STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045323	A. Building B. Wing	05/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Blossoms at White River Rehab & Nursing Center	1311 North Pecan St Newport, AR 72112

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	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49689 Based on observation, record review, and interview, the facility failed to ensure that items were dated properly, items were sealed/closed properly, and cross contamination in the kitchen did not occur during meal service in one of one kitchen observed. The findings include: A review of the facility policy and procedure Avoiding Cross Contamination indicated that store food at least six inches above the floor. A review of the facility policy Labeling and Date Marking Policy indicated, Labeling and dating food products helps you identify what they are, when they were prepared, and how long they can be safely stored. This way, you can ensure that you use the first-in, first-out (FIFO) method, which means that you use the oldest products first and the newest ones last. Labeling and dating also helps you avoid cross-contamination, which occurs when harmful bacteria or allergens are transferred from one food to another. A review of the facility policy FIFO (First in, first out) Facts indicates FIFO stock rotation helps prevent unnecessary food waste' Store items in order of their use-by dates, with the earliest dates in front. That way, the first item you grab will be the one that needs to be used the soonest. FIFO is a great system for foods in dry storage as well as in the refrigerator; Food-to-food cross-contamination occurs when contaminated food comes into contact with uncontaminated food and taints it. This can happen in two ways: one food directly touches another, or one food touches a surface which then touches another food' Where bacteria are allowed to spread, illness is sure to follow. A review of the Cleaning Schedule indicated daily drip pans should be done with the stove top/grill cleaning daily, the oven and fryer should be cleaned weekly, or as needed, per Dietary Manager. In the walk-in refrigerator: During an observation on [DATE] at 6:15 PM, this surveyor observed a one-gallon plastic food storage bag of chicken salad with no date. Dietary [NAME] (DC #3) confirmed that it did not have a date. (continued on next page)

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
	045323	A. Building B. Wing	05/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Blossoms at White River Rehab & Nursing Center	1311 North Pecan St Newport, AR 72112

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	During an observation on [DATE] at 6:20 PM, this surveyor observed one opened plastic container of eight cherry tomatoes wrinkled and discolored with no date. The Dietary Manager (DM) stated the tomatoes were not fresh, they were wrinkled, and no date was written on the container. During an observation on [DATE] at 6:21 PM, this surveyor observed one bag of liquid eggs, with no date. The DM confirmed there was no date on the liquid eggs. During an observation on [DATE] at 6:22 PM, this surveyor observed one box of bacon, on the second shelf next to containers of produce. The DM confirmed the bacon was raw and should have been stored on the bottom shelf to prevent cross contamination. During an observation on [DATE] at 6:24 PM, this surveyor observed one box of green bell peppers with no date. The green bell peppers were discolored, wrinkled and two of the bell peppers had whitish gray matter on the outside. DC #3 stated there were 22 green bell peppers total, and they were wrinkled. The DM stated the green bell peppers were not dated, and they were not fresh. The DM stated the bell peppers need thrown out. During an observation on [DATE] at 6:26 PM, this surveyor observed a one-gallon plastic food storage bag, with a tube of ground beef halfway out of it, not sealed. The bottom half of the ground beef was covered in aluminum foil, with the edges separating from the tube. The DM stated the plastic storage bag was not sealed, which exposed the meat to the air, and the aluminum foil was coming off the tube at the end. The DM stated that it could have been cross contaminated. In the dry storage: During an observation on [DATE] at 6:36 PM, this surveyor observed a one-gallon plastic food storage bag of spaghetti noodles, not sealed. The DM confirmed the bag was not sealed. There was about two pounds of spaghetti noodles in the large plastic storage bag. During an observation on [DATE] at 6:38 PM, this surveyor observed one container of fish shaped crackers, left open on the top shelf. The DM confirmed the container was not closed properly, and it was roughly , d+[DATE] full. During an observation on [DATE] at 6:42 PM, this surveyor observed one bag of light brown sugar, sitting on the floor next to the canned goods rack, the bag was open. The DM stated the bag should not have been on the floor and the bag should have been put in a container and sealed. In the main kitchen: During an observation on [DATE] at 12:10 PM, this surveyor observed DC #3 temping food for the lunch service. DC #3 used a paper towel to clean the probe of the thermometer while temping foods on the steam table line that included marinated chicken thighs, mashed potatoes, carrots, fortified mashed potatoes, mechanical chicken, pureed carrots, and pureed chicken. When DC #3 was getting temperatures for the mashed potatoes, fortified mashed potatoes, and mechanical chicken, the body of the thermometer touched the food. DC #3 stated, it was being cleaned with a regular piece of paper towel. DC #3 stated there was nothing else to use to wipe the probe off. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045323	A. Building B. Wing	05/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Blossoms at White River Rehab & Nursing Center	1311 North Pecan St Newport, AR 72112

