

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045477	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/31/2025
NAME OF PROVIDER OR SUPPLIER Monette Manor, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 669 Hwy 139 North Monette, AR 72447	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>Based on record review, facility document review, interview, and facility policy review, it was determined that the facility failed to ensure fall interventions were placed in a person-centered care plan following falls for five (Resident #4, Resident #5, Resident #7, Resident #8, and Resident #9) of seven residents reviewed for fall interventions in a person-centered care plan.</p> <p>The findings include:</p> <p>Resident #4:</p> <p>A review of Resident #4's admission Record indicated the facility admitted the resident on 02/13/2024 with diagnoses which included a nondisplaced fracture of coracoid process, right shoulder (broken part of the shoulder blade), multiple rib fractures to the right side, and a wedge compression fracture of the T7-T8 vertebra (fracture to the middle of the spine).</p> <p>A review of Resident #4's quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 08/26/2025, revealed a Brief Interview for Mental Status (BIMS) score of 07, which indicated the resident had severe cognitive impairment. Resident #4's MDS also revealed the resident required partial/moderate assistance with transfers and was dependent when using a wheelchair.</p> <p>A review of a facility, Incident by Incident Type, with a date range of 10/01/2024 to 10/31/2024, revealed Resident #4 had a witnessed fall on 10/29/2024.</p> <p>A review of Resident #4's Care Plan, revised on 02/14/2024, revealed the resident had an actual fall and was a high risk for falls, related to a history of falls. Resident #4 did not have an intervention for the fall that occurred on 10/29/2024.</p> <p>Resident #5</p> <p>A review of Resident #5's admission Record indicated the facility admitted the resident on 08/14/2023, with diagnoses which included muscle wasting and atrophy, lack of coordination, difficulty walking, hemiplegia and hemiparesis following Cerebral Infarction affecting left non-dominant side (weakness and paralysis following a stroke), a personal history of Transient Ischemic Attack (TIA), and Cerebral Infarction without residual deficits (mini stroke).</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: 045477	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/31/2025
NAME OF PROVIDER OR SUPPLIER Monette Manor, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 669 Hwy 139 North Monette, AR 72447	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of Resident #5's significant change MDS, with an ARD of 11/28/2025, revealed a BIMS score of 12, which indicated the resident had moderate cognitive impairment. Resident #5's MDS also revealed the resident required substantial/maximal assistance with transfers and was dependent when using a wheelchair.</p> <p>A review of a facility, Incident by Incident Type, with a date range of 10/01/2024 to 10/31/2024, revealed Resident #5 had an unwitnessed fall on 10/05/2024.</p> <p>A review of Resident #5's Care Plan, revised on 12/09/2024, revealed the resident had a history of frequent falls. Resident #5 did not have an intervention for the fall that occurred on 10/05/2024.</p> <p>Resident #7</p> <p>A review of Resident #7's admission Record indicated the facility admitted the resident on 10/18/2024, with diagnoses which included systolic congestive heart failure (CHF) (heart cannot pump oxygenated blood out to the body) and muscle weakness.</p> <p>A review of Resident #7's admission MDS, with an ARD of 11/28/2024, revealed a BIMS score of 13, which indicated the resident was cognitively intact. Resident #7's MDS also revealed the resident required partial/moderate assistance with transfers and required substantial/maximum assist while using a wheelchair.</p> <p>A review of a facility, Incident by Incident Type, with a date range of 10/01/2024 to 10/31/2024, revealed Resident #7 had unwitnessed falls on 10/20/2024 and 10/24/2024.</p> <p>A review of Resident #7's Fall Log revealed on 10/20/2024, Resident #7 received a skin tear approximately three centimeters in length on the left elbow.</p> <p>A review of Resident #7's Care Plan revised on 12/18/2024, revealed the resident was at risk for falls related to gait and balance problems. Resident #7 did not have an intervention for the falls that occurred on 10/20/2024 and 10/24/2024.</p> <p>Resident #8</p> <p>A review of Resident #8's admission Record indicated the facility admitted the resident on 09/17/2024, with diagnoses which included acute on chronic diastolic CHF (heart becomes stiff preventing it from relaxing and filling properly with blood between beats), weakness, and intervertebral disc degeneration in lumbar region (age-related breakdown of the spinal discs in the lower section of the spine.)</p> <p>A review of Resident #8's admission MDS, with an ARD of 11/17/2024, revealed a BIMS score of 14, which indicated the resident was cognitively intact. Resident #8's MDS also revealed the resident required partial/moderate assistance with transfers.</p> <p>A review of a facility, Incident by Incident Type, with a date range of 10/01/2024 to 10/31/2024, revealed Resident #8 had an unwitnessed fall on 10/29/2024.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045477	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/31/2025
