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	02/20/2026

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Number of residents sampled: Number of residents cited: Based on observations, interviews, record review and facility policy reviews, it was determined that the facility failed to ensure infection control practices were followed during the medication administration observation and within the medication room to prevent the spread of infection(s) for three (Resident #30, Resident #49, and Resident #66) of three residents reviewed. Specifically, a communal glucometer was not disinfected properly before or after use for Resident #30; a blood pressure cuff was not disinfected after use on Resident #49, who was on contact isolation; a urine specimen for Resident #66 was housed within a fridge that contained medication and food. The findings include: Resident #30 Review of an admission Record, indicated the facility admitted Resident #30 with diagnoses that included diabetes mellitus. Review of the quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 12/22/2025, revealed Resident #30 had a Brief Interview for Mental Status (BIMS) score 11, which indicated the resident had moderate cognitive impairment. Further review indicated the resident received insulin injections. Review of a Care Plan Report, revised on 10/14/2025, revealed Resident #30 had diabetes mellitus, with an intervention to administer medications as ordered. Review of an Order Summary Report, revealed Resident #30 had a Physician's Order for a sliding scale insulin based on the resident's finger stick blood sugar before meals and at bedtime. During a concurrent observation and interview on 02/19/2026 at 8:09 AM, Medication Aide (MAC) #1 pulled a glucometer and other supplies from the medication cart to check the blood sugar of Resident #30. Registered Nurse (RN) #2, who was the assigned Infection Preventionist (IP), monitored MAC #1 during this observation. After getting Resident #30's blood sugar, MAC #1 placed the glucometer back in the cart without disinfecting it. At 8:40 AM, after providing Resident #49 with their medications, MAC #1 started prepping medications for another resident. At this time, this Surveyor asked both MAC #1 and RN #2 about the glucometer. RN #2 stated MAC #1 should have disinfected the glucometer after use because it could cause cross contamination. RN #2 asked MAC #1 if he had any disinfecting wipes on his medication cart. MAC #1 stated he did not but started looking through the cart and (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

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	02/20/2026

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	located [brand name] germicidal disposable wipes. MAC #1 stated he disinfected the glucometer with alcohol wipes before the surveyor approached the cart and should have disinfected the glucometer [with the appropriate wipes] before placing it back in the cart. He stated, he was not aware he could not use alcohol wipes [to disinfect the glucometer]. During an interview on 02/20/2026 at 2:30 PM, the Director of Nursing (DON) stated Medication Aides were educated on how to use, test, and clean a glucometer. The DON stated an in-service was just completed on 02/19/2026 after she was notified that MAC #1 did not disinfect the glucometer properly. The DON stated, alcohol wipes cannot be used to clean a glucometer because the wipes do not have the proper components to kill certain bacteria and [brand name] germicidal disposable wipes should be used. Resident #49 Review of an admission Record, indicated the facility admitted Resident #49 with diagnoses that included chronic viral hepatitis C, urine retention, high blood pressure, and a heart murmur. Review of an Annual MDS, with an ARD of 01/27/2026, revealed Resident #49 had a BIMS score 14, which indicated the resident was cognitively intact. Review of a Care Plan Report, revised on 02/13/2026, revealed Resident #49 was on contact isolation for Extended-Spectrum Beta-Lactamases (ESBL), which was a type of enzyme or chemical produced by bacteria that make some antibiotics ineffective in treating bacterial infections, in the urine. Care Plan interventions included to maintain contact isolation precautions when caring for the resident. The Care Plan also indicated Resident #49 had liver disease related to hepatitis C. Review of an Order Summary Report, revealed Resident #49 had an order for contact isolation due to ESBL in the urine, with a start date of 02/12/2026. During concurrent observation and interview of the medication administration task on 02/19/2026 at 8:18 AM, MAC #1 and RN #2, who was the assigned IP and monitored MAC #1, both applied gowns and gloves before entering Resident #49's room due to the resident being on contact isolation for ESBL, in the urine. This resident was also positive for hepatitis C. The Contact Precautions sign on the door indicated staff were to use dedicated or disposable equipment and to clean and disinfect reusable equipment before use on another person. MAC #1 took the electronic blood pressure machine from the medication cart and both MAC #1 and RN #2 walked into Resident #49's room. MAC #1 acquired the residents' blood pressure. Both staff removed their PPE in the room and MAC #1 placed the blood pressure cuff back on the cart. At 8:40 AM, after providing Resident #49 with their medications, MAC #1 started prepping medications for another resident. At this time, both MAC #1 and RN #2 were asked about the blood pressure machine. RN #2 stated Resident #49 should have their own blood pressure cuff in the resident's room, and they should have disinfected the blood pressure cuff after use because it could cause cross contamination. RN #2 asked MAC #1 if he had any disinfecting wipes on his cart. MAC #1 stated he did not but started looking through the cart and located [brand name] germicidal disposable wipes and then disinfected the machine. During an interview on 02/20/2026 at 2:30 PM, the Director of Nursing (DON) stated if a resident was on contact isolation and had an order to have their blood pressure checked, staff should clean the blood pressure machine before and after use, unless the resident had their own equipment in their room. (continued on next page)

