

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045269	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/28/2024
NAME OF PROVIDER OR SUPPLIER The Blossoms at Star City Rehab & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 702 N Drew St Star City, AR 71667	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>43409</p> <p>Based on interviews, record review, facility document review, and facility policy review, it was determined the facility failed to ensure wound measurements were completed and wound care was documented for 1 (Resident #6) of 3 residents reviewed for skin issues.</p> <p>Findings include:</p> <p>A review of a facility policy titled, Wound and Pressure Ulcer Management Policy, revised on 01/01/2024, indicated, .Any resident with a wound receives treatment and services consistent with the resident's goals of treatment. The goal is one of promoting healing and minimizing infection unless a resident's preferences and medical condition necessitate palliative care as primary focus .1. A system for pressure injury assessment and documentation with each dressing change or at least weekly is established 2. Comprehensive wound assessment includes the following parameters (at a minimum): . b. length, width, depth measurements recorded in centimeters. C. direction and length of tunneling and undermining. D. appearance of the wound base. E. Type and percentage of tissue in wound. F. Drainage amount and characteristics including color, consistency, and odor .g. appearance of wound edges. H. description of the peri-wound condition on evaluation of the skin adjacent to the wound . i. pain associated with wound .</p> <p>A review of the care plan indicated the facility admitted Resident #6 with diagnoses that included bipolar disorder, unspecified [not named] soft tissue disorder related to use, overuse, and pressure left ankle and foot, complete traumatic amputation of one left lesser toe, and first-time active treatment for a condition or injury.</p> <p>The annual Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 10/11/2024, revealed Resident #6 had a Brief Interview for Mental Status (BIMS) score of 00, which indicated the resident had severe cognitive impairment. Section M indicated the presence of an infection of foot, other open lesions on foot, and surgical wound.</p> <p>A review of Resident #6's Care Plan, revised on 09/27/2024, revealed the resident had pain medication therapy related to pain from amputation to 2nd left toe and resident has actual skin impairment related to fragile skin and limited mobility, soft tissue disorder related to use, overuse and pressure, left ankle and foot. Amputation to one left lesser toe. Interventions included administering analgesic [a drug that reduces pain] medications as ordered by physician, monitor respiratory rate, depth and effort after administration of pain medications and perform treatment per MD [medical doctor] orders.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of physician orders revealed Resident #6 had Adaptic non-adhering dressing external pad (wound dressing) apply to left foot surgical site topically every day shift related to complete traumatic amputation of one left lesser toe until 7/25/24 starting on 7/12/24.</p> <p>A review of physician orders revealed Resident #6 had Adaptic (non-adhering) dressing external pad (wound dressing) apply to left foot surgical site topically every day shift related to complete traumatic amputation of one left lesser toe until 7/26/24 starting on 7/13/24.</p> <p>A review of resident's EMR (electronic medical record) indicated the last documented wound observation was completed on 1/31/23. There had not been any further wound observation documented.</p> <p>A review of the weekly body audit on 6/10/24 indicated discoloration to right second toe.</p> <p>A review of x-ray completed on 6/11/24 indicated no bony erosion to suggest osteomyelitis.</p> <p>A review of admission/re-admit form completed on 6/12/24 indicated discoloration to right second toe.</p> <p>A review of the weekly body audit completed on 6/17/24 indicated SDTI [suspected deep tissue injury]to toe, antibiotics ongoing.</p> <p>A review of the weekly body audit completed on 6/24/24 indicated SDTI to toe, antibiotics completed. No measurements documented.</p> <p>A review of the APRN [Advanced practice registered nurse] wound care note dated 6/28/24 indicated the podiatrist [foot doctor] seen resident and treated toe with mupirocin and cipro. The wound has worsened and now necrotic. [tissue death]. APRN was unable to palpate pulse and ordered further imaging to determine baseline for circulation and blood perfusion.</p> <p>A review of weekly body audit completed on 7/1/24 indicated SDTI to toe, antibiotics completed.</p> <p>A review of weekly body audit completed on 7/8/24 indicated osteomyelitis [bone infection]to left 2nd toe with surgery scheduled for 7/11/24. No measurements documented.</p> <p>A review of the weekly body audit completed on 7/15/24 indicated resident had toe amputation on 7/11/24 sutures intact with some edema [swelling] and bruising noted. No drainage noted. No measurements documented.</p> <p>A review of the weekly body audit completed on 7/22/24 indicated treatment continues to left 2nd toe surgical area. Observed slight bleeding to area. Sutures remain intact. No odor or sign of infection noted.</p> <p>A review of the weekly body audit completed on 7/29/24 indicated treatment continues to left 2nd toe surgical area. observed slight bleeding to area. no odor and sign of infection noted. surgical area open. Treatment completed with daughter present.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 10/25/2024 at 11:51a.m., the Director of Nursing [DON] indicated resident was being treated for a wound on toe. The DON verbalized resident was seen by orthopedic physician and the toe had to be amputated because of osteomyelitis.</p> <p>During an interview on 10/28/2024 at 3:32 p.m , the Wound Treatment Nurse [TN] verbalized wound is to be measured weekly. The TN indicated the documentation of wound care and measurements should be documented on the wound observation sheet. The TN verbalized there were no measurements of resident's wounds since it was going to be amputated.</p> <p>During an interview on 10/28/2024 at 3:40 p.m., the DON verbalized would care and measurements should be documented on the weekly wound observation form and has not been completed. The DON verbalized the TN is responsible for ensuring documentation and measurements are completed.</p>		