STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045404	A. Building B. Wing	01/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Springs of Red Oak	260 Lakepark Drive Hot Springs, AR 71901

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. 48977 Based on observations, interview, record review, and facility policy review the facility failed to ensure dignity was maintained for 1(Resident #21) of 1 sampled resident reviewed for dignity. The findings include: A review of the quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/08/2024, revealed Resident #21 had a Brief Interview of Mental Status (BIMS) score 10 indicating moderately impaired cognition. Review of a Plan of Care for Resident #21 initiated 08/07/2024, revealed Resident #21 had an Activities of Daily Living (ADL) self-care performance deficit related to (r/t) needing assistance with ADLs. On 1/08/25 at 11:17 AM, this surveyor observed Certified Nursing Assistant (CNA) #2 push Resident #21 past the nurse's station in a shower chair. This surveyor noted Resident #21 was not fully covered. On 1/08/25 at 12:54 PM, during an interview CNA #2 stated Resident #21 was not fully covered while being transported through a common area which could be a dignity issue. On 01/09/25 at 8:40 AM, during an interview the Director of Nursing (DON) stated staff should ensure residents are fully covered prior to transporting, to maintain dignity and keep the resident warm. A policy titled Dignity noted residents are always treated with dignity and respect.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045404	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER The Springs of Red Oak		STREET ADDRESS, CITY, STATE, ZIP CODE 260 Lakepark Drive Hot Springs, AR 71901	

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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48977 Based on observations, interviews, record review, and facility policy review the facility failed to ensure confidentiality of personal and medical information was protected for 1 (Resident #21) of 1 sampled resident reviewed for personal and medical information confidentiality. The findings include: A review of the quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of [DATE], revealed Resident #21 had a Brief Interview of Mental Status (BIMS) score of 10 indicating moderately impaired cognition. Review of a Plan of Care for Resident #21 initiated [DATE], revealed Resident #21 requested that no cardiopulmonary resuscitation (CPR) measures be performed. On [DATE] at 11:50 AM, this surveyor observed an unattended, unlocked tablet which displayed Resident #21 ' s personal and medical information. This surveyor was able to visualize Resident 21's name, date of birth, code status, and physician's order on the unlocked tablet. On [DATE] at 12:00 PM, during an observation and interview the Nursing Consultant stated the tablet should be locked to protect the resident's personal and medical information. On [DATE] at 8:40 AM, during an interview, the Director of Nursing (DON) stated nurses should lock unattended tablets and/or computers to ensure the resident's personal and medical information was protected. A policy titled Confidentiality of Information and Personal Privacy noted the facility will safeguard the personal privacy and confidentiality of all resident personal and medical records.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045404	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Springs of Red Oak	260 Lakepark Drive Hot Springs, AR 71901

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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. 48977 Based on record review, interview, and facility policy review the facility failed to coordinate with state authority to determine if placement in the facility was appropriate or incorporate the Pre-Admission Screening and Resident Review (PASARR) assessment with if any recommendations from the level II determination and the PASARR evaluation report into the resident assessment, care planning, and transition of care for 1 (Resident #46) of 1 sampled resident reviewed. The findings include: A review of the quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/11/2024, revealed Resident #46 had a Brief Interview of Mental Status (BIMS) score of 06 indicating severely impaired cognition. Resident #46 had diagnoses of anxiety, bipolar disorder, and Schizophrenia. A review of a Plan of Care revised 10/28/2024, for Resident #46 revealed Resident #46 received antipsychotic medication related to (r/t) bipolar disorder and behaviors. On 01/07/25 at 2:20 PM, this surveyor requested the level II evaluation report for Resident #46 from the Director of Nursing (DON). On 01/07/25 at 3:3 PM, the Administrator Consultant stated the facility was unable to locate the level II evaluation report for Resident #46. The Administrator Consultant stated without the level II evaluation report the facility would not know if the resident required any specialized services or had any recommendation from the state authority. On 01/08/25 at 9:34 AM, the Director of Nursing (DON) provided a level II evaluation dated 01/08/2025. On 01/09/25 at 9:48 AM, the DON stated she was unaware Resident #46 was considered by the state as PASARR level II. On 01/08/25 at 10:00 AM, the Nurse Consultant stated we knew we would still get a tag, because the facility failed to follow through with the state on the resident PASARR status until now. On 01/09/25 at 8:40 AM, the DON stated the facility was not aware Resident #46 was considered by the state as PASARR level II, therefore the facility did not have the level II evaluation report readily available. The DON stated this failure could have potentially affected Resident #46 ' s care. A policy titled Admission Criteria noted all new admissions and re-admissions are screened for mental disorders (MD), intellectual disabilities (ID) or related disorders (RD) per the Medicaid Pre-Admission Screening and Resident Review (PASARR) process. Upon completion of the level II evaluation, the state PASARR representative determines if the individual has a physical or mental condition, what specialized or rehabilitative services he or she needs, and whether placement in the facility is appropriate.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045404	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER The Springs of Red Oak		STREET ADDRESS, CITY, STATE, ZIP CODE 260 Lakepark Drive Hot Springs, AR 71901	

