

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045334	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/03/2024
NAME OF PROVIDER OR SUPPLIER  The Blossoms at Newport Rehab & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  326 Lindley Lane 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)
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38200</p> <p>Based on interviews, record review, facility document review, and facility policy review, the facility failed to ensure physicians orders were followed for follow up doctor's appointments and physician's orders for wound care for 1 (Resident #6) of 1 resident reviewed for discharge from hospital following surgery.</p> <p>Findings include:</p> <p>On 07/03/2024 at 5:21 PM, the DON (Director of Nursing) stated the facility did not have a policy for physician's orders.</p> <p>A review of the Admission Record, indicated the facility admitted Resident #6 with diagnoses that included displaced bimalleolar fracture of left lower leg, other fracture of left lower leg, and repeated falls.</p> <p>A review of Resident #6's Care Plan revealed the resident was at risk for falls, and the resident returned with left lower leg splinted from orthopedic surgical repair of the left ankle. Interventions included encourage resident to use call light in bathroom for assistance related to a fall on 05/06/2024 this was initiated on 05/07/2024.</p> <p>A review of Patient Visit Information, revealed Resident #6 had been seen by the emergency roiaognm on [DATE] and diagnosed with bimalleolar ankle fracture with instructions to see orthopedic doctor next day or return to the emergency room with worsening symptoms.</p> <p>A review of Patient Visit Information, revealed Resident #6 had orders at discharge from the hospital to please keep splint clean, dry, and intact. Follow up with primary physician for one week follow up and follow up with orthopedic surgeon in 10 days this was dated 05/14/2024.</p> <p>A review of Visit Notes, revealed Resident #6 had a follow up appointment on 06/17/2024 which was a visit in the nursing home seen for open trimalleolar fracture of left ankle which stated in the plan missed the first orthopedic follow up appointment but there was a plan for a rescheduled appointment upcoming.</p> <p>A review of Progress Note, revealed Resident #6 had a follow up appointment with orthopedic surgeon on 06/19/2024 with a new order for wound care due to incisional infection to the medial side that included wet to dry dressings daily. See back in one week for wound check.</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 - Few</p>	<p>A review of a physician's order on 06/19/2024 revealed Resident #6 had daily or as needed wound care to the left medial malleolus for open surgical site.</p> <p>A review of June TAR (Treatment Administration Record), revealed Resident #6 had a physician's order for daily dressing changes of the 7 ordered days 2 days were blank on the TAR, June 21-22.</p> <p>A review of Progress Note, revealed Resident #6 had a follow up appointment on 06/26/2024 with orthopedic surgeon with a plan to admit to hospital following a clinic evaluation which revealed medial side open incision with hardware exposed. Consider possible BKA (below the knee amputation).</p> <p>During an interview on 07/02/2024 at 5:09 PM, the DON stated there was not a separate visit note for the primary care follow up, the physician combined the follow up with the monthly visit. No documentation was provided to show Resident #6 had seen the doctor one week following hospital discharge. As far as the orthopedic follow up the resident had an appointment for 06/10/2024 but the transport was a no call no show and ended employment so the follow up appointment was rescheduled for 06/19/2024.</p> <p>During an interview on 07/03/2024 at 3:35 PM, the treatment nurse stated treatments in the building are done by treatment nurse and house supervisor on the weekend. The treatment nurse stated if it is not signed off then it is not done. The treatment nurse was aware of daily wound care but was working the floor one of the missing days and the other was a weekend day.</p> <p>During an interview on 07/03/2024 at 4:54 PM, the DON confirmed if wound care is not signed off on the TAR, then it is not done and if the treatment nurse is unavailable then the charge nurse should ensure wound care is completed.</p>