STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045167	A. Building B. Wing	02/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Springdale Health and Rehabilitation Center	102 North Gutensohn Springdale, AR 72762

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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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe and appropriate respiratory care for a resident when needed. Based on observations, interviews, record reviews and facility policy review it was determined that the facility failed to store portable oxygen cylinders properly based on two out of two observations. The findings include: On 02/09/2026 at 12:30 PM, a portable oxygen tank in the off position was observed resting stored against the wall to the right of the smoking area doorway in the Dining Area. A regulator was attached to the tank, and indicated the tank was filled and under pressure. Tubing was attached to the regulator and looped around the tank. Residents were seated at tables in the surrounding area eating lunch. On 02/11/2026 at 1:08 AM, this surveyor observed a portable oxygen tank, with regulator and tubing attached, resting on a dining table near the snack machine. The gauge on the regulator indicated the tank was filled. No staff or residents were in the area. During an interview on 02/11/2026 at 9:14 AM, License Practical Nurse (LPN) #1 indicated, staff removed the portable oxygen tanks from resident wheelchairs and put them on a caddy before taking residents outside to the smoking area. LPN #1 stated, The person taking the residents outside to smoke is responsible for the oxygen. Oxygen in the smoking area is a fire hazard and could explode. Oxygen can be in the tubing. LPN #1 confirmed nursing was responsible for oxygen tank removal and storage. During an interview on 02/12/2026 at 1:20 PM, Certified Nurse Assistant (CNA) #2 indicated, she did not know why oxygen tanks were being left in the dining area. CNA #2 stated, Only the nurses are allowed to remove oxygen from a resident. They are to turn it off and place it in one of those things that roll. During an interview on 02/12/2026 at 1:23 PM, CNA #3 revealed if the residents are smoking nurses should remove resident oxygen tanks. CNA #3 pointed out one empty caddy near the dining door, leading to the smoking area for storage. CNA #3 revealed it was not appropriate for the oxygen to be left un-stored, but oxygen was often seen unattended in the dining area. CNA #3 stated, CNA #3 sometimes places unsorted tanks in one of the rolling caddies. During an interview on 02/12/2026 at 1:30 PM, LPN #7 indicated portable oxygen tanks needed to be on the back of a wheelchair or secured in a caddie. LPN #7 stated it was not appropriate for oxygen tanks to be propped up on a wall or table because it could fall and explode, and it should never be on the floor. LPN #7 also stated, if an oxygen tank was empty or unused, it needed to be stored in an oxygen storage rack. During an interview on 02/12/2026 at 1:33 PM, the Director of Nursing (DON) indicated, if oxygen was being removed from a wheelchair, it needed to go into a secured device, a rollie, or a storage rack. The DON indicated CNAs were not to remove the oxygen tanks. She stated, Staff have been in-serviced. The reason for oxygen to be stored in a secure manner is because it is a safety hazard. During an interview on 02/12/2026 at 2:54 PM, the Administrator indicated the expectation was that oxygen tanks were stored properly, and she expected staff to follow policy. Review of a facility in-service titled Portable oxygen tank, dated 02/11/2026, indicated at no time should a tank be unsecured and it must be in a rack or a 2-wheel caddy. The in-service also indicated oxygen was not to be set on the floor or table. Review of a facility policy titled, Oxygen Storage Safety, dated 03/01/2010, indicated oxygen cylinders should be stored only in designated storage areas. Cylinders are to be secured from falling or mechanical shock.

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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(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 the facility failed to ensure medications were properly stored to ensure residents did not have access to medications without supervision from an unsecured medication care and a medical supply storage closet left unsecured, during two of two observations. The findings include: On 02/11/2026 at 1:10 AM, this Surveyor observed Registered Nurse (RN) #12 pushing a cart of water pitchers down D Hall towards the kitchen with RN #12's back to the nurses station. A medication cart was near D Hall pressed against the nurse's station, unlocked and unattended. On 02/11/2026 at 1:33 AM, RN #12 was observed in the nurse's station talking to Licensed Practical Nurse (LPN) #13 with her back to the unlocked medication cart, and one resident in a wheelchair was seen on D hall, in the proximity of and facing the cart. This Surveyor opened the top-drawer of the unattended medication cart revealing resident medication cards. RN #12 stated that she had been stocking the medication cart about the time surveyors arrived and she forgot to lock the medication cart. RN #12 stated the medication cart was supposed to be locked when unattended so residents cannot get into the cart, and revealed there were residents that ambulate or self-propel in the facility [who could have access to an opened cart]. On 02/11/2026 at 1:35 AM, this Surveyor observed the Medical Supply Storage Closet door ajar. Observed inside the Medical Supply Storage Closet were scissors resting on top of an open medication cart, two containers of antibiotic cream resting in an open medication cart drawer, wound cleanser, and a bottle of vitamins in open shelving. RN #12 stated, the closet was for the treatment nurse and anyone that needed supplies. RN #12 and LPN #13 denied using the closet that shift, both confirmed the door was supposed to be locked, and residents were not allowed access to the closet. RN #12 stated, There are wound cleansers and other potentially hazard things to the residents if they were to get into it. During an interview on 02/12/2026 at 10:18 AM, the Director or Nursing (DON) indicated, her expectation was for staff to lock the medication cart and storage closet when unattended The DON stated, It is for resident safety, and to ensure that medications are not being taken by other residents or employees, and HIPPA compliance. The DON indicated the medication supply closet was supposed to be kept locked to prevent resident access and that during orientation nursing staff were trained on the medication room, and storage of medications. The Administrator was present during the interview and stated staff were expected to follow policy. Review of a facility orientation documents titled RN/LPN Orientation/Training dated 12/24/2025, revealed RN #12 received orientation/training that covered medication storage on 12/24/2025, and LPN #13 received new hire orientation training including medication storage on 09/29/2025. (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 a facility policy titled Storage and Expiration of Medications, Biologicals, Syringes and Needles, 2017 revealed staff should ensure that medications and biologicals are stored in an orderly manner in cabinets, carts, refrigerators and drawers and be securely locked.

