

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045211	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/26/2025
NAME OF PROVIDER OR SUPPLIER  The Springs of Texarkana		STREET ADDRESS, CITY, STATE, ZIP CODE  2107 Dudley Street Texarkana, AR 71854	

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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>49596</p> <p>Based on interview, record review, and the operational manual review for a borrowed lift van, the facility failed to ensure 1 (Resident #3) of 3 sampled residents received adequate supervision and assistance devices to prevent an accident; and, failed to ensure the Transport Driver (CNA #2) was properly trained in the use of a borrowed van with lift prior to Certified Nursing Aide (CNA) #2 transporting Resident #3 to an appointment, putting the resident at risk for serious harm, serious injury, serious impairment, or death.</p> <p>It was determined the facility's non-compliance with one or more requirements of participation had caused, or was likely to cause, serious injury, harm, impairment, or death to residents.</p> <p>The Immediate Jeopardy (IJ) was related to State Operations Manual, Appendix PP, 483.25(d) (Accidents and Hazards) at a scope and severity of J.</p> <p>The IJ began on 11/06/2024, when Resident #3 was transported to an appointment using a borrowed van without appropriately training the staff transporting Resident #3 on the use of the lift of the borrowed van.</p> <p>The Administrator was notified of the past noncompliance (PNC) IJ on 02/26/2025 at 1:50 PM. The facility implemented corrective actions which were completed prior to the State Agency's completion of its survey; thus it was determined to be a Past Noncompliance citation.</p> <p>The findings are:</p> <p>Resident #3's Minimum Data Set (MDS) with an Assessment Reference Date of 2/10/2025 identified Resident #3 to have a Brief Interview for Mental Status (BIMS) score of 15, indicating Resident #3 was cognitively intact. Resident #3 was identified to be totally dependent on staff for chair to bed and chair to chair transfers and sit to stand. Resident #3 was identified to require a wheelchair and limb prosthesis for mobility. Resident #3 has diagnosis of type 2 diabetes mellitus, chronic kidney disease, bi-lateral lower extremities amputee, obesity, muscle weakness.</p> <p>Resident #3's Plan of Care, dated 11/21/2024, identified Resident #3 to have sustained a witnessed fall with injury from the van lift.</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:  045211	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/26/2025
NAME OF PROVIDER OR SUPPLIER  The Springs of Texarkana		STREET ADDRESS, CITY, STATE, ZIP CODE 2107 Dudley Street Texarkana, AR 71854	
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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On 2/24/25 at 3:00 PM, the Surveyor interviewed Resident #3, who reported Resident #3 had rolled off the van lift when the wheelchair rolled backwards while the lift was raised. Resident #3 said, I thinks the wheel must have caught between the tailgate like thing on the back of the lift and the side of the lift. Resident #3 said the wheelchair rolled backwards and was tilted after it caught in the lift. Resident #3 said the wheelchair wheels were not locked. Resident #3 said after falling from the lift onto the ground CNA #2 came around the van to assist Resident #3. Resident #3 said CNA #2 said, I should have double checked everything. Resident #3 said CNA #2 was very upset. Resident #3 said the wheelchair was not locked and I do not remember a belt being bucked behind the wheelchair. Resident #3 said, I had some bruises and scratches, and my right shoulder area was sore, but I was okay. Resident #3 said, I felt like I had been in a car wreck, just sore, but was okay after a few days. Resident #3 was very pleasant and able to answer the surveyor's questions.</p> <p>On 2/24/2025 at 4:30 PM, CNA #1 reported having been a van driver since 11/2023. CNA #1 said, I had been trained on the Springs of Texarkana facility van following an incident in November of 2024 where a resident fell from the borrowed van lift. CNA #1 said the Texarkana van was not the one the resident had fallen off. CNA #1 said the resident fell from the lift of a borrowed van, or bus. CNA #1 said the facility had borrowed the van from a sister facility nursing home and it was like a bus. CNA #1 said, I was not going to drive that bus. I was not trained or in-serviced on the borrowed van. CNA #1 provided a written statement stating she was not trained/in-serviced on any van other than the van provided by the Springs of Texarkana.