

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045275	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/01/2024
NAME OF PROVIDER OR SUPPLIER The Springs of El Dorado		STREET ADDRESS, CITY, STATE, ZIP CODE 1700 East Short Hillsboro El Dorado, AR 71730	

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>37925</p> <p>Based on observation, record review and interview, the facility failed to ensure residents on the secured unit were supervised while smoking to decrease the potential for injury for 2 (Residents #37 and #71) of 2 sampled residents who were smoking without supervision. The findings are:</p> <p>1. Resident #37 had diagnoses of Alcohol-Induced Persisting Dementia. A Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/23/23 documented the resident scored 14 (13-15 cognitively intact) on a Brief Interview for Mental Status (BIMS).</p> <p>a. A Care Plan with a revision date of 12/13/23 documented, .I smoke cigarettes and am at risk for injury . Resident requires supervision with smoking .</p> <p>b. A Smoking Safety Screen dated 12/07/23 documented, .Category: safe to smoke with supervision .</p> <p>c. On 2/27/24 at 3:25 PM, Certified Nursing Assistant (CNA) #2 opened the door to the smoking area on the secured unit, gave Resident #37 and one male resident a cigarette, lit it with a lighter and allowed those two residents and another male resident who did not have cigarette, to go outside to the smoking area. CNA #2 re-entered the building leaving 2 residents smoking and a third resident just sitting, and all were unattended in the smoking area.</p> <p>2. Resident #71 had diagnoses of Suicidal Ideations, Seizures or Convulsions and Bipolar Disease. A Quarterly MDS with an ARD of 12/06/23 documented resident #71 had a BIMS score of 15.</p> <p>a. A Care Plan with a revision date of 01/03/24 documented, . I smoke cigarettes . Resident requires supervision with smoking .</p> <p>b. A Smoking Safety Screen dated 1/11/24 documented, .Category: safe to smoke with supervision .</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
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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>c. On 2/27/24 at 3:26 PM, CNA #2 left the smoking area, went down the hall and returned with Resident #71 following her to the smoking area. At 3:27 PM, CNA #2 gave Resident #71 a cigarette, lit it with a lighter, allowed Resident #71 to go out to the smoking area with 3 other residents, 2 who were smoking, and she re-entered the building. There was a female resident sitting in a wheelchair and CNA #2 propelled this resident down the hall, away from the smoking area, leaving 4 residents, 3 of whom were smoking cigarettes. No residents were wearing smoking aprons. At 3:38 PM, CNA #2 did go to the door and looked outside, where Resident #37 was the only resident outside, yet smoking a lit cigarette, as the other residents came in on their own. CNA #2 then went back down the hallway, leaving Resident #37 unattended. At 3:39 PM, Resident #37 finished smoking, placed the used cigarette in the smoking receptacle and re-entered the building.</p> <p>d. On 2/27/24 at 3:44 PM, CNA #2 was asked if she was familiar with [Resident #37]'s plan of care. CNA #2 stated, No ma'am I'm not. The Surveyor asked if [Resident #37] was able to smoke without supervision. CNA #2 stated, Yes, [Resident #37] is. CNA #2 was asked if the other residents were able to smoke without supervision. CNA #2 stated, It's usually two people back here and one would be out with the resident's that smoke, and the other one would stay in here. It's usually two CNAs back here and sometimes the other CNA is late. CNA #2 confirmed that if a resident's clothing caught fire with no staff there, that the resident could burn holes in their clothing or burn up.</p> <p>e. On 2/28/24 at 11:40 AM, the Director of Nursing (DON) confirmed residents on the secured unit were not allowed to smoke without supervision.</p> <p>f. A Smoking Policy provided by the Director of Operations on 2/26/24 documented, .Purpose To permit residents who smoke the right to do so within the limits designated by the smoking policy to ensure safety and comfort for the smokers and for the others in the environment .</p> <p>g. A Smoking Procedure Admission Packet provided by the Director of Operations on 2/26/24 documented, . Resident's will be supervised while smoking at the facility during designated smoking times .</p>		