

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045203	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/23/2024
NAME OF PROVIDER OR SUPPLIER  The Springs Batesville		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38200</p> <p>Based on observation, record review, and interview, the facility failed to ensure that residents were free from any physical restraints imposed for purposes of discipline or convenience and that were not required to treat the resident's medical symptoms for 01 (Resident #06) of 01 sample mix resident.</p> <p>The findings are:</p> <p>On 05/20/2024 at 2:14 PM, the Surveyor observed Resident #06 lying in bed. Both half side rails were up at top of bed with the right side rail padded on top and sides with what appears to be a black foam pool noodle.</p> <p>Review of a Care Plan dated 10/22/2020 for Resident #06 revealed the resident had an (activity of daily living) ADL self-care performance deficit with an intervention of quarter side rails to promote independence.</p> <p>Review of Resident #06's Side Rail(s) Usage assessment dated [DATE] revealed Side Rail(s) Usage- Is the use of side rails(s) being considered? No. Are side rail(s) currently in use? Yes. If yes, what type- [quarter] side rail.</p> <p>Review of Resident #6's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date of 03/13/2024 revealed 'Physical Restraints'- bed rail not used, and an Active Diagnosis of Seizure Disorder or Epilepsy.</p> <p>Review of Resident #06's Order Summary Report revealed no order for half side rails.</p> <p>On 05/20/2024 at 2:14 PM, the Surveyor observed Resident #06 lying in bed. Both half side rails were up with the right side rail padded on top and sides with what appears to be a black foam pool noodle.</p> <p>On 05/21/2024 at 11:44 AM, the Surveyor observed Resident #06's half side rails to be up at the top of the bed with the right side rail padded on top and sides with what appears to be a black foam pool noodle.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045203	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/23/2024
NAME OF PROVIDER OR SUPPLIER  The Springs Batesville		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>On 05/22/2024 at 9:00 AM, the Surveyor observed Resident #06 lying in bed. Both half side rails were up at the top of bed with the right side rail padded on top and sides with what appears to be a black foam pool noodle.</p> <p>On 05/22/2024 at 2:56 PM, the Surveyor went to Resident #6's room and observed the resident sitting up on the side of the bed with the right leg leaning up against the half side rail that was up.</p> <p>On 05/22/2024 at 3:01 PM, the Surveyor took Certified Nursing Assistant (CNA) #10 to Resident #06's room. The resident was observed sitting up on the side of the bed with the right leg leaning against the half side rail that was up. CNA #10 confirmed she was familiar with Resident #06's care. CNA #10 confirmed both half rails were up on the bed but did not know why they were both up. CNA #10 confirmed the two half side rails were considered a restraint. CNA #10 confirmed the resident walks around the facility and is limited assistance of one. CNA #10 confirmed she has not been educated on the facility's restraint policy.</p> <p>On 05/22/2024 at 3:21 PM, the Surveyor took Licensed Practical Nurse (LPN) #12 to Resident #06's room. The resident was observed sitting up on the side of the bed with the right leg leaning up against the half side rail that was up. LPN #12 confirmed she was familiar with Resident #06's care and was sure the resident had a fall during the admission to the facility. LPN #12 confirmed both half side rails were up on the bed. LPN #12 confirmed Resident #06's care plan focus area self-performance deficit showed quarter rails. LPN #12 stated she had started back working for the facility on May 6, 2024, and confirmed the two half rails have been up since she has worked here. LPN #12 confirmed the risks of half side rails hinder resident independence, are restraint, and resident safety. LPN #12 confirmed the resident walks unassisted. LPN #12 confirmed the facility's policy on restraints is dependent on restraint and to check for safety. LPN #12 confirmed the side rail assessment revealed the resident was assessed for quarter side rail use.</p> <p>On 05/22/2024 at 03:27 PM, the Surveyor took the Director of Nursing (DON) to Resident #06's room. The resident was observed sitting up on the side of the bed with the right leg leaning up against the half side rail that was up. The DON confirmed she was familiar with Resident #06's care and she was aware the resident has had a fall. The DON confirmed the two half side rails were up on Resident #06's bed. The DON confirmed Resident #06 wanders into rooms with empty beds. The DON confirmed the use of the two half side rails for Resident #06 were for bed boundaries and the two half side rails have been in use for a while and that a waiver should be in place for their use, or they should not be in use. The DON stated the facility's restraint policy that unless they sign a waiver they are not to be used unless it's an assistive device. The DON confirmed Resident #06's side rail assessment noted quarter side rail on both sides, and quarter rails were the only ones that were supposed to use.</p> <p>On 05/23/2024 at 11:24 AM, the Surveyor interviewed the Maintenance Director who reported that he didn't install the half side rails on Resident #06's bed and that they have been there since his employment started two months ago.</p> <p>Review of the facility's Resident Matrix provided on 05/20/2024 at 1:01 PM by the Administrator, revealed Resident #06 did not use a physical restraint.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045203	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/23/2024
NAME OF PROVIDER OR SUPPLIER  The Springs Batesville		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>The facility provided a policy titled, Proper Use of Side Rails with a revision date of 2016 that revealed, Purpose .The purposes of these guidelines are to ensure the safe use of side rails as resident mobility aids and to prohibit the use of side rails as restraints unless necessary to treat a resident's medical symptoms. Physical restraints are defined by the Centers for Medicare and Medicaid Services (CMS) as any manual method or physical or mechanical devices, material, or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body. (Note- The definition of restraints is based on the functional status of the resident and not on the device, therefore any device that has the effect of on the resident of restricting freedom of movement or normal access to one's body could be considered a restraint.) General Guidelines 1. Side rails are considered a restraint when they are used to limit the resident's freedom of movement (prevent the resident from leaving his/ her bed). 2. Side rails are only permissible if they are used to treat a resident's medical symptoms or to assist with mobility and transfer of residents. 3. An assessment will be made to determine the resident's symptoms, risk of entrapment and reason for using side rails. When used for mobility or transfer, an assessment will include a review of the resident's- a. bed mobility; b. Ability to change positions, transfer to and from bed or chair, and to stand and toilet; c. Risk of entrapment from the use of side rails; d. That the bed's dimensions are appropriate for the resident's size and weight. 4. The use of side rails as an assistive device will be addressed in the resident care plan. 5. Consent for using restrictive devices will be obtained from the resident or legal representative per facility protocol. 7. Documentation will indicate if less restrictive approaches are not successful, prior to considering the use of side rails. 9. Consent for side rail use will be obtained from the resident or legal representative, after presenting potential benefits and risks.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045203	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/23/2024
