

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045232	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/16/2026
NAME OF PROVIDER OR SUPPLIER  The Blossoms at Stamps Rehab & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  826 North Street Stamps, AR 71860	

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>Number of residents sampled: 1Number of residents cited: 1Based on observation, record review, interview, and facility policy review, the facility failed to ensure appropriate hand hygiene was performed during wound care to reduce the risk of cross contamination and infection for one (Resident #3) of one resident reviewed. Specifically, the facility failed to ensure an effective infection control program was implemented by staff to prevent the potential spread of infections.</p> <p>The findings include:</p> <p>Review of Resident #3's annual Minimum Data Set with an Assessment Reference Date of 03/02/2026 revealed Resident #3 had a Brief Interview for Mental Status score of 13, which indicated the resident was cognitively intact. The MDS revealed Resident #3 had diagnoses which included Parkinson's disease, psychotic disorder and pressure ulcers. The MDS also revealed Resident #3 needed substantial/maximal assistance with functional abilities including lower body dressing and personal hygiene</p> <p>Review of Resident #3's Order Summary dated 02/25/2026 revealed staff were to clean and dry wounds on the resident's right lateral heel and left ankle, apply antiseptic, wrap with gauze and elastic wrap, one time a day for pressure injury.</p> <p>Review of Resident #3's Care Plan Report dated 04/02/2026 revealed Resident #3 had unstageable pressure ulcers to the right lateral heel and left ankle. Care Plan interventions included administer treatments as ordered.</p> <p>On 04/16/2026 at 12:34 PM, this surveyor observed Licensed Practical Nurse (LPN) #1 perform wound care to Resident #3's pressure ulcers. LPN #1 performed hand hygiene prior to wound care and glove application only. Gloves were changed per protocol with no hand hygiene performed between glove changes during wound care. LPN #1 stated she was, not aware hand hygiene was to be performed with each glove change.</p> <p>During an interview on 04/16/2026 at 10:50 AM, the acting Director of Nursing (DON) stated hand hygiene should be performed when changing gloves and when you remove a dressing.</p> <p>During an interview on 04/16/2026 at 12:50 PM, the Administrator stated hand hygiene should be performed with each glove change.</p> <p>Review of a facility policy titled Infection Control general standards: Standard Precautions, with effective date 04/2021, revealed to Wash hands after removing gloves and Remove gloves promptly after use, before touching non-contaminated items and environmental surfaces, and before going to another resident and wash hands immediately to avoid transfer of microorganisms to other residents (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 0880  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	or environments. Standard precautions of hand hygiene for infection control included to perform hand hygiene after touching a patient and after body fluid exposure risk.		