

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045217	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/27/2025
NAME OF PROVIDER OR SUPPLIER The Springs of Avalon		STREET ADDRESS, CITY, STATE, ZIP CODE 610 South Avalon St West Memphis, AR 72301	

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 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, record review, and interview, and facility policy review, the facility failed to ensure meals were prepared and served according to the planned written menu to meet the nutritional needs of the residents for 1 of 1 meal observed.</p> <p>The findings are:</p> <ol style="list-style-type: none"> On 02/25/25, the supper meal menu revealed the residents who received pureed diets were to receive 1/2 cup of hashbrowns and 2 ounces of country gravy and residents who received regular diets were to receive 2 sausage patties. On 2/25/25 at 5:03 PM, Dietary [NAME] (DC) #5 served 2 sausage patties to 10 residents who received large portion diets and gave one sausage patty to 41 residents who received regular diets, instead of giving 2 sausage patties to all residents. On 2/26/25 at 2:00 PM, DC #5 was interviewed and was asked which residents received 2 sausage patties. DC #5 stated it was the residents on large portion diets. When asked if she had reviewed the menu, DC #5 stated she had not. On 2/25/25 at 5:10 PM, DC #5 used a # 10 scoop (3/8) cup to serve a single portion of pureed hashbrown to the residents on pureed diets, instead of 1/2 cup. There was no gravy served to the residents on pureed diets. On 2/26/25 at 2:00 PM, DC #5 was interviewed and was asked the reason gravy was not served to the residents on pureed diets. DC #5 stated she forgot. On 2/26/25, the noon meal menu documented the residents who received pureed diets were to receive pureed chocolate cake. On 02/26/25 at 12:35 PM, yellow cake was pureed and served to the residents on pureed diets, instead of chocolate cake. At 2:35 PM, during an interview, Dietary Aide (DA) #6 was asked the reason the residents on pureed diets were served yellow cake, instead of chocolate. DA #6 stated there was not enough chocolate cake to go around. We usually make 1 chocolate bag. When we used 2 bags yesterday it overflowed the pan. A review of facility policy titled, Food and Nutrition Services, initiated 2017, provided by the Administrator on 2/27/25 indicated Food and Nutrition Services staff should inspect food trays and make sure the correct meal was provided to each resident. <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)		
F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	7. A review of facility policy titled, Food and Nutrition Services Quick Recourse Tool, initiated 9/1/2021, provided by the Administrator on 2/27/25 indicated, Menus should be served as written, unless a substitution was provided in response to preference.		