Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/31/2024
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045180	A. Building B. Wing	08/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Springs of Mine Creek	1407 North Main Street Nashville, AR 71852

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 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights. 37925 Based on record review and interview, the facility failed to ensure the Ombudsman was notified of a resident's transfer to the hospital for 1 (Resident #58) of 1 sampled resident who was reviewed for hospitalization . The findings are: On 08/07/2024 at 12:25 PM, Resident #58's Notice of Transfer / Bed hold form, dated 01/17/2024, was reviewed and it indicated the resident was transferred to the hospital on 01/16/2024 and the Adult Protective Services (APS) case worker was notified, but it did not indicate that the Ombudsman was notified. On 08/08/2024 at 10:34 AM, the Administrator provided a copy of The Springs of Mine Creek Admission/Discharge To/From Report that included a list of residents transferred out of the facility from January 2024 through July 2024 and emails of the dates that information was provided to the Ombudsman. This information was reviewed, and Resident #58 was listed for a discharge on 01/23/2024 to home with home health, but it did not list the resident's transfer to the hospital on 01/16/2024. On 08/08/2024 at 11:48 AM, the Administrator was interviewed, and she confirmed the information provided earlier was the only information =sent to the Ombudsman for the January 2024 transfers from the facility. She was informed that Resident#58 was transferred out to the hospital in January 2024 and that name was not listed. She was asked how the Ombudsman was notified of those residents who were transferred out of the facility that may have gone to the hospital but did not stay. She confirmed the Business Office Manager (BOM) would have to be asked. At 11:49 AM, the Administrator asked the BOM if the resident was not on the discharge list, but was on a bed hold, how does the Ombudsman know that? The BOM confirmed she would have to enter that information on the email was sent to the Ombudsman. The BOM confirmed that information was not on the email sent for the January 2024 transfer notifications to the Ombudsman. On 08/08/2024 at 3:20 PM, the Administrator provided a Transfer or Discharge Notice policy, revised March 2021, that was reviewed and indicated a copy of the notice is sent to the Ombudsman at the same time the notice of transfer or discharge is provided to the resident and representative.

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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NAME OF PROVIDER OR SUPPLIER The Springs of Mine Creek		STREET ADDRESS, CITY, STATE, ZIP CODE 1407 North Main Street Nashville, AR 71852	

