STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045153	A. Building B. Wing	09/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Springs of Fairfield Bay	265 Dave Creek Parkway Fairfield Bay, AR 72088

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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. 50923 Based on observation, record review, interviews, and facility policy review, the facility failed to initiate and update a comprehensive care plan for a resident with wandering and exit seeking behaviors for 1 (Resident #29) of 1 sampled resident reviewed for elopement. The Findings Are: Review of a Care Plan, initiated 08/20/24, revealed Resident #29 had diagnoses that included Alzheimer's disease and dementia. On 09/04/24 at 9:08 AM, Resident #29 was observed wandering down multiple halls in the facility and pushing on exit doors. On 09/05/24 at 10:40 AM, Certified Nursing Assistant (CNA) #4 stated, The resident (Resident #49) wanders around the facility throughout the day, and often goes to the exit doors and pushes on them. Review of the Care Plan, dated 06/14/2024, for Resident #29 revealed no documentation addressing wandering or exit seeking behaviors. Review of the Assessments portion of Resident #29's electronic health record revealed no elopement assessment. The surveyor requested to review an elopement assessment if completed in the resident's paper chart. The facility was unable to provide an assessment or confirm an assessment had been completed on Resident #29. Review of a document titled, DHS-703, revealed Resident #29 had been previously assessed as having a high potential for elopement. On 09/05/24 at 11:46 AM, the Director of Nursing (DON) confirmed Resident #29's care plan did not address wandering or exit seeking behaviors. When asked if Resident #29 displayed wandering and exit seeking behaviors, the DON stated, Yes, this resident will walk around the facility and at times will approach the doors. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045153	A. Building B. Wing	09/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Springs of Fairfield Bay	265 Dave Creek Parkway Fairfield Bay, AR 72088

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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 09/05/24 at 4:08 PM, the Administrator stated the facility has a goal to complete scanning all records into the facility's electronic medical record system by the end of September 2024. When asked what records or sections are completed at this time, the Administrator stated, The orders (physicians orders) section, MAR (medication administration record), care plans, assessments, and MDS (minimum data set). Mostly what we are completing now is scanning the old chart into [Facility Computer Software]. On 09/06/2024 at 8:40 AM, the MDS Coordinator stated all assessments should be completed prior to completing the care plan, and that Resident #29's care plan should address wandering and exit seeking behaviors.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045153	A. Building B. Wing	09/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Springs of Fairfield Bay	265 Dave Creek Parkway Fairfield Bay, AR 72088

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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident's preferences and goals. 51064 Based on observation, interview and record review, the facility failed to ensure 2 (Resident #21 and #27) of 2 sampled residents received nutritional supplements as ordered. The findings are: 1. Review of the Medical Diagnosis portion of Resident #21's electronic health record revealed a diagnosis of abnormal weight loss. a. Review of the Physician Orders portion of Resident #21's electronic health record indicated an order for nutritional supplements to be provided two times a day to promote weight gain. b. Review of a Care Plan revealed Resident #21 had potential for nutritional deficits related to ability to feed self, with the goal the resident will receive adequate nutrition. Interventions included providing supplements as ordered. 2. Review of the Medical Diagnosis portion of Resident #27's electronic health record revealed diagnoses of dementia, vitamin D deficiency, and vitamin B12 deficiency. a. Review of the Physician Orders portion of Resident #27's electronic health record indicated an order for nutritional supplements to be provided two times a day to promote weight gain. b. Review of Resident #27's Care Plan revealed the resident has the potential for nutritional deficits, with a goal of receiving adequate nutrition as evidenced by weight stable. Interventions included giving the resident supplements as ordered. 3. On 09/05/2024 at 8:30 AM, the surveyor was notified by Licensed Practical Nurse (LPN) #3 and Certified Nursing Assistant (CNA) #4 the facility had ran out of the ordered nutritional supplement approximately 1 week before survey began on 09/03/2024. 4. On 09/05/2024 at 11:58 AM, a list of residents with physician orders for nutritional supplements was provided by Director of Nursing (DON) that showed 2 of 46 residents were to receive nutritional supplements, Resident #21 and Resident #27. 5. On 09/05/2024 at 2:00 PM, the DON confirmed being responsible for ordering the required nutritional supplement. The DON verified the facility ran out of the ordered nutritional supplement on 08/25/2024 and received a shipment of the supplement on 09/03/2024. When shown the medication administration record for Resident #21 and Resident #27, the DON verified the residents could not have received the nutritional supplement as ordered as no supplement was available in the facility.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045153	A. Building B. Wing	09/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Springs of Fairfield Bay	265 Dave Creek Parkway Fairfield Bay, AR 72088

