

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

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045323	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/18/2026
NAME OF PROVIDER OR SUPPLIER The Blossoms at White River Rehab & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. Based on record review, document review, interviews, and facility policy review, the facility failed to report an incident of resident-to-resident abuse. Specifically, the facility investigated but did not report to the state survey agency (SSA) within 2 hours, a resident-to-resident altercation in which Resident #63 stabbed Resident #68 with an ink pen in the chest. The findings include: Resident #63 Review of an admission Record indicated the facility admitted Resident #63 on 05/04/2023 with diagnoses that included dementia, with other behavioral disturbance; unspecified psychosis; personal history of traumatic brain injury; personal history of other mental and behavioral disorders; schizoaffective disorder. The discharge return anticipated Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 09/06/2025, revealed Resident # 63 had a Staff Assessment for Mental Status (SAMS) score of 1, which indicated the resident required modified independence for daily decision making, with some difficult making decisions in new situations only. Review of Resident #63's Care Plan Report initiated on 10/13/2023 revealed the resident had irrational thoughts and behaviors that drive resident into aggressive thoughts and behaviors towards others. Interventions included intervening as necessary to protect the rights of others, remove [Resident #63] from situation and take to alternate location as needed; encourage the resident to express feelings appropriately. Review of Resident #63's Progress Note completed on 09/06/2025 at 9:36 AM, indicated that Resident #68 wandered into Resident #63's room and laid down in Resident #63's bed. Resident #63 took an ink pen and punctured Resident #68 on chest. Both residents separated immediately [by staff]. Director of Nursing (DON) and administrator aware. MD notified and ordered to send Resident #63 to emergency room for evaluation and treatment related to aggressive behaviors. A review of Resident #63 Behavioral hospital discharge papers revealed that Resident #63's reason for admission was that Resident #63 was mad due to another resident coming into [their] room and repeatedly messing with Resident #63 's stuff and getting on [their] bed. Resident #63 took a pen and (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: 045323	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/18/2026
NAME OF PROVIDER OR SUPPLIER The Blossoms at White River Rehab & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	stabbed Resident #68 in the chest. Per hospital course Resident #63 revealed to the behavior hospital provider not feeling bad or have guilt about stabbing Resident #68. Resident #68 Review of the admission Record indicated the facility admitted Resident #68 on 08/23/2024 with diagnoses that included unspecified psychosis; autistic disorder; dementia with other behavioral disturbance. Review of the annual MDS, with an ARD of 08/29/2025, revealed Resident # 68 had a Brief Interview for Mental Status (BIMS) score of 08, which indicated Resident #68 had moderate cognitive impairment. Review of Resident #68's Progress Notes completed on 09/06/2025 at 10:48 AM, indicated that Resident #68 wandered into Resident #63's room, laid on Resident #63's bed. Resident #63 took an ink pen and punctured Resident #68 on chest. Both residents separated [by staff]. Resident #68 received a new order to clean skin with wound cleanser and apply band-aid. During an interview on 06/15/2026 at 11:25 AM, Resident #63 revealed that Resident #68 came into [their] room messing with stuff and Resident #63 stabbed Resident #68 with a pen around the neck area. During an interview on 06/18/2026 at 8:51 AM, LPN #3 stated that a CNA reported that Resident #63 stabbed Resident #68 with an ink pen after Resident #68 came into Resident #63's room. Residents were then separated [by staff]. LPN #3 indicated Resident #68 had a mark on their chest and the area was cleaned and bandaged after calling the Medical Doctor (MD). Resident #63 was sent to the behavioral hospital due to aggression per MD order. LPN#3 stated the area on Resident #68's chest looked like something had gone in but was not bleeding. LPN #3 stated that she did talk with Resident #63 who stated the stabbing with a pen was done because Resident #68 came into [their] room. During an interview on 06/18/2026 at 1:19 PM CNA #4 stated that she was coming out of another resident's room after completing care and heard Resident #63 say get out of my room. CNA #4 then heard Resident #68 say ouch. CNA #4 immediately went to Resident #63's room, where she saw Resident #68 