NAME OF PROVIDER OR SUPPLIER  The Springs Batesville		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>The facility provided a policy titled, Use of Restraints with a revision date of April 2017 that revealed, Restraints shall only be used for the safety and well-being of the resident(s) and only after alternatives have been tried unsuccessfully. Restraints shall only be used to treat the resident's medical symptom(s) and never for discipline or staff convenience, or for the prevention of falls. When the use of restraints is indicated, the least restrictive alternative will be used for the least amount of time necessary, and the ongoing re-evaluation for the need for restraints will be documented. Policy Interpretation and Implementation revealed 1. Physical Restraints are defined as any manual method or physical or mechanical devices, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily, which restricts freedom of movement or restricts normal access to one's body. 2. The definition of a restraint is based on the functional status of the resident and not the device. If the resident cannot remove a device in the same manner in which the staff applied it given that resident's physical condition (i.e., side rails are put back down, rather than climbed over), and this restricts his/ her typical ability to change position or place, that device is considered a restraint. 4. Practices that inappropriately utilize equipment to prevent resident mobility are considered restraints and are not permitted, including- a. using bedrails to keep a resident from voluntarily getting out of bed as opposed to enhancing mobility while in bed. 5. Restraints may only be used if/when the resident has a specific medical symptom that cannot be addressed by another less restrictive intervention AND a restraint is required to- a. treat the medical symptom- b. protect the resident's safety- and c. help the resident attain the highest level of his/ her physical or psychological well-being. 6. Prior to placing a resident in restraints, there shall be a pre-restraining assessment and review to determine the need for restraints. The assessment shall be used to determine possible underlying causes of the problematic medical symptom and to determine if there are less restrictive interventions (programs, devices, referrals, etc.) that may improve the symptoms. 9. Restraints shall only be used upon the written order of a physician and after obtaining consent from the resident and/ or representative (sponsor). The order shall include the following- a. The specific reason for the restraint (as it relates to the resident's medical symptoms)- b. How the restraint will be used to benefit the resident's medical symptom- and c. The type of restraint, and period of time from the use of the restraint. 14. Restrained individuals shall be reviewed regularly (at least quarterly) to determine whether they are candidates for restraint reduction, less restrictive methods of restraints, or total restraint elimination. 15. Care plans for residents in restraints will reflect interventions that address not only the immediate medical symptom(s), but the underlying problems that may be causing the symptom(s). 16. Care plans shall also include the measures taken to systematically reduce or eliminate the need for restraint use.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045203	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/23/2024
NAME OF PROVIDER OR SUPPLIER  The Springs Batesville		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38200</b></p> <p>The facility failed to ensure a comprehensive, accurate assessment of the resident's side rail use was completed quarterly for 01 (Resident #06) of 01 sample mix residents.</p> <p>The findings are:</p> <p>On 05/20/2024 at 2:14 PM, the Surveyor observed Resident #06 lying in bed on their right side with eyes closed. Both half side rails were up at top of bed with the right side rail padded on top and sides with what appears to be a black foam pool noodle.</p> <p>The Care Plan dated 10/22/2020 for Resident #06 revealed the resident has an (activity of daily living) ADL self-care performance deficit with an intervention of quarter side rails to promote independence.</p> <p>Resident #06's Side Rail(s) Usage assessment dated [DATE] revealed Side Rail(s) Usage- Is the use of side rails(s) being considered? No. Are side rail(s) currently in use? Yes. If yes, what type- [quarter] side rail.</p> <p>Resident #6's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date of 03/13/2024 revealed 'Physical Restraints'- bed rail not used, and an active diagnosis of seizure disorder or epilepsy.</p> <p>On 05/22/2024 at 3:01 PM, the Surveyor took Certified Nursing Assistant (CNA) #10 to Resident #06's room. Resident #06 was observed sitting up on the side of the bed with the right leg leaning up against the half side rail that was up. CNA #10 confirmed she was familiar with Resident #06's care. CNA #10 confirmed both half rails were up on the bed but did not know why they were both up.</p> <p>On 05/22/2024 at 3:21 PM, the Surveyor took Licensed Practical Nurse (LPN) #12 to Resident #06's room. The resident was observed sitting up on the side of the bed with the right leg leaning up against the half side rail that was up. LPN #12 confirmed she was familiar with Resident #06's care. LPN #12 confirmed both half side rails were up on the bed. LPN #12 confirmed that Resident #06's care plan focus area self-performance deficit showed quarter rails. LPN #12 stated she had started back working for the facility on May 6, 2024, and confirmed the two half rails have been up since she has worked here. LPN #12 confirmed the resident walks unassisted. LPN #12 confirmed the side rail assessment revealed the resident was assessed for quarter side rail use.</p> <p>On 05/22/2024 at 03:27 PM, the Surveyor took the Director of Nursing (DON) to resident #06's room and resident was observed sitting up on the side of the bed with the right leg leaning up against the half side rail that was up. The DON confirmed she was familiar with Resident #06's care. The DON confirmed the two half side rails were up on Resident #06's bed. The DON confirmed Resident #06 wanders into rooms with empty beds.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045203	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/23/2024
NAME OF PROVIDER OR SUPPLIER  The Springs Batesville		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 05/23/2024 at 9:34 AM, the Surveyor interviewed the Minimum Data Set (MDS) Coordinator, and she confirmed that Resident #06's side rail assessment should be completed quarterly and that resident #06 had her most recent quarterly side rail assessment dated for 03/11/2024 when it was due, but it was actually completed on 05/22/2024 at 15:11. She also confirmed that when assessments are completed it should be at the bedside for observation purposes, so the assessment is accurate.</p> <p>On 05/23/2024 at 09:46 AM the Surveyor interviewed the Director of Nursing (DON) and she confirmed Resident #06's side rail assessment should have been conducted quarterly and was due on 03/11/2023 but was actually completed on 05/22/2024 at 15:11 and was not completed timely. The DON confirmed that if a resident is able to sit up on the side of their bed unassisted that does not indicate the resident is unable to support their trunk, and that if the resident is able to ambulate down the hall unassisted that means they independently ambulate, and the assessment is inaccurate.</p> <p>The facility provided a policy titled Proper Use of Side Rails with a revision date of 2016 revealed General Guidelines 3. An assessment will be made to determine the resident's symptoms, risk of entrapment and reason for using side rails. When used for mobility or transfer, an assessment will include a review of the resident's- a. bed mobility; b. Ability to change positions, transfer to and from bed or chair, and to stand and toilet; c. Risk of entrapment from the use of side rails; d. That the bed's dimensions are appropriate for the resident's size and weight. 5. Consent for using restrictive devices will be obtained from the resident or legal representative per facility protocol. 7. Documentation will indicate if less restrictive approaches are not successful, prior to considering the use of side rails. 9. Consent for side rail use will be obtained from the resident or legal representative, after presenting potential benefits and risks.</p> <p>The facility provided a policy titled Use of Restraints with a revision date of April 2017 that revealed Policy Interpretation and Implementation revealed, 6. Prior to placing a resident in restraints there shall be a pre-restraining assessment and review to determine the need for restraints. The assessment shall be used to determine possible underlying causes of the problematic medical symptom and to determine if there are less restrictive interventions (programs, devices, referrals, etc.) that may improve the symptoms.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045203	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/23/2024
