

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045192	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/27/2024
NAME OF PROVIDER OR SUPPLIER The Springs of MT Vista		STREET ADDRESS, CITY, STATE, ZIP CODE 202 Tims Avenue Harrison, AR 72601	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>Based on observations, interviews, record review, it was determined the facility failed to ensure a Minimum Data Set (MDS) assessment was accurately completed for 1 (Resident #72) of 27 sampled residents who were reviewed for MDS assessment accuracy. Specifically, the facility failed to ensure information regarding a resident's diagnosis reflected the resident's current condition.</p> <p>Findings include:</p> <p>A review of the Clinical Resident Profile, indicated the facility admitted Resident #72 on 11/09/2023 with a diagnosis of pneumonia.</p> <p>A review of the quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 08/19/2024, revealed Resident #72 had a Brief Interview for Mental Status (BIMS) score of 7, which indicated Resident #72 had moderate cognitive impairment. Section I, subsection I2000, indicated an active diagnosis of pneumonia.</p> <p>A review of the Medical Diagnoses, revealed Resident #72 had a principal diagnosis of pneumonia, dated 10/31/2023.</p> <p>A review of a physician appointment dated 12/19/2023, indicated the reason for the visit was a nursing home follow-up and recent hospitalization for pneumonia and dementia care.</p> <p>A review of a physician appointment dated 07/08/2024, indicated the reason for the visit was a 6 week follow up nursing home visit for mental evaluation.</p> <p>A review of a physician appointment dated 09/04/2024, indicated the reason for the visit was a 6 week follow up nursing home visit for mental evaluation.</p> <p>A review of Resident #72's plan of care, with a target date of 11/06/2024, did not reveal a current focus, goal, or interventions for a respiratory infection.</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
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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 09/27/2024 at 1:33 PM, the MDS/Care Plan (CP) Coordinator stated MDS assessments are performed within 7 days, the look back period, of the ARD, and is responsible to accurately complete sections of the MDS, including Section I, to ensure residents are treated correctly. The MDS/CP Coordinator stated Resident #72's 08/19/2024 MDS assessment was completed in person in Resident #72's room, the day before. The MDS/CP Coordinator stated the last 7 days of orders were reviewed to determine the current diagnoses and changes were made at that time. The MDS/CP Coordinator stated Resident #72 was not receiving medication for pneumonia and did not have a current infection during the look back period, and the pneumonia diagnosis should have been resolved. The MDS/CP Coordinator stated there was no policy or procedure for completing a care plan or MDS and just reviewed certain things like activities and went section by section and looked up information needed and updated the care plan with new information.</p> <p>During an interview on 09/27/2024 at 1:55 PM, the Director of Nursing (DON) stated the nurses were responsible for assessments and the expectation is the assessment be completed in a timely manner, should be correct at the time it is done, at the time the nurse sees the resident.</p> <p>During an interview on 09/27/2024 at 1:50 PM, the Administrator stated the care plans and the MDS are completed in the first 24 hours. The nurse completes the assessment and the MDS Coordinator reviews and completes the MDS, after the review of the initial assessment, following the policy and procedure.</p> <p>During an interview on 09/27/2024 at 2:07 PM, Consultant #2 advised they do not have a policy and procedure for the MDS, the RAI Manual is used.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>Based on interviews, record review, and facility policy review, it was determined the facility failed to ensure an accurate care plan for 1 (Resident #50) of 27 sampled residents who were reviewed for a comprehensive care plan.</p> <p>Findings include:</p> <p>A review of a facility policy titled, Care Plans, Comprehensive Person-Centered, dated 03/2022, indicated each resident would have a care plan developed and implemented to meet their needs, no more than 21 days after admission, and include identification of care needs and objectives to meet the resident's highest physical, mental and psychosocial well-being.</p> <p>The admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 08/16/2024, revealed Resident #50 had a Brief Interview for Mental Status (BIMS) score of 13 which indicated the resident was cognitively intact. Resident #50 did not exhibit mood disorders or behaviors; had active diagnoses that included mental health and stress disorders involving depression, mania, hallucinations, delusions, restlessness, and decision-making ability; and was receiving psychotropic medication.</p> <p>A review of the care plan with an admission date of 08/12/2024 and revision date of 08/18/2024, did not address Resident #50's diagnoses that included mental health and stress disorders involving depression, mania, hallucinations, delusions, restlessness, and decision-making ability.</p> <p>A review of the Order Summary Report, revealed Resident #50 was to be monitored for psychotropic drug side effects and was receiving psychotropic medications, with a start date of 08/12/2024.</p> <p>A review of Medication Administration Record [MAR], revealed Resident #50 had twice daily monitoring for antianxiety, antidepressant, and antipsychotic medications, with a start date of 08/12/2024.</p> <p>A review of admission Assessment, with an effective date of 8/12/2024, revealed Resident #50 had admitting diagnoses that included anxiety, depression, bipolar disorder, and schizophrenia; and was receiving antianxiety medications.</p> <p>During an interview on 09/27/2024 at 1:16 PM, the MDS/CP Coordinator stated care plans were done as part of the Minimum Data Set (MDS) on admission. The MDS/CP Coordinator stated at the time of admission the nurse was responsible for ensuring the initial assessment was completed accurately. The MDS/CP Coordinator stated there was no policy or procedure for completing the care plan or MDS, and reviewed certain things, section by section of the MDS and used resources to prepare Resident #50's care plan, that included review of the assessment for identified issues, meeting with the resident, speaking with the nurses and certified nursing assistants (CNAs), reviewing daily reports, past and present diagnoses, and if something was new, the care plan was updated. The MDS/CP Coordinator stated it was important for Resident #50's care plan to be accurate and reflect their needs to receive the most beneficial help to remain healthy, comfortable, be able to return home, or remain in the facility.