STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045140	A. Building B. Wing	03/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Springs Searcy	1205 Skyline Drive Searcy, AR 72143

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Number of residents sampled: Number of residents cited: Based on interviews, record review, and facility policy review, it was determined the facility failed to ensure one (Resident #5) of four residents reviewed for accidents received adequate supervision and assistive devices to prevent accidents. Specifically, the facility failed to ensure the resident was transferred with the proper equipment, and the number of staff members required, according to the resident's assessed needs, which resulted in a fractured hip. The findings include: Review of the admission Record indicated the facility admitted Resident #5 with diagnoses that included senile degeneration of brain, dementia, polyosteoarthritis, disorders of bone density and structure, chronic pain syndrome and anxiety. Review of a five-day Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 04/19/2025, revealed Resident #5 had a Brief Interview for Mental Status (BIMS) score of 13 which indicated the resident was cognitively intact. The MDS also revealed Resident #5 was dependent for chair/bed transfers, toileting transfers, sit to lying, and rolling from left to right. Review of Resident #5's Care plan, initiated on 04/09/2025, and revised on 04/11/2025 revealed Resident #5 had an Activities of Daily Living (ADL) self-care performance deficit related to decreased cognition and mobility. Care Plan interventions included that [Resident #5 was] dependent on two staff members with [name brand mechanical lift] for transfers. Review of an Order Summary revealed Resident #5 had an x-ray of both hips, pelvis, and right leg dated 04/11/2025. The Order Summary also revealed Resident #5 had an order to transfer to the local emergency room (ER) the next morning for further evaluation and possible treatment. Review of an X-Ray Evaluation dated 04/11/2025, revealed Resident #5 had an acute distal femur (hip) fracture. Review of Progress Notes revealed that Resident #5 was being moved to wheelchair from bed by Certified Nursing Assistant (CNA) #8 with no help and had to lay Resident #5 to the floor causing the resident's leg to become twisted under the resident. Review of a Nursing Assistant Clinical Skills Checklist and Competency Evaluation dated 04/11/2025 (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 0689 Level of Harm - Actual harm Residents Affected - Few	revealed CNA #8's signature and an instructor's signature indicating re-education and competency of lifts and transfers. Review of an undated Employee Memorandum, revealed that CNA#8 was terminated on 04/21/2025 after investigation and suspension on 04/12/2025 for failure to follow facility policy, and did not confirm transfer status before performing a transfer after educated to do so. This surveyor attempted to contact CNA #8 for a telephone interview but was unsuccessful. During an interview on 03/25/2026 at 2:46 PM, CNA #9 stated a resident's Care Plan on the computer system was to be reviewed daily before seeing a resident. During an interview on 03/25/2026 at 2:34 PM, the Director of Nursing (DON) stated staff were made aware of changes to a resident's Care Plan by stand-up meetings with the department heads, in-services as needed, the electronic computer system and word of mouth with each other. The DON stated, CNAs were to look at the electronic computer system a minimum of daily. During a second interview on 03/26/2026 at 12:44 PM, the DON stated Resident #5 was transferred without using a lift and without assistance of two staff, by CNA #8. The DON was asked what her expectations of staff were regarding knowing how to take care of a resident. The DON stated that staff were to look at Care Plans on the computer system at least once before going in to see a resident. During an interview on 03/26/2026 at 1:16 PM, the Administrator stated that her expectation was for the staff to look at the Care Plan of a resident at least daily to see what transfer assistance the resident required. The Administrator stated, Staff need to look at the computer system several times a day because things can change. The Administrator also stated she expected staff to know the policy and procedure for transfers and lifts. Review of a facility in-service education report dated 04/12/2025 revealed, Please ensure before attempting to transfer a resident you are confirming transfer status, with the resident's [electronic care plan] and following the transfer guidelines that should be followed according to their transfer status. Review of a facility policy titled, Safe Lifting and Movement of Residents, revised on 07/01/2017, revealed that Manual lifting of residents shall be eliminated when feasible. Nursing staff, in conjunction with the rehabilitation staff, shall assess individual residents' needs for transfer assistance on an ongoing basis. Staff will document resident transferring and lifting needs in the care plan. Staff responsible for direct care will be trained in the use of manual and mechanical lifting devices. Review of a facility policy titled, Lifting machine, using a mechanical, revised on 07/01/2017, revealed that At least two nursing assistants are needed to safely move a resident with a mechanical lift. The facility re-educated all staff on 04/12/2025 following the incident, on ensuring that transfer status of a residents is confirmed by the resident's electronic care plan prior to the transfer and that all transfer guidelines are followed according to their transfer status. Per a competency evaluation for CNA #8, the CNA was re-educated and evaluated on for competency regarding transfers and lifts after the 04/11/2025 incident. In addition, CNA #8 was suspended pending investigation on 04/12/2025 and (continued on next page)