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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 50682 Based on observation, interview and record review, the facility failed to ensure an accident/hazard free environment was provided for 1 (Resident #3) of 1 sampled residents. The findings are: Review of a facility policy titled; Safety and Supervision of Residents indicated The environment as free from accident hazards as possible. A review of Medical Diagnosis indicated Resident #3 had a diagnosis of Alzheimer's disease that included dementia. The annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 06/30/2024 revealed the resident had a Staff Assessment for Mental Status (SAMS) of 1, which indicated the resident had severely cognitive impairment for their daily decision making. Review of Resident # 3's Care Plan on 07/17/2024, revealed the resident had dementia with an inability to care for self. On 09/04/24 at 10:24 AM, perineal skin cleanser and antiseptic mouth wash was observed in Resident #3's bathroom. The warning label on the bottles indicated to keep out of the reach of children. On 09/04/2024 at 10:30 AM, Certified Nursing Assistant (CNA) #1 was asked if perineal cleanser or antiseptic mouthwash should be stored in a resident's bathroom, and she stated the cleanser and mouthwash should not since there was a warning label on them. On 09/04/2024 at 10:35 AM, CNA #2 was asked if perineal cleanser or antiseptic mouthwash should be stored in a resident's bathroom, and she stated they should not. On 09/04/2024 at 10:45 AM, Licensed Practical Nurse (LPN) #3, she was asked if perineal cleanser or antiseptic mouthwash should be stored in a resident's bathroom, and she stated they should not since there was a warning label on them. On 09/05/2024 at 11:00 AM, the Director of Nursing stated the perineal cleanser and/or antiseptic mouthwash should not be stored in a resident's bathroom since there was a warning label on them.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045153	A. Building B. Wing	09/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Springs of Fairfield Bay	265 Dave Creek Parkway Fairfield Bay, AR 72088

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)
F 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs. 49689 Based on observation, record review and interview, the facility failed to ensure that food was in the proper form to meet resident needs for 1 of 1 meals observed. These are the findings: On 09/04/2024 at 11:38 AM, the Dietary [NAME] (DC) put on gloves and sliced meat to add to the blender to grind up for resident who were on mechanical soft diets (a diet requiring foods that are soft and easy to chew). The DC stated there are five mechanical soft diets. The surveyor observed them adding one sliced steak at a time to the blender. The DC ran the blender with one steak before adding it to the steam table pan, the surveyor observing larger chunks of meat in the puree. The surveyor observed the process repeated with the next four steaks, with each of them having large chunks of meat not properly pureed. On 09/04/2024 at 12:40 PM, the surveyor observed staff setting up a mechanical soft tray, when mixing up the meat with the gravy large chunks were visible. The staff member stated the ground meat is in larger chunks than normal, and you have to mix it up quite a bit to get it to have proper consistency. On 09/05/2024 at 2:41 PM, the Dietary Manager stated that ground mechanical soft should be grounded finely not too chunky or mushy, then stated the mechanical soft meat during lunch service yesterday had large chunks it in and that a resident on this diet could choke on it. On 09/06/24 at 08:34 AM, the Dietary [NAME] stated mechanical soft meats should look like ground beef once you chop it up, and the mechanical soft yesterday was not the greatest it came out a little bit chunky. A review of the facility policy Quick Resource Tool Food Palatability states that Food and liquids/beverages are prepared in a manner, form, and texture that meets each resident's needs.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045153	A. Building B. Wing	09/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Springs of Fairfield Bay	265 Dave Creek Parkway Fairfield Bay, AR 72088