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 09/27/2024 at 1:50 PM, the Administrator stated the care plans and MDS were done in the first 24 hours. The nurse completed the assessment and the MDS Coordinator reviewed and completed the MDS, after reviewing the initial assessment following the policy and procedure.</p> <p>During an interview on 09/27/2024 at 1:58 PM, the Director of Nursing (DON) stated the nurse should complete the admission assessment completely and accurately based on what the medications and abilities were when the resident came through the door because it helps the CNAs in knowing how care is provided to the resident.</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>Based on interviews, record review, facility document review, and facility policy review, it was determined the facility failed to include a cognitively impaired resident's representative in the care plan meetings for 1 (Resident #5) of 28 residents reviewed for development of comprehensive care plans.</p> <p>Findings include:</p> <p>A review of a facility policy titled, Care Plans, Comprehensive Person-Centered, revised in March 2022 indicated that the interdisciplinary team (IDT) in conjunction with the resident or the resident's representative develops and implements the comprehensive care plan. As part of their resident's rights person-centered comprehensive care plans allow for resident or resident's representative participation in planning, resident goal and outcome setting, type, frequency, and duration of care, as well as request meetings, revision, and services. Notification of care plan meetings are provided in advance. Documentation in the resident's Electronic Health Record (EHR) should include steps taken to include the resident or resident's representative or an explanation of why it is not practicable for them to be included in the process. Comprehensive care plans are completed at admission, annually, and with a significant change in status.</p> <p>A review of the electronic health record (EHR) indicated the facility admitted Resident #5 with diagnoses that included senile degeneration of the brain, dementia, psychotic disturbances, and behavioral disturbances.</p> <p>Review of the admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/13/2024 revealed Resident #5 had a Brief Interview for Mental Status (BIMS) score of 9 which indicated the resident had moderate cognitive impairment.</p> <p>The quarterly MDS with an ARD of 06/13/2024 revealed Resident #5 had a BIMS score of 9 which indicated the resident had moderate cognitive impairment.</p> <p>The significant change MDS with an ARD of 08/20/2024 revealed Resident #5 had a BIMS score of 8 which indicated the resident had moderate cognitive impairment.</p> <p>A review of Resident #5's care plan, revised on 09/09/2024, revealed the resident and the family will receive the support needed to successfully transition into a long-term care. Interventions included emotional support, but no mention was made to include resident or resident's representative in the care planning process. Goal and interventions were initiated on 03/08/2024 and revised on 08/09/2024, following the care plan meetings without the resident or the resident's representative.</p> <p>During an interview on 09/25/2024 at 09:31 AM, Resident #5 's Power of Attorney (POA) stated there is a lot of confusion about the long-term care process which included expectations of the family and the facility. The POA expressed lack of communication of medication changes, fall prevention, and notification process; failed attempts to reach the Social Services Director (SSD) on the phone, and the office door was never open and the POA had no knowledge of what a care plan meeting was and had never been to one.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 09/27/2024 at 1:12 PM, the Minimum Data Set Coordinator/Care Plan Coordinator (MDS/CP Coordinator) stated regarding the notification of the care plan meeting process is they first develop next month's care plan list which is then given to the Social Services Director (SSD) about a week before the beginning of the month. The SSD then sends out a letter to the residents or their representatives. The MDS/CP Coordinator stated the SSD does all communication with the residents and their representatives and denies any knowledge of any documentation process by the SSD. The MDS/CP Coordinator stated the care plan meeting concerns were documented on paper and signed by all attendees then handed over to the SSD.</p> <p>During an interview on 09/27/2024 at 2:35 PM, the SSD stated the process for the resident representative's notification of a care plan meeting was an initial phone call the month prior to the meeting to ensure availability. If the SSD was unable to reach the representative, a letter was mailed out with the information. The SSD stated the initial phone call to Resident #5's POA resulted in a voicemail, with no verbal contact ever made. The SSD stated she did not document the attempt in the resident's EHR because they often forgot to chart. The SSD denied ever mailing a care plan notification letter to Resident #5's POA because she forgot. The SSD stated the care plan meeting notes were not available in the EHR because they were on paper in the SSD's Office and Resident #5's POA had never been to a care plan meeting, and it had never been discussed with the POA by the SSD.</p>		

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<p>F 0770</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide timely, quality laboratory services/tests to meet the needs of residents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure the laboratory waiver was renewed for 1 of 1 facility requiring a waiver to perform testing. Specifically, the facility Centers for Medical & Medicaid Services Clinical Laboratory Improvement Amendments (CLIA) Certificate of Waiver (COW) was expired.</p> <p>The findings are:</p> <p>Review of a Centers for Medicare and Medicaid Services (CMS) CLIA brochure titled, How to obtain a CLIA Certificate, revealed a COW is issued to perform waived tests, defined as a lab test with insignificant risk of erroneous results. Waived tests include SARS-COV-2 (COVID), Influenza A/B, gastric occult blood, and glucose monitoring devices.</p> <p>During an observation on [DATE] at 12:00 PM, Licensed Practical Nurse (LPN) #1 performed a blood glucose test on Resident #73 using a glucose monitoring device.</p> <p>During an observation of the medication room on [DATE] at 12:38 PM, a document titled, Centers for Medical & Medicaid Services Clinical Laboratory Improvement Amendments [CLIA] Certificate of Waiver, revealed the CLIA ID (Identification) Number was 04D0468396 with an expiration date of [DATE]. The Director of Nursing (DON) stated this is the updated one and pointed to a paper attached to the wall to the left of the CLIA certificate titled, CLIA Laboratory User Fees.