

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: 045432	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/05/2026
NAME OF PROVIDER OR SUPPLIER The Springs of Barrow		STREET ADDRESS, CITY, STATE, ZIP CODE 2600 John Barrow Road Little Rock, AR 72204	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, record review, and facility policy review, the facility failed to ensure a comprehensive Care Plan was developed and implemented to include oxygen therapy interventions for one (Resident #67) of three residents reviewed for Respiratory Care. The findings include: During observations on 03/02/2026 at 11:05 AM, on 03/04/2026 at 2:17 PM, and on 03/04/2026 at 2:34 PM, Resident #67 was observed to be receiving oxygen therapy at 4 liters per minute via nasal cannula, via oxygen concentrator. The observation on 03/04/2026 at 2:34 PM included Licensed Practical Nurse (LPN) #1 at Resident #67's bedside. A review of Resident #67's admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/25/2026, revealed a Brief Interview of Mental Status score of 10, which indicated the resident had moderate cognitive impairment. Resident #67's MDS also revealed the resident had diagnoses which included pneumonia, chronic respiratory failure with hypoxia and hypercapnia, asthma, chronic obstructive pulmonary disease, and chronic lung disease. Resident #67's MDS did not include oxygen therapy. A review of Resident #67's 5-day MDS with an ARDS of 02/07/2026, revealed the resident was admitted , and had continued while a resident, to receive oxygen therapy. A review of Resident #67's Care Plan revealed no interventions regarding oxygen therapy. During an interview on 03/04/2026 at 2:34 PM, while at Resident #67's bedside, LPN #1 confirmed the oxygen therapy was in place at 4 liters per minute via nasal cannula. LPN #1 could not locate care plan interventions regarding oxygen therapy for Resident #67 and indicated there did need to be care plan interventions for any resident that received oxygen therapy. During an interview on 03/05/2026 at 12:18 PM, the MDS Coordinator stated they were responsible for creating and modifying care plans, and that any resident on oxygen therapy should have interventions listed for oxygen therapy. The MDS Coordinator also indicated Resident #67 was admitted to the facility on [DATE], went to the hospital on [DATE], returned on 02/05/2026, and there were no interventions for oxygen therapy on the care plan from admission through 03/03/2026. The MDS Coordinator also indicated that the reason it was important to have interventions in the Care Plan for oxygen therapy with Resident #67, was so that they could be discussed during care planning meetings with the family and Resident #67's care could be accurately relayed to any party involved. (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
--	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045432	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/05/2026
NAME OF PROVIDER OR SUPPLIER The Springs of Barrow		STREET ADDRESS, CITY, STATE, ZIP CODE 2600 John Barrow Road Little Rock, AR 72204	
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	During an interview on 03/05/2026 at 10:52 AM, the Advanced Practice Registered Nurse (APRN) indicated that Resident #67 was admitted to the facility on oxygen. The APRN also stated Resident #67 informed the facility they had been on oxygen for 10 years. During an interview on 03/05/2026 at 11:05 AM, the Director of Nursing indicated that it was important for the Care Plan to have oxygen therapy interventions in place for Resident #67, so staff could be aware of Resident #67's needs, to ensure proper care was provided. During an interview on 03/05/2026 at 12:56 PM, the Administrator indicated that interventions for oxygen therapy for Resident #67 should have been in place in the Care Plan, for transparency between all departments. A review of a policy titled Care Plans, Comprehensive Person-Centered, with a revision date of March 2022, indicated a comprehensive, person-centered care plan is developed within seven days of the completion of the required MDS assessment and no more than 21 days after admission. The policy also indicated the comprehensive, person-centered Care Plan describes the services that are to be furnished to attain or maintain the resident's highest practicable physical well-being. In addition, the Care Plan interventions are chosen after data gathering, proper sequencing of events, careful consideration of the relationship between the resident's problem areas and their causes, and relevant clinical decision making.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045432	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/05/2026