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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49689 Based on observation, record review, and interview, the facility failed to ensure that (1) Food stored in the walk-in cooler, walk in freezer, dry storage area, and storage area shelves along a back wall were labeled with a receive date and sealed to prevent food borne illness for one out of one kitchen, (2) expired food items were promptly discarded on or before the expiration date to prevent the growth of bacteria, (3) cross contamination did not occur during lunch service by touching the surface area of the plate, touching food inside a scoop, and touching the inside of the bowl, and hands were washed properly after donning/doffing gloves. 1. The following are findings for the walk-in cooler: On [DATE] at 11:28 AM, six yellow onions in a cardboard box with no receive date labeled, the Dietary Manager confirmed there is not a received date. On [DATE] at 11:30 AM, thirty whole tomatoes in a cardboard box, no receive date labeled, Dietary Manager confirmed that it does not have a receive date. On [DATE] at 11:32 AM, two bags of flour tortillas, one bag is opened and half full, while the other is a full closed bag with no receive date, Dietary Manager confirmed findings. 2. These following are findings for the walk-in freezer: On [DATE] at 11:33 AM, a bag of ten frozen pizza sticks with no received date, Dietary Manager confirmed there is no receive date. On [DATE] at 11:35 AM, a cardboard box of frozen fish fillets, full box with no received date, Dietary Manager confirmed there is no receive date. On [DATE] at 11:36 AM, three boxes of not opened frozen vanilla shakes with no received date, Dietary Manager confirmed there is no receive date. On [DATE] at 11:38 AM, an opened cardboard box of frozen tortillas, ,d+[DATE] of the way full, thick ice covered the left and right cardboard flaps, the bags of tortillas contained ice crystals on the outside and inside. Dietary Manager confirmed the findings, states the ice is thick, and covering the top and sides of the boxes underneath the fan in the walk-in freezer. On [DATE] at 11:40 AM, 2 boxes of vanilla ice cream, 2 boxes of orange sherbet not opened, with no receive date, Dietary Manager confirmed there is no receive date. On [DATE] at 11:42 AM, unopened cardboard box of frozen turkey franks with no receive date, Dietary Manager confirmed there is no receive date. On [DATE] at 11:44 AM, an opened cardboard box half full of frozen peas with no receive date, Dietary Manager confirmed there is no receive date. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045153	A. Building B. Wing	09/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Springs of Fairfield Bay	265 Dave Creek Parkway Fairfield Bay, AR 72088

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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On [DATE] at 11:45 AM A full cardboard box, of four, 6.5 pounds containers of frozen strawberries with no receive date, Dietary Manager confirmed there is no receive date. On [DATE] at 11:48 AM, a bag of frozen fries, and a half bag of fries with no receive date, Dietary Manager confirmed there is no receive date. 3. The following are findings in the Dry Storage Area: On [DATE] at 11:55 AM, two full bags of granola expired on [DATE], both bags have no receive date, Dietary Manager confirmed both findings. On [DATE] at 11:57 AM, five spaghetti sauce mix packets with no receive date, Dietary Manager confirmed there is no receive date. On [DATE] at 12:00 PM, a box of unopened apple juice and orange juice with no receive date, Dietary Manager confirmed there is no receive date on either box. On [DATE] at 12:02 PM, a box of unopened cornflakes with no receive date, Dietary Manager confirmed there was no receive date. 4. The following are findings in the upright deepfreeze: On [DATE] at 12:08 PM, 3 bags and a ,d+[DATE] bag of hot dog buns labeled ,d+[DATE], with ice crystals observed inside the bag, Dietary Manager stated that it looks like frostbite. On [DATE] at 12:10 PM, 3 loaves of bread labeled ,d+[DATE], with ice crystals observed inside the bag and all over the bread, Dietary Managers stated that it looks like frostbite and needs to be thrown out. On [DATE] at 12:10 PM, A ,d+[DATE] bag of corn hard tortillas, with ice crystals observed inside the bag and all over the tortillas. Dietary Manager confirmed no receive date and it looks like frost bite, I have no idea how old this is. 5. The following are findings for the storage shelves: On [DATE] at 12:12 PM, three bags of flour, 5 pounds each with no receive date, Dietary Manager confirmed that all three bags had no receive date. 6. On [DATE] at 12:15 PM, Dietary Manager pulled out the small grease trap for the griddle on the stove top, it was full of grease and crumbs throughout. Dietary Manager pulled out the grease trap under the stovetop, observed the foil is filled with various food particles, and dried grease. Dietary Manager stated during interview it should be done daily but it has been overlooked apparently. 7. On [DATE] at 11:38 AM, Dietary [NAME] put on gloves to cut regular Swiss steaks on a plate to ground in the blender. The Dietary [NAME] took off gloves, to pull apart the bottom part of the blender and then reassembled the blender. Placed on gloves and continued to cut up regular Swiss steaks and add into the blender. Took off gloves, then continued to take apart the bottom part of the blender and then reassembled the blender. Dietary [NAME] then washed hands. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045153	A. Building B. Wing	09/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Springs of Fairfield Bay	265 Dave Creek Parkway Fairfield Bay, AR 72088