</p> <p>A review of the CLIA Laboratory User Fees, with a billing date of [DATE], included a CLIA Fee Coupon at the bottom, indicating the CLIA ID Number was 04D0468396, a certificate period of [DATE] to [DATE]. A note, located above the CLIA Fee Coupon, instructed When renewing a certificate, if full payment is not received prior to the begin date of the above certificate period, your current certificate will expire, and you may not legally perform testing after this date.</p> <p>On [DATE] at 08:50 AM, the Administrator provided a copy of the CLIA Laboratory User Fee and email showing payment of \$268.00 was made. The Administrator stated the renewed certificate will come by mail.</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>Based on observation, interview, record review, and policy review, the facility failed to provide a diet based on nutritional needs of 6 (Resident #4, #5, #8, #14, #27, and #47) of 37 residents reviewed for nutritional dietary needs and weight loss. Specifically, Residents #4, #5, #8, #14, #27, and #47 did not receive an enhanced/fortified diet as ordered.</p> <p>Findings include:</p> <p>A review of a facility policy titled, Food and Nutrition Services, dated 10/2017, indicated the facility provided each resident with a well-balanced diet to meet nutritional and special dietary needs based on a resident's nutritional need assessment. Meal trays were to be inspected to ensure the correct meal was provided to the resident.</p> <p>1. A review of the Clinical Resident Profile, indicated the facility admitted Resident #14 on 03/06/2011 with diagnoses that included dementia.</p> <p>A review of Resident #14's care plan, revised on 05/14/2024, revealed the resident had a nutritional risk, required a physician ordered fortified, mechanically altered, puree textured diet. Interventions included offering supplements as ordered by physician, receiving fortified foods; ice cream at lunch, dinner, and at 10/2 (10 AM and 2 PM); receiving a house shake that contains ice cream, peanut butter, and milk with lunch and dinner; 2 ounces of peanut butter each meal; and sending the correct texture and consistency diet.</p> <p>The quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 08/21/2024, revealed Resident #14 had a Brief Interview for Mental Status (BIMS) score of 4 which indicated the resident had severe cognitive impairment. Resident #14 was independent with eating, had a 5% or more weight loss in the last month or 10% or more in the last 6 months, had a mechanically altered diet, and was not on hospice care.</p> <p>A review of the Dietary Quarterly assessment, dated 08/22/2024, revealed Resident #14 had a weight loss and was receiving fortified meal enhancements, a health shake, and peanut butter.</p> <p>A review of Medication Administration Record [MAR], with a start date of 08/23/2024, revealed Resident #14 was receiving an appetite stimulant daily, at bedtime.</p> <p>A review of Clinical Physician Orders, with a start date of 09/06/2024, revealed Resident #14 had a regular enhanced pureed diet. Additional directions revealed, ice cream at 10:00 AM and 2:00 PM and with lunch and dinner.</p> <p>A review of Progress Note with a sub type IDT - Weekly Weight Note, dated 09/13/2024, revealed a late entry Weight Warning of 133.2 pounds and indicated an 11.9% weight deficit in 180 days, and a 1.2-pound weight loss in one week.</p> <p>A review of the weekly weight loss meeting on 09/19/2024, revealed Resident #14 was receiving a regular enhanced diet with puree texture; peanut butter; a house shakes with peanut butter, ice cream and milk; and ice cream at 10:00 AM and 2:00 PM.</p> <p>(continued on next page)</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of a facility document titled, [Facility Name] Newsletter, dated 09/23/2024, indicated lunch was a cheeseburger/hamburger, French fries, lettuce, tomato, onion, pickle, Hawaiian cake, and beverages.</p> <p>During an observation on 09/23/2024 at 12:47 PM, Resident #14's meal tray included chocolate milk, whole milk, two puree food items on a divided plate, covered with brown gravy, a green puree item. A clear condiment cup contained a creamy brown substance. A cup contained a puree food item, and a red mug contained an off-white beverage, a clear cup contained a clear beverage, a handled cup contained a dark beverage, and a cup contained a green ice product.</p> <p>A review of the document on Resident #14's meal tray revealed Resident #14's diet order was a pureed regular diet with enhanced foods and thin liquids. Notes: included chocolate milk and 2 ounces of peanut butter; Standing Orders that included a house shake with peanut butter and ice cream served in a red cup with shakes, whole milk, and one-half cup of vanilla ice cream. Fortified foods in red bowl.</p> <p>During an interview on 09/23/2024 at 12:52 PM, Licensed Practical Nurse (LPN) #8 identified the puree foods with gravy as hamburger and mashed potatoes, the green puree as green beans, the puree in the cup as cake, water in the clear cup, coffee in the handled cup, peanut butter in the clear condiment cup, and shake with peanut butter in the red mug. LPN #8 stated the shake contained milk and peanut butter. LPN #8 was asked if the resident should receive vanilla ice cream and LPN #8 stated, They ran out of ice cream, so they gave (resident pronoun) green sherbet. LPN #8 could not identify the enhanced food item.</p> <p>A review of the sherbet label revealed it was 4 ounces of Lime Fat Free Sherbet.</p> <p>During an interview on 09/23/2024 at 01:02 PM, the Dietary Manger (DM) stated Resident #14 was served a pureed burger with mayonnaise, ketchup, cheese, bread, mashed potatoes in place of fries, and green beans. The DM stated the shake did contain vanilla ice cream, that vanilla and chocolate ice cream were available, and could not state why Resident #14 did not receive vanilla ice cream on the meal tray. The DM stated the red mug containing the house shake is the fortified/enhanced food and takes the place of the red bowl. The DM stated all residents received a fortified/enhanced meal at lunch because the fat content in the hamburger made the meal enhanced.</p> <p>During an interview on 09/23/2024 at 01:21 PM, the Director of Nursing (DON) stated vanilla ice cream was obtained from the store and Resident #14 was provided with vanilla ice cream and should have received food per physician orders.2. A review of Resident #27's Order Summary Report, indicated the resident had medical diagnoses of moderate protein-calorie malnutrition, morbid (severe) obesity due to excess calories, unspecified dementia with other behavioral disturbance, and cancer of the cervix and uterus.