

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045288	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/11/2025
NAME OF PROVIDER OR SUPPLIER The Springs of Chenal		STREET ADDRESS, CITY, STATE, ZIP CODE 3115 S Bowman Road Little Rock, AR 72211	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>48977</p> <p>Based on observation, record review, interviews, and facility policy review the facility failed to ensure staff donned the proper Personal Protective Equipment (PPE) while providing care to 1 (Resident #7) on Enhance Barrier Precautions of 3 sampled residents selected for a complaint against the facility for quality of care/treatment.</p> <p>The findings include:</p> <p>A review of the quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/15/2025, revealed Resident #7 had a Brief Interview of Mental Status (BIMS) score of 00 indication of severely impaired cognition.</p> <p>A review of the Plan of Care for Resident #7 with a revision date of 10/21/2024, revealed Resident #7 required enteral tube feeding related to dysphagia and was care planned for enhanced barrier precautions (EBP).</p> <p>On 02/11/2025 at 2:00 PM, this surveyor observed Licensed Practical Nurse (LPN) #3 stop Resident #7 's continuous enteral feeding and disconnect the feeding pump from the Percutaneous Endoscopic Gastrostomy (PEG) tube without a gown in place.</p> <p>On 02/11/2025 at 2:07 PM, this surveyor observed Certified Nursing Assistant (CNA) #1 and CNA #2 transfer Resident #7 from the bed to the Geri-chair without gowns in place.</p> <p>On 02/11/2025 at 2:20 PM, this surveyor observed LPN #3 reconnect the enteral feeding pump to Resident #7's PEG tube while in the common area without a gown in place.</p> <p>On 02/11/2025 at 2:30PM, this surveyor observed CNA #1 and CNA #2 transfer Resident #7 back to bed without gowns in place.</p> <p>On 02/11/2025 at 2:37 PM, this surveyor observed CNA #1 and LPN #3 provide incontinence care to Resident #7 without gowns in place.</p> <p>On 02/11/2025 at 2:57 PM, during an interview, CNA #1 stated she was not familiar with Enhanced Barrier Precautions (EBP) and did not have a gown in place during transfers or while providing care to Resident #7.</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 02/11/2025 at 2:59 PM, during an interview, LPN #3 stated she did not have a gown in place while disconnecting or reconnecting the feeding pump from Resident #7's PEG tube. LPN #3 stated the purpose of EBP was for precautionary measure to prevent transferring bacteria.</p> <p>On 02/11/2025 at 3:00 PM, during an interview, the Director of Nursing (DON) stated staff should wear gown and gloves when providing care to a resident on EBP to protect the resident from microorganisms, germs, or anything the resident could be susceptible to.</p> <p>A policy titled Enhanced Barrier Precautions (copy right date 2024) noted Enhanced Barrier Precaution refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown, and glove[s] use during high contact resident care activities. High contact resident care activities include: dressing, bathing, transferring, providing hygiene, changing linen, changing briefs, device care or use: central line, urinary catheter, feeding tubes, tracheostomy/ventilator tubes, wound care: any skin opening requiring a dressing.</p>		