

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045242	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/01/2025
NAME OF PROVIDER OR SUPPLIER  The Blossoms at Eureka Springs Rehab & Nursing Cen		STREET ADDRESS, CITY, STATE, ZIP CODE 235 Huntsville Road Eureka Springs, AR 72632	

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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>35684</p> <p>Based on observation, interview and record review the facility failed to ensure that an insulin pen was primed according to manufacturer recommendations prior to administration for 1 (resident #14) of 1 case mix who had physician's orders for an insulin pen.</p> <p>The findings are:</p> <p>Resident #14 's Physician's Orders were reviewed and read in part, resident had a diagnosis of type 2 diabetes mellitus and an order for (Insulin degludec) FlexTouch Subcutaneous Solution Pen injector 100 UNIT/ML [milliliter] Inject 42 unit subcutaneously two times a day for diabetes. ( Insulin degludec is a long-acting type of insulin that works slowly, over about 24 hours.)</p> <p>On 12/31/2024 at 7:22 PM, medication pass was observed with Licensed Practical Nurse (LPN) #1. After attaching the needle cap to the insulin pen, LPN #1 dialed up 2 units to prime the needle and depressed the plunger with the needle pointed downward before administering the 42-unit dose to Resident #14.</p> <p>On 12/31/24 at 7:42 PM, LPN #1 was asked to describe the purpose of priming the needle. LPN #1 stated the pen was primed to remove the air from the needle. LPN #1 was asked if the pen should be primed with the needle pointed down. LPN #1 responded yes. LPN #1 was asked if the air would be better removed if the needle was pointed up for the air to be removed from the pen. LPN responded that yes it probably would. LPN #1 was asked if removing the air was to ensure the resident received the appropriate insulin dose and LPN #1 responded yes, I should have held it point up.</p> <p>On 01/01/2025 at 8:40 AM, the Director of Nursing (DON) was asked to provide education for the nursing staff, if available, for the insulin pen. The DON stated no insulin pen education had been provided that she was aware of since May 2024, and any education that was provided from the sister facility would have been lost to the tornado damage. A package insert for the (brand name) insulin pen was requested at that time.</p> <p>On 01/01/2025 at 10:32 AM, a package insert for insulin degludec pen was provided by DON. The insert was reviewed and read in part, in order to prime the pen, dial up 2 units and hold the pen with the needle pointing up, tap the top of the pen gently to let air bubbles rise to the top. While holding the pen needle point up, press and hold the plunger until the dose counter showed zero.</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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NAME OF PROVIDER OR SUPPLIER  The Blossoms at Eureka Springs Rehab & Nursing Cen		STREET ADDRESS, CITY, STATE, ZIP CODE 235 Huntsville Road Eureka Springs, AR 72632	
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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 0760  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	On 01/01/2025 at 10:32, the DON was asked if the facility expected manufacturer guidelines to be followed when it instructed to prime the insulin pen with the pen needle point up, she responded yes, the pen should have been primed needle point up.		