NAME OF PROVIDER OR SUPPLIER  The Springs Batesville		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>38200</p> <p>Based on record review and interview, the facility failed to complete an accurate Minimum Data Set (MDS) for 01 (Resident #06) of 01 sample mix residents.</p> <p>The findings are:</p> <p>On 05/20/2024 at 2:14 PM, the Surveyor observed Resident #06 lying in bed on their right side with eyes closed. Bilateral half side rails up at top of bed with the right side rail padded.</p> <p>Review of Resident #06's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/13/2024 noted, Physical Restraints- Used in Bed- Bed rail not used.</p> <p>On 05/20/2024 at 2:14 PM, the Surveyor observed Resident #06 lying in bed on their right side with eyes closed. Both half side rails were up with the right side rail padded on top and sides with what appears to be a black foam pool noodle.</p> <p>On 05/21/2024 at 11:44 AM, the Surveyor observed Resident #06's side rails up at the top of the bed with the right side rail padded on top and sides with what appears to be a black foam pool noodle.</p> <p>On 05/22/2024 at 9:00 AM, the Surveyor observed Resident #06 lying in bed on the resident's right side with eyes closed. Bilateral half side rails were up at the top of bed with the right side rail padded on top and sides with what appears to be a black foam pool noodle.</p> <p>On 05/22/2024 at 3:01 PM, the Surveyor took Certified Nursing Assistant (CNA) #10 to Resident #06's room. The resident was observed sitting up on the side of the bed with the right leg leaning up against the half side rail that is up. CNA #10 confirmed she was familiar with resident's care and that she was not aware of any fall the resident may have had. CNA #10 confirmed both half rails were up on the bed but did not know why they were both up. CNA #10 confirmed the two half side rails were considered a restraint.</p> <p>On 05/22/2024 at 3:21 PM, the Surveyor took Licensed Practical Nurse (LPN) #12 to Resident #06's room. The resident was observed sitting up on the side of the bed with the right leg leaning up against the half side rail that was up. LPN #12 confirmed she was familiar with Resident #06's care and was sure the resident had a fall during admission to the facility. LPN #12 confirmed both half side rails were up on the bed. LPN #12 stated she had started back working for the facility on May 6, 2024, and confirmed the two half rails have been up since she has worked here.</p> <p>05/22/2024 at 3:27 PM, the Surveyor took the Director of Nursing (DON) to Resident #06's room. The resident was observed sitting up on the side of the bed with the right leg leaning up against the half side rail that was up. The DON confirmed she was familiar with Resident #06's care and that she was aware the resident had fallen previously. The DON confirmed the two half side rails were up on Resident #06's bed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045203	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/23/2024
NAME OF PROVIDER OR SUPPLIER  The Springs Batesville		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>On 05/23/2024 at 9:34 AM, the Surveyor interviewed the Minimum Data Set (MDS) Coordinator who confirmed Resident #06's Quarterly MDS with an Assessment Reference Date (ARD) of 03/13/2024 was coded to indicate the resident does not use a side rail restraint even though half side rails have been in use and therefore the quarterly assessment is inaccurate.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045203	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/23/2024
NAME OF PROVIDER OR SUPPLIER  The Springs Batesville		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>38200</p> <p>Based on record review and interview, the facility failed to ensure residents individualize plan of care was revised to reflect the current needs of the resident and updated to include falls for 02 (Resident #06, #31) of 02 sample mix resident, and to include half side rail use for 01 (Resident #06) of 01 sample mix residents.</p> <p>The findings are:</p> <ol style="list-style-type: none"> <li>1. On 05/20/2024 at 2:14 PM, the surveyor observed Resident #06 lying in bed. Both half side rails were up at top of bed with the right side rail padded on top and sides with what appears to be a black foam pool noodle.             <ol style="list-style-type: none"> <li>a. Review of Resident #06's Progress Notes dated 01/31/2024 revealed the resident was found on the floor beside the bed with lacerations to the top and bottom lip.</li> <li>b. Resident #06's Patient Registration Form [named medical center] dated 01/31/2022 revealed a maxillary closed fracture from a fall from the bed. Chief Complaint revealed resident stated, I fell off my bed and hit my nose. Computed tomography (CT) Scan revealed comminuted fracture of the anterior/lateral/ posterior right and left maxillary sinuses. 'Final Diagnoses' revealed fall with lip laceration repair, maxillary sinus fracture.</li> <li>c. The Care Plan dated 10/24/2022 for Resident #06 did not reveal falls on 01/18/2022; 10/21/2022; 10/31/2022; or use of half side rails.</li> <li>d. Resident #6's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date of 03/13/2024 revealed 'Physical Restraints'- bed rail not used, and an active diagnosis of seizure disorder or epilepsy.</li> <li>e. Resident #06's Order Summary Report revealed no order for half side rails.</li> <li>f. On 05/22/2024 at 3:01 PM, the Surveyor took Certified Nursing Assistant (CNA) #10 to Resident #06's room. The resident was observed sitting up on the side of the bed with their right leg leaning up against the half side rail that was up. CNA #10 confirmed she was familiar with resident's care, and she was not aware of any fall the resident may have had. CNA #10 confirmed both half rails were up on the bed but did not know why they were both up.</li> <li>g. On 05/22/2024 at 3:21 PM, the Surveyor took Licensed Practical Nurse (LPN) #12 to Resident #06's room. The resident was observed sitting up on the side of the bed with their right leg leaning up against the half side rail that is up. LPN #12 confirmed she was familiar with Resident #06's care and was sure the resident had a fall during her admission to the facility. LPN #12 confirmed both half side rails were up on the bed. LPN #12 confirmed that Resident #06's care plan focus area self-performance deficit showed quarter rails.</li> </ol> </li> </ol> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045203	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/23/2024
NAME OF PROVIDER OR SUPPLIER  The Springs Batesville		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>h. On 05/22/2024 at 03:27 PM, the Surveyor took the Director of Nursing (DON) to Resident #06's room and resident was observed sitting up on the side of the bed with her right leg leaning up against the half side rail that is up. The DON confirmed she was familiar with resident #06's care and she was aware the resident had fallen previously. The DON confirmed the two half side rails were up on resident #06's bed. The DON confirmed the use of the two half side rails for Resident #06 were for bed boundaries and the two half side rails have been in use for a while. DON confirmed that Resident #06 had falls on 10/18/2022 with neuros started no injuries; 10/21/2022 with the resident found on the floor beside the bed no injuries observed; and on 01/31/2022 sent to the emergency department (ED).</p> <p>i. On 05/23/2024 at 09:34 AM, the Surveyor interviewed the Minimum Data Set (MDS) Coordinator, and she confirmed that if a resident has and fall or a fall with injury in the facility should be on the care plan along with any interventions. She confirmed that Resident #06's care plan did not document falls on 01/31/2022; 10/18/2022; and 10/21/2022. She confirmed Resident #06's care plan did not accurately reflect half side rail use.</p> <p>2. On 05/21/2024 at 10:48 AM, the Surveyor interviewed Resident #31 and asked if they had experienced a fall since being in the facility. Resident #31 confirmed a fall in the shower room with no injuries on 05/20/2024.</p> <p>a. Review of Resident #31's Progress Notes dated 05/20/2024 revealed and incident and accident (I&amp;A) report noting resident #31's fall in the shower room with no injuries and immediate intervention for resident to ask for assistance and ensure that staff is there to assist.