

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045135	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/18/2025
NAME OF PROVIDER OR SUPPLIER  The Springs Magnolia		STREET ADDRESS, CITY, STATE, ZIP CODE  2642 North Dudney Road Magnolia, AR 71753	

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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>Based on observation, record review, interviews, and facility policy review, it was determined the facility did not ensure incontinence care was provided in a manner that promoted cleanliness, prevented odor, and/or infections for one (Resident #1) of one resident, observed for incontinence care technique and hygiene care.</p> <p>The findings include:</p> <p>During an observation on 06/17/2025 at 8:30 AM, this surveyor observed Certified Nursing Assistant (CNA) #1 assist Resident #1, who had been incontinent of bladder, onto the toilet. The resident ' s pants and wheelchair were visibly wet. CNA #1 provided incontinence care from behind Resident #1, but did not clean the resident ' s entire perineal area, buttocks, or thighs, prior to application of a new brief. CNA #1 placed Resident #1 back into the visibly wet wheelchair, without cleaning it.</p> <p>A review of Resident #1 ' s admission Minimum Data Set (MDS), with an Assessment Reference Date of 04/08/2025, revealed the resident had a Brief Interview of Mental Status score of 08, which indicated moderate cognitive impairment. The MDS also revealed Resident #1 was frequently incontinent of bowel and bladder, was dependent for toileting and required substantial to maximum assistance for transfers.</p> <p>A review of Resident #1 ' s Care Plan Report, initiated 04/14/2025, revealed the resident had bladder incontinence related to dementia. Interventions included to clean the perineal area with each incontinence episode, establish voiding patterns, and to limit fluids two to three hours prior to bedtime.</p> <p>During a phone interview on 06/16/2025 at 9:55 AM, Resident #1 ' s family member stated the facility was not providing incontinence care in a timely manner, and when they visited Resident #1, the resident was sitting in urine. The family member stated staff did provide care when requested, but felt the resident needed a bath.</p> <p>During an interview on 06/17/2025 at 8:47 AM, CNA #1 stated she did not clean every area on Resident #1 that had been touched by urine.</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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 06/18/2025 at 9:02 AM, the Director of Nursing (DON) stated if the resident's pants were wet, the wetness would transfer to the wheelchair and if not cleaned, it would cause an odor. This surveyor showed the DON a picture taken of Resident #1 ' s wet pants. After a review of the picture, the DON stated that the resident's perineal area, buttocks, and thigh should have been cleaned. The DON stated that it was not possible to properly clean the entire genital area from behind the resident.</p> <p>During an interview on 06/18/2025 at 9:28 AM, the Administrator stated proper incontinence care could not be done from behind the resident.</p> <p>A review of policy titled Perineal Care, noted the purpose of this procedure was to provide cleanliness and comfort to the resident, to prevent infection and skin irritation, and to observe the resident's skin condition.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, record review, and facility policy review, it was determined the facility did not ensure proper hand hygiene and infection control procedures were used while incontinence care was being provided to one (Resident #1) of one resident observed for incontinence care technique and hygiene care.</p> <p>The findings include:</p> <p>During an observation on 06/17/2025 at 8:30 AM, this surveyor observed Certified Nursing Assistant (CNA) #1 pushing Resident #1 in a wheelchair to the resident's bathroom to assist with toileting. This surveyor noted CNA #1 did not use hand hygiene prior to or after assisting Resident #1 with toileting. After providing care to Resident #1, CNA #1 retrieved a pair of pants from the resident's closet, without changing gloves or performing hand hygiene. CNA #1 did not like the choice of pants and returned to the closet to get a second pair of pants, still wearing the same dirty gloves. The CNA then removed Resident #1 ' s wet pants and discarded them onto the floor. CNA #1 assisted the resident with dressing, adjusted the resident's jacket, and placed the resident ' s feet on the footrest of the wheelchair, touching the resident's socks with the same contaminated gloves. Resident #1 was offered hand hygiene, which was accepted and performed.</p> <p>A review of Resident #1 ' s admission Minimum Data Set, (MDS)with an Assessment Reference Date of 04/08/2025, revealed the resident had a Brief Interview of Mental Status score of 8, which indicated moderate cognitive impairment. The MDS also revealed Resident #1 was frequently incontinent of bowel and bladder.</p> <p>A review of Resident #1 ' s Care Plan Report, initiated 04/14/2025, revealed the resident had bladder incontinence related to dementia. The care plan indicated that Resident #1 required total assistance of 1 staff with toileting.</p> <p>During an interview on 06/17/2025 at 8:47 AM, CNA #1 confirmed she did not remove her dirty gloves prior to opening the cabinet, removing Resident #1 ' s clothing, placing clothing on the resident, or adjusting the resident's clothing. CNA #1 stated staff were educated to place wet or soiled clothing in trash bags for infection control purposes, as opposed to depositing the items on the floor, but she did not have any trash bags.</p> <p>During an interview on 06/18/2025 at 9:02 AM, the Director of Nursing (DON) stated staff were instructed to use trash bags for soiled or wet clothing, to prevent cross contamination. The DON stated staff should not touch the resident ' s closet doors, resident's clean clothing, their wheelchair, or clothing the residents while wearing dirty gloves, because that would be an infection control issue.</p> <p>During an interview on 06/18/2025 at 9:28 AM, the Administrator stated staff were instructed to place soiled or wet clothing into a trash bag for infection control, to prevent cross contamination and odor. The Administrator stated staff should not touch the resident ' s closet doors, the resident's clean clothing, their wheelchair, or clothing the residents were wearing with dirty gloves, because that would be cross contamination.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of a policy titled Handwashing/Hand Hygiene, indicated the facility considers hand hygiene the primary means to prevent the spread of infections. All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors. Hand hygiene should be used in the following situations: Before and after direct contact with residents, after contact with blood or bodily fluids, after contact with objects in the immediate vicinity of the residents, and after removing gloves.</p>		