

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045277	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/20/2025
NAME OF PROVIDER OR SUPPLIER The Springs of Pine Bluff		STREET ADDRESS, CITY, STATE, ZIP CODE 6301 South Hazel Street Pine Bluff, AR 71603	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on observation, record review, interview, and facility policy review, the facility failed to ensure the necessary care and services were provided to a resident with a non-pressure related skin issue for one (Resident #1) of two residents reviewed for non-pressure related skin issues.</p> <p>The findings include:</p> <p>During a concurrent observation and interview, on 06/17/2025 at 12:34 PM, this surveyor observed Resident #1 lying in bed on their right side, with a wedge behind their back. There were scabs and bruises, reddish in color, observed on the resident's left arm. When asked what happened, Resident #1 stated the resident and somebody's sister were play scratching and she scratched the resident's arm. The resident was unable to state who the sister was or when this incident happened. The resident's hands were not visible at this time.</p> <p>During an observation on 06/18/2025 at 9:50 AM, this surveyor observed Resident #1 sitting at the dining room table dressed, with both arms covered.</p> <p>During an observation on 06/19/2025 at 11:59 AM, this surveyor observed Resident #1 lying in bed on their right side with eyes closed and their left arm exposed. The left arm was observed with purplish bruising and scabbed over areas.</p> <p>A review of Resident #1 ' s admission record revealed the facility admitted the resident on 06/07/2024, with diagnoses which included dementia, and moderate protein calorie malnutrition.</p> <p>A review of Resident #1 ' s Order Summary Report revealed an order for a left lower leg wound cleanse, with a start date of 06/03/2025. Staff were to apply a dressing to the wound bed, cover with gauze, and secure with tape every shift and as needed (PRN). The Order Summary report also revealed Resident #1 was to receive a low dose delayed release Aspirin tablet one time a day for high blood pressure.</p> <p>A review of Resident #1 Progress Notes from 05/16/2025 to 06/17/2025, did not reveal any documentation of bruising, scabs, or redness to the resident ' s left arm.</p> <p>A review of Resident #1 ' s significant change Minimum Data Set (MDS), with an Assessment Reference Date of 04/23/2025, revealed the resident had a Brief Interview for Mental Status score of 03, which indicated the resident had severely impaired cognition. The MDS also revealed Resident #1 was dependent on staff for oral, personal and toileting hygiene, and transfers. The MDS indicated that the resident had no unhealed pressure ulcers/injuries.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident #1 ' s Care Plan Report, with a review date of 05/05/2025, indicated the resident had an Activities of Daily Living (ADL) self-care performance deficit with interventions, that directed staff to check nail length, trim, and clean as necessary. Another intervention on Resident #1 ' s Care Plan Report directed staff to inspect skin weekly and PRN, and to observe for redness, open areas, scratches, cuts, bruises and report changes to the nurse.</p> <p>A review of a Skin Check dated 06/11/2025, revealed Resident #1's skin condition was not clear, and no comments were documented on the form to indicate what the skin condition was.</p> <p>A review of Resident #1 ' s ADL Task Skin Condition revealed from 05/29/2025 to 06/17/2025, no new skin issues were documented. For question two, skin observation, the sections for scratched, red area, discoloration, skin tear, and open area, for 05/29/2025 to 06/17/2025, indicated response not required. For question 3, location of skin concerns, the form indicated response not required.</p> <p>A review of Resident #1 ' s ADL Task - Bathing indicated the residents bath days were Tuesdays, Thursdays, and Saturdays on day shift. The ADL Task Bath Type revealed the resident received a shower on the following days: 06/03/2025 and 06/14/2025, and a sponge bath on 05/31/2025, 06/04/2025, 06/05/2025, 06/07/2025, 06/12/2025, and 06/17/2025.</p> <p>A review of Resident #1 ' s 05/2025 Treatment Record did not indicate any treatment orders for skin issues to the resident ' s left arm.</p> <p>A review of Resident #1 ' s 06/2025 Treatment Record did not indicate any treatment orders for skin issues to the resident ' s left arm.</p> <p>During an interview on 06/18/2025 at 3:58 PM, Licensed Practical Nurse (LPN) #2 stated if she saw a skin issue on a resident such as a laceration, cut, scrape, or bruise that was not there on a previous round, she would have put the observation on an Incident and Accident (I&A) form and would have gotten a treatment order from the provider. LPN #2 stated the family, the Director of Nursing (DON), and Administrator were notified of any I&As completed.</p> <p>During an interview on 06/19/2025 at 10:22 AM, Certified Nursing Assistant (CNA) #17 stated if she saw a skin issue on a resident such as a laceration, cut, scrape, or bruise that was not there on a previous round, she would have gotten the nurse and documented on the chart [the electronic health record].</p> <p>During an interview on 06/19/2025 at 12:21 PM, CNA #12 stated if she saw a skin issue on a resident such as a laceration, cut, scrape, or bruise that was not there on a previous round, she would have gotten her charge nurse and stated the resident had a cut or bruise.</p> <p>During a concurrent interview and observation on 06/19/2025 at 3:04 PM, LPN #13 stated if she noticed a bruise, scratch, skin tear, sore, open area or scab on a resident's skin that was not previously observed, she would notify the DON, the Assistant Director of Nursing (ADON), and the treatment nurse. She stated she would complete a progress note, if needed. LPN #13 was asked to look at Resident #1's left arm. She described what she observed as old and new bruising on intact skin, some old wounds that were scabbed, healed, and not dressed. She stated there could be old blood on the skin tears. LPN #13 stated she did not know when the resident's left arm became bruised or scabbed. If the CNAs saw bruising or scabs on the resident's skin, they were supposed to let the nurse know.</p> <p>(continued on next page)</p>		

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