

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045250	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2025
NAME OF PROVIDER OR SUPPLIER Lake Forest Senior Living at Mountain Home		STREET ADDRESS, CITY, STATE, ZIP CODE 300 Good Samaritan Drive Mountain Home, AR 72653	

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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>Based on record review, interview, and facility policy review, the facility failed to ensure an abuse policy was implemented and monitored that included a training program regarding abuse prevention required to be provided to staff, potentially affecting all residents that resided in the facility.</p> <p>The findings include:</p> <p>A review of the [City and State name] Success Center Transcript Report, received via email from previous management on 06/27/2025 at 11:13 AM, revealed the facility had 26 current staff members who either did not have documented abuse training or had not had documented abuse/neglect training since 08/02/2024, when the current management was put into place.</p> <p>A review of the [City and State name] Success Center Transcript report revealed the following staff members had not had any documented abuse training since February of 2024; the Environmental Supervisor - 02/26/2024, the Activity Manager - 02/06/2024, the Activity Supervisor - 02/01/2024, Recreation Aide #20 - 02/04/2024, the Chaplin - 02/12/2024, Laundry #1 - 02/05/2024, Certified Nursing Assistant (CNA) #2 - 02/11/2024, CNA #3 - 02/15/2024, [NAME] #4 - 02/13/2024, Fitness Instructor #5 - 02/16/2024, Maintenance #7 - 02/05/2024, Driver #8 - 02/12/2024, Activity Assistant #9 - 02/12/2024, Dietary Aide #13 - 02/23/2024, and Licensed Practical Nurse #14 - 02/11/2024.</p> <p>A review of the [City and State name] Success Center Transcript report revealed the following staff members had not had any documented abuse training since March of 2024; the Nutrition Supervisor - 03/05/2024, Registered Nurse #6 - 03/13/2024, [NAME] #11 - 03/19/2024, Restorative Nursing Assistant #12 - 03/08/2024, and Occupational Therapist #16 - 03/22/2024.</p> <p>A review of the [City and State name] Success Center Transcript report revealed the following staff members had not had any documented abuse training since April of 2024; Fitness Instructor #23 - 04/09/2024, Dietary Aide #10 - 04/10/2024, and CNA #17 - 04/01/2024.</p> <p>A review of the [City and State name] Success Center Transcript report revealed the following staff had not had any documented abuse training since May of 2024; Maintenance Staff #21 - 05/15/2024, and CNA #22 - 05/07/2024.</p> <p>During an interview on 06/26/2025 at 3:31 PM, the Administrator confirmed the facility had not provided any abuse or neglect in-service training since new management took over on 08/02/2024. The Administrator stated he had initiated a quality improvement plan that would get everyone trained by 08/01/2025.</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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of a Quality Assurance Meeting Agenda read in part, abuse and neglect training and the abuse and neglect policy and procedures would be reviewed with all staff by 08/01/2025. The facility ' s goal was to have 100% of facility staff to have reviewed and signed off on the abuse and neglect training that would begin 07/01/2025. The facility planned for Abuse and neglect training to be performed on an annual basis. Prior to acquisition on 08/02/2024, all abuse and neglect training was online, through previous ownership. The Administrator indicated this training would serve as the current annual training for the facility.</p> <p>During an interview on 06/26/2025 at 9:09 AM, this surveyor requested the Abuse/Neglect training for direct and non-direct care staff, from the Administrator. The Administrator stated there were none, except for the new hires who had training during orientation. The Administrator revealed, to his knowledge, none of the non-direct care staff had been trained since new management began on 08/02/2024. The Administrator acknowledged that an abuse training program was required, and confirmed the facility did not have one. He stated he was going to discuss the concerns at the Quality Assessment and Performance Improvement meeting on 06/30/2025, with plans to have the entire facility trained by 08/01/2025. When the Abuse/Neglect training documentation was requested, the Administrator indicated there was no documentation with current management.</p> <p>During an interview on 06/26/2025 at 4:09 PM, the Director of Nursing (DON) confirmed the facility did not have an abuse/neglect training program and indicated there had not been any abuse training since new management had taken over in August of 2024. The DON stated it had been a long time since abuse training was conducted for all staff.</p> <p>During an interview on 06/27/2025 8:37 AM, the Administrator indicated the facility did not have a training program and when asked how often the facility trained staff. He indicated staff were trained during orientation and did not know if staff were trained again after orientation.</p> <p>A review of an In-service Training-all staff policy with a revision date of August 2022, read in part, all staff must participate in initial orientation and annual in-service training. Required training topics include the following: Preventing abuse, neglect, exploitation, and misappropriation of resident property. Training requirements are met prior to staff providing services to residents, annually, and as necessary. Completed training is documented by the staff development coordinator, or their designee and includes: the date and time of training; the topic of training; the method used for training; a summary of the competency assessment, and the hours of training completed.</p> <p>A review of an Abuse, Neglect, Exploitation or Misappropriation-Reporting and Investigating policy with a revision date of 2021, read in part, Corrective actions may include a full review of the incidents by the Quality Assurance Committee.</p>		

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<p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p>Based on facility record review, interviews, and policy review, the facility failed to ensure direct care staff were trained annually for Abuse/Neglect prevention and required in-service training for nurse aides, which potentially affected all residents that resided in the facility.</p> <p>The findings include:</p> <p>A review of the [City and State name] Success Center Transcript Report, received via email from the previous management, on 06/27/2025 at 11:13 AM, revealed the facility had six current Certified Nursing Assistants (CNAs) who had not had documented abuse neglect training since the new management started 08/02/2025. The following are CNA 's who had no training in over a year with the last documented training date: CNA #2 - 02/11/2024, CNA #3 02/15/2024, CNA #17 - 04/01/2024, CNA #22 - 05/07/2024, Restorative Nursing Assistant #12 - 03/08/2024, and Recreation Aide #20 - 02/04/2024.</p> <p>During an interview on 06/26/2025 at 4:09 PM, the Director of Nursing (DON) provided a training document titled General Orientation for 2024, dated 12/18/2024, that included elder abuse as part of the training. The DON confirmed this was the only documented abuse/neglect training the nursing assistants had been provided in the last year. This surveyor notified the DON of the lack of staff signatures on the training document, which revealed six of ten nursing staff signatures and nine of eighteen CNA staff signatures were missing. The DON confirmed the facility did not have an abuse/neglect training program, but knew the aides had to have the training annually. The DON indicated there had not been a facility wide abuse training since the new management had taken over, which confirmed it had been a long time since the facility had abuse training for all staff.</p> <p>A review of an In-service Training-all staff policy, with a revision date of August 2022, read in part; All staff must participate in initial orientation and annual in-service training. Required training topics include the following: Preventing abuse, neglect, exploitation, and misappropriation of resident property. Training requirements are met prior to staff providing services to residents, annually, and as necessary. Completed training is documented by the staff development coordinator, or their designee and includes: the date and time of training; the topic of training; the method used for training; a summary of the competency assessment, and the hours of training completed.</p>		