

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

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 08/28/2025
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)		
F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. Based on observations, interviews, record review, facility document review, facility policy review, it was determined that the facility failed to provide the appropriate treatment with enteral nutrition for one (Resident #11) of one resident reviewed for Medication Administration through a Percutaneous feeding tube (PEG).Based on observations, record review, interviews, and facility policy review, the facility failed to provide the appropriate services and treatment to prevent complications for one (Resident #11) of one resident reviewed for medication administration through a percutaneous endoscopic gastrostomy (PEG) tube. The findings include: During a medication administration observation on 08/27/2025 at 10:10 AM, Licensed Practical Nurse (LPN) #3 prepared medications and a tube feeding for Resident #11. LPN #3 administered the medications followed by the tube feeding, then flushed with water after the administrations. LPN #3 did not flush with water prior to the medication or tube feeding. The Annual Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 08/01/2025, revealed Resident #11 had a Staff Assessment for Mental Status (SAMS) score of 2, which indicated the resident was cognitively moderately impaired The MDS also indicated Resident #11 had diagnoses which included difficulty with language comprehension and production, interrupted blood flow to the brain, malnutrition, and a feeding tube through the skin directly into the stomach (PEG). A review of Resident #11's Order Summary indicated two active orders related to the PEG as of 08/27/2025 as follow: 1. Flush PEG Tube with 30 milliliters (ml) of water before and after meds 2. Give 60 ml water flush before and after each bolus feeding. During an interview on 08/28/2025 at 11:12 AM, LPN #3 indicated that it was important to perform water flushes before and after medications and feedings, according to the provider's order, to make sure the tube was clear and not clogged. During an interview on 08/28/2025 at 11:35 AM, Nurse Practitioner #4 indicated that it was important to perform the water flushes with medications and feedings, according to the provider's order, to prevent clogging and make sure the tube was working properly. During an interview on 08/28/2025 at 2:41 PM, the Director of Nursing indicated that it was important to perform the water flushes with medications and feedings, according to the provider's order, to (continued on next page)		

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 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	make sure the line was clear. A review of a policy titled Administering Medication through an Enteral Tube with a revision date of November 2018, indicated staff must verify there was a physician's medication order for the procedure. The enteral feeding should be flushed with at least 15 ml of warm purified water, or as ordered, prior to administering medications. A review of the policy titled Administering Medication with a revision date of April 2019, indicated medications are administered in accordance with prescriber orders.		