident #6 without a gait belt because there was not a gait belt in the room.</p> <p>During an interview on 11/25/2024 at 3:52 PM CNA #2 indicated that Resident #6 required 2 people for transfers using a gait belt. She indicated that she transferred Resident #6 without a gait belt because there was not a gait belt in the room. She indicated that she should have gone to therapy to get a gait belt before transferring Resident #6.</p> <p>During an interview on 11/26/2024 at 9:50 AM, the Director of Rehab indicated that Resident #6 is a one person assist with a gait belt.</p> <p>During an interview on 11/26/24 at 3:23 PM the Director of Nurse (DON) indicated that Resident #6 is a two-person assist with transfers.</p> <p>During an interview on 11/26/24 at 3:29 PM the Director of Nurse (DON) indicated that Resident #6 is a 1 person assist with transfers. She indicated that the staff could transfer Resident #6 with a gait belt, or using the bear hug technique.</p> <p>Review of a facility policy titled, Safe Lifting and Movement of Residents, revised July 2024, indicated, In order to protect the safety and well-being of staff and residents, and to promote care, this facility uses appropriate techniques and devices to lift and move residents. Manual lifting of residents shall be eliminated when feasible(done). Safe lifting and movement of residents is part of an overall facility employee health and safety program which provides training on safety, and proper use of equipment.</p>		