</p> <p>b. Review of Resident #31's Progress Notes dated 05/22/2024 revealed and I&amp;A (Incident and Accident) follow up note that documented a long term intervention to educate staff for shower safety.</p> <p>c. Review of the care plan date 04/24/2024 does not document Resident #31's fall on 05/20/2024.</p> <p>d. On 05/23/2024 at 9:34 AM, the Surveyor interviewed the MDS Coordinator, and she confirmed that Resident #31's care plan did not document a fall on 05/20/2024.</p> <p>e. On 05/23/2024 at 9:46 AM, the Surveyor interviewed the Director of Nursing (DON) and she confirmed that Resident #06 had falls on 10/18/2022 with neuros started no injuries; 10/21/2022 with the resident found on the floor beside the bed no injuries observed; and on 01/31/2022 sent to the emergency department (ED) and those falls were not documented on the care plan.</p> <p>f. On 05/23/2024 at 9:46 AM, the Surveyor interviewed the DON, and she confirmed Resident #31 had a fall on 05/20/2024 that is not documented on the care plan.</p> <p>g. The facility provided a policy titled, Care Plans, Comprehensive Person-Centered with a revision date of March 2022 that documented, Policy Interpretation and Implementation .11. Assessments of residents are ongoing and care plans are revised as information about the residents and the residents' conditions change. 12. The interdisciplinary team reviews and updates the care plan- a. when there has been a significant change in the resident's condition; b. when the desired outcome is not met; c. when the resident has been readmitted to the facility from a hospital stay; and d. at least quarterly, in conjunction with the required quarterly MDS assessment .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045203	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/23/2024
NAME OF PROVIDER OR SUPPLIER  The Springs Batesville		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate foot care.</p> <p>49689</p> <p>Based on observation, record review, and interview, the facility failed to ensure residents who required assistance with foot care were regularly provided with the necessary assistance to maintain good hygiene and grooming, as evidenced by failure to ensure toenails were kept clean and trimmed for 1 (Resident #68) of 1 sampled resident.</p> <p>The findings are:</p> <p>Review of the Order Summary revealed that Resident #68 has diagnoses of paraplegia, venous insufficiency, and type 2 diabetes.</p> <p>Review of the admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/09/2024 revealed that Resident #68 scored a 15 (cognitively intact) on the Brief Interview for Mental Status (BIMS).</p> <p>Review of the Care Plan reveals that Resident #68 has these interventions in place, Nail Care: I require substantial assistance with nail care. I am a diabetic. Check nail length, clean, trim and file on shower days and as needed.</p> <p>On 05/20/2024 at 11:04 AM, the Surveyor observed Resident #68 's feet were dry with skin peeling off. There was skin material observed on the pillow below the feet. The left great toenail was thick, half of the toenail was yellow. Around the edges of the nail bed there was a brownish black color observed. The second toenail was thick, yellow, with dry skin buildup around the nail area. A flesh colored area was observed in the middle of the toe. The third toenail was long, curving inwards towards the second toe, yellow, with a scabbed sore observed below the nail bed. The fourth toenail was curved under the third. The toenail was thick and yellowing. The fifth toe was thick with dry skin buildup around the nail bed. The Surveyor observed the toes on the left foot were close together, with dry skin buildup in between each one.</p> <p>The Surveyor observed the right foot, the right great toenail was thick, yellowing, with dry skin buildup around the nail bed. A scabbed sore was located above the nail bed. The second toenail was thick, yellow, with dry skin buildup around the nail. Three scabbed sores were observed on the toe. The third toenail was thick, yellowing, and in the corner was a brownish, black area. The toenail was curving under the second toe. The fourth toenail was long, thick, yellowing and the nail was curving. The fifth toenail was yellowing, and thick. The Surveyor observed the toes on the right foot were close together, with dry skin buildup in between each one. Both heels were observed to be dry and scaly. The Surveyor asked Resident #68 about the toenails. Resident #68 said the newer areas on the toes were from the mechanical lift during a transfer in the hospital. Resident #68 said they have mentioned podiatry coming into the building before, but it had been a while now, and they would like something done about my feet they are pretty rough looking.</p> <p>On 05/20/2024 at 2:40 PM, the Surveyor observed nail care or wound care had not been completed for Resident #68's feet.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045203	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/23/2024
NAME OF PROVIDER OR SUPPLIER  The Springs Batesville		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 05/23/2024 at 10:28 AM, the Surveyor asked Certified Nursing Assistant (CNA) #15 to describe Resident #68's toes. CNA #15 said that she was not sure if Resident #68 was diabetic, the way the toes are it could cause infections or sores. The Surveyor asked what the process for reporting toenails was if the resident is diabetic. CNA #15 said to report to the nurse to make a podiatry appointment.</p> <p>On 05/23/2024 at 10:36 AM, the Surveyor asked Licensed Practical Nurse (LPN) #15 to describe Resident #68's toenails. LPN #15 stated the resident was a diabetic, the resident could lose those toes, for sure definitely needs interventions. LPN #15 stated the resident was compliant with heel protectors. The Surveyor asked if Resident #68 had ever refused toenail care. LPN #15 said from her experience the resident has not refused it. The Surveyor asked what interventions could be put in place for Resident #68. LPN #15 said to ensure heel protectors, assess daily, notify the treatment nurse immediately.</p> <p>A review of the facility policy Fingernails/Toenails Care of revealed, Watch for and report any changes in the color of the skin around the nail bed, blueness of the nails, any signs of poor circulation, cracking of the skin between the toes, any swelling, bleeding, etc .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045203	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/23/2024
NAME OF PROVIDER OR SUPPLIER  The Springs Batesville		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>49689</p> <p>Based on observation, record review, and interview, the facility failed to ensure interventions were utilized to prevent worsening of contractures in one of one sampled resident (Resident #8).</p> <p>The findings are:</p> <p>A review of the Order Summary revealed that Resident #8 had diagnoses of bipolar disorder, osteoarthritis, and left-hand contracture.</p> <p>A review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 04/12/2024 revealed that Resident #8 scored a 12 (moderate cognitive impairment) on the Brief Interview for Mental Status (BIMS). Section GG reveals that Resident #8 has Function Limitation Range of Motion; Upper Extremity 2. Impairment on both sides.</p> <p>A review of the Care Plan reveals that Resident #8 has Interventions: contractures: The resident has contractures of the left hand. Provide skin care as needed to keep clean and prevent skin breakdown.</p> <p>On 05/20/2024 at 2:30 PM, the Surveyor observed Resident #8 sitting up on the side of the bed, the left hand was contracted with the middle and ring finger digging into the palm of the resident's hand. The index finger and the pinky finger were curved, no interventions were in place. The Surveyor asked about the contracture of the left hand and if it bothered the resident in any way. Resident #8 said that it did bother the resident, it hurts the resident's hand, and it stinks. The Surveyor asked Resident #8 if they would like a washcloth or a hand cone with a strap to help. Resident #8 said a washcloth usually falls out when the resident gets up and would prefer something with a strap to hold it into place.</p> <p>On 05/21/2024 at 10:28 AM, the Surveyor observed Resident #8 did not have any interventions in place for the left hand contracture.</p> <p>On 05/23/2024 at 10:00 AM, the Surveyor asked Certified Nursing Assistant (CNA) #10 if Resident #8 had any interventions in place for the left hand contracture. CNA #10 said that the resident had a brace, and it was here one day and gone the next day. The Surveyor asked what could happen with no interventions in place of contractures. CNA #10 said it could contract all the way and the resident would have no use of it. The Surveyor asked CNA #10 if they could smell Resident #8's contracted hand. CNA #10 put on a glove and put a finger in the contracted hand. The Surveyor observed Resident #8 grimacing. CNA #10 said that it had a small stench, the nails are digging into the palm, and it hurt the resident to mess with contracture.</p> <p>On 05/23/2024 at 10:15 AM, the Surveyor asked Licensed Practical Nurse (LPN) #12 if Resident #8 had any interventions for left hand contracture. LPN #12 said sometimes the resident does, sometimes the resident doesn't. The Surveyor asked what could happen with no interventions in place. LPN #12 said it could contract worse.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045203	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/23/2024