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	02/20/2026

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident #66 Review of an Order Summary Report, revealed Resident #66 had a laboratory order for a urinalysis (UA), with a start date of 02/17/2026. During a concurrent observation and interview on 02/20/2026 at 11:46 AM, RN #2, who was also the IP, showed the surveyor the medication room. There were two fridges inside the medication room, with one being the medication fridge and another small fridge that was for food items. The medication fridge contained Resident #66's urine specimen that was in a small lab specimen bag. RN #2 did not remove the urine or acknowledge that the specimen should not be in the fridge. This Surveyor asked RN #2 about the specimen, RN #2 stated the urine should not be in the medication fridge and it could cause contamination. RN #2 stated she did not know where the specimen fridge was located, but she would find out. At 12:27 PM, RN #2 stated the facility removed the contents of the small fridge inside the medication room, cleaned the fridge, and made the small fridge for specimens only. During a concurrent interview and observation on 02/20/2026 at 12:52 PM, Licensed Practical Nurse (LPN) #3 was in the medication room and stated she had previously seen the urine specimen in the fridge and notified the DON earlier that day. LPN #3 went to get the specimen out of the medication fridge but was advised by the surveyor that it had been moved to the smaller fridge that was now labeled that the fridge was for specimens only. LPN #3 examined the bag and the specimen container, which did not include the time or who collected the specimen. Review of Progress Notes for Resident #66 did not indicate when or who collected the UA. During an interview on 02/20/2026 at 1:20 PM, Nurse Consultant #4 confirmed the UA was in the wrong fridge, but it had been moved. During an interview on 02/20/2026 at 2:30 PM, the DON stated prior to lab specimens being picked up, they should be stored away from any food or medications. She stated after she was notified of the urine specimen being in the medication fridge, she cleaned out the small fridge, put the specimen in the small fridge and placed a sign on the fridge indicating it was dedicated to lab specimens only. The DON stated she also disinfected the medication fridge where the urine specimen was stored previously. Review of a facility policy titled, Cleaning and Disinfection of Resident-Care Items and Equipment, revised on 10/2018, indicated, blood pressure cuffs were considered non-critical items, which were items that could come into contact with intact skin, but not mucous membranes and reusable items should be cleaned and disinfected between residents. The policy also indicated, Semi-critical items consist of items that may come in contact with mucous membranes or non-intact skin. Such devices should be free from all microorganisms. Semi-critical items will be sterilized/disinfected in a central processing location and stored appropriately until use. Reusable resident care equipment will be decontaminated and/or sterilized between residents according to manufacturers' instructions. Review of a facility policy titled, Isolation – Categories of Transmission-Based Precautions, revised on 10/2018, indicated, Contact precautions may be implemented for residents known or suspected to be infected with microorganisms that can be transmitted by direct contact with the resident or indirect contact with environmental surfaces or resident-care items in the resident's environment.