STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045242	A. Building B. Wing	05/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Blossoms at Eureka Springs Rehab & Nursing Cen	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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on observation, interview, and record review the facility failed to have an accurate system of medication records that enabled periodic, accurate reconciliation and accounting for all controlled medications with prompt identification of loss or potential diversion of controlled substances for three (Resident #1, Resident #2, and Resident #3) of three residents reviewed. The findings include: Resident #1 Review of Resident #1's admission Record revealed the facility admitted the resident with diagnoses which included type 2 diabetes mellitus, anemia, recurrent depressive disorders and schizoaffective disorder, bipolar type. Review of Resident #1's admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 03/27/2026, revealed a Brief Interview for Mental Status (BIMS) score of 13, which indicated the resident was cognitively intact. Review of Resident #1's Care Plan Report initiated on 04/09/2026, revealed Resident #1 was at risk for pain related to back pain. Interventions included give medications as ordered and document the effectiveness or ineffectiveness of medication. Review of Resident #1's Order Summary Report revealed Resident #1 had an order dated 04/16/2026 and discontinued 05/13/2026, for a narcotic pain medication give one tablet by mouth every eight hours as needed for pain. Review of the 200 Hall Narcotic Sign Out Book in comparison to Resident #1's electronic Medication Administration Record (eMAR) for May 2026, revealed Licensed Practical Nurse (LPN) #1 signed out one narcotic pain medication on 05/09/2026 at 1:10 PM, that was not documented as given to the resident on the eMAR. Review of Resident #1's Progress Notes revealed a progress note was not present for the date and time the resident's narcotic medication was signed out. During an interview on 05/18/2026 at 3:15 PM, Resident #1 reported having chronic pain for 20 years. Resident #1 indicated the as needed oral pain medication did not work. Resident #1 indicated two topical pain medications prescribed for pain did not work and were usually refused. Resident #1 indicated only one specific medication for pain would work to manage the resident's pain. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045242	A. Building B. Wing	05/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Blossoms at Eureka Springs Rehab & Nursing Cen	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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident #2 Review of Resident 2's admission Record revealed the facility admitted the resident with diagnoses which included chronic pain syndrome, major depressive disorder recurrent severe with psychotic symptoms, schizophrenia, bipolar disorder, and anxiety disorder. Review of Resident #2's admission MDS with an ARD of 03/12/2026, revealed a BIMS score of 14, which indicated the resident was cognitively intact. Review of Resident #2's Care Plan Report initiated on 03/10/2026, revealed Resident #2 was at risk for pain. Interventions included, give medications as ordered, observed/document for side effects of pain medication, and observe/document the effectiveness or ineffectiveness of medication. Review of Resident #2's Order Summary Report, revealed the resident had an order, dated 04/01/2026, for an anti-anxiety medication instructing staff to give one tablet by mouth every eight hours as needed for anxiety. Review of the 200 Hall Narcotic Sign Out Book from 04/14/2026 to 04/30/2026 in comparison to Resident # 2's eMAR for April 2026, revealed LPN #1 signed out a narcotic anti-anxiety medication eight times that were not documented as given to the resident on the eMAR. The dates and times for those medications were as follows: 04/14/2026 signed out on page 30 at 8:35 AM, administration record was not found on eMAR. 04/15/2026 signed out on page 30 at 6:00 AM, administration record was not found on eMAR. 04/16/2026 signed out on page 30 at 6:00 AM, administration record was not found on eMAR. 04/21/2026 signed out on page 30 at 8:00 AM, administration record was not found on eMAR. 04/23/2026 signed out on page 30 at 8:00 AM, administration record was not found on eMAR. 04/29/2026 signed out on page 30 at 9:20 AM, administration record was not found on eMAR. 04/30/2026 signed out on page 30 at 7:31 AM, administration record was not found on eMAR. Review of Resident #2's Progress Notes revealed a progress note was not present for the dates and times the resident's narcotic medication was signed out. Resident #3 Review of Resident 3's admission Record revealed the facility admitted the resident with diagnoses which included cerebral infarction, diabetes mellitus, parkinsonism, schizoaffective disorder, acquired absence of left leg below knee, anxiety disorder, bipolar disorder, and major depressive disorder recurrent severe with psychotic symptoms. Review of Resident #3's quarterly MDS with an ARD of 03/13/2026, revealed a BIMS score of 14, which indicated the resident was cognitively intact. