

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045140	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/03/2024
NAME OF PROVIDER OR SUPPLIER  The Springs Searcy		STREET ADDRESS, CITY, STATE, ZIP CODE  1205 Skyline Drive Searcy, AR 72143	

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 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>43409</p> <p>Based on observation, interview, record review, and facility policy review, the facility failed to ensure staff wore gloves while obtaining a blood sample from a fingerstick for 1 (Resident #1) of 3 residents reviewed for infection control.</p> <p>The findings include:</p> <p>The Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 02/09/2024, revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of 15 which indicated the resident was cognitively intact, and had a diagnosis which included diabetes mellitus during the 7 day look back period.</p> <p>A review of the Care Plan indicated the facility admitted Resident #1 with diagnoses that included diabetes mellitus without complications, acquired absence of right leg below knee, and epilepsy.</p> <p>A review of Resident #1's Care Plan, revised 04/18/2023, revealed the resident had Diabetes Mellitus. Interventions included diabetes medication as ordered by the doctor, observe for side effects and effectiveness of insulin, and fasting blood sugar as ordered by doctor.</p> <p>A review of the Physician's Orders, for May 2024 revealed Resident #1 had an order for a fast acting insulin per sliding scale .subcutaneously per Accuchecks (a device to measure the amount of glucose in the blood) before meals and bedtime related to Type 2 Diabetes mellitus.</p> <p>During an observation on 05/02/2024 at 12:18 pm, Licensed Practical Nurse (LPN) #1 obtained a blood sample with a finger stick on Resident #1 in the hallway at the medication cart. LPN #1 did not have on gloves during the sampling. LPN #1 placed a cotton ball with blood on it in the trash bin without gloves on.</p> <p>During an interview on 05/02/2024 at 12:24 pm, the LPN #1 confirmed she should have gloves on due to infection control.</p> <p>During an interview on 05/02/2024 at 1:11 pm, the Director of Nursing (DON) confirmed LPN #1 should have gloves on to perform a blood sampling by fingerstick due to infection control and should not have completed the sampling in the hallway due to dignity.</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 05/03/2024 at 10:01 am, the Assistant Director of Nursing (ADON) confirmed LPN #1 should have gloves on to perform a blood sampling by fingerstick due to infection control.</p> <p>During an interview on 05/03/24 at 12:28 pm, Resident #1 confirmed he asked the nurse to check his blood sugar in the hallways and he does not mind having it checked in the hallways.</p> <p>A review of a facility policy titled, Blood Sampling-Capillary (Finger Stick), dated 09/30/2014, indicated, Purpose The purpose of this procedure is to guide the safe handling of capillary-blood sampling devices to prevent transmission of bloodborne disease to residents and employees .Equipment and Supplies .4. Personal Protective equipment (e.g., gloves) . Steps in Procedure .2. Don gloves .9. Remove gloves, and discard into appropriate receptacle .</p> <p>A review of a facility policy titled, Personal Protective Equipment - Using Gloves, dated 09/01/2010, indicated, Purpose: To guide the use of gloves . When to Use Gloves 1. When touching excretions, secretions, blood, body fluids, mucous membranes, or non-intact skin .</p> <p>A review of a facility policy titled, Standard Precautions, dated 10/01/2018, indicated, Policy Statement: Standard precautions are used in the care of all residents regardless of their diagnosis, or suspected or confirmed infection status. Standard precautions presume that all blood body fluids, secretion, and excretion (except sweat0, non-intact skin and mucous membranes may contain transmissible infectious agents . 1. Standard precautions apply to the care of all residents in all situations regardless of suspected or confirmed presence of infectious disease .2. Gloves: a. Gloves (clean, non-sterile) are worn when in direct contact with blood, body fluids, mucous membranes, non-intact skin, and other potentially infected material .</p>		