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. 42965 Based on observation, record review, and interviews, the facility failed to ensure a comprehensive care plan was developed to address the necessary monitoring and precautions related to the use of tobacco products to meet the needs of the resident and minimize the potential for complications for 1 (Resident #55) of 1 sampled resident who was reviewed for tobacco use. The findings are: 1.Review of an admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/17/2024, indicated Resident #55 had diagnoses of heart failure, stroke, and tobacco use, scored 15 (13-15 indicates cognitively intact) on the Brief Interview for Mental Status (BIMS) and was a current tobacco user. a. On 01/07/25 at 1:40 PM, Resident #55 was observed in the facility ' s designated smoking area, sitting in their wheelchair with a smoking apron on, smoking a cigarette. A staff member was present supervising the residents that were smoking. b. A form titled Smoking Safety Screen dated 11/13/2024, indicated Resident #55 was safe to smoke with a smoking apron and staff supervision. c. Resident #55 ' sCare Plan with an initiation date of 11/13/2024, did not address that Resident #55 smoked tobacco products. d. On 01/08/2025 at 1:15 PM, the Minimum Data Set Coordinator (MDS) confirmed during interview that Resident #55 smoked tobacco products and Resident #55 ' s Care Plan did not address the resident was a current smoker who required supervision and a smoking apron when smoking. The MDS coordinator stated Residents #55's Care Plan should have addressed smoking due to safety, as well as so the resident could be monitored for possible side effects to smoking. e. 01/08/25 at 1:25 PM, the Director of Nursing (DON) confirmed during interview that Resident #55 smoked and required supervision when smoking. The DON stated Resident #55's Care Plan should have addressed that Resident #55 smoked since resident care plans should be individualized to meet the resident's needs. f. On 01/08/25 at 3:15 PM, the Director of Nursing was asked if the facility had a policy on care plans. The DON stated she would check and see. g. On 01/08/25 at 3:35 PM, the policy titled Care Planning - Interdisciplinary Team (Revised March 2022), provided by the Assistant Director of Nursing (ADON) indicated that the interdisciplinary team was responsible for the development of resident care plans that are comprehensive, and person-centered based on the resident assessment.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045404	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Springs of Red Oak	260 Lakepark Drive Hot Springs, AR 71901

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 0661 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure necessary information is communicated to the resident, and receiving health care provider at the time of a planned discharge. 48977 Based on record review, interview, and facility policy review the facility failed to develop a discharge summary which included a recapitalization of the resident's stay, a final summary of the resident's status, and reconciliation of all pre and post discharge medications for 1 (Resident #111) of 3 sampled residents. The findings include: A review of the admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 10/20/2024, revealed Resident #111 had a Brief Interview of Mental Status (BIMS) score of 12 indicating moderately impaired cognition. Review of a Plan of Care for Resident #111 initiated 10/17/2024, revealed Resident #111 or representative wished to be discharged home with home health and durable medical equipment (DME) as needed. A review of the Discharge Note dated 11/01/2024, indicated Resident #111 was discharged home with home health. On 01/09/25 at 8:40 AM, during an interview the Director of Nursing (DON) stated the discharge summary was not completed for Resident #111. A policy titled Discharge Summary and Plan indicated when a resident's discharge is anticipated, a discharge summary and post-discharge plan will be developed to assist the resident to adjust to his/her new living environment.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045404	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER: The Springs of Red Oak		STREET ADDRESS, CITY, STATE, ZIP CODE: 260 Lakepark Drive Hot Springs, AR 71901	