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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On [DATE] at 11:45 AM Dietary [NAME] put on gloves to cut up the last Swiss steak for the mechanical soft diets to be ground in the blender. After running the blender, Dietary [NAME] took apart the bottom part and the blade fell into the steam table pan containing the mechanical soft Swiss steak. Dietary [NAME] took out the blade and then knocked the top of the blender into the steam table pan to remove the rest of the ground Swiss steak, in the process the top of the blender touched the already grounded meat in the steam table pan. Took off, The Dietary [NAME] then began setting up the steam table serving line not washing hands after removing gloves, afterwards took the dishes from prepping the grounded Swiss steak to the dishwasher. The Dietary [NAME] then began the process of making gravy by putting water in the pan and putting it down on the stovetop. The Dietary [NAME] then proceeded to clean the stainless-steel preparation table from the Swiss steak preparation. Dietary [NAME] then washed hands. 8. On [DATE] at 12:30 PM, the Dietary [NAME] took a stack of plates out of the warmer, and put it at the end of serving line, the Dietary [NAME] then touched the food surface area with their thumbs on the top plate. Continued this process three more times, where the Dietary [NAME] touched the food surface area of the plate with their thumbs. On [DATE] at 12:35 PM, the Dietary [NAME] put on gloves and began serving trays on the steam table line, removed gloves and did not wash hands. Dietary [NAME] stopped serving trays to get a pizza cutter and a plate for a staff request, observed Dietary Cooks thumb touch the inside of the plate. Dietary [NAME] then continued serving trays after handing staff the requested items. Dietary [NAME] then left to get buns for hot dogs and hamburger, put on gloves to put a hamburger together. Removed gloves to get cheese for hamburger, Dietary [NAME] came back and asked, What do I do with the cheese slices that were left unsealed. Dietary Manager took the unsealed slices stated there was five of them and proceeded to throw them away. Dietary [NAME] then put on a glove removed the cheese slice and put it on the hamburger, then put it onto the plate. Dietary [NAME] removed glove did not wash hands continued serving. The Dietary [NAME] continued to serve lunch, stopping to put on gloves to pull cheese slices, add a handful of chips to a plate or bread for hamburgers. Dietary [NAME] then will remove gloves and not wash hands. Surveyor did not observe Dietary [NAME] wash hands On [DATE] at 12:40 PM, the Dietary [NAME] was preparing a tray; right thumb touched the rice in the scoop and added it to the plate for lunch service. On [DATE] at 12:42 PM, the Dietary [NAME] picked up the dessert, right thumb touched the inside of the bowl and added it to the plate for lunch service. On [DATE] at 2:41 PM, during an interview the Dietary Manager stated it is important to date food in the kitchen as you receive it on the trucks to not used expired food and to keep residents from getting sick. Dietary Manager stated hand hygiene is important to prevent food borne illness, you perform hand hygiene in between tasks and when changing gloves. Then, stated plates or bowls should not be touched with hands as anything on them could transfer to the residents. On [DATE] at 08:34 AM, during an interview the Dietary [NAME] stated hands should be washed between every task, and every time you change gloves. Then stated that it is cross contamination when hands are not washed. The Dietary [NAME] the inside of plates should not be touched or other items as it is cross contamination just in case you have something on your fingers. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045153	A. Building B. Wing	09/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Springs of Fairfield Bay	265 Dave Creek Parkway Fairfield Bay, AR 72088