</p> <p>A review of Resident #27's 5-day MDS with an ARD of 08/29/2024 indicated a weight loss of 5% or more in the last month or a loss of 10% or more in last 6 months.</p> <p>A review of Resident #27's Order Summary Report dated 09/16/2024 indicated Resident #27 was to receive a regular enhanced; regular texture and consistency diet with double portions of biscuit and gravy at breakfast; high calorie juice with meals; and a bowl of gravy with meals.</p> <p>(continued on next page)</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 09/25/2024 at 08:05 AM, Resident #27's diet card read: Enhanced diet with reg texture and thin fluids. Double portion biscuit and bowl of gravy at all meals. Resident #27 ate the bowl of oatmeal and the eggs. Observed bacon on the tray. No biscuits and gravy were on the tray.</p> <p>On 09/26/2024 at 2:30 PM, the Surveyor interviewed the Dietary Manager (DM) and she acknowledged that Resident #27 did not receive biscuits and gravy for breakfast. The DM stated that they normally have them, but did not have biscuits or gravy that morning, because she followed the menu. Also reported that the only thing they did for the enhanced diet was added more butter to the oatmeal. The Dietary Manager also stated she was unsure how to give the residents what they wanted and serve the menu that she is supposed to.</p> <p>3. A review of Resident #8 Order Summary Report included medical diagnosis of severe protein-calorie malnutrition, muscle weakness, low potassium, heart failure, gastroesophageal reflux disease (GERD), and chronic obstructive pulmonary disease (COPD).</p> <p>A review of Resident #8's admission MDS with an ARD of 08/17/2024 documented a BIMS of 14 which indicated no cognitive impairment, and the resident had no swallowing disorders and was not on a physician prescribed weight loss regimen.</p> <p>A review of Resident #8's Order Summary Report, indicated Resident #8 was on a regular-enhanced food with regular texture, thin consistency diet.</p> <p>A review of Resident #8's care plan with a revision date of 09/26/2024 indicated Resident #8 had a potential for nutritional deficits related to COPD, heart failure with hypoxia and therapeutic diet, and was on a regular fortified diet with regular texture and thin fluids. Interventions included supplements/snacks as ordered; obtain food preferences, likes/dislikes; offer substitutes for foods not eaten; and provide diet as ordered, fortified foods.</p> <p>On 09/25/2024 at 12:44 PM, the Surveyor observed Resident #8's lunch tray. The tray included cubed chicken, broccoli and parsley noodles on a plate. No red bowl was located on the tray.</p> <p>During an interview with the Dietary Manager on 09/25/2024 at 01:15 PM, she confirmed no red bowl was on Resident #8's tray. She stated the noodles were cooked in a lot of butter. Enhanced/fortified is anything that is a food that has a fatty food added such butter, cheese, etcetera (etc.), and the parsley noodles had extra butter on top of what the recipe called for. The Dietary Manager stated she was uncertain whether the parsley noodles on the plate were enhanced or not. Then, she stated that everyone got fortified noodles today.</p> <p>On 09/26/2024 at 2:00 PM, the Dietary Manager disclosed that she has no menus for fortified diets and has only been adding butter, cheese, and things like that to certain items on the trays and serves them as fortified/enhanced diets. She also stated she has no idea what the calories are for what she adds.</p> <p>On 09/26/24 at 2:30 PM, after speaking to the Dietary Manager again, she stated that the parsley noodles had butter added to them more than the recipe called for and they make up what they feel would be a fortified/enhanced diet.</p> <p>(continued on next page)</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>4. A review of Resident #47's Order Summary Report indicated medical diagnoses of dementia with anxiety, cirrhosis of the liver, lung cancer, pulmonary fibrosis, chronic kidney disease, stage 3, abnormal weight loss and gastro-esophageal reflux disease (GERD).</p> <p>A review of the annual MDS with an ARD of 09/17/24, indicated a BIMS score of 7 and required supervision or touching assistance with eating; did not have a swallowing disorder, and had lost 5% of weight or more in last month or 10% or more in last 6 months.</p> <p>A review Order Summary Report, indicated Resident #47 was on a regular-enhanced diet, regular texture, thin consistency.</p> <p>A review of the care plan with a revision date of 06/14/2024 indicated Resident #47 was to be served a regular enhanced diet with regular texture and thin liquids as ordered by the physician.</p> <p>On 09/25/2024 at 01:13 PM, observed Resident #47's lunch tray, there was no red bowl on the tray. Parsley noodles were on the plate with other lunch foods.</p> <p>On 09/25/2024 at 01:13 PM, during an interview the Dietary Manager stated the noodles were the enhanced/fortified food today. She stated that the noodles were not in a red bowl, but they should have been, the enhanced noodles had extra butter in them. She did not know if she got the enhanced/fortified. She asked the kitchen staff and stated that the noodles on the plate were fortified. When asked how the staff could know if the noodles were enhanced/fortified, she said that they just remembered.</p> <p>On 09/26/2024 at 2:00 PM, during an interview the Dietary Manager reported that they do not have enhanced/fortified menus and that they add butter, cheese, etc., to a food that they pick on the meal and use that as enhanced. No measuring or certain amount, just added by the cook.</p> <p>5. A review of the electronic health record indicated the facility admitted Resident #4 with diagnoses that included dementia, muscle weakness, and cerebral infarction.</p> <p>The quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 07/12/2024, revealed Resident #4 had a Brief Interview for Mental Status (BIMS) score of 0 which indicated Resident #4 had severe cognitive impairment.</p> <p>A review of Resident #4's Order Summary Report, revealed Resident #4 was ordered to receive enhanced/fortified foods with pureed texture, regular consistency, 2 shakes with meals, high calorie juice with meals, and ice cream with all meals.</p> <p>A review of the Dietary Quarterly report dated 07/14/2024 stated, Resident #4 was to receive fortified foods, house shakes, and high calorie juice. Resident #4 weight loss at the time was 4.87% over six months.</p> <p>A review of Resident #4's meal card, dated 09/25/2024, stated, house shake (add peanut butter, ice cream in red cup with shakes). Indicating the recipe for the blended shake should have contained more than one shake.</p> <p>(continued on next page)</p>		