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045242	A. Building B. Wing	05/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Blossoms at Eureka Springs Rehab & Nursing Cen	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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident #3's Care Plan Report initiated on 06/25/2025, revealed Resident #3 was at an increased risk for alteration in pain/discomfort. Interventions included administer analgesic medications as ordered per plan of care and notify MD if medication is ineffective or resident has adverse reaction. Review of Resident #3's Order Summary Report revealed the resident had an order dated 03/31/2026, for a narcotic pain medication give one tablet by mouth every four hours as needed for pain. Review of 200 Hall Narcotic Sign Out Book from 04/13/2026 to 05/14/2026 in comparison to Resident #3's eMAR March 2026 to May 2026, revealed LPN #1 signed out narcotic pain medication 48 times that were not documented as given to the resident on the eMAR. The dates and times for those medications were as follows: 04/13/2026 signed out on page 28 at 12:27 PM, administration record was not found on eMAR. 04/13/2026 signed out on page 28 at 5:08 PM, administration record was not found on eMAR. 04/14/2026 signed out on page 28 at 5:07 PM, administration record was not found on eMAR. 04/15/2026 signed out on page 28 at 8:48 AM, administration record was not found on eMAR. 04/15/2026 signed out on page 28 at 12:00 PM, administration record was not found on eMAR. 04/16/2026 signed out on page 28 at 8:40 AM, administration record was not found on eMAR. 04/16/2026 signed out on page 28 at 12:00 PM, administration record was not found on eMAR. 04/16/2026 signed out on page 28 at 5:54 PM, administration record was not found on eMAR. 04/20/2026 signed out on page 28 at 8:00 AM, administration record was not found on eMAR. 04/20/2026 signed out on page 28 at 12:01 PM, administration record was not found on eMAR. 04/20/2026 signed out on page 28 at 5:30 PM, administration record was not found on eMAR. 04/21/2026 signed out on page 28 at 8:17AM, administration record was not found on eMAR. 04/21/2026 signed out on page 28 at 5:33 PM, administration record was not found on eMAR. 04/21/2026 signed out on page 28 at 12:30 PM, administration record was not found on eMAR. 04/22/2026 signed out on page 28 at 8:00 AM, administration record was not found on eMAR. 04/22/2026 signed out on page 28 at 12:30 PM, administration record was not found on eMAR. 04/22/2026 signed out on page 28 at 5:40 PM, administration record was not found on eMAR. 04/23/2026 signed out on page 28 at 7:56 AM, administration record was not found on eMAR. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045242	A. Building B. Wing	05/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Blossoms at Eureka Springs Rehab & Nursing Cen	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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	04/23/2026 signed out on page 45 at 12:30 PM, administration record was not found on eMAR. 04/23/2026 signed out on page 45 at 5:20 PM, administration record was not found on eMAR. 04/27/2026 signed out on page 45 at 12:01 PM, administration record was not found on eMAR. 04/27/2026 signed out on page 45 at 5:28 PM, administration record was not found on eMAR. 04/28/2026 signed out on page 45 at 8:10 AM, administration record was not found on eMAR. 04/29/2026 signed out on page 45 at 7:59 AM, administration record was not found on eMAR. 04/29/2026 signed out on page 45 at 12:14 PM, administration record was not found on eMAR. 04/29/2026 signed out on page 45 at 5:44 PM, administration record was not found on eMAR. 04/30/2026 signed out on page 45 at 12:10 PM, administration record was not found on eMAR. 04/30/2026 signed out on page 45 at 8:00 AM, administration record was not found on eMAR. 04/30/2026 signed out on page 45 at 5:00 PM, administration record was not found on eMAR. 05/04/2026 signed out on page 45 at 12:00 PM, administration record was not found on eMAR. 05/04/2026 signed out on page 45 at 5:30 PM, administration record was not found on eMAR. 05/05/2026 signed out on page 45 at 8:20 AM, administration record was not found on eMAR. 05/05/2026 signed out on page 45 at 12:26 PM, administration record was not found on eMAR. 05/05/2026 signed out on page 45 at 5:30 PM, administration record was not found on eMAR. 05/08/2026 signed out on page 57 at 12:00 PM, administration record was not found on eMAR. 05/08/2026 signed out on page 57 at 5:24 PM, administration record was not found on eMAR. 05/09/2026 signed out on page 57 at 8:00 AM, administration record was not found on eMAR. 05/09/2026 signed out on page 57 at 12:30 PM, administration record was not found on eMAR. 05/09/2026 signed out on page 57 at 5:36 PM, administration record was not found on eMAR. 05/10/2026 signed out on page 57 at 8:00 AM, administration record was not found on eMAR. 05/10/2026 signed out on page 57 at 12:40, PM administration record was not found on eMAR. 05/10/2026 signed out on page 57 at 5:50 PM, administration record was not found on eMAR. 05/13/2026 signed out on page 57 at 8:02 AM, administration record was not found on eMAR. