

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  06/20/2024
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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>48977</p> <p>Based on observations, interviews, and facility policy review, the facility failed to notify the proper state authority when they became aware of a new diagnosis of mental illness for 1 (Resident #53) sampled Resident.</p> <p>The findings include:</p> <p>Review of the Medical Diagnosis section in the facility computer software system revealed Resident #53 had a diagnosis of bipolar disorder, entered into the system on 06/12/2023, and anxiety disorder.</p> <p>Review of the Quarterly Minimum Data Set with an Assessment Reference Date of 05/28/2024 revealed Resident #53 was unable to complete the Brief Interview of Mental Status and had a diagnosis of bipolar disorder.</p> <p>Review of a Care Plan for Resident #53, revision date 03/05/2024, documented Resident #53 had the potential for nutritional deficits related to vitamin deficiency, diabetes mellitus type 2, bipolar disorder, anxiety, and dementia.</p> <p>On 06/18/2024 at 1:20 PM, the Surveyor was provided Resident #53's Level 1 Preadmission Screen for major mental Conditions/Intellectual Disabilities and Related Conditions dated 07/22/2022 that documented Resident #53 did not have a diagnosis or history of mental illness.</p> <p>On 06/18/2024 at 1:21 PM, during an interview, the Administrator voiced that Resident #53 did not have the diagnosis of bipolar upon admission.</p> <p>On 06/18/2024 at 2:15 PM, during an interview, the Administrator voiced that the proper state authority was not notified that Resident #53 had a new diagnosis of bipolar because the screening process was used, and the Resident did not have a Geri-psych (geriatric psychiatry) stay.</p> <p>On 06/18/2024 at 2:18 PM, the Surveyor called the [State Designated Professional Associates] to get clarification. The [State Designated Professional Associates] informed the Surveyor if the Resident received the diagnosis after October 2023 there was no need to submit a new application, but if the Resident received the diagnosis before October 2023 a new application should have been submitted.</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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F 0644  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	On 06/19/2024 at 03:37 PM, the Administrator provided documentation that the facility did not have a policy on Pre-Admission Screening and Resident Review (PASARR).		

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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>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>48977</p> <p>Based on observation, interviews, and facility policy review, the facility failed to ensure the treatment cart used to store medication was locked when unattended by staff.</p> <p>The findings include:</p> <p>On 06/19/2024 at 3:07 PM, the Surveyor observed an unattended unlocked treatment cart on the secured unit in the facility.</p> <p>On 06/19/2024 at 3:08 PM, during an interview, Licensed Practical Nurse (LPN) #7 voiced the treatment cart did not lock and the medication on the cart could be potentially harmful if a resident gained access to them.</p> <p>On 06/19/2024 at 3:20 PM, the Administrator voiced the treatment cart should be locked to ensure the residents do not get into the cart and get the medications and it was more likely to occur on the secure unit.</p> <p>On 06/19/2024 at 3:37 PM, review of a policy titled, Safety and Supervision of Residents, that documented, Our facility strives to make the environment as free from accident hazards as possible. Resident safety and supervision and assistance to prevent accidents are facility-wide priorities .</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>47916</p> <p>Based on observation, record review, and interview, the facility failed to ensure 2 (Residents #23 and #49) did not have medications stored at the bedside.</p> <p>The findings are:</p> <p>1. Review of Resident #23's Medical Diagnosis sheet revealed the resident had diagnoses of heart failure, chronic kidney disease, and type II diabetes mellitus.</p> <p>a. Review of the Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 05/16/2024 revealed a Brief Interview for Mental Status (BIMS) score of 11 (8-12 indicates moderate cognitive impairment).</p> <p>b. On 06/17/2024 at 11:12 AM, the Surveyor observed Resident #23 with a 32 ounce open bottle of 0.91% alcohol sitting on the floor, on the left side of the bed. Resident #23 confirmed, I brought the alcohol from home to rub on my knee.</p> <p>c. On 06/17/2024 at 11:30 AM, the Surveyor observed a 32 ounce bottle of 0.91% alcohol was resting on the floor to the right of Resident #23's feet.</p> <p>d. On 06/17/2024 at 12:58 PM, during a concurrent observation and interview, Licensed Practical Nurse (LPN) #1 accompanied the Surveyor to Resident #23's room. During an interview, LPN #1 asked if 0.91% alcohol was found in the drawer and the Surveyor pointed out the 32 ounce bottle of alcohol resting on resident's floor near resident's shoes at the edge of the bed. The Surveyor asked if it was standard practice to store alcohol in a resident's room and LPN #1 said no, because anyone could get their hands on it.</p> <p>2. Review of Resident #49's Medical Diagnosis sheet revealed the resident had diagnoses of heart failure, type 2 diabetes mellitus, and anxiety.</p> <p>a. Review of the Quarterly MDS with an ARD of 05/24/2024 revealed a BIMS score of 12 (8-12 indicates moderate cognitive impairment).</p> <p>b. Review of the Physicians Order (dated, 02/19/2024) revealed an order for Enulose Solution one time a day for constipation.</p> <p>c. Review of the Physicians Order (dated, 03/08/2024) Juven Oral Packet (Nutritional Supplements) one time a day.</p> <p>d. On 06/17/2024 at 11:51 AM, Resident #49 was observed in bed with a clear cup containing about an inch of orange fluid and a straw. The Surveyor noted a powdery substance or film around the inside of the cup of orange fluid and Resident #49 told the Surveyor it was some of the resident's medication.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>e. On 06/17/2024 at 12:14 PM, during a concurrent observation and interview, Licensed Practical Nurse (LPN) #2 identified a cup of orange drink at Resident #49's bedside as Juven and Lactulose. The Surveyor asked LPN #2 if it is standard practice to leave medications at the bedside. LPN #2 said it is not standard practice, and that she had left to go change out some oxygen. The Surveyor asked if there was any reason she would not want to leave a cup of medication at the bedside. LPN #2 said, Someone else could have gotten it and consumed it.</p> <p>e. On 06/18/2024 at 02:44 PM, the Administrator provided a document confirming the facility does not have any residents with self-administration rights.</p> <p>f. On 06/18/2024 at 02:48 PM, review of a policy provided by the Administrator titled, Storage of Medications documenting, .The facility stores all drugs and biologicals in a safe, secure, and orderly manner. Policy Interpretation and Implementation . 1. Drugs and biologicals used in the facility are stored in locked compartments under proper temperature, light and humidity controls . 3. The nursing staff is responsible for maintaining medication storage and preparation areas in a clean, safe, and sanitary manner .</p> <p>g. On 06/18/2024 at 02:48 PM, review of a policy provided by the Administrator titled, Self-Administration Medications documenting .Policy heading Residents have the right to self-administer medications if the interdisciplinary team has determined that it is clinically appropriate and safe for the resident to do so. Policy Interpretation and Implementation . Any medications found at the bedside that are not authorized for self-administration are turned over to the nurse in charge for return to the family or responsible party.</p> <p>h. On 06/19/2024 at 10:32 AM, during an interview, the Director of Nursing (DON) was asked if it is standard practice for staff to leave medications in resident rooms at the bedside. The DON confirmed medications should not be left at the bedside because anyone could possibly take the medication.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>49413</p> <p>Based on observation, record review and interview, the facility failed to ensure canned goods were dent free and cleaning supplies were not setting on the puree prep table while food was being prepared.</p> <p>The findings are:</p> <ol style="list-style-type: none"> <li>On 06/17/2024 at 10:33 AM, the Surveyor observed one 7 pound can of vanilla pudding had a dent next to the top seal.</li> <li>On 06/18/2024 at 10:50 AM, the Surveyor observed a red bucket containing greyish colored water with small bubbles on the surface was sitting in the top right corner of the puree prep table. There were food items on the tabletop with the red bucket. Dietary Aide #8 was pureeing food with the red bucket on the tabletop. The Dietary Manager confirmed the bucket contained sanitizer and water for cleaning the tabletops, and the bucket should be on a bottom shelf below food items.</li> <li>On 06/18/2024 at 11:03 AM, during an interview, the Dietary Manager confirmed food items in cans are to be dent free and to be placed on the dented can shelf.</li> <li>On 06/18/2024 at 1:57 PM, review of the policy provided by the Administrator for Safe Storage of Food showed, .9. All packaged and canned food items will be kept clean, dry and properly sealed .Toxic Materials will not be stored with food .</li> </ol>