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	During an observation of the lunch service on [DATE] at 12:20 PM, DA#1 stated, We have alcohol wipes in the top drawer of the plastic bin by the door. We have been out of those and that may be why [DC #3] did not look for them in there. The Dietary Consultant removed alcohol wipes to use to sanitize the probe of the thermometer. During an interview on [DATE] at 1:12 PM, DC #3 stated the process for cleaning the thermometer was to use alcohol in between foods. DC #3 stated this process kept the germs away, to prevent sickness. DC #3 stated on Tuesday, during the lunch service they used a paper towel only. During an interview on [DATE] at 1:17 PM, the DM stated the process was first in, first out and as soon as items were received, they should be dated. When items were opened, they should be dated. The DM stated, dating items lets you know when an item is expired or shelf-life date. You do not want to use expired food or not fresh food. The DM stated the process for sealing items in the kitchen was, for example, if it's a block of cheese, wrap it up, make sure it is airtight and put it in a [Brand Name] bag to prevent contamination. The DM stated items needed to be sealed, to prevent pests, rodents, and prevent contamination and dated to prevent using unsafe food. The DM stated the process for sanitizing the thermometer was to use some type of solution to sanitize such as alcohol wipes or sanitizing solution. The DM stated, I always tell staff to go to the sanitation sink, if you cannot find alcohol wipes. The DM indicated, sanitizing the thermometer prevents cross contamination. The DM stated bell peppers and tomatoes that had a slimy residue or were withered were supposed to be discarded, because they could cause sickness.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045323	A. Building B. Wing	05/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Blossoms at White River Rehab & Nursing Center	1311 North Pecan St Newport, AR 72112

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50923 Based on observation, record review, interview, and facility policy review, it was determined that the facility failed to perform proper hand hygiene, put on proper Personal Protective Equipment (PPE), and follow standard infection control procedures for two (Resident #5, Resident #33) of five residents reviewed for isolation precautions. The findings are: 1. A review of the Admission Record noted Resident #5 was admitted to the facility on [DATE] with diagnoses which included cerebral infarction. a. A review of the Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/12/2025, revealed Resident #5 was unable to complete a Brief Interview for Mental Status (BIMS). Resident #5 had active diagnoses, which included: aphasia, which meant the resident was unable to speak. Section GG indicated Resident #5 was dependent on staff for all care and was transferred via a lift device, such as a sit to stand lift. Resident #5 used a wheelchair for mobility. b. A review of the Physician Order Summary revealed Resident #5 was on Enhanced Barrier Precautions (EBP), due to a PEG (Percutaneous Endoscopic Gastrostomy) tube. c. During an observation on 04/29/2025 at 2:00 PM, a sign was posted on the door to Resident #5 ' s room indicating the resident was on EBP. PPE was observed in a container near the door of the room. d. During an observation on 04/29/2025 3:00 PM, CNA #5 and CNA #6 performed a transfer and incontinent care for Resident #5, who was on EBP due to having a PEG tube. CNA #5 and CNA# 6 wore gloves, but failed to wear gowns, during the transfer and care. Both CNA #5 and CNA #6 completed incontinent care for Resident #5. Neither CNA were observed to change their gloves or perform hand hygiene anytime during or between transferring and providing incontinent care for Resident #5. Resident #5 had both a bowel and a bladder incontinent episode. CNA #5 began cleaning the resident and reached into the wipe container with soiled hands multiple times during the task, which contaminated the wipe container for future use. The wipe container was three quarters full. e. During an interview on 04/29/2025 at 3:20 PM, CNA #5 confirmed Resident #5 was on EBP. CNA #5 confirmed she should have worn a gown and gloves while providing care, but she only wore gloves. CNA #5 also confirmed EBP was used to protect vulnerable residents from infection, and that she contaminated the wipe container by retrieving wipes, with a soiled hand, multiple times during the care. f. During an interview on 04/29/2025 at 3:20 PM, CNA #6 confirmed Resident #5 was on EBP. CNA #6 confirmed she should have worn a gown and gloves while providing care, but she only wore gloves. She also confirmed EBP was used to protect residents from infection, and she should have assisted CNA #5 by handing her clean wipes, as needed, or prepared them for her to prevent contamination to the wipe container. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045323	A. Building B. Wing	05/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Blossoms at White River Rehab & Nursing Center	1311 North Pecan St Newport, AR 72112

