

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

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Form Approved OMB  
No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>045454                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                      | (X3) DATE SURVEY<br>COMPLETED<br><br>09/18/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Mitchell's Nursing Home, Inc                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>501 W 10th<br>Danville, AR 72833 |                                                 |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                               |                                                 |
| F 0567<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | <p>Honor the resident's right to manage his or her financial affairs.</p> <p>Based on patient trust fund account review and interviews, the facility failed to provide separate accounting of interest to ensure 18 residents with trust fund accounts in the pooled account received all interest earned.</p> <p>The findings include:</p> <p>A review of the Patient Trust Fund individual journals indicated interest deposits of the following:</p> <p>On 08/29/2025 documented interest deposits of .37 cents interest were deposited into each resident's individual account.</p> <p>On 07/31/2025 documented interest deposits of .31 cents interest were deposited into each resident's individual account.</p> <p>On 06/30/2025 individual ledger accounts documented .25 cents interest was deposited into all individual accounts, except one had .23 cents deposited.</p> <p>On 05/30/2025 individual ledger accounts documented .28 cents interest was deposited into all individual accounts.</p> <p>This pattern of depositing interest carried from 5/31/2024 through 08/29/2025.</p> <p>During an interview on 09/19/2025 at 4:22 PM, the Administrator stated the Business Office Manager/Assistant Administrator (BOM/AA) had informed the Administrator she had been dividing the interest paid on the account by the number of residents with trust fund accounts and had deposited the interest account wide. The Administrator stated this was not a fair way to distribute interest paid to the pooled account. Interest should be calculated based on the individual's money in their account.</p> <p>During an interview on 09/19/2025 at 4:38 PM, the BOM/AA stated she had allocated interest deposits by dividing the total interest paid to the pooled account by the number of resident accounts and deposited an equal amount to each account. The BOM/AA stated residents with more money should get more of the interest. The BOM/AA stated she should not have allowed a resident's account to be depleted to a negative balance because it affected interest rates. The BOM/AA continued that if she had known at the time, or done it correctly, the nursing home could have made an adjustment for the money.</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 0568</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home.</p> <p>Based on Patient Trust Fund account review and interviews, the facility failed to establish and maintain a system based on generally accepted accounting principles to ensure full and complete accounting of each resident's personal funds entrusted to the facility on the resident's behalf and failed to provide an accounting of the transactions for the quarter in writing, to the resident or the resident's representative, within 30 days after the end of the quarter. This failed practice affected all 18 residents with trust fund accounts in the pooled account.</p> <p>The findings include:</p> <p>On 09/17/2025 at 8:30 AM, this surveyor requested a copy of the Bank Reconciliation for 08/31/2025. The Business Office Manager/Assistant Administrator (BOM/AA) presented the surveyor with a Bank Statement dated 09/01/2025, and a portion of Resident Ledger sheets for 08/31/2025. The BOM/AA stated she had not balanced the patient trust fund account in a while. This surveyor then requested the most recent Patient Trust Fund Reconciliation. The BOM/AA presented this surveyor with a Bank Statement dated 09/01/2023, with transactions highlighted in yellow but no Bank Reconciliation. The BOM/AA stated, This is the last time I reconciled the statement.</p> <p>On 09/17/2025 at 10:00 AM, the Administrator reviewed the information presented to this surveyor, by the BOM/AA, and stated, that is not a Bank Reconciliation.</p> <p>On 09/17/2025 and 09/18/2025 the surveyor reviewed the Patient Trust Fund account documentation. This surveyor observed the following during review:</p> <ol style="list-style-type: none"> <li>1) On 05/08/2025 a resident account carried a negative balance.</li> <li>2) The interest had been allocated equally across the residents' accounts. It had not been pro-rated based on each resident's balance.</li> <li>3) There were accounts in excess of \$ 2,000.00 at the close of the month.</li> </ol> <p>On 09/18/2025 at 2:30 PM, the Administrator stated the facility did not have a policy on the Patient Trust fund, but the facility followed the state and federal regulations in managing the fund.</p> <p>On 09/18/2025 at 4:22 PM, the Administrator stated the BOM/AA was responsible for maintaining and ensuring the resident trust accounts were balanced at all times. The Administrator stated it was important to keep an accurate account of the residents' possessions, and it was their expectation when a resident deposits money with the facility that an accurate accounting would be maintained. The Administrator stated the BOM/AA had not maintained a system, in any form or fashion, that assured full and complete accounting, per the generally accepted accounting principles, of each resident's personal funds entrusted to the facility. The Administrator stated a resident's account should never be allowed to have a negative balance because the residents are issued funds through the government and allowed to keep forty dollars, and the facility should not let the account go below that. We have to keep it maintained appropriately. The Administrator stated the residents, or their responsible party should be sent quarterly statements so they can be involved and know the resident's financial status.</p> <p>(continued on next page)</p> |                                                                               |                                                 |

