

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  04A158	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/08/2025
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49689</b></p> <p>Based on record review, interview, manufacturer guidelines, and facility policy review, the facility failed to ensure residents were transferred via mechanical lift in accordance with manufacturer guidelines, staff training, and resident care plans to prevent accidents for two (Resident #1, Resident #2) of five residents reviewed for transfers.</p> <p>The findings are:</p> <p>1. A review of an Order Summary indicated Resident #1 was admitted to the facility with diagnoses that included dementia, degenerative disease of the nervous system and malnutrition.</p> <p>A review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/28/2025, indicated that Resident #1 had a SAMS (Staff Assessment for Mental Status) score of 3, which indicated Resident #1 was severely impaired of cognitive skills for daily decision making. A review of Section GG revealed that Resident #1 was marked dependent, (Helper does all of the effort. Resident does none of the effort to complete the activity or, the assistance of 2 or more helpers was required for the resident to complete the activity) for activity of daily living care such as transfers, personal hygiene, rolling left to right, and dressing.</p> <p>A review of a Care Plan initiated on 09/03/2024, indicated Resident #1 had an activity of daily living performance deficit with interventions for transfers which included: the resident was dependent on two (2) staff with mechanical lift; use purple/medium lift pad. An intervention for bed mobility included: the resident was totally dependent on two (2) staff for repositioning and turning in bed every two (2) hours and as necessary.</p> <p>A review of the Progress Notes indicated on 01/14/2025, Resident #1 was Up in Geri chair in common area. Continues on [Local Hospice Agency] related to malnutrition. Respirations are even and unlabored. No shortness of breath or cough noted. No signs or symptoms of pain or distress noted. No abnormal lung sounds noted. Resident #1 is alert and orientated x1. No confusion, hallucinations or delusions noted. Takes medications crushed without difficulty. Takes meals in the dining room with staff assist x 1. Incontinent of bowel and bladder with peri care every two hours and as needed. Bowel sounds noted in all quadrants. Mechanical lift for all transfers with 2 staff. Non-ambulatory. Needs anticipated by staff. Will continue to observe.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the Document Survey Report indicated Resident #1 was charted on day shift of 01/16/2025, by CNA (Certified Nursing Assistant) #1 as dependent (helper does all the effort) for activity of daily living care such as transfers, dressing, rolling side to side, and personal hygiene.</p> <p>2. A review of a Physicians Order Summary revealed Resident #2 was admitted to the facility on [DATE], with diagnosis that included unspecified dementia.</p> <p>Review of the Annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/14/2025, revealed Resident #2 had a Brief Interview of Mental Status (BIMS) scored of 06, (which indicated severe cognitive impairment). A review of Section GG revealed that Resident #2 was marked dependent (Helper does all of the effort. Resident does none of the effort to complete the activity or, the assistance of 2 or more helpers was required for the resident to complete the activity) for activity of daily living care such as transfer, personal hygiene, rolling left to right, and dressing</p> <p>A review of the Care Plan for Resident #2 noted the resident required the use of a mechanical lift with 2-person staff assistance for transfers.</p> <p>A review of the Document Survey Report indicated Resident #2 was charted on day shift of 01/16/2025, by CNA #1 as dependent (helper does all the effort) for activity of daily living care such as transfers, dressing, rolling side to side, and personal hygiene.</p> <p>On 04/07/2025 at 1:40 PM, during an interview CNA #1 stated the day before, I had been complaining that I needed help. CNA #1 then continued by stating, if I left my residents up they would have been soaked through, and not clean, I laid them down to take care of them. CNA #1 stated the nurse watched me transfer Resident #1 by myself then reported that I was doing it by myself. CNA #1 stated the residents did not get hurt and I do not neglect my residents. CNA #1 stated I have been an aide for [AGE] years and was trained how to do mechanical lifts properly.</p> <p>On 04/07/2025 at 3:04 PM, during an interview, the Assistant Director of Nursing (ADON) stated the incident was an isolated occurrence, there are usually three to four CNAs on each hall. The ADON stated on the day of the incident CNA #1 should have had help, as it was required to have two staff members for a mechanical lift. The ADON stated that CNA #1 signed training on hire competencies in September, and she was re-educated that day. The ADON stated I saw CNA #1 leaving Resident #2's room alone and when CNA #1 was questioned she denied the allegation by stating she had help The ADON continued stating that the CNA was looking down the hall as if she were looking for someone. The ADON stated I reminded CNA #1 that you are supposed to have two (2) for mechanical lift transfers. I did give her a verbal reminder. The ADON stated this happened before lunch. Later that day I saw CNA #1 go into Resident #1's room alone and asked LPN #5 to go in there to confirm if she was transferring by herself again. The ADON stated LPN #5 then told me that CNA #1 was transferring by herself. The ADON stated CNA #1 was terminated. We then investigated, and the residents were not harmed. The ADON stated, CNA #1 had been licensed for a long time and knew better.</p> <p>During an interview on 04/07/25 at 12:30 PM, CNA #4 confirmed the facility had at least three (3), but typically four (4) CNAs on each hall, and the nurses assist as needed. She also confirmed that CNA #1 did not ask her for assistance to transfer Resident #1 or Resident #2 and she was available to assist CNA #1.