

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045431	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/26/2024
NAME OF PROVIDER OR SUPPLIER  The Springs of Pinnacle Mountain		STREET ADDRESS, CITY, STATE, ZIP CODE  6411 Valley Ranch Drive Little Rock, AR 72223	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>50505</p> <p>Based on observations, interviews, and facility policy review, the facility failed to keep resident's personal wheelchairs in good repair without holes, tears, and rips to prevent injuries for 3 (Residents #34, #43, and #45) reviewed for equipment safety.</p> <p>Findings include:</p> <p>A review of a facility policy titled, Maintenance Service, revised on 12/01/2009, indicated services would be provided to all areas of the building, grounds and equipment and maintenance personnel would follow safety regulations to ensure the safety and well-being of all concerned.</p> <p>During an observation on 09/23/2024 at 10:44 AM, the left arm rest on the wheelchair of Resident #43 was noted to be torn, the vinyl/leather turned up and the foam underneath showing. The right arm rest of the wheelchair had a tear/hole in the vinyl and was turned up around the edges.</p> <p>During an observation on 09/23/2024 10:45 AM, the back rest of the wheelchair along the edge, for Resident #45 was vinyl/leather was noted to be cracking and peeling, revealing the soft material underneath.</p> <p>During an observation on 09/25/24 at 9:42 AM, the right and left arm rest of Resident #34's wheelchair was noted to have the vinyl/leather torn and turned up.</p> <p>During a concurrent observation and interview on 09/25/2024 at 9:50 AM, (Certified Nursing Assistant) CNA #3 was shown Resident #34, #43 and #45's wheelchairs with the torn, raised areas and cracked and peeling vinyl/leather. CNA #3 confirmed the torn places could be a hazard and cause skin tears and would be difficult to clean those areas. CNA #3 was asked if the wheelchairs had been reported as needing repair, and CNA# 3 was unaware of any reporting of the wheelchairs. CNA #3 reported there was a maintenance book at the front desk of the facility to list any repairs that were needed and the wheelchairs would be added to the maintenance book.</p> <p>(continued on next page)</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045431	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/26/2024
NAME OF PROVIDER OR SUPPLIER  The Springs of Pinnacle Mountain		STREET ADDRESS, CITY, STATE, ZIP CODE  6411 Valley Ranch Drive Little Rock, AR 72223	
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent observation and interview on 09/25/2024 at 11:10 AM, the surveyor and Director of Nursing (DON) examined the wheelchairs of Resident #34, #43 and #45. The DON confirmed the torn vinyl/leather could lead to skin tears and would be difficult to clean. The DON was asked how maintenance would know what needed to be repaired, and stated the maintenance request book was located at the front nurse's station and the maintenance supervisor would then have the request in order to address the repairs that needed to be done.</p> <p>During an interview on 09/26/2024 at 9:55 AM, Maintenance confirmed that no one had reported any wheelchairs that needed to be repaired.</p>		