

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 04/02/2026
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, record review, interview, and facility policy review, it was determined the ice machine was not maintained in a clean and sanitary condition to prevent potential contamination of residents' food and beverages, and to minimize the potential for waterborne illness for 84 of 91 residents who received ice from the kitchen. Seven residents did not receive ice from the kitchen, six residents received thickened liquids and one resident was NPO (Nothing by Mouth).</p> <p>The findings include:</p> <p>During an observation and concurrent interview on 03/30/2026 at 10:09 AM, this surveyor asked the Dietary Manager (DM) to wipe out the ice machine with a paper towel. The DM wiped around the door opening at the top of the storage bin, the paper towel had a yellowish-brown substance on it. The DM indicated the substance on the paper towel looked like rust. The DM indicated the Maintenance Supervisor (MS) was responsible for and cleaned the ice machine once a month, but that the DM had only worked at the facility for one week and was unsure when the last time was that the MS had cleaned the ice machine.</p> <p>During an interview on 03/30/2026 at 3:40 PM, the Administrator stated the ice machine had been cleaned and asked this surveyor to observe the ice machine and advise if the facility needed to take the ice machine out of service. This surveyor indicated that the surveyor could not tell the facility if they needed to take the ice machine out of service. This surveyor asked the Administrator to wipe the inside of the ice machine up by the top of the door of the storage bin with a paper towel and observed the paper towel had a substance that looked brown and yellow in color. The Administrator was asked to describe the substance. The Administrator stated, it looked dirty, like rust.</p> <p>During an interview on 04/02/2026 at 10:56 AM, the MS was asked who was responsible for cleaning the ice machine. The MS indicated that he deep cleaned the ice machine every two months. When asked the MS stated he was unsure what the dietary staff did to clean the ice machine on a daily or weekly basis.</p> <p>During an interview on 04/02/2026 at 2:34 PM, the Administrator indicated the MS was responsible for cleaning the ice machine weekly, as well as deep cleaning the ice machine but did not indicate how often.</p> <p>Review of an Ice Machine Deep Cleaning Log, provided by the MS, indicated weekly cleaning with the following dates listed for when the MS completed cleaning on the ice machine: 10/16/2024, 12/12/2024, 02/18/2025, 04/23/2025, 06/12/2025, 08/20/2025, 10/15/2025, 12/11/2025, 02/05/2026. (continued on next page)</p>		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of a facility policy titled Sanitization, with a revised date of October 2008, revealed Ice machines and ice storage containers will be drained, cleaned and sanitized per manufacturer's instructions and facility policy.</p> <p>Review of the ice machine's User Manual dated November 2012, revealed It is the User's responsibility to keep the ice machine and ice storage bin in a sanitary condition. Without human intervention, sanitation will not be maintained.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>Based on observations, interviews, record review, and facility policy review, the facility failed to develop and implement a Comprehensive Person-Centered Care Plan for one (Resident # 12) of three residents reviewed. Specifically, the facility failed to ensure Resident #12's smoking safety was addressed in the Care Plan to prevent accidents or injuries. The findings include: Review of Resident #12's Medical Diagnosis revealed Resident # 12 had diagnoses which included hemiplegia (paralysis) affecting left non-dominant side, transient ischemic attack (TIA) or stroke. Review of Resident #12's admission Minimum Data Set (MDS) with an Assessment Reference Date of 02/12/2026 revealed the resident had a Brief Interview for Mental Status (BIMS) score of 14 which indicated Resident #12 was cognitively intact. The MDS also revealed Resident #12 required use of wheelchair for mobility and identified Resident #12 as a current tobacco user. Review of Resident #12's admission Smoking Safety Screen dated 02/05/2026 indicated Resident #12 was safe to use tobacco with supervision and indicated Resident #12 smoked 5-10 cigarettes a day. Review of Resident #12's Care Plan dated 02/05/2026 does not address smoking, that Resident #12 smoked, or smoking safety. On 03/31/2026 at 3:30 PM, this surveyor observed Resident # 12 smoking with supervision during smoke break. During an interview on 04/02/2026 at 10:19 AM, Certified Nursing Assistant (CNA) #1 stated the Care Plan would reveal how to take care of a resident. During an interview on 04/02/2026 at 10:20 AM, Licensed Vocational Nurse (LVN) #2 stated the Assessment or Care Plan would reveal how much care a resident needed and how to take care of the resident. During an interview on 04/02/2026 at 1:17 PM, MDS Coordinator #3 stated information obtained from the MDS, and the Smoking Safety Screen would indicate if the resident smoked and how much care was needed to be placed on the residents' Care Plan. MDS Coordinator #3 stated Resident # 12's Care Plan dated 02/06/2026 did not identify Resident #12 as a smoker and was not accurate. MDS Coordinator # 3 stated it was important to ensure the Care Plan data was accurate, so all staff knew what care a resident needed. During an interview on 04/02/2026 at 1:31 PM, the Director of Nursing (DON) stated MDS Coordinator #3 was responsible for the review of Care Plans for accuracy. The DON stated it was important to ensure accuracy of Care Plans to know how to take care of the residents. The DON stated she was not aware of [any] inaccuracies related to Care Plans. Review of a facility policy titled Care Plans, Comprehensive Person-Centered revised March 2022 revealed A Comprehensive, person-centered Care Plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. The policy also revealed The care plan describes the services to be furnished.</p>		