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	05/14/2026

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and facility policy review, it was determined that the facility failed to ensure food preparation and serving pieces were washed, dried, and stored in sanitary conditions for one of one kitchen. Based on observation, interview, and facility policy review, it was determined that the facility failed to ensure food preparation and serving dishware were washed, dried, and stored in sanitary conditions for one of one kitchen that served 35 residents with regular diets, 11 with mechanical soft diets, and two with pureed diets. The findings include: During an observation and concurrent interview on 05/16/2026 at 11:25 AM, the Dietary Manager (DM) retrieved pans that were stored on a shelf under the serving table. Five quarter sheet pans were observed. One had particles, described as brown and soft by the DM, in it, and the particles transferred to a white napkin when the pan was wiped by the DM. The DM stated that because they were soft, it was probably breadcrumbs. Three of the other quarter sheet pans were observed by this surveyor and DM to be wet inside. Six full sheet pans were observed. One full sheet pan was observed, by this surveyor and the DM to be wet inside. The DM indicated that pans stored wet could grow mold, and pans not entirely clean of food could cause cross-contamination During an additional interview on 05/13/2026 at 3:00 PM, the DM indicated that the reason the pans were wet and not entirely clean was because the kitchen was small and there was no place to let the pans air dry, as appropriate. During an interview on 05/14/2026 at 9:06 AM, the Infection Preventionist (IP), also the acting Director of Nursing (DON), indicated that pans/serve ware/dishware should not be stored wet or with food residue. The IP also indicated that storing the items unclean or wet could result in mold and bacteria growth, and ultimately residents could get bacterial infections, gastro-intestinal, and/or respiratory issues. During an interview on 05/14/2026 at 01:00 PM, the Administrator indicated that pans should not be stored wet and/or unclean. A review of the facility document titled Quick Resource Tool: QRT Warewashing issued 09/01/2021, revealed that all dishware, service ware, and utensils will be cleaned and sanitized after each use. The document also revealed that all dishware will be air dried and properly stored.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, record review, and facility policy review, it was determined the facility failed to ensure proper infection prevention measures during a medication administration for 1 resident (Resident #40) out of 4 residents observed to be given medications. Based on observation, interview, record review, and facility policy review, it was determined the facility failed to ensure proper infection control during medication administration for one (Resident #40) of four residents observed during medication administration. The findings include: Review of Resident #40's admission Record revealed the facility admitted Resident #40 on 03/02/2026 with diagnoses that included diabetes mellitus, dementia, and hypertension. Review of a Brief Interview for Mental Status (BIMS) dated 03/03/2026, indicated Resident #40 had a score of 13, which indicated the resident was cognitively intact. Review of Resident #40's Order Summary revealed resident received (generic) medication for hypertension, with a start date of 03/03/2026. During an observation and concurrent interview on 05/13/2026 at 8:54 AM, this surveyor observed Medication Assistant, Certified (MAC) #1 preparing oral medications for Resident #40 by popping the medications out of a blister pack, directly into a medicine cup. Resident #40's (generic) antihypertensive pill, bounced out of the cup and landed on the floor, under the medication cart, and close to the wall. MAC #1 picked the antihypertensive pill off the floor with bare hands and placed the medication back into the cup, with the other medication. Without performing hand hygiene, MAC #1 proceeded to pick up the medicine cup, handed the cup to Resident #40, and Resident #40 took the medications. MAC #1 indicated that she would not usually pick up medications off the floor and administer them to a resident, but the (generic) antihypertensive medication was the last one in the blister pack. During an additional interview on 05/13/2026 at 1:40 PM, MAC #1 indicated that instead of putting the medication that was dropped on the floor back into the cup, the medication should have been disposed of because it was contaminated, and hand hygiene should have been performed before completing the medication administration. MAC #1 also indicated that the risk to a resident could be cross-contamination. During an interview on 05/13/2026 at 2:45 PM, Registered Nurse (RN) #2 indicated that the process for medications that have been dropped on the floor was to dispose of the medication, perform hand hygiene, and obtain another pill/tablet prior to completing the medication administration. During an interview on 06/13/2026 at 3:30 PM, Registered Nurse (RN) #3 indicated that if a medication was dropped, the proper process would be to dispose of the medication, perform hand hygiene, and obtain another pill/tablet prior to completing the medication administration. During an interview on 05/14/2026 at 9:01 AM, the Director of Nursing (DON), who was also the Infection Preventionist (IP), indicated that if an employee administering medications dropped a medication on the floor, they should dispose of the medication, sanitize their hands and then get a (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	new medication, prior to completing the medication administration. The DON also indicated that the risk of a resident being administered medications off the floor and staff not performing adequate hand hygiene could result in the resident getting sick. During an interview on 05/14/2026 at 1:00 PM, the Administrator indicated that medications that have been on the floor should not be administered, and hand hygiene should be performed prior to administering medications. Review of a facility policy titled Handwashing/Hand Hygiene revised in August 2019, revealed that alcohol-based hand rub or soap and water is to be used, before preparing or handling medication. Review of a facility policy titled Administering Medications revised in August 2019, revealed that staff are to follow established facility infection control procedures, like handwashing, for the administration of medications. Review of MAC #1's Medication Administration Skills Competency dated 05/11/2026, revealed pills/capsules should not be touched with bare hands.