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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 0924 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Put firmly secured handrails on each side of hallways. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and facility document review, the facility failed to provide a safe and functional environment by failing to ensure corridors were equipped with firmly secured handrails and failing to maintain resident room walls in good repair. Specifically, handrails were loose on E Hall and C Hall, one of one bedroom observed (Resident #19) had scratches in the paint on the left side of the wall beside the bed.Based on observations, interviews, record review and facility policy review, the facility failed to ensure corridors were equipped with firmly secured handrails; specifically, handrails were loose on two (E and C Halls) of four Halls observed. The findings include: On 02/10/2026 at 2:40 PM, this Surveyor observed the handrail outside of room [ROOM NUMBER] on E Hall was not secured to the wall. During an interview on 02/11/2026 at 11:24 AM, the Maintenance Director (MD2) confirmed the handrail was loose on E Hall and stated a resident pulling or propping on the rail could result in injury. MD2 stated there was no routine for checking handrails. During an interview on 02/11/2026 at 11:29 AM, the Maintenance Aide (MA) stated handrails were checked and fixed, but not all had been reached. Review of Maintenance Logs on 02/11/2026 at 11:31 AM, revealed for the previous two months there were no entries regarding loose handrails and only one entry for a missing handrail in a common area. On 02/12/2026 at 3:01 PM, this Surveyor observed a loose handrail on the left side of the hallway on the C Hall. During an interview on 02/12/2026 at 3:29 PM, the Administrator denied being aware of any loose handrails in the facility and stated that staff had access to maintenance logs to report items in need of repair. Review of the facility policy titled Federal Rights of a Resident, effective 11/28/2016, revealed the facility must provide a safe and comfortable homelike environment. The policy specifies that the physical layout must maximize resident independence and not pose a safety risk.

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F 0926 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Have policies on smoking. Based on observations, interviews, and facility policy review, the facility failed to ensure a safe, functional, and sanitary environment by failing to implement the smoking policy. The facility failed to ensure residents extinguished cigarette butts in non-combustible, self-closing ashtrays and failed to ensure staff smoked only in authorized areas. Specifically, cigarette butts were found on the ground around the resident patio, in flowerpots, and in a rock bed near the dining room exit leading to the staff smoking area.Based on observations, interviews, and facility policy review, the facility failed to ensure a safe, functional, and sanitary environment by failing to implement the smoking policy. The facility failed to ensure residents extinguished cigarette butts in non-combustible, self-closing ashtrays and failed to ensure staff smoked only in authorized areas. Specifically, cigarette butts were found on the ground around the resident patio, in flowerpots, and in a rock bed near the dining room exit leading to the staff smoking area for one of one building observed The findings include: On 02/10/2026 at 9:37 AM, this surveyor observed cigarette butts scattered across rock beds along the north side of the building, and behind the west side of the dining room outside the building. On 02/10/2026 at 11:33 AM and 11:40 AM, this Surveyor observed cigarette butts in the resident smoking area on the ground, in the flowerpots, and the concrete patio was littered with cigarette butts. The surveyor also observed cigarette butts in the rock bed adjacent to the dining room exit door. During an interview on 02/11/2026 at 4:07 PM, the Maintenance Director (MD2) indicated Floor Technicians (FT) were responsible for ground maintenance. During a tour and concurrent interview on 02/12/2026 at 10:40 AM, the Housekeeping Supervisor (HS) indicated maintenance was responsible for ground maintenance. Upon physical inspection with the HS, cigarette butts were identified on the ground around the staff gazebo, in flowerpots, and in the rock bed by the exit door as well as in the resident smoking area on the ground, in the flowerpots, and the concrete patio were covered with cigarette butts, even though patio was equipped with proper lid closing ashtrays and red metal extinguishing can. During an interview on 02/12/2026 at 11:08 AM, the FT indicated housekeeping was responsible for ground maintenance. During an interview on 02/12/2026 at 11:01 AM, the Administrator initially indicated ground maintenance was the responsibility of housekeeping but acknowledged conflicting reports from staff. The Administrator was informed of the widespread presence of cigarette butts at the front of the facility, the north side rock beds, the staff smoking area, and the resident smoking area. During an interview on 02/12/2026 at 12:11 PM, Certified Nurse Assistant (CNA) #8 verified that residents throw cigarettes on the ground. CNA #8 reported attempting to assist residents with ashtrays while smoking but the residents continue to throw the cigarette butts on the ground. Review of a facility policy titled Smoking, dated 10/15/2022, read in part Ashtrays must be non-combustible and prevent butts from falling out. Containers must have self-closing lids, and Smoking is permitted only in authorized areas.