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<p>F 0803</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 1:03 PM, Resident #4 was served a tray of pureed chicken with gravy, pureed bread with gravy, pureed broccoli, 120 milliliters (ML) high calorie juice, pureed peach crisp, 120 ML chocolate ice cream, and a red mug filled with a blended shake. The Dietary Manager (DM) stated the shake was mixed with 1 container of ice cream, 1 carton of the prepackaged shake (house shake per facility), and 1 scoop of peanut butter. The scoop was described as a regular household flatware teaspoon and not a true measured scoop. The DM stated they did have access to the resident's electronic health record and orders. The DM denied knowledge that the meal card order was not clear and acknowledged the blended shake should have contained two cartons of the house shake. The DM stated the resident was not getting the correct supplements per ordered intake.</p> <p>6. A review of the medical diagnosis in Resident #5's electronic health record indicated the facility admitted Resident #5 with diagnoses that included senile degeneration of the brain, and dementia.</p> <p>A review of Resident #5's Weight Summary, showed on 03/09/2024, an admission weight of 137.8 pounds (lbs.); on 06/07/2024, a weight of 116.2 lbs.; and on 09/05/2024, a weight of 111.4 lbs. Calculated weight loss showed 4.13% over three months and 19.16% significant weight loss over six months.</p> <p>A review of Resident #5's IDT [Interdisciplinary Team] Clinically Unavoidable Weight Loss, dated 04/19/2024, concluded Resident #5's weight loss was unavoidable with an explanation of resident has dementia and refuses care to allow staff to assist with eating.</p> <p>The admission MDS with an ARD of 03/13/2024, revealed Resident #5 had a BIMS score of 9 which indicated the resident had moderate cognitive impairment, required setup and clean-up assistance only for eating, and had no, or unknown weight loss noted.</p> <p>A review of Resident #5's, care plan, revised on 09/10/2024, revealed the resident had experienced a weight loss. Interventions included receiving adequate nutrition as a regular enhanced diet with mechanical soft texture and thin liquids.</p> <p>A review of Resident #5 ' s orders revealed Resident #5 had a regular enhanced diet with regular texture with thin liquids and high calorie juice ordered on 05/31/2024 and modified on 09/06/2024 to mechanical soft texture and added ice cream with lunch and dinner.</p> <p>During a phone interview on 09/25/2024 at 3:24 PM, the Registered Dietician (RD) stated she was not a full-time employee of the facility but rounded as a regional support for the company. The RD denied being present for the facility meetings for significant weight loss, and stated she only approved menus, and the recipes were the responsibility of the Dietary Manager.</p> <p>During an interview on 09/26/2024 at 2:00 PM, the Dietary Manager (DM) stated no fortified recipes existed in the facility. The DM stated they had been trained to add butter, milk, or cheese to a recipe to make it a fortified item. The DM denied any measurements of these items when they were added. The DM's exemplified process was melted butter had been brushed on to the top of a pan of cooked cornbread on 09/24/2024 for lunch and the cornbread was now a fortified food item used to serve residents in need of a fortified food ordered for supplemental nutritional support. The DM was found to have no certification or specialized training in nutrition.</p> <p>(continued on next page)</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an observation on 09/24/2024 at 07:00 AM, Dietary [NAME] #7 used a #30 (1 ounce) black scoop for puree bread, a #20 (1.63 ounce) yellow scoop for puree egg, a #20 yellow scoop for puree sausage, a #16 (2 ounce) blue scoop for scrambled eggs, and a 120 (4 ounce) ladle for oatmeal.</p> <p>Review of the facility's Week 2 Menu stated measurements as follows: 1/4 cup egg.</p> <p>During an interview on 09/24/2024 at 09:00 AM, the Dietary Manager stated that scoop sizes were as follows: #20 yellow scoop equals 1.63 ounces; #16 blue scoop equals 2 ounces. The Dietary Manager stated that the scoop is filled all the way to the top. Following a measurement using the scoops used during the breakfast service, the Dietary Manager stated she was not aware the scoops used were not appropriate for the portions indicated on the facility provided menu.</p> <p>During an interview on 09/24/2024 at 09:00 AM, the Dietary Manager stated that the menus provided for the residents' breakfast service were not followed. The Dietary Manager stated that the facility always serves the same foods for breakfast: sausage, bacon, oatmeal, biscuits, gravy, and eggs. The Dietary Manager stated it was her decision to serve the same breakfast foods each day and to not follow the menus indicated for use during residents' meal services.</p> <p>During an interview on 09/24/2024 at 10:00 AM, the Dietary Manager stated enhanced/fortified foods were prepared by adding extra butter, cheese, and more milk to a selected item. The Dietary Manager stated foods were enhanced/fortified by increasing calories, she did not follow recipes for enhanced/fortified foods.</p> <p>During an interview on 09/25/2024 at 3:24 PM, the Registered Dietician stated that food menus and recipes were written by the food companies. Her job duty is to inspect and approve the menus. When asked how to measure the caloric intake of foods that were to be enhanced/fortified she stated you would measure the calories of the ingredients added to make the foods enhanced/fortified such as fortified milk. The Registered Dietician stated that substitutes or alternatives for foods offered to the residents should be nutritionally equivalent to what the food is replacing. The Registered Dietician stated she was not aware of a house shake prepared by the facility, or any recipe related to the house shake. Residents on enhanced/fortified diets are prescribed these diets as a method of gaining weight. It is important to follow dietary orders as these orders are put into place for a reason, such as to help a resident gain weight. Left over foods should not be used for puree as left over foods can lose nutritional value. Enhanced/fortified milk has added calories to make it enhanced/fortified, vitamins and minerals already in the milk do not make the milk enhanced/fortified.</p> <p>During a record review of the facility provided, Weekly Menus no recipes for enhanced/fortified foods were listed.</p> <p>During an interview on 09/26/2024 at 2:00 PM, the Dietary Manager stated that there were no recipes for enhanced/fortified foods. The Dietary Manager stated that she chooses an item off of the menu and makes that item enhanced/fortified by adding extra calories to it. The Dietary Manager stated she made enhanced/fortified cornbread on 09/24/2024 by adding butter to it. The Dietary Manager stated she did not measure the butter, it was melted and spread on top of the cornbread. The Dietary Manager stated she did not know how many calories she was adding to the foods she made enhanced/fortified.