STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045153	A. Building B. Wing	02/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Springs of Fairfield Bay	265 Dave Creek Parkway Fairfield Bay, AR 72088

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 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. Number of residents sampled: Number of residents cited: Based on observations, interviews, record review and facility policy review, it was determined that the facility failed to properly discard an expired medication for one of one medication cart reviewed. The findings include: During a concurrent observation and interview on 02/25/2026 at 3:06 PM, a histamine two medication bottle, with an expired date of 01/2026 was observed with the seal broken and available for administration in the East-Hall medication cart. Licensed Practical Nurse (LPN) #1 stated if a resident was administered an expired medication, it could have, a different effect and should not be given. During an interview on 02/26/2026 at 8:56 AM, the Assistant Director of Nursing (ADON) stated the medication carts were monitored by staff for recalls. The ADON also stated staff puts expired medications in a secured bin at least once a month and the expired medications were documented by prescription number and resident. The ADON indicated that Over the Counter (OTC) medications were disposed of the same way but put in the log under a general description. The ADON was unable to provide the disposal log for review. During an interview on 02/25/2026 at 11:03 AM the Administrator stated staff should check routinely for medication expiration dates, and the Pharmacist Consultant should check for expired medications as well. The Administrator stated he, was unaware of the last pharmacist check. The Administrator stated he expected that expired medications would not be available for use on the medication carts and he, did not know what the potential outcome could be for a resident receiving expired medications. Review of a [Brand Name] Order List Report printed on 02/25/2026 at 3:48 PM, showed no residents had active orders for the histamine two medication. Review of an undated facility policy titled, Storage of Medications indicated, Discontinued, outdated, or deteriorated drugs or biologicals are returned to the dispensing pharmacy or destroyed.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 0577 Level of Harm - Potential for minimal harm Residents Affected - Many	Allow residents to easily view the nursing home's survey results and communicate with advocate agencies. Number of residents sampled: Number of residents cited: Based on observations and interviews, it was determined that the facility failed to make facility survey results readily accessible to residents, family members, and legal representatives of residents. The findings include: On 02/24/2026 at 2:22 PM, this surveyor observed the survey book by the main entrance to the building where the assisted living and independent apartment facilities were located, not in the long-term care facility which was at the back of the building behind wooden doors only accessible by a coded keypad. During an interview on 02/24/2026 at 1:37 PM, the Director of Nursing (DON) stated the survey book was located at the front of the building, residents could go up there to meet with family. The DON identified two of thirty-four residents had the capacity to access the front of the building without having to ask for assistance During an interview on 02/24/2026 at 1:37 PM, the Assistant Director of Nursing (ADON) stated, the placement of the survey book was made a long time ago. The ADON also stated, the long-term care unit was behind locked doors on our healthcare side. During an interview on 02/24/2026 at 2:25 PM, the Registered Nurse Consultant (RN Consultant) #2 stated, the survey book was in front of the building in the main lobby; the long-term care residents would need staff assistance to look at the book because the long-term care residents were behind locked double doors at the back of the building. During an interview on 02/26/2026 11:03 AM, the Administrator stated, I am responsible for putting updated surveys in the book. The book is used for visitors and residents. The book should be readily available; it is kept in the lobby. That is not readily available, residents would have to be brought up with staff assistance to see the book