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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>47916</p> <p>Based on observation, record review and interview, the facility failed to ensure staff provided proper hand hygiene while providing incontinent care to 1 (Resident #61) to prevent the risk of cross contamination.</p> <p>The findings are:</p> <ol style="list-style-type: none"> <li>On 06/19/2024 at 2:10 PM, the Surveyor observed Certified Nursing Assistant (CNA) #6 performing hand hygiene and putting on gloves. CNA #6 pulled down the front of Resident #61's brief and reached the right hand into the bag of clean wipes and wiped the front of Resident #61's peri area with the right hand.</li> <li>On 06/19/2024 at 2:15 PM, during the observation, Resident #61 was turned onto the left side by CNA #5. CNA #6 changed gloves and performed hand hygiene. CNA #6 then continued to use the right hand to get clean wipes from a clear bag, and wipe stool from the resident using the same right hand. CNA #6 was observed twice reaching into the clean bag of wipes with the left hand, then place the wipe into the right hand and wipe the resident while resting the left hand on Resident #61's right hip without changing gloves or performing hand hygiene.</li> <li>On 06/19/2024 at 2:25 PM, while interviewing CNA #6 on the procedure for maintaining a clean hand and dirty hand while performing peri-care, CNA #6 said the left hand was her clean hand. CNA #6 confirmed the right hand was used to get clean wipes out of a clear bag, and the buttocks and stool was wiped using the right hand.</li> <li>On 06/19/2024 at 2:35 PM, during an interview, the Director of Nursing (DON) was asked if staff was expected to use a clean hand and dirty hand technique when providing peri-care, and why. The DON confirmed staff should not use the same hand to get clean wipes, as the hand used to wipe a resident's buttocks to prevent cross contamination. The DON told the Surveyor the staff had been in-serviced on peri-care. The DON was asked to provide the peri-care policy and the in-services.</li> <li>On 06/19/2024 at 3:00 PM, review of an in-service provided by the DON titled, Pericare (perineal care), UTI's, catheter care, privacy bags, leg bands documented, .proper steps of pericare .Pericare Tips .Infection Control, Cross Contamination and Dignity to Observe while checking off CNAs .Did CNA's remember to change gloves at appropriate times during care? After handling dirty items, before using clean items? . The in-service was signed by CNA #5.</li> </ol> <p>Review of the policy titled, Perineal Care documented, .Purpose the purposes of this procedure are to provide cleanliness and comfort to the resident, to prevent infections and skin irritation, and to observe the resident's skin condition .</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>6. On 06/19/2024 at 3:37 PM, review of a policy provided by the Administrator titled, Handwashing/Hand Hygiene documented, .Policy Statement This facility considers hand hygiene the primary means to prevent the spread of infections. Policy Interpretation and Implementation 1. All personnel shall be trained and regularly in-serviced on the importance of hand hygiene in preventing the transmission of healthcare-associated infections. 2. All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors .</p>		