

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045146	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2024
NAME OF PROVIDER OR SUPPLIER The Blossoms at Mountain View Rehab & Nursing Cen		STREET ADDRESS, CITY, STATE, ZIP CODE 706 Oak Grove St Mountain View, AR 72560	

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 - Some</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>49689</p> <p>Based on observations, record review, and interview the facility failed to ensure care plans were revised with interventions to provide proper care to 2 of (Residents #51 and #57) of 2 sampled residents.</p> <p>These are our findings:</p> <p>A review of the Order Summary revealed Resident #51 had diagnoses of stroke, dementia, history of falling, and anxiety disorder.</p> <p>A review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 07/17/2024 revealed Resident #57 scored an 8 (8 to 12 indicates moderate cognitive impairment) on a Brief Interview for Mental Status (BIMS).</p> <p>A review of the Care Plan revealed that interventions for pressure reducing devices and fall mats were not added to the care plan.</p> <p>On 09/09/24 at 11:09 AM, the Surveyor observed Resident #51 in bed with quarter side rails up, an air mattress, and a fall mat in place on the right side of the bed with the left side up against the wall.</p> <p>On 09/10/24 at 01:57 PM, the Surveyor observed Resident #51 in bed with quarter side rails up, an air mattress, and a fall mat in place on the right side of the bed with the left side up against the wall.</p> <p>2. A review of the Order Summary revealed Resident #57 had diagnoses of dementia, anxiety disorder, stroke, and Alzheimer's.</p> <p>A review of the Quarterly MDS with an ARD of 06/21/2024 revealed Resident #57 scored a 3 (severe cognitive impairment) on the BIMS.</p> <p>A review of the Care Plan reveal interventions for pressure reducing devices, half side rails, or a foot cradle were not added to the care plan.</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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 09/09/2024 at 11:41 AM, the Surveyor observed Resident #57 on an air mattress bed, half side rails up, and a foot cradle was in place at the end of the bed.</p> <p>On 09/10/2024 at 9:04 AM, the Surveyor observed Resident #57 on an air mattress bed, half side rails up, and a foot cradle was in place at the end of the bed.</p> <p>On 09/11/2024 at 11:06 AM, during an interview Certified Nursing Assistant (CNA) #3 stated she is familiar with the residents on the 300 Hall and started out as a housekeeper about 3 years ago. CNA #3 stated that Resident #51 has had the interventions since admission in July. CNA #3 then stated that Resident #57 had the interventions of a foot cradle, side rails, and pressure reducing devices for as long as she could remember.</p> <p>On 09/11/2024 at 11:16 AM, during an interview the MDS Coordinator confirmed the interventions for Resident #51 and Resident #57 were not on the care plan, then stated that it is important to revise a care plan as they change all the time and to have the staff know how to take care of the residents.</p> <p>On 09/12/2024 at 9:00 AM, during an interview the Director of Nursing (DON) stated it is important to revise a care plan, just to keep the most accurate information on the residents up to date, so you can provide the correct care for them.</p> <p>A review of the facility policy Care Plans, Comprehensive Person-Centered, revised on December 2016, stated, A comprehensive person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial, and functional needs is developed and implemented for each resident.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>49689</p> <p>Based on observation, record review, and interview the facility failed to ensure residents who required assistance with activities of daily living were regularly provided with the necessary assistance to maintain good hygiene and grooming for one (Resident #12) of one resident sampled for activities of daily living.</p> <p>These are the findings:</p> <p>A review of the Order Summary revealed Resident #12 had diagnoses of type 2 diabetes, generalized anxiety disorder, depression, and chronic kidney disease.</p> <p>A review of the quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) 06/21/2024 of revealed Resident #12 scored a 15 (cognitively intact) on a Brief Interview for Mental Status (BIMS).</p> <p>A review of the Care Plan revealed Resident #12 had an activity of daily living care deficit and required limited assistance of one staff with bathing.</p> <p>On 09/09/2024 at 11:58 AM, the Surveyor observed Resident #12 up in a wheelchair with facial hair stubble on the right side of chin. Resident #12 felt the stubble and stated they would like to be shaved as it is embarrassing. The resident stated it had been over a week from the last time they were shaved. Resident #12 then showed the surveyor their fingernails and stated it had been three weeks since they have been trimmed or painted. The Surveyor observed Resident #12's fingernails were long, with a dark brown substance under all ten of them, and that the nail polish was mostly gone. Resident #12 stated that they would like to have their fingernails trimmed and cleaned.</p> <p>On 09/10/2024 at 9:20 AM, the Surveyor observed Resident #12 up in a wheelchair, the resident had not been shaved and/or fingernail care provided.</p> <p>On 09/10/2024 at 2:20 PM, the Surveyor observed Resident #12 up in a wheelchair, the resident had not been shaved and/or fingernail care provided.</p> <p>On 09/11/2024 at 11:06 AM, during an interview Certified Nursing Assistant (CNA) #3 described Resident #12's fingernails as long, dirty underneath, chipped and that the resident is a diabetic, so the nurse would do nail care. CNA #3 then described Resident #12's facial hair as stubble and that the resident needed to be shaved. CNA #3 stated that nailcare and shaving should be done on bath days and as needed. CNA #3 stated it is important to do nail care and shaving to ensure the residents feel good, and they look put together. She then stated that residents do not want to eat with nasty nails, they want to keep them maintained and trimmed.</p> <p>On 09/12/2024 at 9:00 AM, during an interview with the Director of Nursing (DON) she stated nail care and shaving is important to keep their nails short so they do not injure themselves and shaving so they are not all grown out. Then stated that both should be done on bath days and as needed.</p> <p>(continued on next page)</p>		

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