NAME OF PROVIDER OR SUPPLIER  The Springs Batesville		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the facility policy, Resident Mobility and Range of Motion stated, .3. Residents with limited mobility will receive appropriate services, equipment and assistance to maintain or improve mobility .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045203	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/23/2024
NAME OF PROVIDER OR SUPPLIER  The Springs Batesville		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38200</p> <p>Based on observation, record review, and interview, the facility failed to ensure residents were free from potential accidents from half side rail use for 1 (Resident #06) and failed to ensure bed side rails were properly padded for a resident with a seizure disorder for 1 (Resident #06) of 1 sampled resident, and failed to ensure a wheelchair was left unlocked to prevent an injury for 1 (Resident #294) of 1 sample mix resident.</p> <p>The findings are:</p> <p>1. On 05/20/2024 at 2:14 PM, the Surveyor observed Resident #06 lying in bed on their right side with eyes closed. Both half side rails were up at the top of bed with the right side rail padded on top and sides with what appears to be a black foam pool noodle.</p> <p>The Care Plan dated 10/22/2020 for Resident #06 revealed the resident had an (activity of daily living) ADL self-care performance deficit with an intervention of quarter side rails to promote independence. No seizure precautions were noted on the care plan.</p> <p>Resident #06's Patient Registration Form [Hospital Name]' dated 01/31/2022 revealed a maxillary closed fracture from a fall from the bed. Chief Complaint revealed resident stated, I fell off my bed and hit my nose. Computed tomography (CT) Scan revealed comminuted fracture of the anterior/lateral/ posterior right and left maxillary sinuses. Final Diagnoses revealed fall with lip laceration repair, maxillary sinus fracture.</p> <p>The Care Plan dated 10/24/2022 for Resident #06 did not reveal falls on 01/18/2022; 10/21/2022; 10/31/2022; or use of half side rails.</p> <p>The Annual Minimum Data Set (MDS) with an Assessment Reference Date of 10/26/2022 revealed Resident #06 had a fall in the facility.</p> <p>Resident #06's Side Rail(s) Usage assessment dated [DATE] revealed, Side Rail(s) Usage- Is the use of side rails(s) being considered? No. Are side rail(s) currently in use? Yes. If yes, what type- [quarter] side rail.</p> <p>Resident #6's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date of 03/13/2024 revealed 'Physical Restraints'- bed rail not used, and an Active Diagnosis of Seizure Disorder or Epilepsy.</p> <p>Resident #06's Order Summary Report dated 05/21/2024 revealed no order for half side rails.</p> <p>On 05/20/2024 at 2:14 PM, the Surveyor observed Resident #06 lying in bed on their right side with eyes closed. Both half side rails up with the right side rail padded on top and sides with what appears to be a black foam pool noodle.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045203	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/23/2024
NAME OF PROVIDER OR SUPPLIER  The Springs Batesville		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 05/21/2024 at 11:44 AM, the Surveyor observed Resident #06's bilateral side rails up at the top of the bed with the right side rail padded on top and sides with what appears to be a black foam pool noodle.</p> <p>On 05/22/2024 at 9:00 AM, the Surveyor observed Resident #06 lying in bed on the right side with eyes closed. Bilateral half side rails up at the top of bed with the right side rail padded on top and sides with what appears to be a black foam pool noodle.</p> <p>On 05/22/2024 at 2:56 PM, the Surveyor went to Resident #6's room and observed the resident sitting up on the side of the bed with their right leg leaning up against the half side rail that is up.</p> <p>On 05/22/2024 at 3:01 PM, the Surveyor took Certified Nursing Assistant (CNA) #10 to resident #06's room. The resident was observed sitting up on the side of the bed with their right leg leaning up against the half side rail that is up. CNA #10 confirmed she was familiar with Resident #10's care and that she was not aware of any fall the resident may have had. CNA #10 confirmed both half rails were up on the bed but did not know why they were both up. CNA #10 confirmed the resident walks around the facility and is limited assistance of one.</p> <p>On 05/22/2024 at 3:21 PM, the Surveyor took Licensed Practical Nurse (LPN) #12 to Resident #06's room. The resident was observed sitting up on the side of the bed with the right leg leaning up against the half side rail that is up. LPN #12 confirmed she was familiar with Resident #06's care and was sure the resident had a fall during her admission to the facility. LPN #12 confirmed both half side rails were up on the bed. LPN #12 confirmed that resident #06's care plan focus area self-performance deficit showed quarter rails. LPN #12 stated she had started back working for the facility on May 6, 2024, and confirmed the two half rails have been up since she has worked here. LPN #12 confirmed the risks of half side rails hinder resident independence, are restraint, and resident safety. LPN #12 confirmed the resident walks unassisted. LPN #12 confirmed the residents side rail assessment noted the resident had previously had a fall with fracture.</p> <p>On 05/22/2024 at 3:27 PM, the Surveyor took the Director of Nursing (DON) to Resident #06's room. The resident was observed sitting up on the side of the bed with the right leg leaning up against the half side rail that was up. The DON confirmed she was familiar with Resident #06's care and that she was aware the resident had fallen previously. The DON confirmed the two half side rails were up on Resident #06's bed. The DON confirmed Resident #06 wanders into rooms with empty beds. The DON confirmed the use of the two half side rails for Resident #06 were for bed boundaries and the two half side rails have been in use for a while and that a waiver should be in place for their use, or they should not be in use. The DON confirmed having two half side rails up could cause resident #06 to fall. The DON confirmed quarter rails are the only ones that were supposed to be used. The DON confirmed Resident #06's side rail assessment noted quarter side rail on both sides and that the resident had a previous fall with fracture. The DON confirmed that Resident #06 had falls on 10/18/2022 with neuros (neurological signs) started, no injuries; 10/21/2022 with the resident found on the floor beside the bed no injuries observed; and on 01/31/2022 sent to the emergency department (ED).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045203	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/23/2024
