

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045259	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2025
NAME OF PROVIDER OR SUPPLIER The Blossoms at Woodland Hills Rehab & Nursing Cen		STREET ADDRESS, CITY, STATE, ZIP CODE 8701 Riley Drive Little Rock, AR 72205	

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 0839</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Employ staff that are licensed, certified, or registered in accordance with state laws.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and facility document review, it was determined that the facility failed to ensure a Licensed Practical Nurse (LPN) held an active and unencumbered license while working in the facility as an LPN. Based on interviews, facility document review, and facility policy reviews, it was determined that the facility failed to ensure a Licensed Practical Nurse (LPN) held an active and unencumbered license while working in the facility as an LPN.</p> <p>The findings include:</p> <p>During an interview on [DATE] at 1:29 PM, the Administrator indicated the facility does utilize agency nurses. She reported that the agency hires the nurses, verifies the nurse's credentials and that the facility does not verify the nurse's credentials. She stated, We do not have a policy for hiring agency nurses. She indicated the facility does not keep an employee record for agency nurses.</p> <p>During an interview on [DATE] at 4:07 PM, the Administrator indicated LPN #10 worked at the facility through an agency starting in [DATE] and applied to work for the facility in [DATE]. She reported she found out on [DATE] that LPN #10 had an expired license. She stated LPN #10 did work here after that date but it was through the agency, so the license was good then.</p> <p>During an interview on [DATE] at 9:13 AM, the Administrator reported LPN #10 did not work in the facility [DATE] through [DATE] and LPN #10 was not hired at the facility.</p> <p>Review of the facility's Employee File, for LPN #10 revealed a hire date for LPN #10's of [DATE] and a date of termination was [DATE].</p> <p>Review of an Agency Documentation of Dates and Times document indicated LPN #10 worked 18 shifts through the agency in the facility from [DATE] through [DATE], including [DATE], [DATE] and [DATE].</p> <p>Review of an Employee Arkansas State Board of Nursing (ASBN) Probation Noncompliance document dated [DATE], indicated on [DATE] LPN #10 entered an eighteen-month contract with ASBN indicating LPN #10's licensure placed on probation. Also indicated LPN #10, shall not secure employment or be employed through a staffing agency.</p> <p>Review of an employee record titled QuickConfirm License Verification Report, indicated the facility confirmed on Tuesday [DATE], at 7:13 am that LPN #10 did not have an active license and license status was expired as of [DATE].</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 0839</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a facility document titled, Licensed Practical Nurse (LPN) Job Description indicated the LPN must possess a current, unencumbered, active license to practice as an LPN in this state.</p> <p>Review of a facility policy titled, PP The Blossoms at AR New Employee/Hiring Policy indicated pre-employment screenings and new hire paperwork are completed to ensure health and safety of staff and residents. General guidelines included license verification licensure verification must be completed on all new hires if applicable.</p>		