STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045357	A. Building B. Wing	08/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Premier at the Springs	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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. Based on record review, interview, and facility policy review, it was determined that the facility failed to ensure an abuse allegation was reported to law enforcement for one (Resident #108) of five sampled residents. The findings include: The quarterly Minimum Data Set, with an Assessment Reference Date of 07/17/2025, revealed Resident #108 had a Staff Assessment of Mental Status with a score of 3, which indicated the resident had severely impaired (never/rarely makes decisions) cognitive skills for daily decision making. A review of Resident #108’s Care Plan dated 07/13/2025 revealed the resident was receiving hospice services and was at risk for skin integrity issues. The Care Plan included interventions that included to keep nails trimmed, conduct weekly body audits, reposition, and report skin concerns to the nurse. A review of the Medical Diagnosis Report revealed Resident #108 had diagnoses which included damage of brain cells affecting memory and thinking skills, hearing deficit, cognitive communication deficit, and excessive worry, fear, and nervousness. A review of Physician’s Orders revealed Resident #108 received hospice services along with pain and antianxiety medications. On 08/12/2025 at 2:56 PM, during review of the facility’s internal investigation packet which contained an abuse allegation involving Resident #108, that was reported on 07/08/2025 at 11:14 AM, a police report or incident number was not located. On 08/13/2025 at 8:00 AM, the Administrator stated that the police were contacted regarding the incident. A police officer was not sent out and an incident number was not given. The Administrator gave the name of the officer that the incident was reported to. During an interview on 08/13/2025 at 8:50 AM, the police officer named by the Administrator that took the call about the abuse allegation, indicated that the specific day the call regarding the incident reportedly came in was not a scheduled workday. The officer confirmed there was no report from the facility on that specific day. The police officer researched records for the entire month of July 2025 and did not have a report involving Resident #108. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045357	A. Building B. Wing	08/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Premier at the Springs	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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 08/14/2025 at 8:25 AM, the Director of Nursing (DON) confirmed that when an abuse allegation was received, part of the process was to report the allegation to law enforcement. During an interview on 08/14/2025 at 8:47 AM, the Administrator confirmed that one part of the reporting process of abuse allegations was to report to law enforcement. The facility’s policy and procedure titled, “Abuse, Neglect, Exploitation or Misappropriation-Reporting and Investigating” indicated under the headline, Reporting Allegations to Administrator and Authorities that the administrator would immediately report the suspicion to the following persons or agencies, of those options law enforcement officials were to be notified.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045357	A. Building B. Wing	08/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Premier at the Springs	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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, record review, and facility policy review, it was determined that the facility failed to ensure personal care was provided for two (Resident #106 and Resident #126) of two residents reviewed for activities of daily living. The findings include: Resident #126 Review of Resident #126’s admission Record indicated Resident #126 was admitted to the facility on [DATE] with diagnoses which included orthopedic aftercare following surgical amputation [of toes of left foot], type 2 diabetes mellitus with diabetic nerve pain, absence of left toes, disorder in which narrowed blood vessels reduce blood flow to the legs and feet, anxiety disorder and absence of right leg above the knee. Review of Resident #126’s admission Minimum Data Set (MDS) with an assessment reference date (ARD) of 07/14/2025, indicated a Brief Interview for Mental Status (BIMS) score of 15, which indicated Resident #126 was cognitively intact. The MDS also indicated Resident #126 had no behavior or rejection of care and required moderate assistance with personal hygiene. Review of Resident #126’s Care Plan with a revision date of 08/04/2025, indicated the resident would improve their current level of function in self-care and be clean and well-groomed daily. The Care Plan also indicated Resident #126 was able to perform personal hygiene with partial assistance. On 08/10/2025 at 12:06 PM, Resident #126 told this surveyor they had been asking for a shave since being admitted to the facility but had only been shaved in the barber shop one time and had to pay 10 dollars. The resident went on to relate, prior to admission to the facility, they always kept themself clean shaven and did not like having facial hair. Resident #126 was observed on 08/11/2025, 08/12/2025, and 08/13/2025 to continue to have a thick growth of facial hair approximately 1.5 inches long. During an interview on 08/13/2025 at 11:15 AM, Certified Nursing Assistant (CNA) #12 confirmed the facility had razors and shaving cream. CNA #12 stated CNAs were responsible for assisting residents with personal grooming, including shaving, and stated she would assist Resident #126 to shave that day. During a second interview on 08/14/2025 at 9:16 AM, CNA #12 again confirmed that CNAs were responsible for assisting residents with personal hygiene and stated, “residents should be able to get a shave if they want.” CNA #12 went on to state when she asked Resident #126 on 08/13/2025 about getting a shave, the resident stated they were going to smoke and would be back. CNA #12 then stated Resident #126 had thick coarse facial hair and one razor would not shave them. When questioned if more than one razor could be used to shave them, CNA #12 confirmed more than one could be used. