

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045481	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/05/2025
NAME OF PROVIDER OR SUPPLIER Craighead Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5101 Harrisburg Rd Jonesboro, AR 72404	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, record review, and facility policy review, it was determined that the facility failed to ensure safe practices provided in the manufacturer's guidelines for transferring a resident with a mechanical lift for one (Resident #11) of one resident reviewed for proper transfers.</p> <p>The findings include:</p> <p>Review of an admission Record indicated, the facility admitted Resident #11 on 12/07/2023 with diagnoses that included chronic obstructive pulmonary disease (chronic inflammatory lung disease that obstructs airflow and makes breathing difficult), rheumatoid arthritis (disease that causes painful, swollen, stiff joints), polyneuropathy (damaged or disease that affects the peripheral nerves), and muscle spasms.</p> <p>Review of an annual Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 10/12/2025, revealed Resident #11 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident was cognitively intact.</p> <p>Review of Resident #11's Care Plan, revised 12/21/2023, revealed that Resident #11 had an Activity of Daily Living self-care performance deficit due to having limited range of motion to the left hand, ankle, and foot. Interventions included that Resident #11 was totally dependent on two staff with mechanical lift for all transfers (revised 02/10/2025).</p> <p>During an observation on 12/03/2025 at 10:09 AM, this surveyor observed CNA (Certified Nurse Assistant) #1 and CNA #2 assisting Resident #11 with a transfer using a mechanical lift. During the process of lowering Resident #11 to their wheelchair, this surveyor observed that the lifts' back wheels were locked.</p> <p>During an interview on 12/03/2025 10:22 AM, CNA #1 verified that staff members were to lock the wheels of the lift when lowering residents. CNA #1 then stated that, in our training it says to lock the lift wheels when lowering a resident.</p> <p>During an interview on 12/03/2025 10:24 AM, CNA #2 confirmed that they were supposed to lock the lift when lowering residents to the next area of placement. She explained that locking the lift would keep them, in place. CNA #2 stated that in her training, she was taught to lock the lift when lowering a resident.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045481	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/05/2025
NAME OF PROVIDER OR SUPPLIER Craighead Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5101 Harrisburg Rd Jonesboro, AR 72404	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 12/04/2025 at 1:49 PM, the Assistant Director of Nursing (ADON) revealed Resident #11 was to be transferred with a mechanical lift and two staff members. She explained that the wheels on a mechanical lift were to be unlocked when lowering residents down in a wheelchair or to reposition residents; the rationale provided was so the mechanical lift would not tip over during the transfer.</p> <p>During an interview on 12/04/2025 at 2:06 PM, CNA #3 revealed Resident #11 was to be transferred using a mechanical lift with two staff member assistance. She explained that the lift legs were supposed to be locked when lowering the resident. She confirmed that she locks the wheels when lowering a resident, so the resident doesn't move forward. When reviewing manufacturer guidelines, she then confirmed that the wheels should be unlocked when lowering residents into the wheelchair.</p> <p>During an interview on 12/04/2025 at 2:24 PM, Licensed Practical Nurse (LPN) #4 confirmed that mechanical lifts were to be unlocked when lowering residents due to needing to be able to move the lift if needed. She confirmed locking a mechanical lift's wheels when lowering a resident could move the lift or tilt it.</p> <p>During an interview on 12/04/2025 at 12:50 PM, the Director of Nursing (DON) verified Resident #11 was to be transferred using a mechanical lift with two staff member assistance. The DON confirmed that the wheels on the mechanical lift were to be unlocked when lowering a resident or repositioning a resident correctly in a wheelchair. The DON verified that after reviewing manufacturer guidelines and mechanical lift training, staff were to lower a resident with wheels unlocked.</p> <p>During an interview on 12/04/2025 at 3:04 PM, the Administrator verified that the process on transferring a resident would be whatever the manufacturer guidelines are. The Administrator confirmed based on manufacturer guidelines that the rear cast should be unlocked when lowering residents with a mechanical lift. She explained that locking the wheels when lowering resident in a mechanical lift would cause the lift to, topple over.</p> <p>A review of CNA #2 Competency Evaluation revealed after maneuvering resident to the desired location, leave the lift unlocked before lowering the resident for proper positioning.</p> <p>A review of CNA #1 competency evaluation revealed when lifting a resident make sure the mechanical lift is locked and when placing a resident to desired place make sure mechanical lift is unlocked. This helps you position resident more easily.</p> <p>A review of [Brand Name] lift training November 2025 revealed before lifting a resident, make sure the mechanical lift is locked. Once resident is lifted 2-3 inches unlock the lift. After maneuvering resident to desired location, leave the lift unlocked before lowering the resident for proper positioning.</p> <p>During an interview on 12/05/2025 at 8:41 AM, the Assistant Administrator stated the facility did not have a policy for transfers with a mechanical lift but uses the manufacturer guideline for lifts.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045481	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/05/2025
NAME OF PROVIDER OR SUPPLIER Craighead Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5101 Harrisburg Rd Jonesboro, AR 72404	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a facility manufacturer guideline for lift titled, Invacare Reliant [NAME] for [Brand Name] Lift, indicated, Invacare does not recommend locking the rear casters of the patient lift when lifting an individual. Doing so could cause the lift to tip and endanger the patient and assistants. Invacare does recommend leaving the rear casters unlocked during lifting procedures to allow the patient lift to stabilize itself when the patient is initially lifted from a chair, bed, or any stationary object.</p>		