NAME OF PROVIDER OR SUPPLIER  The Springs Batesville		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 05/23/2024 at 9:34 AM, the Surveyor interviewed the Minimum Data Set (MDS) Coordinator who confirmed that Resident #06's Quarterly MDS with an ARD of 03/13/2024 was coded that the resident does not use a restraint even though half side rails have been in use and therefore the quarterly assessment is inaccurate. She confirmed that Resident #06's care plan did not document falls on 01/31/2022; 10/18/2022; and 10/21/2022. She confirmed Resident #06's care plan did not accurately reflect half side rail use.</p> <p>On 05/23/2024 at 09:46 AM, the Surveyor interviewed the Director of Nursing (DON) and she confirmed that Resident #06 had falls on 10/18/2022 with neuros started no injuries; 10/21/2022 with the resident found on the floor beside the bed no injuries observed; and on 01/31/2022 sent to the emergency department (ED) and those falls were not documented on the care plan.</p> <p>On 05/23/2024 at 11:24 AM, the Surveyor interviewed the Maintenance Director and he confirmed that he didn't install the half side rails on Resident #06's bed and that they have been there since his employment started two (02) months ago. He confirmed there is to be quarterly assessment completed for an entrapment report, but it was not completed for resident #06.</p> <p>On 05/23/2024 at 1:55 PM, the Surveyor interviewed the Assistant Director of Nursing (ADON) who confirmed that Resident #06 had a diagnosis of seizure disorder and should be on seizure precautions. The ADON confirmed resident #06's bed was not adequately padded to prevent injury in the event of a seizure.</p> <p>49689</p> <p>2. A review of the Order Summary revealed that Resident #294 had diagnoses of Huntington's disease and abnormal involuntary movements.</p> <p>A review of the Progress Notes revealed that Resident #294 N Adv [Abnormal Involuntary Movement Scale (AIMS)] - AIMS Evaluation: Muscles of Facial Expression: e.g. movements of forehead, eyebrows, periorbital area, cheeks, including frowning, blinking, smiling, grimacing: Severe. Lips and Perioral Area: e.g. puckering, pouting, smacking: Severe. Jaw: e.g. biting, clenching, chewing, mouth opening, lateral movement: Severe. Tongue: Rate only increases in movement both in and out of mouth. NOT inability to sustain movement. Darting in and out of mouth: Severe. Upper (arms, wrists, hands, fingers). Include chorei movements (i.e. rapid objectively purposeless, irregular, spontaneous) athetoid movements, DO NOT INCLUDE TREMOR (i.e. repetitive, regular, rhythmic): Severe. Lower (legs, knees, ankles, toes) Lateral knee movement, foot tapping, heel dropping, foot squirming, inversion, and eversion of foot: Severe. Neck, shoulders, hips, e.g. rocking, twisting, squirming, pelvic gyrations. Include diaphragmatic movements: Severe. Severity of abnormal movements overall: Severe. Incapacitation due to abnormal movements: Severe. Resident's awareness of abnormal movements. Rate only Resident's report: Aware, severe distress. Resident does not currently have problems with teeth and/or dentures. Resident does not usually wear dentures. Edentulous: No. Movements do not disappear in sleep. Resident cooperation level: Full. N Adv - AIMS Total score: 28.0 05/13/2024 at 13:41 [1:41 PM].</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045203	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/23/2024
NAME OF PROVIDER OR SUPPLIER  The Springs Batesville		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the Progress Notes indicated Resident #294 BIMS Evaluation: Brief Interview for Mental Status should be conducted. Number of words repeated after first attempt: Three. Record Response: sock blue bed Able to report correct year. Record response (year): 2024 Able to report correct month: Missed by &gt; 1 month or no answer. Record response (month): December Able to report correct day of the week: Incorrect or no answer. Record response (day): Thursday Able to recall sock: No, could not recall. Able to recall bed: No, could not recall. Able to recall blue: Yes, no cue required. N Adv - BIMS Summary score: 8.0</p> <p>A review of the Care Plan revealed these interventions for Resident #294, Focus: The resident is at risk for falls r/t involuntary extremity movements, Interventions: Anti-tippers to wheelchair due to thrashing.</p> <p>On 05/20/2024 at 11:45 AM, the Surveyor observed Resident #294 in Dayroom, both brakes were locked, the back of the wheelchair had anti tippers in place. The Surveyor observed Resident #294 had involuntary movements causing the wheelchair to move.</p> <p>On 05/20/2024 at 12:40 PM, the Surveyor observed Resident #294 in the wheelchair in the dining area. The Surveyor observed Certified Nursing Assistant (CNA) #11 lock the brakes on the wheelchair while setting up the tray. The Surveyor observed Resident #294 was eating lunch, having involuntary movements and the wheelchair was moving back and forth still.</p> <p>On 05/23/2024 at 10:20 AM, the Surveyor asked CNA #13 if Resident #294's wheelchair had both brakes locked in the dayroom. CNA #13 said, yes both brakes were locked, they usually are. The surveyor asked what could happen to the resident with both brakes being locked. CNA #13 said with Resident #294's involuntary movements it could cause (the resident) to go backwards. The Surveyor asked what other interventions could be considered for the resident other than locking the brakes. CNA #13 said a different chair with foot pedals or an anti-roll back.</p> <p>On 05/23/2024 at 10:38 AM, the Surveyor showed Licensed Practical Nurse (LPN) #15 that both brakes were locked on wheelchair, and asked what could happen to the resident with both brakes being locked. LPN #15 stated that it is a restraint the resident cannot move. The Surveyor asked what interventions could be in place. LPN #15 stated that the resident is a newer admission, and they agree that the resident needs to be reassessed for a different chair. LPN #15 then stated that the resident needed more padding as well to prevent injury with involuntary movements.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045203	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/23/2024
NAME OF PROVIDER OR SUPPLIER  The Springs Batesville		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38200</p> <p>Based on observation, interview, and record review, the facility failed to ensure bed rail assessments were performed before the use of bed rails for 1 (Resident #06) of 1 sampled resident reviewed for accidents. The findings are:</p> <p>Review of Resident #06's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date of 03/13/2024 revealed 'Physical Restraints'- bed rail not used, and an Active Diagnosis of Seizure Disorder or Epilepsy.</p> <p>Review of Resident #06's Side Rail(s) Usage assessment dated [DATE] indicated resident #06 did not use bed rails.</p> <p>On 05/21/2024 at 11:44 AM, the Surveyor observed both of Resident #06's side rails up at the top of the bed with the right side rail padded on top and sides with what appeared to be a black foam pool noodle.</p> <p>On 05/22/2024 at 9:00 AM, the Surveyor observed Resident #06 lying in bed on the resident's right side with eyes closed. Both half side rails up at the top of bed with the right side rail padded on top and sides with what appeared to be a black foam pool noodle.</p> <p>On 05/22/2024 at 2:56 PM, the Surveyor went to Resident #06's room and observed the resident sitting up on the side of the bed with the resident's right leg leaning up against the half side rail that was up.</p> <p>On 05/22/2024 at 3:01 PM, the Surveyor took Certified Nursing Assistant (CNA) #10 to Resident #06's room. The resident was observed sitting up on the side of the bed with the resident's right leg leaning up against the half side rail that was up. CNA #10 confirmed she was familiar with Resident #06's care. CNA #10 confirmed both half rails were up on the bed but did not know why they were both up.</p> <p>On 05/22/2024 at 3:21 PM, the Surveyor took Licensed Practical Nurse (LPN) #12 to Resident #06's room and the resident was observed sitting up on the side of the bed with her right leg leaning up against the half side rail that is up. LPN #12 confirmed she was familiar with Resident #06's care. LPN #12 confirmed both half side rails were up on the bed. LPN #12 stated she had started back working for the facility on May 6, 2024, and confirmed the two half rails have been up since she has worked at the facility.</p> <p>On 05/22/2024 at 03:27 PM, the Surveyor took the Director of Nursing (DON) to Resident #06's room. The resident was observed sitting up on the side of the bed with the resident's right leg leaning up against the half side rail that was up. The DON confirmed she was familiar with Resident #06's care. The DON confirmed the two half side rails were up on Resident #06's bed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045203	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/23/2024