NAME OF PROVIDER OR SUPPLIER The Springs of Barrow		STREET ADDRESS, CITY, STATE, ZIP CODE 2600 John Barrow Road Little Rock, AR 72204	
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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, record review, and facility policy review, the facility failed to ensure physician's orders for oxygen therapy were in place before administering supplemental oxygen for one (Resident #67) of three residents reviewed. The findings include: During observations on 03/02/2026 at 11:05 AM, on 03/04/2026 at 2:17 PM, and on 03/04/2026 at 2:34 PM, Resident #67 was observed to be receiving oxygen therapy at 4 liters per minute via nasal cannula via oxygen concentrator. The observation on 03/04/2026 at 2:34 PM included Licensed Practical Nurse (LPN) #1 at Resident #67's bedside. A review of Resident #67's admission Record revealed Resident #67 was admitted on [DATE] with a primary diagnosis of Chronic Obstructive Pulmonary Disease (COPD). A review of Resident #67's admission Minimum Data Set (MDS) with an Assessment Reference Date of 01/25/2026, revealed a Brief Interview of Mental Status score of 10, which indicated the resident had moderate cognitive impairment. Resident #67's MDS also revealed the resident had diagnoses, which included pneumonia, chronic respiratory failure with hypoxia and hypercapnia, asthma, COPD, and chronic lung disease. Lastly, Resident #67's MDS did not indicate the resident was receiving oxygen therapy. A review of Resident #67's Provider notes, dated 03/03/2026 stated Co-morbidity: COPD, Risk of complication: HIGH Monitor Pulse Ox before and after therapy, breathing treatments and oxygen as needed to augment therapy outcomes. Due to poor endurance, patient at high risk for poor progression in therapy. A review of Resident #67's Order Summary revealed there were no physician's orders regarding oxygen therapy. A review of Resident #67's Provider Notes, with a service date of 03/03/2026, revealed Resident #67 was admitted to the hospital for acute on chronic hypoxic respiratory failure, sepsis secondary to influenza A, community-acquired bacterial pneumonia and COPD exacerbation. The Provider Notes also revealed Resident #67 had an oxygen saturation level of 94% on oxygen at 5 liters. During an interview on 03/04/2026 at 2:34 PM, while at Resident #67's bedside, LPN #1, responsible for Resident #67's care, confirmed the oxygen therapy was in use, with oxygen being administered at 4 liters per nasal cannula. LPN #1 could not locate a physician's order in the Electronic Health Record (EHR) regarding oxygen therapy for Resident #67 and confirmed there did need to be an order in place for the oxygen therapy Resident #67 was receiving. During an interview on 03/05/2026 at 10:52 AM, the Advanced Practice Registered Nurse (APRN) indicated that there should have been a physician's order for Resident #67 for oxygen therapy, so the staff knew how many liters should be delivered to Resident #67, and so the resident did not get over-oxygenated, due to their COPD. The APRN also indicated that Resident #67 informed the staff upon admission that Resident #67 had been receiving oxygen therapy for 10 years. (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045432	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/05/2026
NAME OF PROVIDER OR SUPPLIER The Springs of Barrow		STREET ADDRESS, CITY, STATE, ZIP CODE 2600 John Barrow Road Little Rock, AR 72204	
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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 03/05/2026 at 12:18 PM, the MDS Coordinator indicated the resident was admitted to the facility on [DATE], went to the hospital on [DATE], and returned to the facility on [DATE], and no physician's order was placed for oxygen therapy from admission through 03/03/2026. During an interview on 03/05/2026 on 11:05 AM, the Director of Nursing (DON) indicated that any resident receiving oxygen therapy should have a physician's order in place, so staff were aware of what a resident needed. During an interview on 03/05/2026 at 12:56 PM, the Administrator indicated Resident #67 had oxygen therapy since admission and that physician's orders for oxygen therapy should have been in place for Resident #67, to provide transparency between all departments. A review of a facility policy titled Oxygen Administration, last revised October 2010, indicated Verify that there is a physician's order for this procedure.		