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045357	A. Building B. Wing	08/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Premier at the Springs	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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 08/14/2025 at 10:45 AM Resident #126 was observed in their bathroom with two CNAs and was receiving a shave. When the Director of Nursing (DON) asked the resident if they had been requesting a shave from the staff. Resident #126 confirmed that they had asked several times since admission but did not remember the name of who they had asked. During an interview on 08/14/2025 at 10:00 AM, the DON confirmed it was the CNA’s responsibility to assist residents with personal hygiene, but anyone could assist with this as long as they had the proper training. The DON stated, “residents who want to be shaved should absolutely be assisted with this. ” Resident #106 A review of a Face Sheet, indicated the facility admitted Resident #106 with diagnoses that included paralysis and muscle weakness affecting one side of the body following a stroke, pain, heart disease characterized by buildup of plaque in the arteries, atrial fibrillation, chronic kidney disease, and chronic viral hepatitis. The quarterly MDS, with an ARD of 07/03/2025, revealed Resident #106 had a BIMS score of 11, which indicated the resident was moderately cognitively impaired. A review of Resident #106’s Care Plan, dated on 07/03/2025, revealed the resident had an activities of daily living self-care deficit. The Care Plan also included interventions that included to check and trim nails as necessary. A review of Physician’s Orders revealed Resident #106 had orders to see a podiatrist as needed. A review of an activity of daily living “Nail Task,” revealed Resident #106’s nails had been checked on 07/13/2025 at 9:02 AM, 07/20/2025 at 12:59 PM, 07/27/2025 at 8:47 AM, 08/03/2025 at 10:34 AM, and 08/10/2025 at 9:35 AM. During an observation on 08/10/2025 at 12:09 PM, Resident #106’s feet were uncovered while resident was lying in bed and all toenails were noticeably long, curled, discolored, and jagged. During an interview on 08/10/2025 at 12:09 PM, Resident #106 confirmed that the long toenails were bothersome and had been reported to the nurse several times. Resident #106 could not remember the dates nails were reported. During an interview on 08/12/2025 at 2:09 PM, CNA #3 confirmed that CNAs could clip fingernails and toenails unless they had a medical condition, such as diabetes and nails were to be checked on shower days. CNA #3 stated nails were to be reported to the nurse if a resident was diabetic and needed to be trimmed. CNA #3 confirmed staff were in-serviced on activities of daily living often but did not remember the last in service. During an interview on 08/12/2025 at 2:09 PM, CNA #4 confirmed that CNAs were to check nails on shower days and clip them if needed unless the resident was a diabetic or had been told otherwise. Specifically, if the resident had long or curled toenails. CNA #4 stated that toenails that required professional attention were reported to the nurse. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045357	A. Building B. Wing	08/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Premier at the Springs	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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 08/12/2025 at 2:14 PM, CNA #5 stated CNAs were in-serviced on nail care and activities of daily living annually and as needed. CNA #5 stated CNAs were allowed to clip toenails of residents that were not diabetic. During an interview on 08/13/2025 at 8:52 AM, Licensed Practical Nurse (LPN) #8, stated CNAs clipped toenails unless a resident was a diabetic. Then they reported to the nurse that the resident’s toenails needed clipped. The nurse clipped the toenails of diabetic residents unless they were thick or curled, then the Social Service Director (SSD) was notified that the resident needed a podiatrist appointment. During an interview on 08/13/2025 at 8:54 AM, LPN #9 stated CNAs perform body audits while showering the residents and would report to the nurse if nails needed clipped. During an interview on 08/13/2025 at 9:00 AM, Medication Assistant- Certified #10 confirmed that CNAs were supposed to check toenails in the shower and clip them unless the resident was a diabetic. If the resident was diabetic, the CNAs reported to the nurse that the resident needed their toenails trimmed. During an interview on 08/13/2025 at 9:38 AM, Assistant Director of Nursing (ADON) #2 stated the treatment nurse normally trimmed diabetic resident’s toenails unless a podiatry appointment was needed. The Social Service Director was notified if a resident needed a podiatrist appointment and the resident’s name was placed on a list for when the podiatrist came to the facility. During an interview on 08/13/2025 at 11:33 AM, CNA #6 confirmed that Resident #106’s toenails were long and needed to be trimmed. CNA #6 stated CNAs were supposed to report long toenails to the nurse. During an interview on 08/13/2025 at 11:40 AM, ADON #1 stated the shower team would clip the toenails or report them to the treatment nurse. ADON #1 was asked to examine Resident #106’s toenails. ADON #1 confirmed that Resident #106’s toenails needed to be clipped by a podiatrist, who comes to the facility once a month. A podiatry list was kept by the Social Services Director (SSD). The SSD provided the current podiatry list and Resident #106 was not listed. During an interview on 08/13/2025 at 12:24 PM, the DON stated CNAs in the facility were allowed to cut resident’s toenails as long as they were not really long or curled and the resident was not a diabetic. The DON stated that a resident having long toenails was at risk for hanging the nail on something causing pain, injury, infections, and fungus. During an interview on 08/14/2025 at 8:43 AM, the Administrator stated all staff were responsible for checking resident’s feet and ensuring they get proper care. A review of a facility policy titled, “Activities of Daily Living,” revised on 03/2018, indicated, “Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming, and personal and oral hygiene.” (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045357	A. Building B. Wing	08/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Premier at the Springs	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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of the facility’s policy titled “Foot Care,” revised March 2025, indicated Residents will be provided with foot care and treatment in accordance with professional standards, of practice, overall foot care will include the care and treatment of medical conditions associated with foot complications (e.g., diabetes, peripheral vascular disease, etc.), residents will be assisted in making transportation appointments to and from specialists (podiatrist, endocrinologist, etc.) as needed. Trained staff may provide routine foot care (e.g., toenail clipping) within professional standards of practice for residents without complicating disease processes. Residents with foot disorders or medical conditions associated with foot complications will be referred to qualified professionals'.” A review of professional standards from the Centers for Disease Control (CDC)'s guidelines indicated for infection prevention in podiatry settings emphasize the importance of standard precautions to prevent ingrown toenails, reduce the risk of fungal infections, and minimize the risk of bacterial infections