</p> <p>On 2/24/2025 at 5:15 PM, CNA #3 stated she had been a van driver in the past but had transferred to the cottages. CNA #3 said she will continue to help with transport when needed. CNA #3 said she had not been trained on the van since May of 2024. CNA #3 provided a written statement stating she had transported a resident to dialysis about 3 weeks ago on a Saturday. CNA #3 said she was not aware of any van lift training over the last 4 months.</p> <p>On 2/24/2025 at 5:35 PM, CNA #2, the transport driver, stated he had taken the resident to an appointment at Hanger Clinic Prosthetics and Orthotics, and he loaded Resident #3, in a wheelchair, onto the wheelchair lift of the borrowed van and then activated the lift to raise the resident up. CNA #2 said I then went around the van and got in so I could assist the resident from the lift into the van. CNA #2 said he saw Resident #3 begin to roll backwards and fall off the lift in the wheelchair. CNA #2 said the van he had used that day was not the facility van but one that had been borrowed from another facility. CNA #2 said he had not been trained on the borrowed van, or its lift. CNA #2 said that the borrowed van's lift was on the side of the van and the Texarkana facility lift was on the back of the van. CNA #2 said the lifts loaded differently. CNA #2 said the lift on the borrowed van had a lean to it, the parking lot leaned downward, the resident was top heavy, and the wheelchair had a high back on it. CNA #2 said it was like the perfect storm, so to speak, Resident #3 fell off the lift in the wheelchair. CNA #2 said the van was parked on an incline.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045211	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/26/2025
NAME OF PROVIDER OR SUPPLIER  The Springs of Texarkana		STREET ADDRESS, CITY, STATE, ZIP CODE  2107 Dudley Street Texarkana, AR 71854	
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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On 2/24/2025 at 6:08 PM, the Administrator said the facility's van lift had gone down around November the 4th or 5th and on November 6, 2024, we borrowed a lift van from a sister facility, (Named facility) in Nashville. The Administrator said the lift and its mechanics were the same as the lift on our lift van. The Administrator said he and the Maintenance Supervisor went to Nashville to get the van and when they got back, he told the Maintenance Supervisor to get the group together so we can in-service them on the van. The Administrator said the maintenance supervisor said, let's do the ones that are insured. The Administrator said they trained 3 staff, CNA #1, CNA #2, and CNA #4 on the use of the borrowed van and its lift. The Administrator said the staff were trained by verbal instructions, not demonstration. The Administrator said, we all got on the van and talked about how to use the lift. So, we in-serviced CNA #2 and CNA #1 on driving the borrowed van, the operating of the van, the use of the doors and the basic operations of the van. The Administrator said, we cannot find the documentation of this training. The Administrator said training is normally done by their van mobility company representatives. The Administrator said we showed them the lift, seat belts in the van and where the wheelchairs sat side by side in the borrowed van, where theirs sat one behind the other. We did not do actual demonstrations on the borrowed van or the lift. We explained that it is the same as our old one, but nothing really changes. The Administrator said when our van came back, we did actual demonstrations with me sitting in a wheelchair and being lifted onto the van using the lift. The Administrator said there were no issues with the borrowed van's lift. The surveyor asked the Administrator if the facility provided paperwork to the staff when they trained. The Administrator said, when it is a new employee, we do. The Administrator said the mobility representative provides annual training for our staff and the representative comes twice a year and inspects the van and does our training. The Administrator said normally he (the mobility representative) would have provided it, but we did not contact him regarding this training. The Administrator said that the borrowed van's lift goes out to the side, where ours goes out the back, but it's the same principle. This surveyor asked the Administrator if he in-serviced all the van drivers on the use of the lift following the incident. The Administrator said they in-serviced all the staff listed on the list provided in the Facility