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 04/07/2025 at 1:00 PM, CNA #2 confirmed CNA #1 did not ask for assistance to transfer Resident #1 or Resident #2 on 01/16/2025, and she was available along with the nurse. She also confirmed the facility has at least three (3) CNAs staffed on each hall, but typically four (4).</p> <p>During an interview on 04/08/2025 at 9:35 AM, Restorative CNA #8, who was responsible for training, confirmed training for mechanical lifts was completed at the beginning of employment and as a refresher, every six (6) months. Upon completion of training, each employee utilized a teach back demonstration to ensure each step was understood.</p> <p>During an interview on 04/08/2025 at 9:15 AM, the Administrator confirmed proper technique when completing a lift was important for the safety of the residents. When asked what possible outcomes could be when improper lifts are completed, she stated, Possible harm to the resident.</p> <p>During an interview on 04/08/2025 at 9:15 AM, LPN #5 confirmed she observed CNA #1 completing a transfer for Resident #1, alone, via the mechanical lift. She stated, I saw her go into the room, so I walked into the room to see if she needed assistance, since this resident was a 2-assist with all care. She was unhooking the lift pad as I walked in and said she didn't need help. LPN #5 also confirmed she was not asked to assist with any resident transfers by CNA #1.</p> <p>On 04/08/2025 at 10:30 AM, during an interview, the ADON stated the negative outcome of using the mechanical lift improperly could lead to the resident ending up with an injury; a fractured arm or leg, dislocation, fall from the lift, skin tear, or the resident could become combative and hurt themselves.</p> <p>On 04/08/2025 at 10:40 AM, during an interview, Medication Assistant Certified (MAC) #3 stated that I was up here at the nurse's station, and she asked if I could help her. I helped her with transferring Resident #2. That was the only time I helped her all day. She never asked again. MAC #3 stated they had plenty of staff that day to help with transfers.</p> <p>A review of the Office of Long-Term Care (OLTC) Incident and Accident report indicated Description of Incident: On 01/16/25, it was reported to Licensed Practical Nurse (LPN) #5 that CNA #1, was in Resident #1's room, using the mechanical lift by herself after CNA #1 had been educated earlier that day on always having two CNAs present when operating the mechanical lift. LPN #5 went to Resident #1's room and observed CNA#1 rolling Resident #1 side to side, removing the lift pad. No other staff member was present in the room. LPN #5 asked CNA #1 Do you need any help? and CNA #1 stated, No, I got it now.</p> <p>A review of the OLTC Incident and Accident Report: indicated Description of Incident: On 01/16/25, it was reported to the charge nurse, CNA #1, was in Resident #2's room, using the mechanical lift by herself. The charge nurse spoke with the ADON and asked if the ADON would come to the hall and speak with CNA #1. When the ADON arrived to the hall, CNA #1 was in Resident #2's room pushing out the shower chair. The ADON asked CNA #1 if she was in the room by herself and CNA #1 replied, Yeah. The ADON re-educated CNA #1 on having two staff members when operating the lift. CNA #1 replied, I know, I had help. She went out there. CNA #1 went to the door looking for someone and there was no one present. CNA #1 did not give a name to the ADON of who assisted her with the transfer.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the Transfer Competency indicated for mechanical lift always operate lift with two certified nursing assistants (CNA) at all times. CNA #1 signed the competency on 07/30/2024, which stated, my signature indicates my understanding and compliance to this protocol and my use of equipment appropriately.</p> <p>A review of the Assignment Sheet on 01/16/2025, indicated, on 400 hall four (4) CNA's and a Medication Assistant-Certified (MAC) were staffed from 6:00 AM to 2:30 PM.</p> <p>A review of the [Name Brand] Lift Training indicated CNA #1 signed understanding of mechanical lift transfers on 09/11/2024.</p> <p>A review of the Proper Transfers Using Mechanical Lift , in-service on 01/16/25 stated, You must use two (2) people at all times for transfers.</p> <p>A review of the [Name Brand] Battery-Powered Patient Lift User Manual indicated, Although [Name Brand] recommends that two assistants be used for all lifting preparation and transferring from and transferring to procedures, our equipment will permit proper operation by one (1) assistant. The use of one (1) assistant is based on the evaluation of the healthcare professional for each individual case Further review indicated Danger: Risk of death injury, or damage. Improper use of this product may cause death, injury, or damage.</p> <p>A review of the document titled Transfer Status and Mobility Device, indicated for each hall the transfer status of every resident in the facility included what mechanical lift to use, the color/size of the lift pad, the device used for mobility, the type of transfer, and how many staff were needed to transfer.</p> <p>A review of the Care Stickers indicated that on each doorway in the upper corners they were utilized to notify staff about the status of the residents; for non-weight bearing a feather was used with a color code for the lift pad size when transferring with a mechanical lift, and for two (2)-person assist a double flower was indicated.</p> <p>A review of CNA #1 ' s employment file indicated CNA #1 was trained by Restorative CNA #8 on 07/30/24, which was signed by CNA #1 as well. The training titled [Facility Name] Competency Evaluation: [Brand Name] Lift indicated Important: Always Operate Lift with Two CNAs at All Times. Under the instructions and above the signature section, it stated, My signature indicates my understanding and compliance to this protocol and my use of the equipment appropriately</p>