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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	9. A review of the facility policy Quick Resource Tool Handwashing states to As often as needed during food preparation and when changing tasks. 10. A review of the facility policy Clean and Sanitary states to The Dining Service Director will ensure that all employees are knowledgeable in the proper procedure for cleaning and sanitizing.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045153	A. Building B. Wing	09/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Springs of Fairfield Bay	265 Dave Creek Parkway Fairfield Bay, AR 72088

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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. 50923 51064 Based on observations, record review, interviews and facility policy review, it was determined the facility failed to maintain proper infection prevention and control for 1 (Resident #36) of 2 residents reviewed for infection prevention. The Findings Are: Review of the Medical Diagnosis portion of Resident #36's electronic health record revealed diagnoses of malignant neoplasm of mandible, adult failure to thrive, and other chronic pain. Review of the Physician Orders portion of Resident #36's electronic health record revealed an order for enhanced barrier precautions due to an open wound on the resident's face. Review of a Care Plan, revised 06/06/2024, reveal the resident had been placed on enhanced barrier precautions related to a facial wound. Interventions included instructions for staff to wear gloves and gowns during high-contact resident care activities. On 09/05/2024 at 8:30 AM, Resident #36 was observed sitting in recliner in day room. The Director of Nursing (DON) and Certified Nursing Assistant (CNA) #4 were observed entering day room and arousing Resident #36. Without gloves, the DON and CNA #4 used repositioned Resident #36 up toward the top of the reclining chair. The DON and CNA #4 sat Resident #36 upright in chair, leaned the resident forward and applied a gait belt. The DON and CNA #4 transferred Resident #36 to a wheelchair and removed him/her from the day room. On 09/05/2024 at 8:51 AM, Resident #36 was observed being transported to the shower room by a hospice care aid. The hospice aid rolled the resident into shower room, and without wearing applying a protective gown, began showering the resident. The hospice aid was interviewed and asked if enhanced barrier precautions were followed, she confirmed that enhanced barrier precautions were not followed as ordered. On 09/05/2024 at 9:00 AM, the DON was interviewed and asked what enhanced barrier precautions consisted of when ordered. The DON verified a gown and gloves are to be worn when providing direct patient care. The DON acknowledged they had repositioned Resident #36, applied a gait belt to resident, and transferred the resident from reclining chair to wheelchair without applying gown or gloves. The DON also confirmed that showering/bathing a resident with orders for enhanced barrier precautions requires a gown and gloves to be worn. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045153	A. Building B. Wing	09/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Springs of Fairfield Bay	265 Dave Creek Parkway Fairfield Bay, AR 72088

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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 09/05/2024 at 9:20 AM, the Infection Prevention Nurse was interviewed and asked what precautions were recommended when a resident was on enhanced barrier precautions. The Infection Prevention Nurse indicated gown and gloves were to be worn when providing direct patient care. When asked if transferring and bathing/showering required use of gown and gloves, the Infection Prevention Nurse indicated gloves and a gown were not required when transferring resident. When shown enhanced barrier precaution guidelines posted on Resident #36's door, which illustrated that providers and staff must wear gloves and gown when transferring a resident, the Infection Prevention Nurse confirmed gown and gloves should be worn by staff when transferring a resident on enhanced barrier precautions. A review of a facility policy titled, Enhanced Barrier Precautions , dated 03/20/2024, indicated under the section, Initiation of Enhanced Barrier Precautions that enhanced barrier precautions were an infection control intervention designed to reduce transmission of multi-drug-resistant organisms that employs targeted gown, and gloves use during high contact resident care activities.