STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045203	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Springs Batesville	1975 White Drive Batesville, AR 72501

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43262 Based on record review and interview, the facility failed to ensure staff followed the Care Plan of a resident who was at risk for falls, as evidenced by intervention of a fall mat not being on the floor beside resident's bed to prevent injury for 1 (Resident # 1) of 3 sampled residents. The findings are: A review of an Admission Record indicated the facility admitted Resident #1 with diagnoses that included dementia with behavioral disturbances, restlessness and agitation, atrial fibrillation [heart condition where the heart beats rapidly and the upper and lower chambers beat out of sync causing poor blood flow], hypertension [high blood pressure] and history of falling. Review of an admission Minimum Data Set (MDS) with an ARD dated 03/21/24, revealed Resident #1 had a Staff Assessment for Mental Status (SAMS) which indicated the resident was severely impaired for their daily decision making. Review of Resident #1's Care Plan initiated 03/15/2024, revealed Resident #1 was at risk for falls r/t (related/to) weakness, muscle wasting and atrophy, impulsivity, Alzheimer's disease, dementia, seizure activity, restlessness and agitation, will roll out of bed onto floor, and was an unavoidable fall risk. Interventions included: a fall mat next to bed. Review of a Fall assessment dated [DATE], revealed Resident #1 had a score of 9, where summary of fall risk indicated a score of 10 or higher was considered At Risk. Review of a Fall assessment dated [DATE], revealed Resident #1 had a score of 9, where summary of fall risk indicated a score of 10 or higher was considered At Risk. Review of a Fall assessment dated [DATE], revealed Resident #1 had a score of 7, where summary of fall risk indicated a score of 10 or higher was considered At Risk. (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
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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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of a Nsg (Nursing) I&A (Incident & Accident) Note dated 11/13/2024 at 3:52 PM, revealed, Incident Description: A nurse walking by the room heard the resident moaning and looked into room and saw the resident's upper torso was on the floor with the forehead on the floor and legs still on the bed. There was no fall mat beside the bed. Immediate Intervention (to prevent reoccurrence): assisted from the floor to the bed and assessed for injuries with a red mark to left side of forehead noted, fall mat placed beside bed. During an interview on 02/05/2025 at 11:30 AM, the Director of Nursing (DON) said if a resident was at risk for falls, and was care planned for a fall mat beside the bed, then there should be a fall mat beside the bed. The DON stated she was familiar with Resident #1 and there had been a fall mat beside Resident #1's bed at all times. Review of a facility policy titled Care Plans, Comprehensive Person-Centered revised March 2022, indicated The comprehensive, person-centered care plan: a. includes measurable objectives and timeframes; b. describes the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental and psychosocial well-being.