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| F 0568<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | On 09/18/2025 at 4:38 PM, the BOM/AA stated they were responsible for ensuring the patient trust fund account was balanced at all times, and each account was in balance. The BOM/AA stated they should not have allowed a resident's account to be depleted to a negative balance because it affected interest. The BOM/AA continued that if they had known at the time or done it correctly the nursing home could have made an adjustment for the money. The BOM/AA stated they had not provided written quarterly statements to all residents or their responsible party. She continued that she had overlooked notifying some of the residents when their balance was over \$2,000.00. |                                                                               |                                                 |

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| <p>F 0569</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death.</p> <p>Based on record review and interviews, the facility failed to notify residents who received Medicaid benefits and/or Supplemental Security Income (SSI), when their account balances had reached the \$2,000.00 allowed resource limit that could cause the resident to lose their eligibility for Medicaid or SSI. This affected 18 residents who had deposited their money in the Trust Fund account with the facility.</p> <p>The findings include:</p> <p>During an initial interview on 09/17/2025 at 8:30 AM, the Business Office Manager/Assistant Administrator (BOM/AA) stated she had not mailed notifications when resident accounts were within the \$2,000.00 limit for qualifying for Medicaid or SSI since 2024 because had not had anyone reach that limit.</p> <p>On 09/17/2025 and 09/18/2025 this surveyor reviewed the Patient Trust Fund account documentation. This surveyor observed the following during review:</p> <p>Multiple accounts were in excess of \$ 2,000.00 at the close of the month.</p> <p>One account had a balance at \$3,000.00 from 09/30/2024 &amp;ndash; 11/29/2024.</p> <p>Another account was above the \$2,000.00 allowable limit from 01/30/2025 &amp;ndash; 03/21/2025.</p> <p>During a secondary interview on 09/18/2025 at 3:50 PM, the BOM/AA stated she had not provided a written accounting to two residents with account balances over the \$2,000.00 resource limit, or their responsible party. The BOM/AA stated she had just overlooked it. The BOM/AA provided a list of 14 individual accounts that had been deducted from on 05/08/2025 but had never been paid to the facility for the resident's patient liability, leaving funds totaling \$ 18,470.21 in the pooled trust fund account. This allowed these funds to remain in each of the individual accounts for four months.</p> <p>During an interview on 09/18/2025 at 4:22 PM, the Administrator stated the BOM/AA was responsible for sending out notifications when the resident's account reached the \$2,000.00 limit for disqualification of Medicaid. The Administrator said it was important that the notifications be sent out because it could directly affect the residents being allowed to stay at the nursing home; and they could be disqualified for Medicaid.</p> <p>During a third interview on 09/18/2025 at 4:38 PM, the BOM/AA stated she had missed sending some of the notifications. The BOM/AA stated it was important to notify the residents because if the account goes over \$2,000.00, they are at risk of losing their Medicaid benefits and if told early then they could spend their money wisely.</p> |                                                                               |                                                 |