NAME OF PROVIDER OR SUPPLIER Monette Manor, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 669 Hwy 139 North Monette, AR 72447	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of Resident #8's Care Plan, revised on 12/11/2024, revealed the resident was at risk for falls, related to gait and balance problems. Resident #8 did not have an intervention for the fall that occurred on 10/29/2024.</p> <p>Resident #9</p> <p>A review of Resident #9's admission Record indicated the facility admitted the resident on 07/23/2024, with diagnoses which included encephalopathy (disease that changes brain function or structure), falls, abnormalities of gait and mobility, muscle wasting and atrophy, difficulty walking, tremors (involuntary movement), and a personal history of TIA.</p> <p>A review of Resident #9's significant change MDS, with an ARD of 11/17/2025, revealed a BIMS score of 06, which indicated the resident had severe cognitive impairment. Resident #9's MDS also revealed the resident was dependent with all transfers and with utilizing a wheelchair.</p> <p>A review of a facility, Incident by Incident Type, with a date range of 10/01/2024 to 10/31/2024, revealed Resident #9 had an unwitnessed fall on 10/28/2024.</p> <p>A review of Resident #9's Care Plan, revised on 01/20/2025, revealed the resident was at a high risk for falls. Resident #9 did not have an intervention for the fall that occurred on 10/28/2024.</p> <p>During an interview on 12/30/2025 at 2:40 PM, the Registered Nurse (RN) Supervisor explained the process of Care Planning interventions for falls was that the Director of Nursing (DON) and the Restorative Certified Nurse Assistant (CNA) would determine the intervention that was placed upon the Care Plan. She confirmed that Resident #4, Resident #5, Resident #7, Resident #8, and Resident #9's interventions for the falls that occurred for the month of October 2024 were on the Care Planned. She stated, If you didn't see them then they are not there. I was not trained and thrown in to figure it out. She explained the importance of Care Planning falls was to inform the staff if the resident had a fall and what interventions to take. She confirmed that falls were to be Care Planned when they happened. She verbalized that she was doing Care Plans prior to the current MDS Coordinator in the building. The RN Supervisor explained that the expectation of falls being Care Planned was to make sure fall care plans were up to date and had accurate interventions. She then confirmed that the MDS Coordinator was responsible for Care Planning falls and that she was the MDS Coordinator. The RN Supervisor expressed that Care Planning falls was essential for each resident for everyday life to make sure that the resident stayed safe and that the Care Plan was person specific.</p> <p>During an interview on 12/30/2025 at 3:05 PM, Restorative CNA/CNA #1 explained that CNA#1 collaborated with the DON and the floor nurses and decided upon interventions that would go into the Care Plan for every resident. CNA #1 confirmed that she did not know for sure if the fall intervention for the falls that Resident #4, Resident #5, Resident #7, Resident #8, and Resident #9 had for October 2024 were on their Care Plans. She explained that she used the Care Plan for the care of the residents, and that the importance of Care Planning falls was so staff would know what interventions the resident would have. She verified that the purpose of interventions was to keep the resident from falling again, and that falls should be Care Planned as soon as they happened. CNA #1 confirmed the MDS Coordinator was responsible for Care Planning falls and that fall interventions were Care Planned for safety.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045477	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/31/2025
NAME OF PROVIDER OR SUPPLIER Monette Manor, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 669 Hwy 139 North Monette, AR 72447	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 12/31/2025 at 9:00 AM, the DON explained the process of Care Planning interventions was the MDS Coordinator was to put the fall interventions in the care plans. The DON verified that Resident #4, Resident #5, Resident #7, Resident #8, and Resident #9 did not have a fall intervention for their falls within the month of October 2024. She confirmed not having these falls Care Planned would increase the risk for future falls. She expressed that the importance of Care Planning falls was to prevent future falls for residents and protect the residents. She confirmed that falls should be placed into the Care Plan. The DON confirmed that the MDS Coordinator was responsible for Care Planning falls, and that the Administrator oversaw that the person responsible was doing their job. She explained that the CNA's would look at the Kardex, in which information was pulled from the Care Plan, to care for the residents.</p> <p>During an interview on 12/31/2025 at 10:44 AM, the Administrator explained that the DON and Restorative can/CNA #1 collaborated regarding interventions for falls and then communicated the interventions to the MDS Coordinator who put the interventions into the Care Plan. The Administrator verified that he was not aware of Resident #4, Resident #5, Resident #7, Resident #8, and Resident #9 not being Care Planned on the falls that happened in October 2024. He explained that the importance of Care Planning falls was to prevent future falls from happening and to protect the residents. He confirmed that falls should be Care Planned as they happened. He explained that the expectations of falls were to make sure the residents were Care Planned and interventions were in place and well documented. He then confirmed that the RN Supervisor, who was the MDS Coordinator at that time, was responsible for Care Planning falls.</p> <p>On 12/30/2025 at 4:00 PM, this surveyor requested the policy and procedure for care plans from the Administrator, not provided.</p>		