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	d. During an interview on 04/30/2025 at 9:05 AM, the Director of Nursing (DON) confirmed it was important to wear appropriate PPE when providing care for residents on EBP, to help protect the residents. The DON also confirmed the staff were trained to work as a team when providing care and should not have retrieved wipes with soiled hands and doing this contaminated the package of wipes. e. During an interview on 05/01/2025 at 9:00 AM, the Infection preventionist (IP)confirmed EBP was in place to protect residents that may be more vulnerable than others and failing to put on the appropriate PPE could put residents at risk. She stated the CNAs were trained to follow the Centers for Medicare and Medicaid (CMS) guidelines such as: EBP and to put on a gown and gloves, while performing direct care for residents on EBP. 2. A review of the Admission Record noted Resident #33 was admitted to the facility on [DATE] with diagnoses which included diabetes mellitus (DM). a. The Quarterly MDS with an ARD of 04/11/2025 revealed, Resident #33 was unable to complete a BIMS. Section GG indicated Resident #33 was dependent on staff for transfers. b. During an observation of medication administration on 04/30/2025 at 8:03 AM, Licensed Practical Nurse (LPN) #7 failed to perform hand hygiene between each resident, including before administering medications to Resident #33. LPN #7 touched multiple pills while placing them in the plastic medication cup and touched multiple drinking straws as they were placed into the water provided to the residents. c. During an interview on 04/30/2025 at 8:10 AM, LPN #7 confirmed she failed to perform hand hygiene between each resident, while she administered medications. LPN #7 stated she should have washed her hands to help prevent the spread of germs to each resident. d. During an interview on 04/30/2025 at 9:05 AM, the DON confirmed it was important to perform hand hygiene between each resident when administering medications, to help prevent the spread of germs. e. During an interview on 05/01/2025 at 9:00 AM, the IP stated hand hygiene was important to prevent the spread of infections to the residents. 3. A review of the Enhanced Barrier Precautions policy, last reviewed 04/24/2025, noted, The EBP requires gowns and gloves during high-contact resident care activities. It also indicated, For residents for whom EBP are indicated, EBP is employed when performing the following high contact resident care activities: Dressing, Bathing/Showering, Transferring, Providing Hygiene, Changing Linens, Changing Briefs or Assisting with Toileting, Device Care or use, Wound Care. 4. A review of the Competency Based Skills Check-Off list, which is completed upon hire, for training nurses noted the nurses demonstrate universal precautions which during an interview, the DON confirmed this included proper use of appropriate PPE, knowledge of infection control systems, and no cross contamination during medication pass . 5. A review of the Competency Based Skills Check-Off list for the Certified Nursing Assistants (CNA)s also noted, demonstrates universal precautions, knowledge of infection control systems, and knowledge of different isolation policies . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045323	A. Building B. Wing	05/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Blossoms at White River Rehab & Nursing Center	1311 North Pecan St Newport, AR 72112

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	6. A review of the Infection Prevention & Control Program policy noted under Section 7: Prevention of Infection, Sub Section 3 stated: educating staff and ensuring that they adhere to proper techniques and procedures.