

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  03/13/2025
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 0838</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies.</p> <p>49689</p> <p>Based on interview, and facility document review, the facility failed to update the facility assessment to include staffing levels needed for specific shifts such as days, evenings, weekends, and memory care units.</p> <p>The findings include:</p> <p>A review of the Facility Assessment Tool indicated that it was last updated on 07/04/2024, with a staffing table that stated Licensed Practical Nurses (LPN), with 6 to 9 daily average of full time employees (FTEs), Certified Nursing Assistants (CNA) (including restorative) with 22-30 daily average of FTEs, Nursing Administration (Director of Nursing and Assistant Director of Nursing) 4 to 5 daily average of FTEs, Social Services with 1 to 2 daily average of FTEs, Dietary Manager with a daily average of 1 FTE, food and nutrition services staff with a daily average of 6 to 8 FTEs, Administration with a daily average of 2 FTEs, Activities with a daily average of 3 FTEs, Environmental services/Maintenance with a daily average of 1 to 2 FTEs, Therapy Staff with a daily average of 2 to 5 FTEs, Infection Preventionist with a daily average of 1 FTE, 24/7 Registered Nurse coverage with a daily average of 4 FTEs.</p> <p>On 3/12/2025 at 11:30 AM, during an interview, the Administrator stated that the facility assessment was part of her job, and that it was last updated in July of last year. The Administrator stated that it was set up for total average of employees needed in the building. The Administrator stated it was not divided by shifts, weekends, or by memory care units. The Administrator stated the facility updated the facility assessment as needed or annually and was not aware of the changes made in the requirements for the facility assessment.</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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