STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045306	A. Building B. Wing	08/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Springs of Hillcrest	1421 West Second St North Prescott, AR 71857

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)
F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews, record review, facility policy review, and documents it was determined the facility failed to ensure written notification provided to the resident, and or the residents representative of transfer/discharge to the hospital included all the required information when a resident was transferred to the hospital for two (2) (Resident #86, # 81) of three (3) sampled residents, reviewed for hospitalization. Based on record review, interview, and facility policy review, it was determined the facility failed to ensure written notification was provided to the resident and/or the resident's representative of transfer or discharge to the hospital. The facility also failed to ensure that the notification included all the required information for two (Residents #86 and # 81) of three residents reviewed. Resident #86 A review of Resident #86's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 08/06/2025 indicated that Resident #86 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident was cognitively intact. Resident #86's MDS also revealed the resident had diagnoses which included bloodstream infection, paraplegia, and bone infection. A review of a Progress Note for Resident #86 with reference date of 08/06/2025 at 10:15 AM, indicated the Director Of Nursing (DON) spoke to an employee with [hospital name] infectious disease who stated due to the nature of the diagnosis that [medication name] (two drugs that fight bacteria) was the only medication to treat the diagnosis, and Resident #86 would need to transfer back to the hospital for treatment. During record review on 08/13/2025 at 3:30 PM, this surveyor noted there was no notice of bed hold or transfer in Resident #86's clinical records. During an interview on 08/13/2025 at 3:42 PM, this surveyor requested the notice of transfer and bed hold from the Administrator (AD). The AD did not provide a transfer form but provided a form titled Notification of Bed Hold Policy. The document the AD provided did not include the following information that was required for a Notice of Transfer: -The reason for transfer. -The effective date of transfer. -The location to where the resident was transferred. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Statement of the resident's appeal rights with required information. -The name, address (mail and email) and telephone number of the Office of Long-Term Care and the Ombudsman. During an interview on 08/13/2025 at 4:53 PM, the AD was asked to provide the Notification of Transfer to the family that included the information regarding the appeal process and the contact information of the Ombudsman and OLTC. No additional information was provided. During an interview on 08/14/2025 at 10:44 AM, Social Services revealed the letter notification of transfer and bed hold was sent to family in the mail. This surveyor asked Social Services why it was important that this information be given to the family. Social Services stated it was important for the appeal process to be given to the family in case they wanted to appeal, but she was not sure why the family would need the Ombudsman and the state contact information. During an interview on 08/14/2025 at 3:23 PM, the AD stated the Notice of Transfer and Bed Hold should be trigger after the nurse completed the quick Admission, Discharge, and Transfer (ADT) in the facility's electronic record system. The AD indicated that it was the resident representative's right to choose where the resident was transferred to. Resident #81 A review of a Discharge MDS with an ARD of 07/20/2025 revealed Resident #81 had a Staff Assessment for Mental Status that indicated the resident was cognitively intact. The MDS indicated the resident had diagnoses which included fracture to the right shoulder, cancer of the pancreas, cancer of the bone, and muscle shrinking and weakening. A review of Resident #81's Electronic Transfer Form indicated Resident #81 transferred to the hospital on [DATE]. During an interview with the AD on 08/13/2025 at 03:42 PM, this surveyor requested the documentation that was given to Resident #81 or Resident #81's representative at the time of transfer. The AD provided a document titled Notification of Bed Hold and indicated that was the written communication provided to the representative of Resident #81. The document did not contain the required information for a complete Notice of Transfer including the following: - The reason for transfer. - The effective date of transfer. - The location to where the resident transferred. - A statement of the residents' appeal rights with required information. - The name, address (mail and email) and telephone number of the OLTC and the Ombudsman. During an interview on 08/14/2025 at 10:44 AM, Social Services indicated the document titled Notification of Bed Hold was the only document provided to Resident #81 and Resident #81's representative at the time of transfer. Social Services also indicated there was not any additional (continued on next page)

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	written information provided to the representative of Resident #81 regarding the missing transfer information, appeal process, or the contact information for the Ombudsman. Social Services indicated that it was important that the family have the appeal process in case they wanted to file an appeal. During an interview on 08/14/2025 at 03:23 PM, the AD indicated that the document titled Notification of Bed Hold was the only document provided to the resident and representative upon transfer for Resident #81. The Administrator also indicated that no additional written information was provided to the representative of Resident #81, to contain the missing transfer information, appeal process, and the contact information for the Ombudsman. A review of a facility policy titled Transfer or Discharge Notice, revised March 2021, indicated that a resident and representative were to be notified of the specific reason for a transfer and the contact information of the Ombudsman, and the contact information of the state health department agency that had been designated to handle appeals of transfers and discharge notices.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observations, interviews, and facility policy review, it was determined the facility failed to ensure wound care supplies available for use were not expired in 2 of 2 medication rooms.Based on observations, interviews, and facility policy review, it was determined the facility failed to ensure wound care supplies available for use were not expired in two (Station #1, Station #2) of two medication rooms observed. The findings include: During concurrent observation and interview on 08/14/2025 at 1:30 PM of Station #2 medication room with Licensed Practical Nurse (LPN) #1, the following medicated products for wound care were found to be expired. 1. Oil emulsion dressings with the following expiration dates and quantity 09/2021 – x1 and 02-2023 – x7 2. Silvasorb gel tube, expiration date 04/2025 3. DermaSyn/AG tube, expiration date 03/29/2025 LPN #1 indicated the wound care products identified were expired and stated that the products could be used because they were available. During concurrent observation and interview on 08/14/2025 at 1:45 PM of Station #1 medication room with LPN #1, the following medicated products for wound care were found to be expired. 1. Calcium alginate dressing expiration date 04-21-2024 2. Oil emulsion dressing with the following expiration dates and quantity 02-2023 – x3 and 09-2023 - x3 3. Providone Iodine bottle expiration date 02-2025 4. Dermasyn/AG gel tube expiration date 03-29-25 5. Hydrogel saturated gauze with the following expiration dates and quantity 10/27/24 – x4 and 02/2023 – x4 LPN #1 indicated the wound care products identified were expired and stated the products could be used because they are available. LPN #1 also indicated that the products should not be used since expired products can reduce the effectiveness of the medication. During an interview on 08/14/2025 at 2:10 PM, the Director of Nursing (DON) indicated the products identified were outdated. The DON stated it was important that expired products identified in Station #1 and Station #2 medication rooms not be used because expired medications can reduce the effectiveness of the medication. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 08/14/2025 at 3:05 PM, the Administrator indicated the expired products identified in Station #1 and Station #2 medication rooms should not be used because expired medications can reduce the effectiveness. On 08/14/2025 at 4:47 PM, the DON provided a policy titled Storage of Medications, with a revision date of November 2020. A review of the document indicated outdated drugs or biologicals are to be returned to the dispensing pharmacy or destroyed.