

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045433	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/18/2025
NAME OF PROVIDER OR SUPPLIER Corning Therapy and Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 831 North Missouri Corning, AR 72422	

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>Based on record review, interviews, and facility policy review, it was determined that the facility failed to ensure a Care Plan meeting was held every three months for one (Resident #4) of one resident reviewed.</p> <p>The findings include:</p> <p>A review of Resident #4's admission Record indicated the facility admitted Resident #4 on 04/01/2024 with diagnoses which included type two diabetes mellitus and mild cognitive impairment related to a history of stroke.</p> <p>The quarterly Minimum Data Set (MDS) with an Assessment Reference Date of 10/28/2025, revealed Resident #4 had a Brief Interview for Mental Status score of 15, which indicated the resident was cognitively intact.</p> <p>Review of Resident #4's Care Plan, revised 07/25/2025, revealed the resident had impaired cognitive function or impaired thought processes due to memory problems, delusions, and intermittent awareness of time. The Care Plan also included interventions, initiated 04/16/2024, to engage in conversations about a pleasant topic before initiating care.</p> <p>Review of Resident #4's Care Plan meeting invitations and multidisciplinary care conferences on 12/17/2025 at 2:46 PM, revealed Resident #4 had a Care Plan meeting invitation sent on 03/25/2025, 08/06/2025, and 10/01/2025 and a multidisciplinary care conference completed on 04/15/2025 and 08/28/2025.</p> <p>During an interview on 12/15/2025 at 12:28 PM, Resident #4 revealed they have not had a Care Plan meeting that they knew of.</p> <p>During an interview on 12/17/2025 at 4:01 PM, the Director of Nursing (DON) revealed that the Social Director sends out the invitations to the families about the Care Plan meetings. She explained Care Plan meetings are held quarterly, every three months. She confirmed all staff were responsible for Care Planning meetings. She revealed that she was aware that Resident #4 did not have a Care Plan meeting prior to March of 2025.</p> <p>During an interview on 12/18/2025 at 9:40 AM, the Administrator revealed that Care Plan meetings are held when the MDS' are completed. She confirmed the Care Plan meetings were held every three months. She reported that she became the Administrator in March of 2025 and was aware of the Care Plan meetings not being completed prior to March.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of a facility policy titled, Care Planning, revised March 2022, indicated, Care plan meetings are scheduled at the best time of the day for the resident and family when possible. The resident, the resident's family and/or resident's legal representative/guardian or surrogate are encouraged to participate in the development of and revisions to the resident's care plan. Resident care plans are developed according to the timeframes and criteria established by 483.21.		