</p> <p>(continued on next page)</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 09/26/2024 at 4:47 PM, the Dietary Manager stated an enhanced/fortified recipe for oatmeal and an enhanced/fortified recipe for peanut butter drink were available from previous food service company. The Dietary Manager stated that dietary staff did not have access to recipes for enhanced/fortified oatmeal or peanut butter drink and no recipes were available to dietary staff when preparing enhanced/fortified foods.</p> <p>During an interview on 09/27/2024 at 3:43 PM, Consultant #2 asked the Surveyor if recipes for enhanced/fortified foods obtained from the current food service company would suffice for future use. The Surveyor stated that no recommendations could be made by the surveying team, Consultant #2 should consult with the Registered Dietician for recipe use. Consultant #2 stated that the recipes for enhanced/fortified foods were not available to dietary staff, but if approved by the Registered Dietician would be available for dietary staff for future use.</p>

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<p>F 0808</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure therapeutic diets are prescribed by the attending physician and may be delegated to a registered or licensed dietitian, to the extent allowed by State law.</p> <p>Based on observation, interview, record review, and policy review, the facility failed to ensure physician ordered foods were provided for 3 (Residents #4, #14, and #27) of 37 residents reviewed for dietary orders. Specifically, Resident #4 did not receive two house shakes, Resident #14 did not receive ice cream at lunch, and Resident #27 did not receive double portions of biscuits and gravy at breakfast, as ordered by a physician.</p> <p>Findings include:</p> <p>A review of a facility policy titled, Food and Nutrition Services, dated 10/2017, indicated the facility provided each resident with a well-balanced diet to meet nutritional and special dietary needs based on a resident's nutritional need assessment. Meal trays were to be inspected to ensure the correct meal was provided to the residents.</p> <p>1. A review of the Clinical Resident Profile, indicated the facility admitted Resident #14 on 03/06/2011 with diagnoses that included dementia.</p> <p>A review of Resident #14's care plan, revised on 05/14/2024, revealed the resident had a nutritional risk, required a physician ordered fortified, mechanically altered, puree textured diet. Interventions included offering supplements as ordered by the physician, receiving fortified foods; ice cream at lunch, dinner, and 10:00 AM and 2:00 PM.</p> <p>The quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 08/21/2024, revealed Resident #14 had a Brief Interview for Mental Status (BIMS) score of 4 which indicated the resident had severe cognitive impairment, and was independent with eating, had a 5% or more weight loss in the last month or 10% or more in the last 6 months, required a mechanically altered diet, and was not on hospice care.</p> <p>A review of the Dietary Quarterly assessment, dated 08/22/2024, revealed Resident #14 had a weight loss and was receiving fortified meal enhancements, a health shake, and peanut butter.</p> <p>A review of the Medication Administration Record [MAR], with a start date of 08/23/2024, revealed Resident #14 was receiving an appetite stimulant daily, at bedtime.</p> <p>A review of the Clinical Physician Orders, with a start date of 09/06/2024, revealed Resident #14 had a regular enhanced pureed diet. Additional directions revealed ice cream at 10:00 AM & 2:00 PM and with lunch and dinner.</p> <p>A review of the Progress Note titled, IDT - Weekly Weight Note, dated 09/13/2024, revealed a late entry Weight Warning of 133.2 pounds and indicated an 11.9% weight deficit in 180 days, and a 1.2-pound weight loss in one week.</p> <p>During an observation on 09/23/2024 at 12:47 PM, Resident#14's meal tray food items included a cup that contained a green ice product.</p> <p>(continued on next page)</p>		

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<p>F 0808</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 09/23/2024 at 12:52 PM, Licensed Practical Nurse (LPN) #8 identified the green ice product on Resident #14's meal tray as green sherbet. LPN #8 stated, They ran out of ice cream, so they gave (resident pronoun) green sherbet.</p> <p>A review of the sherbet label revealed it was 4 ounces of Lime Fat Free Sherbet.</p> <p>A review of Resident #14's meal tray document revealed Resident #14's diet order was a pureed regular diet with enhanced foods and thin liquids. Standing Orders included one-half (1/2) cup of vanilla ice cream.</p> <p>During an interview on 09/23/2024 at 01:02 PM, the Dietary Manger (DM) stated vanilla and chocolate ice cream were available and could not state why Resident #14 did not receive vanilla ice cream on the meal tray.</p> <p>During an interview on 09/23/2024 at 01:21 PM, the Director of Nursing (DON) stated vanilla ice cream was obtained from the store and Resident #14 was provided vanilla ice cream and should have received food per physician orders.</p> <p>2. A review of the electronic health record indicated the facility admitted Resident #4 with diagnoses that included dementia, muscle weakness, and cerebral infarction.</p> <p>Review of the quarterly MDS with an ARD of 07/12/2024, revealed Resident #4 had a BIMS score of 0 which indicated the resident had severe cognitive impairment.</p> <p>A review of Resident #4's, Order Summary Report, revealed Resident #4 was to receive enhanced/fortified foods with pureed texture, regular consistency, 2 shakes with meals, high calorie juice with meals, and ice cream with all meals.</p> <p>A review of the Dietary Quarterly report dated 07/14/2024 stated Resident #4 was to receive fortified foods, house shakes, and a high calorie juice. Resident #4 weight loss at the time was 4.87% over six months.</p> <p>A review of Resident #4's meal card, dated 09/25/2024, stated, house shake (add peanut butter, ice cream in red cup with shakes). Indicating the recipe for the blended shake should have contained more than one shake.</p> <p>During a concurrent observation and interview on 09/25/2024 at 1:03 PM, Resident #4 was served a tray of pureed chicken with gravy, pureed bread with gravy, pureed broccoli, 4 ounces of a high calorie juice, pureed peach crisp, 4 ounces chocolate ice cream, and a red mug filled with a blended shake. The Dietary Manager (DM) stated the shake was mixed with one container of ice cream, one carton of the house shake, and one scoop of peanut butter. The scoop was described as a regular household flatware teaspoon and not a true measured scoop. The DM stated they did have access to the residents' electronic health record and orders. The DM denied knowledge that the meal card order was not clear and acknowledged the blended shake should have contained two cartons of the house shake. The DM stated the resident was not getting the correct supplements per ordered intake.</p> <p>(continued on next page)</p>		

