

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045266	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/30/2025
NAME OF PROVIDER OR SUPPLIER  Montgomery County Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  741 South Drive Mount Ida, AR 71957	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, record review, and facility policy review, it was determined that the facility did not ensure Enhanced Barrier Precautions (EBP) were implemented and that staff wore proper personal protective equipment (PPE) when care was provided for 1 (Resident #61) of 3 residents reviewed for wound care.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. A review of the quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 05/11/2025, revealed Resident #61 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident was cognitively intact. Resident #61 had diagnoses which included diabetes mellitus and dementia.             <ol style="list-style-type: none"> <li>a. A review of Resident #61 's Care Plan report, revised 05/13/2025, indicated the resident had a diabetic ulcer to the bottom of the right foot. The care plan did not address the need to implement EBP while performing wound care to the resident 's foot.</li> <li>b. A review of Resident #61 's Treatment Administration Record (TAR) indicated wound care orders for the resident's right foot.</li> <li>c. A review of a Physician 's Order dated 05/29/2025, on 05/30/2025 at 10:36 AM, indicated Resident #61 received wound care, every day, to a diabetic ulcer on the right foot.</li> <li>d. During an observation on 05/30/2025 at 11:42 AM, Licensed Practical Nurse (LPN) #1 performed wound care to the diabetic ulcer on the bottom of Resident 61's right foot. LPN #1 entered the room, with gloves on and wound care supplies in hand, no gown was worn. LPN #1 's body brushed against the resident's table, while performing wound care.</li> <li>e. During an interview on 05/30/2025 at 11:55 AM, LPN #1 stated she was not aware of any EBP to be observed during wound care or any PPE to be worn during wound care.</li> <li>f. During an interview on 05/30/2025 12:00 PM, the Director of Nursing (DON) stated gloves were only to be worn for wound care. The DON was not aware of the need for gowns being worn during wound care.</li> <li>g. During an interview on 05/30/2025 at 1:15 PM, the Infection Preventionist (IP) nurse stated gloves were only to be worn for wound care. The IP nurse stated EBP, including wearing gowns, were for indwelling devices only.</li> </ol> </li> </ol> <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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>h. A facility training titled Enhanced Barrier Precautions dated 02/26/2025 indicated that EBP should be used when performing high contact activities including wound care.</p> <p>i. The facility training titled Enhanced Barrier Precautions dated 02/26/2025 indicated the DON and IP were the instructors and contained LPN #1's signature, as having received the training.</p>		