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F 0689 Level of Harm - Actual harm Residents Affected - Few	later terminated on 04/21/2025. These actions were performed before the survey team entered the facility, resulting in this finding being cited at past non-compliance.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review and interview, the facility failed to store medications at proper temperatures to preserve their integrity.The findings are:Based on observation, interview, record review and facility policy review, the facility failed to store medications at proper temperatures to preserve the integrity of the medications for one of two medication refrigerators observed. The findings include: During an observation of Medication room [ROOM NUMBER], near Hall 8 on 03/24/2026 at 12:40 PM, Unit Manager/Licensed Practical Nurse (LPN) #2 opened the narcotic fridge door and stated the temperature of the interior of the refrigerator was 32 degrees Fahrenheit according to visual observation of a thermometer secured to the inside of the refrigerator door. This surveyor observed a buildup of ice approximately three inches tall by six inches wide by seven inches deep in the freezer compartment of the dorm sized refrigerator. The refrigerator contained insulins and other medications. During an interview on 03/24/2026 at 12:40 PM, Unit Manager LPN #2 indicated she was unsure of the proper temperature for the refrigerator. A Pharmacist walked into Medication room [ROOM NUMBER] during the interview and stated the temperature of the refrigerator should be between 36 and 46 degrees. Unit Manager LPN #2 indicated nurses should log the temperature of the refrigerator daily. Review of a March Daily Refridge Temp Log on 03/23/2026, revealed the temperature was 36 degrees on March 18, March 19, and March 20, all other days were outside of range at 32-34 degrees. Review of a document which listed residents with medications in the fridge revealed on 03/24/2026, 16 residents had medications stored in the fridge located in Medication room [ROOM NUMBER] by Hall 8. During an interview on 03/26/2026 at 1:52 PM, the Director of Nursing indicated it was important for the medication refrigerator to be kept between 36 to 46 degrees to maintain the quality of the medications. She reported the result of medications not kept at temperatures between 36 to 46 degrees could cause the medication to be ruined. She reported the medications that were stored at inappropriate temperatures were disposed of and replaced. During an interview on 03/25/2026 at 8:11 AM, the Administrator reported nurses were responsible for logging the medication refrigerator temperatures and referred to the two signatures at the bottom of the log sheets that were nurse signatures. Review of an undated facility document titled Medication Storage Information revealed best practice guidelines for a refrigerator were a refrigerator temperature log must be posted on the outside of refrigerator and logged daily; temperature must be 36 to 46 degrees Review of a facility policy titled Storage of Medications with a revised date of November 2020, revealed The nursing staff is responsible for maintaining medication storage and preparation areas in a clean, safe and sanitary manner. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of an article titled Safe Storage of Insulin from the American Diabetes Association revealed It's important to store insulin as directed so that it remains usable by those who need it. Specifically, under section keep it cool, According to the product labels from all three United States (U.S.) insulin manufactures, it is recommended that insulin be stored in a refrigerator at approximately 36 degrees Fahrenheit (F) to 46 degrees F. Do not use insulin that has been frozen.

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. Number of residents sampled: Number of residents cited: Based on record reviews and interviews, the facility failed to ensure dialysis was coded on the Minimum Data Set (MDS) for the last two quarters for one (Resident #8) of two residents reviewed for accuracy of assessments. The findings include: Review of Resident #8's Medical Diagnosis revealed Resident #8 had diagnoses which included stroke, multiple sclerosis (an autoimmune disease where the immune system attacks the protective covering surrounding nerve cells in the brain and spinal cord), and end stage renal disease (ESRD) stage 5 (the kidneys have lost nearly all ability to work resulting in dialysis or kidney transplant to live). Review of a quarterly MDS with an Assessment Reference Date (ARD) of 01/19/2026, revealed Resident #8 had a Brief Interview of Mental Status (BIMS) score of 10, which indicated the resident had moderate cognitive impairment. The MDS also revealed Resident #8 was not on dialysis. Review of a quarterly MDS with an ARD of 10/24/2025, also revealed Resident #8 was not on dialysis. Review of Order Summary revealed an active order, order date of 04/29/2019 and a start date of 05/01/2019, to take Resident #8 to dialysis on Monday, Wednesday and Friday at 4:30 PM, and as needed. Review of a Care Plan with a revised date of 08/19/2025, revealed Resident #8 was at risk for complications related to hemodialysis at [local Dialysis Center] secondary to end stage renal disease [ESRD] due to diabetic neuropathy. Care Plan interventions included to administer medications as ordered, change dressing at the access site, monitor left forearm shunt for infection, redness, bleeding and thrill. The Care Plan also revealed Resident #8 