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<p>F 0808</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3. A review of Resident #27's Order Summary Report, indicated medical diagnoses of moderate protein-calorie malnutrition, morbid (severe) obesity due to excess calories unspecified dementia with other behavioral disturbance, and cancer of the cervix and uterus.</p> <p>A review of Resident #27's 5-day MDS with an ARD of 08/29/2024 indicated a weight loss of 5% or more in the last month or a loss of 10% or more in the past 6 months.</p> <p>A review of Resident #27's Order Summary Report dated 09/16/2024 indicated Resident #27 was to receive a regular enhanced; regular texture and consistency diet with double portions of biscuit and gravy at breakfast; high calorie juice with meals; and a bowl of gravy with meals.</p> <p>During a concurrent observation and interview on 09/24/2024 at 07:15 AM, Dietary [NAME] #7 placed three pieces of toast, one scoop of oatmeal, two pieces of sausage, and one scoop of egg on a plate to be served to a resident for breakfast service. Dietary [NAME] #7 stated that the resident was to receive double portions per order.</p> <p>During an interview on 09/24/2024 at 10:00 AM, the Dietary Manager stated that residents on double portion receive double of all foods served to the resident during that meal service, except for desserts. The Dietary Manager stated that she decided not to give extra desserts as she felt the calories in the food were sufficient.</p> <p>During an interview on 09/25/2024 at 3:24 PM, the Registered Dietician stated that residents who were to receive double portions, were to receive double portions of all foods being served to the residents during that meal service. The Registered Dietician stated that residents who receive double portions should receive double portions of dessert as well, in an attempt to increase the resident's calorie intake. The Registered Dietician stated it was important to follow the physicians' orders and give the resident the diet as specified in order to help the resident gain weight.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, and interview, the facility failed to ensure staff properly washed hands with soap and water to prevent cross-contamination, and equipment was in good repair.</p> <p>The findings include:</p> <p>During an observation and interview on 09/23/2024 at 1:00 PM, Dietary Aid #9 pushed a rack of dirty dishes into the dish washing machine, closed the lid, and began the dish washing cycle. Without washing her hands, Dietary Aid #9 began pulling dishes from a clean dish rack to be used in the resident lunch service. Dietary Aid #9 was noted to have artificial nails in place. Dietary Aid #9 stated she should have washed hands between pushing dirty dishes into dish washing machine and before handling clean dishes to be used in resident meal service. The Dietary Manager stated artificial nails should not be worn by food preparation staff to decrease risk of contamination.</p> <p>During a concurrent observation and interview on 09/23/2024 at 1:53 PM, Dietary [NAME] #10 placed gloves on both hands, grabbed a pan from the bottom dish rack, and without removing the gloves or washing her hands she placed her hands into a bag of shredded cheese to be used in the residents' dinner service. Dietary [NAME] #10 stated her gloves should have been removed, her hands should have been washed, and new gloves should have been applied after grabbing a pan from the dish rack and before putting her hands into the bag of shredded cheese.</p> <p>During a concurrent observation and interview on 09/23/2024 at 2:14 PM, Dietary [NAME] #10 touched her clothing with gloves being used in dinner preparation. Without removing the gloves or washing her hands, Dietary [NAME] #10 placed her hands into bowl to prepare the residents' dinner. Dietary [NAME] #10 stated gloves should have been changed after touching clothing and before continuing to prepare the resident's dinner.</p> <p>During a concurrent observation and interview on 09/23/2024 at 2:30 PM, Dietary [NAME] #10 used her gloved hands to pick up a washcloth containing soap and water and wiped down the kitchen preparation counter. Without changing gloves or washing her hands, Dietary [NAME] #10 began placing pans on the kitchen preparation counter to be used for the dinner service. Dietary [NAME] #10 stated her gloves should have been changed and her hands should have been washed after wiping down the kitchen preparation counter and before continuing with resident's dinner service.</p> <p>During a concurrent observation and interview on 09/23/2024 at 4:17 PM, Dietary [NAME] #10 touched an electrical cord with her gloved hands. Without changing gloves or washing her hands, Dietary [NAME] #10 picked up a bowl of food to be used in resident's dinner service and placed food in a blender. Dietary [NAME] #10 stated her gloves should have been changed and her hands should have been washed after touching the electrical cord and before continuing with dinner service.</p> <p>During a concurrent observation and interview on 09/23/2024 at 4:17 PM, Dietary [NAME] #10 used a blender with several cracks in the side of the blender. Dietary [NAME] #10 stated the cracks in the plastic could contain possible contaminants and should not be used.</p> <p>(continued on next page)</p>		

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<p>F 0812</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 09/24/2024 at 4:30 AM, Dietary [NAME] #7 put gloves on to prepare a resident's breakfast then pulled up his pant leg. Without changing gloves or washing his hands, Dietary [NAME] #7 touched butter to be used in resident's breakfast. Dietary [NAME] #7 stated his hands should have been washed and his gloves changed after touching his pant leg and before continuing to prepare the resident's breakfast.</p> <p>Review of a facility policy titled, Hand Washing stated staff are to perform hand washing after touching parts of the human body, after handling soiled equipment or utensils, during food preparation, before donning gloves for working with food and after gloves are removed, and after engaging in other activities that contaminate the hands.</p> <p>Review of a facility policy titled, Quick Resource Tool: QRT Staff Attire stated fingernails will be kept clean, nail polish and/or acrylic nails are not permitted.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045192	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/27/2024