coming out of the room and Resident #63 in the room holding an ink pen in hand. CNA #4 then immediately reported the incident to the nurse on duty. During an interview on 06/18/2026 at 2:11 PM, the Director of Nursing (DON) revealed that he received a call regarding an incident with Resident #63 and Resident #68. The DON stated when he saw Resident #68 after notification of the incident there was a red mark on Resident #68's chest but there was no open area. The DON revealed that he did ask Resident #63 about the incident and Resident #63 reported not liking Resident #68 coming into [their] room. The DON stated Resident #63 reported not having stabbed Resident #68. Resident #63 indicated to the DON that they had been walking, tripped and fell forward toward Resident #68 with the ink pen in hand. The DON revealed a reportable did not need to be completed due to the incident being unintentional and was just a behavior. (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045323	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/18/2026
NAME OF PROVIDER OR SUPPLIER The Blossoms at White River Rehab & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 06/17/2026 at 1:48 PM, the Administrator stated she requested witness statements from the DON and treatment nurse and completed one herself. No other witness statements had been made. The Administrator indicated the incident happened on a Saturday and she had witness statements completed on that Monday after the treatment nurse looked at the resident. Review of a facility policy titled, Report of Reasonable Suspicion of a Crime, with a review date of 01/2024, indicated, The Administrator, Director of Nursing, or any other designated individual will report (within the required time frames) any reasonable suspicion of a crime against a resident to the state Survey Agency and local law enforcement agency. Employees will be protected against retaliation for reporting any reasonable suspicion of a crime against a resident. Review of the facility's policy titled Abuse, Neglect and Exploitation, with a review date of 07/2023, indicated The facility will report all alleged violations involving mistreatment, neglect or abuse to the Office of Long-Term Care, Family, Police and MD. Suspicion or allegations of abuse shall be reported immediately, but not later than 2 hours after forming the suspicion.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045323	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/18/2026
NAME OF PROVIDER OR SUPPLIER The Blossoms at White River Rehab & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. Based on interviews, record review, facility document review, facility policy review, it was determined that the facility failed to correctly code a Minimum Data Set (MDS) for one (Resident #39) of one resident reviewed for Accuracy of Assessments. The findings include: Review of the admission Record indicated the facility admitted Resident #39 on 11/03/2016 with diagnoses that included dementia, severity with other behavioral disturbance; mild neurocognitive disorder due to known physiological condition with behavioral disturbance. Review of a quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 05/15/2026, revealed Resident #39 had a Staff Interview for Mental Status (SAMS) which indicated the resident was severely impaired for daily decision making. The MDS also indicated Resident #39 took antipsychotic medications. Anticonvulsant medications were not marked on the MDS as being taken by Resident #39. Review of Resident's #39's Order Summary, revealed the resident had an active order for an anticonvulsant (medications that treat seizures) that was given for dementia and an antipsychotic that (medications to treat psychosis) was discontinued on 04/02/2026. During an interview on 06/18/2026 at 12:25 PM, the MDS Coordinator stated that she uses RAI manual to code the MDS. The MDS Coordinator stated that she will google the classification of a medication for coding High Risk Drug Class Use and Indication. The MDS Coordinator stated that she just overlooked the antipsychotic being discontinued and the anticonvulsant being taken. A review of a facility policy titled, RAI Version 3.0 Manual, dated 10/01/2025, indicated, Code all high-risk drug class medications according to their pharmacological classification, not how they are being used. Check if an antipsychotic medication was taken by the resident at any time during the 7-day look back period. Check if an anticonvulsant medication was taken by the resident any time during the 7-day look back period. Assessors should consult the manufacturer's package insert, which may contain the medication's pharmacological classification. They can also work with the resident's pharmacist to confirm the medication classification(s) for a resident's medication (s).		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045323	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/18/2026