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045242	A. Building B. Wing	05/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Blossoms at Eureka Springs Rehab & Nursing Cen	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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	05/13/2026 signed out on page 57 at 12:00 PM, administration record was not found on eMAR. 05/13/2026 signed out on page 57 at 5:20 PM, administration record was not found on eMAR. 05/14/2026 signed out on page 57 at 8:10 AM, administration record was not found on eMAR. 05/14/2026 signed out on page 57 at 12:40 PM, administration record was not found on eMAR. Review of Resident #3's Progress Notes revealed a progress note was not present for the dates and times the resident's narcotic pain medication was signed out. During an interview on 05/18/2026 at 6:49 PM, LPN #1 reported he began work at the facility in September of 2025. He indicated he was put with another nurse on the medication cart for a couple of days for orientation to learn the order of facility operations. LPN #1 indicated he encouraged Resident #1 to take the prescribed as needed oral narcotic pain medication on 05/09/2026 because the resident was trying to go to the hospital for a specific pain medication before trying the pain medications that were already prescribed for the resident. During an interview on 05/19/2026 at 12:23 PM, Human Resources (HR)/Licensed Practical Nurse (LPN) indicated a nurse administering a narcotic pain medication should enter a progress note noting the resident's pain level. She indicated the nurse should also document the medication as given in the MAR and sign the medication out of the narcotic sign out book. During an interview on 05/19/2026 at 6:15 PM, LPN #2 reported she had noticed at times a narcotic pain medication would not be documented in a resident's MAR but was signed out of the narcotic sign out book. LPN #2 indicated this was reported to the Director of Nursing (DON) several times. During an interview on 05/21/2026 at 8:34 AM, LPN #4 indicated when a nurse gave a narcotic medication the nurse should sign the medication out of the narcotic sign out book, administer the medication, mark the medication as administered in the MAR, and then follow up in the MAR on the effectiveness of the medication. LPN #4 reported if there was a check mark, time, and initials in the MAR box, that would indicate the medication was given. LPN #4 indicated if the MAR box was left blank, she would only know if a narcotic medication was given if she saw it in the narc book signed as given, and that could cause a med error. During an interview on 05/20/2026 at 11:15 AM, the DON indicated when a nurse administered a narcotic pain medication that nurse should sign the medication out of the narcotic sign out book, administer the medication to the resident and mark the medication as administered in the MAR. She indicated if the box on the MAR was blank that would mean the medication was not given. She reported that if the box on the MAR was blank, she would expect to see a progress note explaining why the medication was held or refused. She stated, there isn't a way to know if the narcotic that got signed out was given if it isn't documented as given. The DON reported she had not received any complaints from staff nor residents regarding how LPN #1 administered medications. During a phone interview on 05/22/2026 at 10:33 AM, the Medical Director indicated when a resident's narcotic medication was signed out of the narcotic sign out book, he expected documentation of the narcotic medication being administered to be in the resident's medical record. He further indicated he expected to see documentation of which nurse gave the medication as well as the date and time the narcotic was administered. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045242	A. Building B. Wing	05/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Blossoms at Eureka Springs Rehab & Nursing Cen	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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of a facility policy titled Medication Administration with a reviewed date of 11/25/24, revealed the individual administering the medication must initial the resident's MAR on the appropriate line after giving each medication and before administering the next resident's medications. The policy also indicated, if a drug is withheld, refused or given at a time other than the scheduled time, the individual administering the medication shall initial and circle the MAR space provided for that drug and dose.