Reported Incident and most were completed on 11/14/2024 but a couple was on 11/18/24. The Administrator said he sat in the wheelchair, and we trained the staff, and the staff completed a return demonstration on the facility van, following the incident. This surveyor asked the Administrator if the borrowed van lift had a seatbelt. The Administrator said confirmed it did. The Administrator said ours did not have that yellow strap that goes behind the wheelchair, but we ordered one of the belts and we demonstrated the use of that belt during the training on 11/14/24. The Administrator said if the lifts are not level, they will not move, the kick plates must be up for it to operate properly.</p> <p>On 2/25/25 at 9:15 AM, the Administrator provided the survey team with the training the administrator and the Maintenance Supervisor had conducted on 11/6/2024. The Administrator told the surveyor the sections highlighted in green were covered during the verbal training. The Administrator said they did not provide a demonstration of the lift during that training. The Administrator attached a yellow sticky note to the training sheet where he had written: Training for borrowed van - verbal direction since lifts/safety mechanisms are similar in operations. The Administrator provided the survey team with a copy of the Operational Manual for the borrowed van.</p> <p>On 2/25/025 at 9:15 AM, the Administrator provided the survey team with an invoice dated 11/12/2024 for a Yellow Safety Belt.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045211	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/26/2025
NAME OF PROVIDER OR SUPPLIER  The Springs of Texarkana		STREET ADDRESS, CITY, STATE, ZIP CODE  2107 Dudley Street Texarkana, AR 71854	
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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On 2/25/25 at 4:01 PM, an email was received from the ambulance service staff. On page 2 of the email the note states: the patient fell roughly 4-5 feet backwards from a wheelchair lift that broke midair and threw the patient back and off. The Narrative, on page 4, stated upon patient contact, the patient was lying on the ground holding patient head but appeared to be in no acute distress. The patient fell about 4-5 feet backwards. The patient had no loss of consciousness and took no blood thinners, the patient stated the patient was hurting all over, but the right shoulder and head hurt the worst.</p> <p>On 2/25/25 at 5:15 PM, a follow up phone interview was conducted by this surveyor with CNA #2. CNA #2 was asked if the lift itself had malfunctioned or broken. CNA #2 said the lift did not get down to the 45-degree angle. CNA #2 said the lift was that way when we got it from the other facility. It was not level, but it did lock into place, but it sagged away from van in the direction Resident #3 fell off the lift. This surveyor asked if the van was used to transport any other residents, following this incident. CNA #2 stated, yes, that very day. The Administrator told me to go pick up a wheelchair resident from dialysis on the way back to the facility. CNA #2 said he had told the Administrator about the lift leaning but was instructed to pick up the resident from dialysis first. The other resident was a wheelchair resident. CNA #2 said he used the lift, but did not have any issues with it when he picked the resident up. CAN #2 said the lift on the borrowed van goes up about 3 feet off the ground. The surveyor asked CNA #2 if Resident #3 had complained about Resident #3 head hurting. CNA #2 stated Resident #3 had not complained about that, but Resident #3 did not hit the ground headfirst, Resident #3 was shaken up, but the handles of the wheelchair hit the ground first and they bent. (Note: The Administrator had stated in his interview there were no problems with the lift).</p> <p>On 2/25/25 at 9:43 PM, the surveyor reviewed the Operational Manual for the van used to transport Resident #3 when the fall occurred. On page 10 of the manual, under lift operations safety is a list of warnings: Warning: Read manual and supplements before operating lift, become familiar with all safety precautions, operation notes and details, operating instructions and manual operating instructions before operating the lift . Warning: Load and unload on level surface only. Warning: Inspect the lift before operation, do not operate the lift if you suspect lift damage, wear, or any abnormal condition. On page 13 of the manual, it lists a Warning failure to follow these safety precautions may result in serious bodily injury and/or property damage.</p>		