NAME OF PROVIDER OR SUPPLIER The Blossoms at White River Rehab & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, record review, facility document review, and facility policy review, it was determined that the facility failed to develop and implement a person-centered care plan that included measurable objectives and timeframes to meet the needs for one (Resident #8) of six residents reviewed. Specifically, the facility failed to implement/develop a care plan for Resident #8 concerning the diagnosis and medical interventions needed for diabetes mellitus. The findings include: Review of the Resident #8's admission Record indicated the facility admitted Resident #8 on an initial admit date of 12/05/2025 with diagnoses that included type 2 diabetes mellitus, acute kidney failure, altered mental status, and hyperglycemia. Review of a quarterly Minimum Data Set (MDS), with an Assessment Reference Date of 03/17/2026, revealed Resident #8 had a Brief Interview for Mental Status (BIMS) score of 0 which indicated the resident had severe cognitive impairment. The MDS indicated Resident #8's active diagnosis included high blood pressure, renal failure, diabetes mellitus and dementia. The MDS also indicated Resident #8 received insulin injections seven out of seven days for the look back period of the MDS. The MDS indicated Resident #8 took medications such as hypoglycemics that were considered to be a high-risk drug class. Review of Resident #8's Medication Administration Record, (MAR) for December of 2025, revealed Resident #8 received 10 mg of a hypoglycemic medication at 8 AM, 1000mg of a hypoglycemic medication at 8 AM, 500 mg of a hypoglycemic medication at 6 PM, and 10 units of insulin at bedtime. Resident #8 also received blood glucose monitoring checks at 6 AM, 11 AM, 4 PM and 8 PM. Resident #8's glucose level ranged from 85 to 408. Resident #8 received 28 doses of as needed insulin from 12/06/2025 until 12/18/2025. Review of a document titled Lab dated 12/10/2025 indicated Resident #8's glucose was 152, with the normal range being 74-109. Resident #8's Hemoglobin A1C was 8.2 with a normal reference range of 4.4 to 6.1. Review of document titled Lab dated 03/16/2026 indicated Resident #8's glucose was 71, which was within normal range. Resident #8's Hemoglobin A1C was 6.5, with a normal reference of 4.4 to 6.1. Review of Resident #8's Care Plan initiated on 04/17/2025, revealed no mention of Resident #8's active diagnosis of diabetes mellitus nor interventions for diabetes mellitus were indicated in Resident #8s care plan. During an interview on 06/18/2026 at 12:24 PM, with the Minimum Data Set (MDS) Nurse indicated she updated care plans quarterly and reviewed quarterly and annually. She indicated she knows what needs to be added to the care plan through doctor orders, medical diagnoses, hospital records, (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045323	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/18/2026
NAME OF PROVIDER OR SUPPLIER The Blossoms at White River Rehab & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	admission records. She indicated Resident #8 did not have a diagnosis of diabetes on the first admission date in April of 2025, but when Resident #8 returned to the facility on [DATE] there was a diagnosis of diabetes mellitus. The MDS nurse stated, Diabetes should be included in their care plan. It shows you their plan of care. It's what we go by to take care of them. During an interview on 06/18/2026 at 2:00 PM the Director of Nursing (DON) stated, Care plans should be looked at daily. They tell us how to care for our residents. They are specific to each resident. During an interview on 06/18/2026 at 3:50 PM, the Administrator indicated Resident #8 returned to the facility on [DATE] with the diagnosis of diabetes and it should have been entered on the care plan. The Administrator stated, You would put new diagnoses like diabetes on the care plan, so the other staff know what to do. A review of the document titled, RAI Chapter 4 Care Area Assessment (CAA) Process and Care Planning dated October 2025, stated, The completed MDS must be analyzed and combined with other relevant information to develop an individualized care plan. And the comprehensive care plan is an interdisciplinary communication tool. It must include measurable objectives and time frames and must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being. The care plan must be reviewed and revised periodically, and the services provided or arranged must be consistent with each resident's written plan of care. And The overall care plan should be oriented towards: Applying current standards of practice in the care planning process and evaluating treatment of measurable objectives, timetables and outcomes of care.		