

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045430	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2026
NAME OF PROVIDER OR SUPPLIER The Springs of Brinkley		STREET ADDRESS, CITY, STATE, ZIP CODE 1214 North Main Brinkley, AR 72021	
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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. Based on record review and interview, the facility failed to ensure Resident # 54's representative was promptly notified of a fall, for one (Resident #54) out of one resident reviewed for notification of change. Specifically, Resident #54 had an unwitnessed fall on 12/03/2025. Based on record review and interview, the facility failed to ensure a resident's representative was promptly notified of a fall, for one (Resident #54) of one resident reviewed for notification of change in condition. The findings include: Review of Resident #54's admission Record revealed the facility admitted the resident with diagnoses that included intervertebral disc degeneration, bilateral primary osteoarthritis of knee, age related physical debility, and repeated falls. The admission Record indicated that Resident #54's child was their Power of Attorney (POA) for care, as well as being their responsible party and emergency contact. Review of Resident #54's quarterly Minimum Data Set with an Assessment Reference Date of 11/17/2025, revealed a Brief Interview for Mental Status score of 10, which indicated the resident had moderate cognitive impairment. Review of Resident #54's Care Plan Report initiated on 12/03/2025, revealed the resident had an actual fall on 12/03/2025. Review of Resident #54's Order Summary Report, revealed an order with a start date of 12/03/2025 for two-view x-rays of the back, pelvis and left hip STAT for fall. The Order Summary Report also revealed an order with a start date of 12/03/2025 for two-view x-rays of the lumbar spine, pelvis and left hip STAT for fall. Review of Incidents and Accidents (I & A) Falls revealed Resident #54 had a documented fall under the Fall Un-Witnessed Incidents on 12/03/2025 at 3:00 AM. Review of Resident #54's Progress Note dated 12/03/2025 at 3:00 AM, revealed Resident #54 was observed by staff on the floor of the resident's room. The resident had a skin tear to the left ear and was assisted to bed by two staff members and neurological checks were started. The Progress Note revealed the Medical Director was notified of the fall on 12/03/2025 at 3:15 AM. The Family Notification section indicated Will call in AM. Review of Resident #54's Progress Note dated 12/04/2025 at 3:40 PM, indicated a voice mail was left for the resident's representative that paperwork had been sent to [a radiology provider] regarding an appointment. Progress Note dated 12/04/2025 at 4:10 PM indicated the resident's representative (continued on next page)		

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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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	returned the call. During an interview 03/17/2026 at 12:28 PM, resident representative indicated a call was received from the facility, the resident representative returned the call and was told about the fall. The resident representative reported the unidentified nurse indicated I meant to call you the other night. During an interview on 03/19/2026 at 12:25 PM, the Administrator reported the nurse should notify the family of a change in condition or incident, if they did not get an answer they go to the next person on the list for notification, document each attempted notification and pass the task on to the next nurse if contact had not been made. She reported that the nurse who was responsible for making the call to the resident representative would receive a verbal or written write-up. Review of facility policy titled, Change in a Resident's Condition or Status, revised February 2021, revealed Unless otherwise instructed by the resident, a nurse will notify the resident's representative when the resident is involved in any accident or incident that results in an injury. The Change in a Resident's Condition or Status policy also revealed except in medical emergencies, notifications will be made within twenty-four (24) hours of a change occurring in the resident's medical/mental condition or status. Review of Grievance Log indicated on 12/4/2025 Resident # 54's representative filed a grievance with the facility with reason for grievance as Not notified of fall.		