had an Activities of Daily Living (ADL) self-care deficit related to multiple comorbidities, including dialysis, and the resident required maximum assistance with upper body dressing, two-person assistance with lower body dressing, one person assistance when in wheelchair, the resident self-propelled small distances, and was maximum to dependent with locomotion. Review of a list of Residents on Dialysis on 03/25/2026 at 11:03 AM, revealed Resident #8 was on dialysis. During an interview on 03/25/2026 at 8:51 AM, the Treatment Nurse stated Resident #8 was at dialysis and she would provide wound care when Resident #8 returned to the facility. During an interview on 03/25/2026 at 12:48 PM, this surveyor asked the MDS Nurse to review the most recent MDS with an ARD of 01/19/2025 for Resident #8. The MDS Nurse stated she forgot to check hemodialysis for Resident #8. The MDS Nurse was asked to review the quarterly MDS with an ARD of 10/24/2025. The MDS Nurse stated, It was an oversight data entry error and confirmed the (continued on next page)

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	MDS was not coded for dialysis the last two quarters and stated, it should have been coded because it is necessary care. The MDS Nurse revealed Resident #8 had been at the facility for many years and had been on hemodialysis since shortly after admission for ESRD. The MDS Nurse stated the Resident Assessment Instrument (RAI) manual was used when coding the MDS and provided a copy of instructions used. During an interview on 03/25/2026 at 2:53 PM, the Administrator stated, My expectation is that the MDS will be coded correctly, so that the MDS will be as accurate as possible.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Number of residents sampled: Number of residents cited: Based on observation, record review, interview, and facility policy review, it was determined the facility failed to ensure staff changed gloves when contaminated during wound care for one (Resident #10) of two residents reviewed for wound care. Additionally, the facility failed to ensure staff wore appropriate Personal Protective Equipment (PPE) while providing wound care to Resident #10 who was on Enhance Barrier Precaution (EBP). The findings include: Review of an admission Record indicated the facility admitted Resident #10 with diagnoses that included blastomycosis (lung infection) and pressure ulcer of sacral (base of spine) region, stage 4. Review of an annual Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 10/09/2025, revealed Resident #10 had a Brief Interview for Mental Status (BIMS) score of 15 which indicated the resident was cognitively intact. Review of Resident #10's Care Plan revised on 03/11/2026, revealed the resident required EBP related to a chronic wound (stage 4 Pressure Ulcer to Sacrum). Care planned interventions included for staff to wear gown and gloves during high contact resident care activities. Review of an Order Summary revealed Resident #10 had an active order dated 03/11/2026 for EBP every shift related to a Stage 4 pressure ulcer of sacral region. Review of a Treatment Administration Record (TAR) revealed Resident #10 had wound care ordered as follows: stage 4 pressure ulcer to sacrum to be cleansed with [name brand] solution, patted dry with gauze, collogen particles applied, hydrophilic gel applied, covered with super absorbent gauze every day and as needed (PRN). On 03/25/2026 at 9:01 AM, this surveyor observed EBP signage posted outside of Resident #10's room. Before performing wound care to Resident #10 Treatment Licensed Practical Nurse (LPN) #7 did not put on the appropriate PPE to include a gown required for EBP. Treatment LPN #7 removed the old wound dressing from the sacral area and did not change the contaminated gloves or perform hand hygiene before she continued to perform wound care to Resident #10. During an interview on 03/26/2026 at 2:15 PM, Treatment LPN #7 stated she did not put on a gown before she performed wound care to Resident #10 and did not change contaminated gloves during wound care. When she was asked what the importance of wearing PPE and changing contaminated gloves, Treatment LPN #7 stated wearing PPE and changing contaminated gloves were important to prevent the spread of infection and prevent cross contamination to residents. During an interview on 03/26/2026 at 12:42 PM, the Director of Nursing (DON) stated the expectation of staff regarding infection control was for staff to wear PPE when it was ordered, wear gloves during resident care, maintain cleanliness, wash hands, utilize hand sanitizer and call in if ill. In response to when should staff change gloves during wound care, the DON stated, after prepping (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	supplies and going from dirty to clean. The DON stated the importance of staff following infection control was to ensure their own safety and safety of other residents. Review of a facility policy titled Wound Care, with a revision date of 10/01/2010, revealed Wash and dry hands thoroughly. Put on exam gloves. Loosen tape and remove dressing. Pull glove over dressing and discard into appropriate receptacle. Wash and dry hands thoroughly. Put on gloves. Review of a facility policy titled Enhanced Barrier Precautions (EBP) revealed, Initiation of EBP will be obtained for residents with the following: Wounds, and/or indwelling medical devices even if the resident is not known to be infected or colonized with multidrug-resistant organism (MRDO). PPE for EBP is only necessary when performing high-contact care activities. High contact resident care activities include Dressing, Bathing, Transferring, providing hygiene, wound care, changing briefs or assisting with toileting, changing linen.