NAME OF PROVIDER OR SUPPLIER  The Springs Batesville		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 05/23/2024 at 9:34 AM, the Surveyor interviewed the Minimum Data Set (MDS) Coordinator who confirmed that Resident #06's side rail assessment should be completed quarterly, and that Resident #06 had their most recent quarterly side rail assessment dated for 03/11/2024 when it was due, but it was actually completed on 05/22/2024 at 15:11 (3:11) PM. She also confirmed that when assessments are completed it should be at the bedside for observation purposes, so the assessment is accurate.</p> <p>On 05/23/2024 at 09:46 AM, the Surveyor interviewed the Director of Nursing (DON) who confirmed Resident #06's side rail assessment should have been conducted quarterly and was due on 03/11/2023 but was actually completed on 05/22/2024 at 15:11 PM and was not completed timely.</p> <p>On 05/23/2024 at 11:24 AM, the Surveyor interviewed the Maintenance Director who reported that he didn't install the half side rails on Resident #06's bed and that they have been there since his employment started two months ago. He confirmed there is to be a quarterly assessment completed for an entrapment report, but it was not completed for Resident #06.</p> <p>On 05/23/2024 at 9:34 AM, the Surveyor interviewed the Minimum Data Set (MDS) Coordinator, and she confirmed Resident #06's side rail assessment should be completed quarterly and that Resident #06 had her most recent quarterly side rail assessment dated for 03/11/2024 when it was due, but it was actually completed on 05/22/2024 at 15:11 PM. She also confirmed that when assessments are completed it should be at the bedside for observation purposes, so the assessment is accurate.</p> <p>Review of the facility policy titled, Proper Use of Side Rails, with a revision date of December 2016 noted, General Guidelines .An assessment will be made to determine the resident's symptoms, risk of entrapment and reason for using side rail. When used for mobility or transfer, an assessment will include a review of the resident's- a. Bed mobility; b. Ability to change positions, transfer to and from bed or chair, and to stand and toilet; c. Risk of entrapment from the use of side rails; and d. That the bed's dimensions are appropriate for the resident's size and weight . 5. Consent for using restrictive devices will be obtained from the resident or legal representative per facility protocol . 13. When side rail use is appropriate, the facility will assess the space between the mattress and side rails to reduce the risk for entrapment .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045203	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/23/2024
NAME OF PROVIDER OR SUPPLIER  The Springs Batesville		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>48390</p> <p>Based on observation, interview and policy review, the facility failed to ensure controlled medications were stored in a permanently affixed container in the medication room.</p> <p>The findings are:</p> <p>On 05/23/2024 at 1:00 PM, the Assistant Director of Nursing (ADON) toured the medication room with the Surveyor. The refrigerator used to store medications was not locked. Once opened a black safe-style box with a combination lock was observed sitting on a glass shelf in the refrigerator. The Surveyor pulled on the narcotics box, which came out of the refrigerator and was not permanently affixed in the refrigerator.</p> <p>On 05/23/2024 at 1:10 PM, the ADON was asked why the narcotics box should be permanently affixed. The ADON indicated so that you can't take it out and carry it off.</p> <p>On 05/23/2024 at 1:16 PM, the Surveyor spoke with the Administrator regarding the narcotics box not being affixed in the refrigerator. The Surveyor asked why the narcotics box must be permanently affixed. The Administrator indicated because it has controlled substances in it.</p> <p>On 05/23/2024 at 1:37 PM, the Administrator provided a Storage of Medications policy, which read, . Schedule II-V controlled medications are stored in separately locked, permanently affixed compartments .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045203	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/23/2024
NAME OF PROVIDER OR SUPPLIER  The Springs Batesville		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>44852</p> <p>Based on observation, interview, and policy review, the facility failed to ensure 5 sampled residents who have a physician's order for a pureed diet received food which was smooth, lump free consistency to minimize the threat of choking or other complications.</p> <p>The findings are:</p> <p>On 05/21/2024 at 11:49 AM, a pureed meal was observed being plated for a resident with an order for a pureed diet for the lunch meal. A scoop of the pureed baked ham was observed to be placed on the plate. The mixture was observed to be textured with bits of unprocessed ham remaining in the mixture. Water, which was escaping from the ham, was observed to run across the plate and form puddles around the cornbread and peas. What was identified as pureed cornbread was observed to be placed on the plate. The cornbread mixture was observed to not hold its form. What was identified as pureed black-eyed peas was observed to be placed on the plate and did not hold its form. At 11:51 AM, a second pureed lunch meal was observed to be placed on a tray to be served. The food items were observed to have the same issues with consistency and the unblended food particles as the first observation.</p> <p>On 05/21/2024 at 12:15 PM, the Dietary Manager (DM) was observed placing several pieces of ham in the bowl of a food processor as additional servings were needed. After processing the meat mixture was placed into the steam table pan for serving. At 12:21 PM, pureed items were placed on a plate for serving. The ham mixture was observed to consist of small ham bits. There was no part of the substance that appeared to be of a smooth consistency. The cornbread on the plate did not hold its form. The plate did not contain peas. The water escaping from the ham encapsulated the pureed bread and the potato mixture. The water on the plate was 1/8th to 1/4th inches deep.</p> <p>On 05/22/2024 at 9:10 AM, the DM verbalized that therapeutic diet, such as pureed is often ordered for a resident who has chewing or swallowing problems when asked the purpose of a therapeutic diet. The correct consistency was verbalized as somewhere between applesauce and pudding, that the pureed food item should hold its form. When asked to describe the ham that was served on 05/21/2024, the DM verbalized that the mixture was a little grainy. She continued that the mixture did not appear smooth and had water escaping from it. The cornbread mixture was described as not holding its form. The black-eyed peas were described as not so runny but surrounded by water from the ham. The DM reported that the facility has multiple machines, but none that will produce a smooth meat mixture.</p> <p>On 05/22/2024 at 9:25 AM, the Administrator provided a policy concerning therapeutic diets which revealed a therapeutic diet is ordered by the physician to support the treatment plan of care. A diet with an altered consistency is considered as one form of a therapeutic diet.</p> <p>On 05/22/2024 at 11:35 AM, Certified Nursing Assistant (CNA) #1 was asked to describe the pureed lunch meal. CNA #1 described the ham mixture as lumpy with dark specs that are either pepper or the rim of the ham slice. The word mush was used to describe the cornbread. CNA #2 was asked to describe the ham mixture. CNA #2 reported that the mixture looked chunky, not smooth, with particles of meat that were not processed. The cornbread was described as runny and floating in water which came from the ham.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045203	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/23/2024
