

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 04/30/2026
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on observations, interview, record review, and facility policy review, it was determined the facility failed to ensure provider orders were completed for one resident (Resident #2) of three residents reviewed for wound care.</p> <p>The findings include:</p> <p>Review of Resident #2's admission Record revealed the facility admitted Resident #2 on 01/07/2025 with diagnoses that included peripheral vascular disease, acquired absence of a right toe, and malnutrition.</p> <p>Review of Resident #2's Progress Notes from 03/31/2025 at 2:58 PM, revealed the resident was alert and oriented to person, place, and time. The Progress Note also revealed Resident #2 was cognitively intact and went to the Wound Care Clinic for wound care.</p> <p>Review of a Wound Care Clinic Order for Resident #2 dated 03/18/2025, revealed the following order for dressing wound #2 (right lower leg), wound #3 (left lower leg), and wound #4 (right lower leg): -Wound to be cleansed with normal saline every other day for 30 days. -Primary Dressing of transfer foam to be applied every other day for 30 days. -Secured with soft cloth surgical tape every other day for 30 days.-Secured with sterile roll gauze bandages every other day for 30 days. -Add-on of gauze sponge, non-sterile every other day for 30 days.</p> <p>Review of a Wound Care Clinic Order for Resident #2 dated 03/25/2025, revealed an additional wound identified as Wound #5 (right lower leg) and new orders for Wound #2 (right lower leg) as follows:-Wound to be cleansed with normal saline every other day for 30 days. -Primary Dressing of an autolytic debridement gel every other day for 30 days.-Secondary Dressing of an auto debridement dressing every other day for 30 days, to be applied over the primary dressing.-Secured with soft cloth surgical tape every other day for 30 days.-Secured with sterile roll gauze bandage every other day for 30 days.</p> <p>-Compression stockings (generic elasticated tubular bandage) right leg compression.</p> <p>-Add-on of gauze sponge, non-sterile every other day for 30 days.</p> <p>Review of the Wound Care Clinic Order for Resident #2 dated 03/25/2025, also revealed wounds #3, #4, and #5 were to have the same dressing as documented above, but without the compression stocking.</p> <p>Review of the facility's Treatment Administration Record (TAR) dated March 2025, revealed the following treatments were completed for Resident #2: (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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Cleanse left lower leg with normal saline, pat dry, secure with soft cloth surgical tape, apply gauze to wound bed, apply self-adherent wrap, apply from toes to bend of leg with 50% overlap 1x a week for 30 days. Every day shift, every Tue, Thu, Sat for venous ulcer with a start date of 03/18/2025. Resident #2 received the treatment, per the TAR on 03/18/2025, 03/20/2025, 03/22/2025, 03/25/2025, 03/27/2025, and 03/29/2025.</p> <p>Cleanse right lower leg with normal saline, pat dry, secure with soft cloth surgical tape, apply gauze to wound bed, apply self-adherent wrap, apply from toes to bend of leg with 50% overlap 1x a week for 30 days. Every day shift, every Tue, Thu, Sat for venous ulcer with a start date of 03/18/2025. Resident #2 received the treatment, per the TAR on 03/18/2025, 03/20/2025, 03/22/2025, 03/25/2025, 03/27/2025, and 03/29/2025.</p> <p>Cleanse right bilateral extremity with normal saline, pat dry, apply autolytic debridement gel, apply auto debridement dressing, cover with soft surgical tape wrap with sterile gauze, apply elasticated tubular bandage for 30 days as needed for arterial ulcer, with a start date of 03/29/2025. Resident #2 had documentation of receiving this treatment on 03/29/2025 and 03/31/2025.</p> <p>Cleanse left bilateral extremity with normal saline pat dry, apply autolytic debridement gel, apply auto debridement dressing, cover with soft surgical tape wrap with sterile gauze, apply elasticated tubular bandage for 30 days every day shift every other day for arterial ulcer, with a start date of 03/29/2025. Resident #2 had documentation of receiving this treatment on 03/29/2025 and 03/31/2025.</p> <p>After comparison of the Wound Care Clinic Orders and the facility's TAR this surveyor noted incongruencies from the provider's orders to the documented treatments as follows:-No distinction made on the TAR to ensure both wounds were treated on the right lower leg (Wound #2 and #4), for the date of 03/18/2025.-No distinction on the TAR of Resident #2 receiving the transfer foam as ordered on 03/18/2025 to wounds #2, #3, and #4.-The frequency of dressing changes completed were not congruent with the provider's orders, performed on Tuesday, Thursday, and Saturday versus every other day as ordered.-Resident #2 received self-adherent wrap to both lower legs that was not ordered by the provider, during the dressing changes documented on 03/18/2025, 03/20/2025, 03/22/2025, 03/25/2025, 03/27/2025, and 03/29/2025.-No documentation of the compression stocking being applied to Wound #2 (right lower leg) as ordered on 03/25/2025</p> <p>During an interview on 04/29/2026 at 11:30 AM, the Treatment Nurse (TN) stated the process for completing orders from a Wound Care Clinic was that the Wound Clinic faxed orders to the facility after a resident had a clinic visit. Orders were then compiled and given to the TN during the facility leadership meetings held Monday & Friday at 9:30 AM. Resident orders were then updated by the TN to the TAR as soon as the TN received them, or at the end of the business day.</p> <p>During an interview on 04/29/2026 at 12:25 PM, the Director of Nursing (DON) indicated that it was the responsibility of the TN to ensure that provider orders from a Wound Care Clinic were completed. The DON also indicated that if wounds were not treated per the provider's order, wounds could deteriorate.</p> <p>During an interview on 04/29/2026 at 1:53 PM, the DON, Administrator, and the Nurse Consultant were not able to provide any documentation that Resident #2 received the treatment of the transfer foam as ordered on 03/18/2025, nor documentation as to why the orders written for every other day were performed on a Tuesday, Thursday, Saturday schedule as ordered on 03/1/2025. (continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a facility policy titled Medication and Treatment Orders, revised in July 2016, revealed that medications shall be administered per the written order of a licensed provider.</p>		