

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045211	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/11/2025
NAME OF PROVIDER OR SUPPLIER The Springs of Texarkana		STREET ADDRESS, CITY, STATE, ZIP CODE 2107 Dudley Street Texarkana, AR 71854	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>Based on interviews, record review, and facility policy review, it was determined the facility failed to notify a resident's family member/responsible party of the resident's fall and change in condition for 1 (Resident #2) of 5 residents reviewed for falls.</p> <p>The findings are:</p> <p>1. Resident #2's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) 2/24/2025 documented a Brief Interview for Mental Status (BIMS) score 1 (0-7 indicates severe impairment) with medical diagnoses of diabetes mellitus (DM), Alzheimer's disease, and cerebrovascular accident (CVA)</p> <p>a. Review of a progress note dated 2/24/2025 at 10:33 pm indicated Resident # 2 had an unwitnessed fall and sustained a small laceration to the right eye. The progress note did not indicate the family/responsible party was notified of the fall.</p> <p>b. Review of Resident/Family Grievance/Concern Form dated 2/27/2025 revealed Resident #2's son was upset that he was not notified of a fall that occurred with Resident # 2. The resolution was that all nurses were in-serviced to ensure they were calling the family for fall notifications and the nurse (unidentified) was written up for failure to notify family. Additional comments stated that Resident #2's son was still frustrated with not being contacted but was satisfied with the actions taken to resolve the issue.</p> <p>c. On 3/10/2025 at 2:45 pm, during an interview Registered Nurse (RN) #1 was asked about Resident #2's fall on 2/24/2025. RN #1 stated she rounded on Resident #2 at around 9:00 pm. RN #1 stated Certified Nursing Assistant (CNA) #2 notified RN #1 of the resident in the floor around 10:00 pm. RN #1 stated she went to Resident #2's room and noted a laceration above the right eye with bleeding noted. RN #1 stated she stopped the bleeding and started neuro checks. The Medical Doctor (MD) and Director of Nursing (DON) were notified of Resident #2's fall. RN #1 stated Resident #2's son/resident family was not notified.</p> <p>d. On 3/10/2025 at 2:55 pm, during an interview Certified Nursing Assistant (CNA) #2 was asked about Resident #2's fall on 2/24/2025. CNA #2 stated she made rounds on Resident #2 around 9:00 pm. CNA #2 stated Resident #2 was in bed lying on left side, with the bed in low position. At around 9:40 pm on 2/24/2025, CNA #2 noted Resident #2 was in the floor. CNA #2 stated Resident #2 hit the resident's head on the trash can. CNA # 2 stated she notified RN #1 of Resident #2's fall.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>e. On 3/11/2025 at 9:02 am, this surveyor reviewed the Incident and Accident (I&A) note for Resident #2 for 2/24/2025. The I&A report stated: Agencies and People notified: Physician: 2/24/2025 at 10:26 pm; DON: 2/24/2025 at 10:26 pm; and Family Member: 2/27/2025 at 10:09 am.</p> <p>f. On 3/11/2025 at 9:15 am, this surveyor requested the facilities fall policy from the Administrator.</p> <p>g. On 3/11/2025 at 9:30 am, this surveyor interviewed the Director of Nursing (DON) regarding the incident on 2/24/25 with Resident #2. The DON stated she was notified immediately at 10:26 pm of Resident #2's fall with injury, the medical doctor (MD) was also notified immediately. The DON was asked if a family member was notified of Resident #2's fall. The DON stated RN #1 received counseling for not notifying a family member.</p> <p>h. On 3/11/2025 at 9:45 am, this surveyor received a policy from the Administrator titled, Assessing Falls and Their Causes (undated), the policy indicated the resident's family should be notified in an appropriate time frame after a fall.</p> <p>i. On 3/11/2025 at 1:05 pm, this surveyor received a form titled, Employee Memorandum from the Administrator that indicated RN #1 received a verbal warning on 2/27/2025 for failure to notify a family member when a resident had a fall. Corrective action: Ongoing monitoring.</p> <p>j. On 03/11/2025 at 1:40 pm, during an interview with Licensed Practical Nurse (LPN) #3 this surveyor asked who was to be notified when a resident had a fall. LPN #3 stated the family, the DON, the Nurse Practitioner, and the Administrator. This surveyor asked when they should be notified, and LPN # 3 stated immediately.</p> <p>k. On 3/11/2025 at 1:45 pm, during an interview this surveyor asked the Administrator about the facilities fall protocol. The Administrator stated staff should complete a resident assessment, an I&A report, if the resident hit their head neuro checks, and perform wound care if necessary. After assuring the resident was stable, contact the medical doctor, the DON, the Administrator and the family immediately.</p> <p>l. On 03/11/2025 at 1:55 PM, during an interview with Licensed Practical Nurse (LPN) # 4, this surveyor asked who was to be notified when a resident had a fall. LPN #4 stated the MD [doctor], the family, the DON and now the new Administrator. This surveyor asked when they should be notified. LPN #4 stated as soon as the fall happens. This surveyor asked if LPN #4 had been in-serviced on what to do when a resident falls. LPN #4 stated yes, just recently in the last week or two.</p> <p>m. On 3/11/2025 at 3:15 pm, this surveyor received an in-service from the Administrator dated 2/28/2025 titled, Abuse and Neglect and miscellaneous topics. Number 29 on the in-service stated: Nurses, please ensure that the incident report is filled out completely, accurately and all parties are notified including DON, administrator, Doctor and family and if on hospice, please notify a hospice provider.</p>		