NAME OF PROVIDER OR SUPPLIER  The Springs Batesville		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>49689</p> <p>Based on observation, record review, and interview, the facility failed to ensure a resident's preferences or allergies for a diet was implemented for 1 (Resident #79) of 1 sampled resident.</p> <p>The findings are:</p> <p>A review of the Order Summary revealed Resident #79 had diagnoses of dementia, functional intestinal disorder, and lactose intolerance.</p> <p>A review of the Order Summary revealed an order that stated, Regular Diet, Regular texture, Regular consistency, enhanced food all meals, offer high calorie lactose free snack TID [three time per day] (i.e. peanut butter sandwich); food served in bowls at meal times for Lactose Intolerant Do Not Send Milk.</p> <p>A review of the Food Dislikes/Likes stated, Resident is to receive soy milk.</p> <p>A review of the Progress Notes stated, Note Text: Ate 50% or less for 2 or more meals in the day. Offered [Nutritional Supplement Brand] supplement at hs [bedtime]. Consumed 237mL [milliliters]</p> <p>A review of the Certified Nursing Assistant Task Snacks states that for Resident #79 Task Nutrition-Snacks-Offer and encourage high protein low lactose free three times a day.</p> <p>A review of the Care Plan revealed Focus-Resident has potential for nutritional deficits related to dementia and lactose intolerance causing GI upset when consumed. Resident may require verbal cues to stay on task to complete eating, Interventions-Avoid dairy based foods/beverage.</p> <p>A review of the Care Plan revealed Focus-At risk for potential allergic reaction to known/unknown drugs/food. Allergies: Lactose Intolerant. Goal-Risk for allergic reaction to Drugs/Food will be minimized through review date. Interventions-If adverse side effect/allergic reaction or signs and symptoms of allergic reaction such as hives, rash, itching, difficulty breathing occur, Notify MD/Practitioner; Review allergies to foods when preparing diet/meals.</p> <p>On 05/20/2024 at 12:56 PM, the Surveyor observed dining on secure unit. Resident #79 was observed during lunch drinking whole milk. A review of the meal ticket revealed that Resident #79 had Allergies: Lactose, Dislike/Intolerances: Cheese; Notes: Enhanced; No Lactose, No Milk, No, Cheese; Sandwich Each Meal. The Surveyor observed that the resident had drank 50% of the liquid.</p> <p>On 05/20/2024 at 01:00 PM, the Surveyor asked Certified Nursing Assistant (CNA) #11 to review Resident #79's meal ticket for lunch. CNA #11 said it says that Resident #79 is lactose intolerant and the resident received milk. CNA #11 said that she was not aware Resident #79 was lactose intolerant, and that Resident #79 had received milk for lunch several times. The Surveyor asked what could be the issue for the resident to be drinking milk products. CNA #11 said well they are allergic to it and it could cause the resident to have diarrhea.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045203	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/23/2024
NAME OF PROVIDER OR SUPPLIER  The Springs Batesville		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 05/23/2024 at 09:43 AM, the Surveyor asked the Dietary Manager why is it important to follow resident allergies for meals. The Dietary Manager said because they are allergic to the item, it's important that they do not receive that item as it could cause harm.</p> <p>A review of the facility policy, Food Allergies and Intolerances stated, For example, lactose intolerance is the inability to digest milk sugars due to a deficiency in the enzyme lactase. Lactose intolerance causes gas, bloating, cramping, and diarrhea. Assessment and Interventions: 5. Residents with food intolerances and allergies are offered appropriate substitutions for foods they cannot eat.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045203	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/23/2024
NAME OF PROVIDER OR SUPPLIER  The Springs Batesville		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>44852</p> <p>Based on observation, record review, and interview, the facility failed to ensure food items were discarded by their use by date; food items were stored and served in a manner to prevent cross contamination; and hair covering for the face and head were worn at all times in 1 of 1 kitchen.</p> <p>The findings are:</p> <p>On 05/20/2024 at 10:35 AM, Dietary Aide #5 was observed with facial hair which was uncovered.</p> <p>On 05/20/2024 at 10:45 AM, a previously opened package containing tortillas was observed on the top shelf of the bread rack. The use by date was 05/14/2024.</p> <p>On 05/20/2024 at 10:50 AM, a one-pound bag of diced onion was observed on the shelf of the walk in refrigerator. The use by date was 05/13/2024. A 5-pound container of cottage cheese which was 3/4 full was observed on a shelf in the walk-in refrigerator. The use by date was 05/19/2024.</p> <p>On 05/20/2024 at 10:52 AM, the Maintenance Director was observed to be working in the kitchen without a covering for facial hair. The Dietary Manager was asked if an individual in the kitchen with facial hair should have a face covering. The Dietary Manager confirmed a facial hair covering should be worn at all times in the kitchen.</p> <p>On 05/20/2024 at 10:55 AM, two pitchers of iced tea were observed in the drink refrigerator with the lids turned to open exposing the contents to air and contamination.</p> <p>On 05/20/2024 at 11:15 AM, the following items were observed in the dry storage area:</p> <ul style="list-style-type: none"> <li>a. A one pound bag of marshmallows, half full, with a use by date of 04/21/2024.</li> <li>b. A one pound bag of marshmallows with a use by date of 05/14/2024.</li> <li>c. A 50 pound bag of rice, 1/2 full, unsealed, and open to air and contaminates.</li> <li>d. A 50 pound bag of cake mix, 1/2 full, unsealed, and open to air and contaminates.</li> </ul> <p>On 05/20/2024 at 11:58 AM, Dietary Aide #6 was observed to enter the kitchen through the door in the dining room. Dietary Aide #6 walked through the entire length of the kitchen prior to arriving at the Dietary Manager's office where he put a covering over his head.</p> <p>On 05/20/2024 at 12:41 PM, a nourishment refrigerator on Hall 200 was observed to contain the following items:</p> <ul style="list-style-type: none"> <li>a. 2 plastic bags containing half a sandwich each. The bags were not dated.</li> <li>b. A 1/2 bottle of water, not labeled with a name or a date.</li> </ul> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045203	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/23/2024
NAME OF PROVIDER OR SUPPLIER  The Springs Batesville		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>c. A floral lunch container. CNA #7 confirmed that the lunch container was hers, however she was unaware of who the water belonged to, just that she was sure it belonged to an employee.</p> <p>On 05/21/2024 at 10:40 AM, a 20 ounce bottle of water, 1/3 full, was observed in the nourishment refrigerator on Hall 200. The bottle had no name or date. CNA #7 identified the water as belonging to her partner, CNA #9.</p> <p>On 05/21/2024 at 11:41 AM, Dietary Aide (DA) #3 was observed at the beginning of the tray line. DA #3's fingers and/or thumb were placed on the surface of the plate when the plate was picked up and the thumb remained in the plate as the plate was filled. DA #3 was also observed to place her fingers inside the bowls which were filled for a resident who required the meal be served in bowls. At 12:07 PM, DA #3 was observed to place her fingers inside a bowl and a cup prior to filling.</p> <p>On 05/21/2024 at 12:02 AM, DA #6 was observed to enter the kitchen through the door located in the dining room. The employee was observed to cross the length of the kitchen before obtaining and putting on a hair covering.</p> <p>On 05/22/2024 at 9:00 AM, the Dietary Manager was asked how long foods are kept after they are opened. The Dietary Manager described how the length depended on the food item; refrigerated foods are considered good after 5 days. When asked how dishes/utensils should be handled to prevent cross contamination, the Dietary Manager reported that nothing that enters the mouth should be touched. The Dietary Manager also confirmed that the inside of a plate, cup or bowl should not be touched. When asked when a hair covering should be applied, the Dietary Manager expressed that coverings for face and head should be applied prior to entering the kitchen.</p> <p>On 05/22/2024 at 9:25 AM, the Administrator supplied a policy concerning food storage titled, Food Receiving and Storage, which described that dry foods are stored in bins and will be removed from original packaging, all food in the refrigerator or freezer will be covered, labeled, and dated with a use by date. A policy titled, Preventing Foodborne Illness revealed hair nets or caps and or beard restraints must be worn to keep hair from contacting exposed food, clean equipment, utensils, and linens.</p>		