

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045351	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2025
NAME OF PROVIDER OR SUPPLIER Care Manor Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 804 Burnett 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)		
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Number of residents sampled: Number of residents cited: Based on record review and interview it was determined the facility failed to ensure the Minimum Data Set (MDS) assessment was accurately completed for five (Resident #7, Resident #4, Resident #69, Resident # 34, and Resident #58) of 10 residents reviewed for MDS accuracy. The findings include: Resident #7 Review of Resident #7's Medical Records on 08/26/2025 at 9:16 AM indicated there was no Preadmission Screening and Resident Review (PASRR) information available in the electronic medical record. Review of an admission Record indicated the facility admitted Resident #7 on 04/24/2025 with diagnoses which included depression, generalized anxiety disorder, altered mental status and cognitive communication deficit. Review of an Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 07/28/2025, indicated Resident #7 had a diagnosis of a psychotic disorder. Review of medical diagnoses indicated the resident had no diagnosis of a psychotic disorder requiring a PASARR. A modification of the MDS dated [DATE], following surveyor inquiry, indicated a correction of the MDS with the psychotic disorder removed. Review of resident #7's Care Plan did show an entry for psychotropic medication that stated the drug was given related to a diagnosis of depression. Resident #4 Review of a Quarterly MDS with an ARD of 06/02/2025, indicated Resident #4 had a psychotic disorder. Review of medical diagnoses indicated the resident had no diagnosis of a psychotic disorder. A modification of the MDS dated [DATE], following surveyor inquiry, indicated a correction of the MDS with the psychotic disorder removed. Resident #69 (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

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of a Quarterly MDS with an ARD of 06/19/2025, indicated Resident #69 had a psychotic disorder. Review of medical diagnoses indicated the resident had no diagnosis of a psychotic disorder. A modification of the MDS dated [DATE], following surveyor inquiry, indicated a correction of the MDS with the psychotic disorder removed. Resident #34 Review of a Quarterly MDS with an ARD of 07/21/2025, indicated Resident #34 had a psychotic disorder. Review of medical diagnoses indicated the resident had no diagnosis of other psychotic disorder. A modification of the MDS dated [DATE], following surveyor inquiry, indicated a correction of the MDS with the psychotic disorder removed. Resident #58 Review of a Quarterly MDS with an ARD of 06/21/2025, indicated Resident #58 had a psychotic disorder other than Schizophrenia. Review of medical diagnoses indicated the resident had no diagnosis of psychotic disorder other than Schizophrenia. A modification of the MDS dated [DATE], following surveyor inquiry, indicated a correction of the MDS with the psychotic disorder removed. During an interview on 08/29/2025 at 11:19 AM, the MDS Coordinator stated admission Records are completed by an admission Licensed Practical Nurse (LPN). The MDS Coordinator confirmed she completed the MDS documents and that the MDS's had been coded incorrectly, because Resident #7, #4, #69, #34, and #58, did not have a diagnosis of other psychotic disorder when the MDS was completed. The admission Records had been completed correctly but the Psychotic Disorder other than Schizophrenia had been indicated in error on five of ten MDS documents reviewed. The MDS Coordinator also stated the facility did not have a policy for the Minimum Data Set (MDS) and the facility used the Resident Assessment Instrument (RAI) 3.0 manual.		

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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. Number of residents sampled: Number of residents cited: Based on record review and interviews it was determined that the facility failed to address intravenous therapy, primary diagnoses, and antibiotic therapy in the comprehensive care plan for one (Resident #52) of one resident reviewed. The findings include: A review of Resident #52's admission Record revealed that the facility admitted Resident #52 on 07/29/2025 with medical diagnoses which included brain dysfunction caused by liver damage and bacteria in the blood. A review of Resident #52's admission Minimum Data Set (MDS) with assessment reference date (ARD) of 08/01/2025, revealed that Resident #52 had a Brief Status of Mental Status (BIMS) score of 13, which indicated the resident was cognitively intact. The MDS also revealed that Resident #52 received antibiotics and had intravenous (IV) access. A review of Resident #52's Order Summary dated 07/29/2025 revealed that Resident #52 received two IV antibiotics for brain dysfunction caused by liver damage and bacteria in the blood. A review of Resident #52's Care Plan did not address the resident's medical diagnoses, antibiotic therapy, or IV therapy. During an interview on 08/29/2025 at 12:33 PM, Registered Nurse (RN) #13 reported that she adds medical diagnoses, IV therapy, and antibiotic therapy on all resident's care plans that receives them. She reported that she did not add the medical diagnoses for brain dysfunction caused by liver damage and bacteria in the blood, IV therapy, or antibiotic therapy on Resident #52's care plan because she overlooked it. RN #13 reported that nurses review the care plans and that it guides them in taking care of the resident. During an interview on 08/29/2025 at 12:44 PM, the Director of Nurses (DON) revealed that RN #13 was responsible for developing and implementing care plans for the residents. She also revealed that infections, antibiotic therapy, and IV therapy should be addressed in the care plans. The DON reported that the care plan guides the nursing staff on how to take care of the residents. During an interview on 08/29/2025 12:50 AM with the Administrator, he revealed that RN #13 was responsible for completing and updating care plans. He reported that the floor nurses can update care plans, but it was typically RN #13 who does that as well.		