

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045451	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/15/2025
NAME OF PROVIDER OR SUPPLIER Creekside at the Springs		STREET ADDRESS, CITY, STATE, ZIP CODE 620 Noth Panther Avenue Yellville, AR 72687	

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, and interview, it was determined that the facility failed to ensure a call light was kept within a resident's reach to allow the resident to summon assistance, and to provide prompt assistance to address a resident ' s pain and discomfort once requested for one (Resident # 62) of one sampled resident dependent on staff for assistance.</p> <p>The findings are:</p> <p>A review of an admission Record indicated Resident #62 was admitted to the facility with diagnoses, which included heart attack and type 2 diabetes with diabetic neuropathy (a type of nerve damage that often affects feet and legs).</p> <p>The admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 04/25/2025, revealed Resident #62 had a Brief Interview for Mental Status (BIMS) score of 15, indicating Resident #62 was cognitively intact. The MDS revealed the resident had impairment in both lower extremities and used a walker and wheelchair for mobility.</p> <p>A review of Resident #62's Care Plan, initiated 04/22/2025, revealed the resident had an Activities of Daily Living self-care performance deficit related to limited mobility and weakness and required dependent assistance by two staff, via mechanical lift, during transfers. Interventions included to encourage Resident #62 to use their call light to alert staff if assistance was needed.</p> <p>A review of Resident #62's Care Plan initiated 04/23/2025 revealed the resident was at risk for falls related to gait/balance problems and weakness. Interventions included encouraging the resident to use the call light, or ask for assistance as needed, and to keep personal items within reach. The care plan indicated the resident had limited physical mobility due to weakness, and indicated Resident #62 required dependent assistance from one staff member for locomotion using their wheelchair.</p> <p>On 05/14/2025 at 8:32 AM, Resident #62 was overheard from the hallway, moaning and crying. Resident #62 was observed seated in a wheelchair in the resident ' s room. The resident was approximately three feet from the bed, with the bedside table placed in front of the resident. The resident was saying, I want to lay down. I'm hurting. The call light was observed wrapped around the bedrail. The surveyor asked if the resident was able to reach their call light to call for assistance. Resident #62 said, I don ' t even know where it is. The surveyor indicated where the call light was located, and Resident #62 reported they were unable to reposition themselves in order to reach the call light. The surveyor observed Resident #62 attempt and fail to reach the call device.</p> <p>On 05/14/2025 at 8:35 AM, when asked about Resident #62 moaning and crying, Licensed Practical Nurse (LPN) #2 said that (Resident #62) moans and cries out a lot.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 045451
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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>On 05/14/2025 at 9:00 AM, the surveyor observed Resident #62 continuing to cry out and ask for help getting back in bed. The resident said, I've been sitting here since 6:30 or 7:00 this morning. I want to go back to bed. LPN #2, who was present during this observation, said that the resident was able to use the call light and took the call light from around the side rail and placed it in the resident's lap. Resident #62 pushed the call light for assistance. At 9:20 AM Certified Nursing Assistant (CNA) #3 came into the resident's room. CNA #3 said that the resident's call light should have been within reach, but she did not get Resident #62 up this morning.</p> <p>During an interview on 05/14/2025 at 3:08 PM, Physical Therapy Assistant (PTA) #4 said their main goal was working on transferring so Resident #62 could discharge home. The resident had a fear of falling and would not even try to stand.</p> <p>During an interview on 05/14/2025 at 3:23 PM, LPN #2 said that Resident #62 would not help by standing, and required total assistance.</p> <p>During an interview on 05/14/2025 at 3:24 PM, CNA # 3 said that Resident #62 required a lift and was dependent on two staff.</p> <p>Review of a facility policy titled Answering the Call Light revised March 2021 indicated The purpose of this procedure is to ensure timely responses to the resident ' s requests and needs .5. When the resident is in bed or confined to a chair be sure the call light is within easy reach of the resident.</p>		