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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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 48390 Based on observation, record review and interview, the facility failed to ensure the ice machine was maintained in clean and sanitary condition to prevent potential growth of harmful bacteria that could be transferred to the resident's food. This failed practice had the potential to affect 72 residents who received drinks from the kitchen. The findings are: 1. On 08/05/24 at 10:50 AM, the area in the ice machine where ice forms before dropping into the ice collector had water dripping. The surveyor asked Dietary Manager (DM) to wipe the area. The DM took a white paper towel and wiped the area, and a residue was on the towel. The DM was asked to describe what was on the towel, the DM stated, Grungy, dirty, it needs to be cleaned inside and out. Surveyor asked the DM who was responsible for cleaning the ice machine. The DM indicated the Maintenance Director. The surveyor asked the DM when was the last time the ice machine was cleaned? The DM indicated July 23. 2. On 8/08/24 at 2:45 PM, Surveyor asked the Administrator (AD) who was responsible for cleaning the ice machine? The AD indicated the Maintenance Director. 3. Surveyor asked the AD who all gets ice from the ice machine the AD indicated all the residents, except for the two tube feeders. 4. A facility policy titled Ice Machines and Ice Storage Chest provided by the Administrator on 08/08/2024 at 2:50 PM documented, Our facility has established procedures for cleaning and disinfecting ice machines and ice storage chests which adhere to the manufacturer's instructions. 5. [Name Brand] cleaning and Sanitization was provided by the Administrator on 8/08/2024 at 3:37 PM documented, Cleaning or de-liming an ice machine refers to the process of removing mineral buildup and scale from the evaporator and other components. [Name Brand] recommends cleaning the ice machine every 6 months, but no more than once per month to avoid potential damage to the machine. Frequency of cleaning may depend on water quality and filtration system used. 6. On 8/08/24 at 4:10 PM, Surveyor spoke with the Maintenance Director regarding the cleaning of the ice machine. The Maintenance Director indicated that he does a deep clean once a month where he changes the filters and takes the ice out and sanitizes the machine, then once a week he does a weekly wipe down. He indicated the last deep clean was July 23, 2024, and the last weekly wipe down clean was 7/31/2024. He indicated that he was extremely hard to keep the stuff out of the ice machine. It will build up in just a few days.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37925 Based on record review and interview, the facility failed to ensure the water management program contained the necessary components to monitor for legionella and other water-borne pathogens in 1 of 1 facility. The findings are: On 08/07/2024 at 1:02 PM, the water management binder, provided by the Administrator on 08/07/2024, was reviewed and it included the following: [City Name] Waterworks 2022 Annual Drinking Water Quality Report, Legionella Environmental Assessment Form, and information, Developing a Water Management Program to Reduce Legionella Growth & Spreading in Buildings dated June 24, 2021. The Legionella Water Management Program policy, revised July 2017, was reviewed and it listed elements that would be included such as, a detailed description and diagram of the water system in the facility, identification of areas in the water system that could encourage the growth and spread of Legionella or other waterborne bacteria and documentation of the program. Upon review of the provided information, there was no water flow diagram, no documentation if any resident rooms were tested for water temperatures, no documentation of a monitoring system or documentation of the program. On 08/07/2024 at 1:05 PM, the Administrator was interviewed and she confirmed the binder she provided was the facility's water management program. On 08/07/2024 at 1:06 PM, the Maintenance Director was interviewed and asked to provide the facility's documentation of what had been monitored regarding the water management program. He confirmed the facility did not actually have anything and they didn't test unless they suspected something. The Maintenance Director was asked to provide documentation regarding other components that were monitored regarding their water system. He confirmed that he needed to get documentation from his office. On 08/07/2024 at 1:14 PM, the Maintenance Director provided a document titled, Appendix D. Other Water Devices. The form was reviewed, and it indicated a date of Aug (August) 2 (second) with no year and it indicated a location of Hall 1 washroom that was indoors with no heat source and water temperature of 78.8. The form did not indicate if the temperature was Fahrenheit or Celsius. He was asked if that was all the information he had for the year and confirmed that it was not, and he needed to go back to his office. As he turned to go to his office, he confirmed that his information was kept in his computer, and he was not able to access his program from his office. The Administrator instructed him to use her computer. On 08/07/2024 at 1:18 PM, the Maintenance Director confirmed the he could not access his program at this time and would make a phone call. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 08/07/2024 at 1:26 PM, the Administrator came to the conference room and confirmed the facility did not have the information requested. She confirmed the Maintenance Director checked the water temperatures every two weeks but had not documented anything. She was asked if that was the only monitoring the Maintenance Director did for their water management program, and she confirmed there was a report from the city and they had a toilet that was not working that maintenance checked. She was asked if that was the only monitoring that was done for their water management program, and she verbalized they had hot water temperatures in their life safety book, and she would provide that information. On 08/07/2024 at 2:05 PM, the Administrator came to the conference room on Hall 2, and provided a form titled, Ice machine cleaning and stated with two other surveyors present, Here's the information on the ice machine, but he doesn't have the life safety information here. He looked for it in his office and he couldn't find it . On 08/07/2024 at 2:58 PM, the Administrator provided a copy of documents titled, Weekly Water Temperatures and it indicated, . Room . Whirlpools, Laundry, Kitchen, Resident Rooms . A Weekly Water Temperatures form dated 07/31/2024 was reviewed and it indicated the following areas had the indicated water temperatures: whirlpools on Hall #2 -104; the laundry room-173, the kitchen-154, Hall 3 room [ROOM NUMBER] -106 and hall 3 room [ROOM NUMBER]- 105. None of the temperatures were listed as Fahrenheit or Celsius. The section labeled hot water heaters for Hall #5, kitchen, and Hall #4 did not indicate a water temperature on the form dated 7/31/24 or any of the forms provided.