NAME OF PROVIDER OR SUPPLIER The Springs of MT Vista		STREET ADDRESS, CITY, STATE, ZIP CODE 202 Tims Avenue Harrison, AR 72601	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observations, interviews, record review, facility document review, and facility policy review, it was determined the facility failed to maintain Legionella surveillance for 1 of 1 water management plan and maintain sanitary conditions for 1 of 1 resident unit refrigerator reviewed for infection control.</p> <p>Findings include:</p> <p>A review of the facility's undated policy but with a copyright date of 2022 titled Legionella Surveillance, indicated Legionella was a bacteria found in water that caused a serious type of pneumonia called Legionnaires' Disease. Legionella surveillance is one component of the facility's water management plan for reduction risk of bacteria in the facility's water system. Legionella grew best in water which is stagnated or did not have enough disinfectants and at 77-108 degrees Fahrenheit. Temperature control measures included hot water shall be stored at 140 degrees Fahrenheit and circulated at a minimum of 124 degrees Fahrenheit.</p> <p>A review of a facility policy titled, Legionella Water Management Program, revised in July of 2017, indicated a management program was to identify areas where Legionella bacteria can grow by first using a diagram of the facility's water system which mapped out where water was received, cold water distribution, heating, hot water distribution, and waste. Second, map identified areas which encourage growth and spread of Legionella and other waterborne bacteria like storage tanks, water heaters, filters, aerators, showerheads/hoses, humidifiers, hot tubs, fountains, and medical devices. Third, map identified situations such as presence of biofilm, sediment, water temperature fluctuations, water pressure changes, water stagnation, and inadequate disinfection. Lastly, a diagram of where control measures are applied and a system to monitor control limits and effectiveness.</p> <p>During an interview on 09/26/2024 at 11:00 AM, the Maintenance Supervisor (MS) stated he only monitors the hot water temperature of every hall and the hot water heaters were currently set at 110 degrees Fahrenheit which were completed weekly. The MS stated he had no knowledge of a diagram mapping the plumbing/water flow of the building and added several water lines that had been dug up and replaced prior to his employment. He indicated a main shut off valve was at the hub in the center of the building by the nurses' station and the gray water drained somewhere out by C-Hall. The MS stated he had no knowledge of identified areas of concern to be monitored like stagnated water. The MS stated the facility provided two days of training with the prior MS, then an unidentified regional employee later put the maintenance books in order. The MS stated the city had done water testing earlier this year but was unable to find the documentation they provided.</p> <p>During the Exit Conference Consultant #2 stated, if the MS would have come to the consultant the regional employee could have been contacted for a copy.</p> <p>A review of an untitled, undated floor plan sent to the survey team on 09/30/2024 post exit conference identified five hot water heater location, one boiler location and one in-flowing water line to the facility. No water flow through the facility was identified so no areas of stagnation could have been assessed.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During a concurrent observation and interview on 09/25/2024 at 11:51 AM, the following items were located in a refrigerator on the F Hall: a can of soda, a lunch box, flavored gelatin cups, a bottle of water, a reusable thermos with an unidentified drink, a small bag of pizza bites, and a jar of pickles. When asked who used the refrigerator on the F Hall, Certified Nursing Assistant (CNA) #5 stated the staff and residents use the refrigerator. When asked how items were labeled for identification, CNA #5 stated the items were not labeled.</p> <p>During an interview on 09/25/2024 at 12:00 PM, the Assistant Director of Nursing (ADON) and Licensed Practical Nurse (LPN) #6 stated staff and residents both use the refrigerator on the F Hall.</p> <p>During an interview on 09/25/2024 at 12:30 PM, LPN #3 stated the residents and staff foods/beverages should not be stored in the same refrigerator due to the risk of contamination.</p> <p>During a concurrent observation and interview on 09/26/2024 at 8:12 AM, the following items were located in a refrigerator on the F Hall unit: two breast pumps with a substance in the bottom, a lunch bowl, a pack of hamburger buns, four bottles of water, a lunch box, flavored gelatin cups, fruit cups, two reusable thermoses with an unidentified drink, and two cans of soda. CNA #4 stated she was breastfeeding, and her pumps were kept in the refrigerator.</p> <p>During an interview on 09/26/2024 at 8:30 AM, LPN #3 stated the breast pumps with substance in the bottom should not be kept in the same refrigerator as resident foods/beverages due to the risk of contamination.</p> <p>During an interview on 09/26/2024 at 9:30 AM, the Activity Director stated she was responsible for cleaning the F Hall refrigerator. The Activity Director stated the residents and staff foods/beverages should not be kept in the same refrigerator due to the risk of contamination. The Activity Director stated breast pumps with a substance in the bottom should not be kept in a resident refrigerator due to the risk of contamination.</p> <p>During an interview on 09/26/2024 at 10:00 AM, the Assistant Director of Nursing (ADON) stated that staff and residents could use the same refrigerator. The ADON stated breast pumps containing a substance in the bottom should not be kept in the same refrigerator as resident foods/beverages due to risk of contamination.</p> <p>During an interview on 09/26/2024 at 10:30 AM, the Director of Nursing (DON) and Consultant #2 were asked for a policy and/or procedure outlining the storage of resident and staff foods/beverages. Consultant #2 stated that no current policy and/or procedure existed, that items stored together should be labeled.</p> <p>On 09/26/2024 at 11:00 AM, Consultant #2 provided an outline for storage of staff and resident foods/beverages. When asked if the policy outlining storage of staff and resident foods and beverages was in place before being brought to the Surveyor, Consultant #2 stated no, she identified the concerns, and a new refrigerator would be brought to the F Hall for staff to use and both staff and resident refrigerators would have a lock added for safety.</p>		