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	08/28/2025

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 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. Based on observation, record review and interview, the facility failed to ensure meals were served according to the planned written menu to meet the nutritional needs of the residents for one of one meal observed. The findings include: During an observation and interview on 08/25/2025 at 12:14 PM, this surveyor observed Dietary [NAME] (DC) #1 use a #8 scoop (4 ounces) to serve a single portion of regular ham, potato and cheese casserole, instead of an eight-ounce (oz) ladle which was equal to a cup, as per the menu. DC #1 stated she thought #8 scoop was 8 oz. During an observation and interview on 08/25/2025 at 12:30 PM, this surveyor observed DC #1 use a #8 scoop to scoop and serve a single portion of mechanical soft ham, potato and cheese casserole, instead of 8 oz ladle which was equal to a cup, as per the menu. DC #1 stated she thought #8 scoop was 8 oz. Review of the Noon Meal Menu indicated the residents on regular diets, mechanical soft diets, and residents on pureed diets were to receive one cup (8 oz) of ham, potatoes and cheese casserole.

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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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview and facility policy review, the facility failed to ensure the ice machine was maintained in a sanitary manner; expired food items were promptly removed or discarded on or before the expiration or use by date, that dietary staff washed their hands between dirty and clean equipment, and hot food items were maintained at required temperature for one of one meal observed. The findings include: During an observation and interview on 08/25/2025 at 10:43 AM, Dietary [NAME] (DC) #1 wore gloves on her hands while she picked up a box of plastic wrap from under the food preparation counter and placed it on the counter, contaminating her gloves. Without changing her gloves or washing her hands, DC #1 then used the same contaminated glove to pick up grilled cheese sandwiches and placed them into a pan to be served to the residents for lunch. DC #1 stated she should have removed the gloves and washed her hands after touching the plastic wrap box. During an observation and interview on 08/25/2025 at 10:51 AM, Dietary Aide (DA) #2 wore gloves on her hands while she opened the refrigerator and removed a clear bag that contained slices of cheese and placed it on the counter. Without changing gloves or washing her hands, DA #2 used her contaminated gloved hand to remove slices of cheese and placed them into a bowl to be served to the residents. During an observation and interview on 08/25/2025 at 10:53 AM, the ice machine in the kitchen had wet black residue underneath the panel where ice that sits in the ice collector touches. The Assistant Dietary Manager (ADM) stated that maintenance cleans it every 3 days. The ADM stated that the Certified Nursing Assistants used the ice for water pitchers in the residents' rooms. The ADM confirmed that the ice machine was dirty, with wet black residue. The Assistant Maintenance Man stated he cleaned the ice machine every week but has not cleaned the area where the residue was observed. During an observation and interview on 08/25/2025 at 10:57 AM, the ice holder, on the wall by the ice machine, had wet brownish residue at the bottom of it, and the ice scoop was resting on it. The ADM confirmed the scoop holder was dirty and had brownish residue and that the kitchen used it for the beverages served to the residents. During an observation and interview on 08/25/2025 at 11:19 AM, there were nineteen 24-ounce boxes of nectar thickened water on a shelf in the storage room, which had an expiration date of 08/05/2025. The ADM stated that all nineteen boxes of nectar thickened water were expired, and she would discard them. During an observation and interview on 08/25/2025 at 11:38 AM, the temperature of the food items on the steam table in the kitchen, when checked and read by ADM resulted as: hamburger patties 103 degrees Fahrenheit. The above meat item was not reheated before they were served to the residents who requested it. A review of a facility policy titled Food and Nutrition Services Quick Resource Tool: QRT Hand Washing indicated that it'sˆimportant to wash your hands before starting to work with food, utensils, (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	or equipment and as often as needed during food preparation and when changing tasks. A review of a facility policy titled Sanitation of ice scoop policy indicated that that the ice scoop shall be sanitized daily by dietary.