

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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No. 0938-0391

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 05/30/2025
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)		
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>49866</p> <p>Based on observation, interviews, and facility policy review, the facility failed to ensure the ice machine was clean and sanitary to avoid contamination of the ice provided to residents in 1 of 1 ice machines.</p> <p>The findings include:</p> <p>During an observation and interview on 05/29/2025 at 9:00 AM, Dietary Manager (DM) #4 was asked to wipe the inside of the ice machine with a white paper towel. A pink and brown discoloration was transferred to the paper towel. DM #4 wiped the bottom of the ice guard, with a different white paper towel, and the surveyor observed pink discoloration transfer to the paper towel. DM #4 wiped the wall on the side above the ice with a new white paper towel. A brown discoloration transferred onto the paper towel. DM #4 was asked to describe the substance and stated it was, dirt.</p> <p>During an interview on 05/29/2024 at 9:05 AM, DM #4 revealed that the ice machine was sanitized monthly, and as needed, by the Maintenance Director. She revealed that the machine was taken apart every three months, ice was dumped and thoroughly cleaned by the Maintenance Director.</p> <p>During an interview with Maintenance Assistant (MA) #5 on 05/29/2025 at 9:14 AM, MA # 5 reported that the ice machine was cleaned the week before by the Maintenance Director, and there should not have been any discoloration observed during the observation. He reported that the ice machine was scheduled to be cleaned monthly by the Maintenance Director.</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>51814</p> <p>Based on observation, interviews, and record review, it was determined the facility failed to ensure staff performed hand hygiene while providing incontinent care for 1 (Resident #48) of 1 sampled resident reviewed for incontinent care; failed to properly clean a glucometer after use for 1 (Resident #49) of 1 sampled resident reviewed for glucometer use; and failed to ensure staff implemented infection control practices while performing wound care for 1 (Resident #219) of 1 sampled resident reviewed for wound care.</p> <p>The findings are:</p> <p>1. A review of Resident #48's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/12/2025, indicated the resident was dependent on staff for toileting hygiene.</p> <p>a. A review of Resident #48 ' s Care Plan revealed an intervention, dated 07/31/2024, to provide incontinent care and change Resident #48 ' s brief every two hours and as needed due to incontinence.</p> <p>b. During an observation on 05/28/2025 at 3:50 PM, Certified Nurse Assistant (CNA) #1 and CNA #2 provided incontinent care for Resident #48. During the incontinent care, CNA #1 was not seen performing hand hygiene at any time before, during, or after incontinent care, or before exiting the resident ' s room.</p> <p>c. During an interview on 05/28/2025 at 4:24 PM, CNA #1 indicated hand hygiene should have been performed before, during, and after incontinence care. She verified she did not perform hand hygiene at any time during incontinent care for Resident #48.</p> <p>d. During an interview on 05/29/2025, the Director of Nursing (DON) reported the facility did not have a handwashing policy, or an incontinent care policy.</p> <p>2. A review of Resident # 49's Order Summary revealed an order, dated 10/01/2024, to perform capillary blood glucose (CBG) checks before meals and at bedtime.</p> <p>a. During an observation and interview on 05/29/2025 at 5:27 AM, Licensed Practical Nurse (LPN) #3 performed a CBG check on Resident #49 using a glucometer. LPN #3 placed the used glucometer back into the medication cart, without cleaning or disinfecting the glucometer. LPN #3 was asked if the glucometer had been cleaned after use, and verified she did not clean the glucometer before placing it back into the medication cart. LPN #3 stated there is a potential for contamination of the medication cart by not cleaning the glucometer.</p> <p>b. A review of an Assure Prism Glucometer Instruction Manual provided by the Director of Nursing (DON) on 05/29/2025 indicated to minimize the risk of transmission of blood borne pathogen, the cleaning and disinfection procedure should be performed as recommended. The Cleaning and Disinfecting section indicated The cleaning procedure is needed to clean dirt as well as blood and other body fluids on the exterior of the meter and lancing device before performing the disinfection procedure. The disinfection procedure is needed to prevent transmission of blood-borne pathogens. The manual further indicated The meter should be cleaned and disinfected after use on each patient.</p> <p>(continued on next page)</p>		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>3. A review of Resident #219's Order Summary indicated an order, dated 05/26/2025, to clean surgical incision to pubis with wound cleanser, to pack the incision with gauze, and cover with a dressing daily.</p> <p>a. During an observation on 05/28/2025 at 1:27 PM, while providing wound care, the Wound Care Nurse was wearing gloves while applying wound cleanser onto dry gauze, cleansed around Resident #219 ' s perineal wound, then using the same gauze, wiped inside the open incision. The Wound Care Nurse did not remove his dirty gloves, or sanitize his hands, before touching all clean bandages in the resident's bandage bin, to obtain a dressing to apply over the packed wound. He used bandage scissors he removed from his scrubs pocket, without cleansing the scissors, on the abdominal pad he placed over the packed wound. After using the scissors, he returned the uncleaned scissors to his scrubs pocket.</p> <p>b. During an interview with the Wound Care Nurse on 05/28/2025 at 1:27 PM, he indicated it was important to avoid touching an open wound with used gauze, due to the potential for contamination, infection, and/or worsening of the wound. He reported bandage scissors should be cleaned, before and after use, during wound care, and before placing back into scrub pocket. The Wound Care Nurse verified he did not cleanse the scissors, before or after use, and he did use contaminated gloves to search through clean dressing supplies.</p> <p>c. During an interview on 05/29/2025, the DON reported the facility did not have a wound care policy.</p>		