

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045357	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/04/2024
NAME OF PROVIDER OR SUPPLIER Premier at the Springs		STREET ADDRESS, CITY, STATE, ZIP CODE 3600 Richards Road North Little Rock, AR 72117	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>38200</p> <p>Based on record review and interview, the facility failed to ensure the Minimum Data Set (MDS) was accurate and complete to facilitate the ability to plan and provide necessary care and services for 1 (Resident #1) sampled resident whose MDS was reviewed.</p> <p>The findings are:</p> <p>Review of the Admission Record revealed the facility admitted Resident #1 with a diagnosis of Moderate Protein-Calorie Malnutrition.</p> <p>Review of the significant change Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 09/25/2024 revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident was independent for their daily decision making. Section J, subsection J1400 was marked no and section O0110, subsection K1 Hospice was marked yes .</p> <p>Review of Resident #1's Care Plan initiated 09/24/2024 revealed the resident elected hospice services with Baptist Hospice.</p> <p>During an interview on 12/03/2024 at 3:00PM, MDS Coordinator #2 stated that she marked No on section J1400 of the 09/25/2024 significant change MDS. During review of the RAI manual, with MDS Coordinator #2, she stated the definition of Hospice Services, r. Under the hospice program benefit regulations, a physician is required to document in the medical record a life expectancy of less than 6 months, so if a resident is on hospice the expectation is that the documentation is in the medical record. MDS Coordinator #2 then verified that section J1400 on 09/25/2024 should have been marked yes, verifying resident prognosis with a condition or chronic disease that may result in a life expectancy of less than 6 months.</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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38200</p> <p>Based on interviews, record review, facility document review, and facility policy review, it was determined that the facility failed to ensure the comprehensive care plan addressed and individualized appropriate care and services for 1 (Resident #3) of 1 sampled resident, reviewed for care plan accuracy.</p> <p>The Findings are:</p> <p>Review of Resident #3's Admission Record, with an admitted [DATE], revealed diagnoses of sudden (acute) decrease in breathing (respiratory failure) with low oxygen (hypoxia) and sleep apnea.</p> <p>Review of Resident #3's Order Summary Report, dated November 1, 2024, indicated change oxygen tubing each week, every night shift, every Wednesday, oxygen two (2) liters per minute (LPM) through nasal cannula (NC) as needed for shortness of breath each day.</p> <p>Review of Resident #3's Care Plan with a date of October 21, 2024, did not note the resident received oxygen as needed.</p> <p>Review of Resident #3's Discharge, return anticipated, Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 11/07/2024, indicated in Section O0110, Special Treatments, procedures and programs that Resident #3 was receiving oxygen while a resident in the facility .</p> <p>During an interview with the Minimum Data Set Coordinator (MDS) #1, on 12/03/2024 at 2:43 PM, he confirmed he was familiar with Resident #3 and there was a physician's order for oxygen at two (2) LPM as needed. He also confirmed the MDS with an ARD of 11/07/2024 indicated Resident #3 received oxygen while a resident in the facility and should be care planned for oxygen but was not.</p> <p>During an interview with the Director of Nursing (DON), on 12/03/2024 at 3:08 PM, he confirmed he was somewhat familiar with Resident #3 and that there was a physician's order for oxygen at 2 LPM as needed. He also confirmed that the MDS with an ARD of 11/07/2024 indicated Resident #3 received oxygen while a resident in the facility and should be care planned for oxygen but was not.</p> <p>Review of a facility policy titled, Care Plans, Comprehensive Person-Centered, with a revision date of March 2024, noted Policy Statement: 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. Also, Policy Interpretation and Implementation: 1. The interdisciplinary team (IDT), in conjunction with the resident and his/ her family or legal representative, develops and implements a comprehensive, person-centered care plan for each resident. 7. The comprehensive, person-centered care plan: a. includes measurable objectives and timeframes; b. describes the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being; e. reflects currently recognized standards of practice for problem areas and conditions.</p>		