

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045195	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/23/2024
NAME OF PROVIDER OR SUPPLIER  The Springs Broadway		STREET ADDRESS, CITY, STATE, ZIP CODE 800 West Broadway West Memphis, AR 72301	

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)
<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>43409</p> <p>Based on observation, interview, record review, and facility policy review, it was determined that the facility failed to serve a palatable meal for 1 (Resident #1) of 3 residents reviewed for meal service.</p> <p>The findings include:</p> <p>The Annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/25/2024 revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of 13 which indicated the resident was cognitively intact.</p> <p>A review of the Care Plan, indicated Resident #1 had diagnoses that included Functional quadriplegia, Hemiplegia, unspecified, affecting the left nondominant side, Adult failure to thrive, and Legal blindness.</p> <p>A review of Resident #1's Care Plan, with an initiated date of 11/20/2020, and a revised date of 01/19/2024, revealed the resident had ADL (Activities of Daily Living) self-care performance deficit r/t (related to) left hemiplegia, generalized weakness, blindness, poor activity tolerance, pain due to compression fracture. Interventions included eating: dependent on staff.</p> <p>A review of Resident #1's Physician's Orders revealed Resident #1 had an order for a regular diet, pureed texture, regular consistency with an order date of 04/04/2024.</p> <p>During an observation on 04/22/2024 at 12:26 pm, Resident #1's lunch tray was delivered to the resident's room.</p> <p>During an observation on 04/22/2024 at 12:43 pm, Resident #1's tray was observed on the cabinet away from the resident with the lid half off. Resident #1 was asked if she was going to eat lunch. Resident #1 verbalized yes if someone will feed me.</p> <p>During an observation on 04/22/2024 at 12:59 pm, Certified Nursing Assistant (CNA) #1 entered Resident #1's room and began to feed the resident. CNA #1 asked Resident #1 if the food was good. Resident #1 verbalized it would be better if it was hot.</p> <p>During an interview on 04/22/2024 at 1:32 pm, CNA #1 confirmed the food should have been taken to be warmed for Resident #1.</p> <p>(continued on next page)</p>

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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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent observation and interview on 04/23/2024 at 12:22 pm, the Dietary Manager obtained temperatures for the last tray served on the 400 Hall. The temperatures of the food on the tray were as follows:</p> <p>Baked ham - 123 degrees Fahrenheit.</p> <p>Black eyed peas - 123 degrees Fahrenheit.</p> <p>Potatoes - 103.2 degrees Fahrenheit.</p> <p>Cinnamon apples - 83.1 degrees Fahrenheit.</p> <p>Corn bread - 103.5 degrees Fahrenheit.</p> <p>The Dietary Manager verbalized the facility would make another plate as the temperatures were not in range.</p> <p>A review of a facility policy titled, Meal Frequency and Preferences, dated 09/01/2021, indicated, .Residents needing assistance will be served last. When the tray is delivered the server will prepare the tray, sit by the bedside, and assist the resident as needed .</p> <p>A review of a facility policy titled, Meal Distribution dated 09/01/2021, indicated, Meals are transported to the dining location in a manner that ensures proper temperature maintenance. Protects against contamination and are delivered in a timely and accurate manner . All food items will be transported promptly for appropriate temperature maintenance .</p>		