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| <p>F 0641</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, record review, interview, and the Resident Assessment Instrument (RAI) manual the facility failed to ensure oxygen was coded on the Minimum Data Set (MDS) for two (Resident #5 and Resident #6) of eight residents reviewed to ensure accurate care planning, quality of life and reimbursement.</p> <p>The findings include:</p> <p>Resident #5</p> <p>Review of a Medical Diagnosis report revealed Resident #5 had diagnoses which included congestive heart failure, dementia and depression.</p> <p>Review of a quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) 07/23/2025, revealed a Brief Interview for Mental Status (BIMS) score of 6 which indicated Resident #5 had severe cognitive impairment. The MDS did not reflect oxygen use.</p> <p>Review of a Physician Order dated 11/1/2022, for Resident #5 revealed the resident used oxygen at 2-4 liters continuously for shortness of breath. The Physician Order included that Resident #5 could remove the oxygen.</p> <p>Review of a Care Plan revealed Resident #5 was at risk for breathing difficulty. The Care Plan also included interventions to administer oxygen as ordered and elevate the head of the bed for shortness of breath.</p> <p>Review of oxygen saturations for 07/21/2025, from the electronic medical record indicated Resident #5 had an oxygen saturation of 96% while receiving oxygen via nasal cannula.</p> <p>During an interview on 09/17/2025 at 11:14 AM, MDS nurse #1 revealed oxygen was not coded on Resident #5's MDS from 07/23/2025 because Resident #5 removes the oxygen cannula and had a continuous order. MDS #1 revealed it looked like Resident #5 wore oxygen within a seven day look back window but admitted she had not documented oxygen on the quarterly MDS dated [DATE]. MDS nurse #1 stated she should have documented oxygen on the MDS.</p> <p>During an interview on 09/17/2025 at 11:25 AM, MDS Nurse #2 revealed the RAI manual was used for guidance when coding to the MDS, and MDS Nurse #1 confirmed that she also codes using the RAI manual for guidance. MDS Nurse #2 stated, we go to some MDS trainings, and sometimes someone will come and do a one-on-one training but revealed they cannot provide documentation of trainings.</p> <p>On 09/17/2025 at 11:32 AM, MDS nurse #1 provided a copy of section O from the 07/23/2025 quarterly MDS showing Resident #5 did not have oxygen while a resident. The copy of Special Treatments, Procedures and Programs from the RAI manual provided by MDS nurse #1 revealed continuous or intermittent oxygen given via mask or cannula should be coded. Continuous oxygen is delivered for 14 hours or greater a day, and intermittent oxygen therapy is not continuous for 14 hours a day.</p> <p>Resident #6<br/>(continued on next page)</p> |                                                                               |                                                 |

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| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                               |                                                 |
| <p>F 0641</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>Review of a Medical Diagnosis report revealed Resident #6 with diagnoses which included Chronic Obstructive Pulmonary Disease (COPD), Parkinson Disease, and dementia.</p> <p>Review of the quarterly MDS with an ARD of 06/09/2025, revealed Resident #6 had a Brief Interview for Mental Status (BIMS) score of 13 which indicated the resident was cognitively intact. The MDS did not reflect oxygen use.</p> <p>Review of an Order Summary dated 11/17/2024, for Resident #6 revealed an order for Oxygen use at 2-4 liters continuously for shortness of breath. The Order Summary included that Resident #6 could remove the oxygen.</p> <p>Review of a Care Plan revealed Resident #6 was at risk for breathing difficulty. The Care Plan included interventions to administer oxygen as ordered and monitor for effectiveness. The Care Plan also included interventions to elevate the head of the resident's bed as needed for shortness of breath while in bed.</p> <p>On 09/17/2025 at 11:30 AM, Resident #6 was observed in hallway wheeling self in wheelchair with oxygen on.</p> <p>Review of a Progress Note dated 06/07/2025, revealed Resident #6 wore oxygen at 2 liters per minute continuously.</p> <p>During an interview on 09/18/2025 at 8:59 AM, the Director of Nursing (DON) revealed if a resident had oxygen she would anticipate that oxygen would be documented on the MDS, because the MDS was used to paint a clear picture of a resident need.</p> <p>During an interview on 09/18/2025 at 12:22 PM, the Administrator (Admin) stated he had some education on the MDS but that was not something that he handled. The Admin stated he did expect the MDS to be filled out correctly because it demonstrated the needs of the resident. The Admin revealed MDS nurse #1 and MDS nurse #2 were responsible for coding the MDS.</p> |                                                                               |                                                 |