

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045266	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/26/2020
NAME OF PROVIDER OF SUPPLIER MONTGOMERY COUNTY NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP 741 SOUTH DRIVE MOUNT IDA, AR 71957	
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 - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure a mechanical lift transfer was performed according to the manufacture's guidelines to prevent potential injury for 1 (Resident #20) of 2 (Resident #20 and #46) sampled residents who required a mechanical lift transfer. This failed practice had the potential to affect 10 residents on the 200 hall who are transferred with mechanical lifts, based on a list provided by the Director of Nursing (DON) on 06/26/20 at 08:15 am. The findings are: 1. Resident #20 had [DIAGNOSES REDACTED]. The Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 4/14/20 documented the resident was severely impaired according to a staff assessment for mental status (SAMS) and was totally dependent for transfers. a. On 6/22/20 at 02:39 PM, Certified Nurse Assistant (CNA) #1 prepared Resident #20 for a lift transfer. The resident was sitting in her Geri chair and the lift pad was under the resident. The CNA positioned the lift over the resident, with the lift legs in the closed position and the brakes locked. The CNA attached the lift pad to the lift and the resident was raised from the Geri-chair with the legs of the lift closed, and the brakes locked. The resident was then transferred approximately 5 feet (the legs of the lift still closed), and the lift was positioned over the bed, the brakes were locked, and the resident was lowered onto the bed. b. CNA #1 was asked, Should the legs of the lift be open? He stated, I thought they were. c. The Manufacture's Guidelines for the Invacare Reliant 450 was copied by the Director of Nursing on 06/24/20 at 10:10 AM. On page 9 of the Guidelines it documented, when using an adjustable base lift, the legs MUST be in the maximum Opened/Locked position before lifting the patient .		
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. Based on observation and interview, the facility failed to ensure food items stored in refrigerator were sealed, labeled and dated, failed to ensure frozen foods were labeled and dated to prevent potential food borne illness for residents who received meals from 1 of 1 kitchen. These failed practices had the potential to affect 89 residents who receive meals from the kitchen according to a list provided by the Director of Nursing on 6/26/20 at 8:15 AM. The findings are: 1. On 06/22/20 at 10:35 AM, during kitchen rounds with the Dietary Manager, the left door of the refrigerator was opened. On the second shelf was a bottle of water and a half empty bottle of coke. The coke and water were not labeled or dated. The Dietary Manager was asked, Do these belong to a resident? She stated, No they are one of the staffs. She was asked, Should it be lying next to the resident's juice? She stated, Its closed. The right side of the refrigerator door was opened and there was a plastic container that was not labeled or dated. The Dietary Manager was asked to open the container. It contained sliced cheese that had plastic wrap underneath and on bottom and two sides, it was not closed or dated. There were three packages of lunch meat, the top one was open and had no dates. The Dietary Manager was asked, Should these be labeled and dated? She stated, I will get it done now. 2. The freezer was opened and there was an 8-ounce glass that had an orange frozen substance, not labeled or dated. 3. The walk-in refrigerator had a rolling cart sitting in the cooler with approximately 85 bowls of uncovered fruit, according to the Dietary Manager. The Dietary Manager was asked, Should the fruit be covered? She stated, It will be served for lunch. 4. The walk-in freezer had another rolling cart in the center with two boxes on top. On top of the box was a tray that had ten individual wrapped pieces of pie. There was no label or date on any of the slices of pie. On the left side of the freezer on the bottom shelf was a blue plastic tote. Inside the tote was 2 half bags of sliced carrots, not labeled or dated, 1 bag of hash brown with no label or date, 4 packages of porkchops with no label or date, one half bag of green peppers, not labeled or dated. When the Dietary Manager was asked about the tote she stated, I thought if they were in there they didn't have to be dated.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE (X6) DATE	

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.