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. 48977 Based on record review, interview, and facility policy review the facility failed to ensure 1 (Resident #39) of 1 sampled resident received wound care according to the physician's order. The findings include: A review of the annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/20/2024, revealed Resident #39 had a Brief Interview of Mental Status (BIMS) score of 04 indicating severely impaired cognition. A review of a Plan of Care for Resident #39, revised 11/20/2024, revealed Resident #39 had a pressure ulcer to left heel. According to the Treatment Administration Record (TAR), Resident #39 had a physician's order for treatment for left heel. The order noted, clean heel with wound cleanser, pat dry, apply collagen and hydrogel, then cover with dry dressing daily until wound is resolved. The TAR noted treatment was completed on 1/01/2025 and 1/05/2025. On 1/08/2025 at 12:53 PM, during an interview the Director of Nursing (DON) stated treatment to Resident #39 ' s left foot should be done daily, but it was not signed off on the TAR indicating completion. The DON stated if it was not documented it was not done. On 1/09/2025 at 8:40 AM, the DON stated no, there was not documentation to show that the treatment was done daily. A policy titled Pressure Injuries Overview did not contain any pertinent information related to the deficient practice.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045404	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER The Springs of Red Oak		STREET ADDRESS, CITY, STATE, ZIP CODE 260 Lakepark Drive Hot Springs, AR 71901	

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 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Post nurse staffing information every day. 50580 Based on document review, observations, interviews, and facility policy review, the facility failed to post the nurse staffing information on a daily basis, to include the facility name, the current date, the number and actual hours worked by staff, and the resident census. The deficient practice had the potential to affect all residents. The findings are: a. On 01/07/25 at 8:30 AM, this surveyor noted nursing staffing posted for Monday 1/6 at the beginning of the shift which included facility name, date, and the total number and actual hours worked per shift for RNs, LPN, CNAs who are responsible for resident care. b. On 01/08/25 at 11:30 AM, this surveyor noted nursing staffing posted for Monday 1/6. c. On 01/08/25 at 4:45 PM, this surveyor noted nursing staffing posted remained Monday 1/6. d. During an interview on 01/09/25 at 8:16 AM, with the Administrator regarding nursing staff posting remained Monday 1/6. The Administrator stated Human Resources does that and she was not present, and she forgot. e. During an interview on 01/09/25 at 9:01 AM, with the Director of Nursing (DON) and the Administrator regarding posting of staffing schedule not being updated, the Administrator responded she, Human Resources forgot, however, the DON updated and posted. f. During an interview on 01/09/25 at 9:32 AM, this surveyor asked the Administrator for a policy regarding posting of nurse staffing daily. g. On 01/09/25 at 9:45 AM, this surveyor received the facility policy provided by the Administrator titled Staffing. It did not have any pertinent information related to the deficient practice.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045404	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER The Springs of Red Oak		STREET ADDRESS, CITY, STATE, ZIP CODE 260 Lakepark Drive Hot Springs, AR 71901	

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 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. 48977 Based on record review, interview, and facility policy review the facility failed to ensure gradual psychotropic (anti-anxiety) dose reductions (GDR) were attempted in the absence of a physician's documented evaluation of the specific risks versus benefits of continuing the as needed (PRN) medication past 14 days and a documented explanation as to why a dose reduction attempt would be contraindicated, in order to ascertain the smallest effective dose and minimize the potential for adverse drug effects for 1(Resident # 43) of 1 sampled resident. The findings include: A review of the quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 10/10/2024, revealed Resident #43 had a Staff Assessment of Mental Status (SAMS) which indicated memory problems. A review of a Plan of Care for Resident #43 initiated 11/05/2024, revealed Resident #43 used anti-anxiety medications related to anxiety disorder. A review of the Pharmacy [Medication Regimen Review] MRR - Nursing Recommendation dated 06/17/2024, indicated Resident #43 had an order for [name brand anti-anxiety medication] (a medication used to treat anxiety disorders) injection solution 2 milligram (MG)/milliliter (ML) inject 1 milligram intramuscularly every 24 hours as needed for increased behaviors and PRN orders for psychotropic medications are limited to 14 days. On 01/08/25 at 11:16 AM, the Director of Nursing (DON) stated the facility does not have any documentation completed by the Medical Doctor (MD) to continue the [name brand anti-anxiety medication] past 14 days. On 01/09/25 at 8:40 AM, the DON stated there should be documentation completed by the MD in place for regulation purposes. The DON stated the facility should not administer as needed psychotropic drugs past the 14 days without documentation and regulation. A policy titled Medication Therapy indicated, the physician will identify situations where medications should be tapered, discontinued, or changed to another medication, for example: when a medication is being given in excessive dose, for excessive periods of time, without adequate monitoring, or in the absence of a valid clinical rationale.