

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045345	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/19/2024
NAME OF PROVIDER OR SUPPLIER The Blossoms at Fort Smith Rehab & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5301 Wheeler Avenue Fort Smith, AR 72901	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>49981</p> <p>Based on observations, interview, and policy review, it was determined the facility failed to ensure residents had reasonable accommodation of needs by not ensuring the residents call lights were within reach for 1 (Resident #6) sampled resident.</p> <p>The findings are:</p> <p>Review of the Medical Diagnosis portion of Resident #6's electronic health record revealed a diagnosis of hemiplegia, indicating paralysis on one side of the resident's body.</p> <p>Review of a 5-day Minimum Data Set with an Assessment Reference Date of 09/06/2024, Section GG, revealed Resident #6 had impaired function on one side of their body, utilized a wheelchair, and in the category Indoor mobility(ambulation) an assessment of Not Applicable was documented.</p> <p>On 9/17/2024 at 4:14 pm, while in Resident #6's room, the call light was observed behind the chair that the resident was sitting in, out of reach of the resident.</p> <p>On 9/18/2024 at 5:10 am, while in Resident #6's room, the call light was observed beside the resident's bed and under the wheel of the bedside table, out of reach of the resident.</p> <p>On 9/18/2024 at 5:27 am, while in Resident #15's room, call light was observed in the floor, up against the wall between the two resident's beds, out of reach of the resident.</p> <p>On 9/19/2024 at 7:40 am, Certified Nursing Assistant (CNA) #1 confirmed that the last thing staff should do before leaving a resident's room is make sure their call light is in reach because they may need something or have an emergency.</p> <p>On 9/19/2024 at 7:55 am, CNA #2 confirmed that the last thing staff should do before exiting a resident's room is make sure their call light is within reach because if they have an emergency and can ' t reach their button, the resident could become upset and could suffer harm.</p> <p>On 9/19/2024 at 8:30 am, Licensed Practical Nurse (LPN) #1 stated that residents should always have their call lights in reach when staff exit the room because they need to push it when they need or want something. If they have an emergency, they would need to get staff to respond quickly or it could cause them harm.</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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 9/19/2024 at 8:44 am, the Administrator provided an in-service that was issued to staff on 2/21/2024 that pertained to ensuring the residents had their call light within reach prior to staff leaving the resident's room.</p> <p>The facility was unable to provide a policy specifically related to call lights.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>37634</p> <p>Based on observations, interviews, and record reviews, it was determined the facility failed to ensure 1 (Resident #13) of 4 sampled residents reviewed for activities of daily living (ADL) care was kept clean and dry.</p> <p>The findings are:</p> <p>A review of an Order Summary Report, indicated Resident #13 had a diagnosis of neuromuscular dysfunction of the bladder.</p> <p>The quarterly Minimum Data Set with an Assessment Reference Date (ARD) of 7/25/2024 revealed Resident #13 had a Brief Interview for Mental Status (BIMS) score of 09, which indicated the resident had moderate cognitive impairment and had occasional urinary incontinence.</p> <p>Review of Resident #13's, Care Plan, revised 7/29/2023, revealed Resident #13 was frequently incontinent of bladder and wore disposable briefs. Resident #13 required extensive assistance times one staff with toileting, check for incontinence, change brief, and provide care assistance every two hours and as needed.</p> <p>On 9/18/24 at 5:37 AM, Certified Nurse Aide (CNA) #4 removed the blanket from Resident #13 and placed it on the floor. Resident #13's brief, pad, and sheet were soaked with urine.</p> <p>On 9/18/24 at 5:39 AM, Resident #14 indicated that the staff hasn't checked on Resident #13 all night. Resident #14 indicated that no one checks on them at night.</p> <p>On 9/18/24 at 5:58 PM, CNA #5 came into Resident #13's room and finished providing incontinent care. Resident #13's skin was red on his lower abdomen, and on his inner thighs.</p> <p>On 9/18/24 at 6:00 AM, CNA #5 indicated that he changed Resident #13 at the beginning of his shift, and that his shift started at 11:00 PM, and he changed Resident #13 at approximately 12:00 AM. CNA #5 also indicated that Resident #13 should be checked on for incontinence every 2 hours.</p> <p>On 9/18/24 at 6:02 AM, CNA #4 indicated Resident #13 should be checked for incontinence every 2 hours. This morning was her first time checking on Resident #13 during her shift. She wasn't sure if CNA #5 had checked on him during the night.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>49981</p> <p>Based on observation, interview, and policy review, it was determined the facility failed to ensure an accident/hazard free environment, as evidenced by not keeping doors locked on rooms containing chemicals and hazards.</p> <p>The findings are:</p> <p>On 9/18/2024 at 5:30 am, observed the facilities hopper room door on the 300 Hall was not completely closed. When the door was pushed open, there were chemicals, sharps containers (a puncture-resistant waste container for sharp objects) that were overflowing with used razors, and the hopper had a brown substance covering the inside. The room had a foul odor.</p> <p>On 9/18/2024 at 5:37 am, observed the shower room door on the Administration Hall was not closed completely. When the door was pushed open, there were chemicals and razors inside. The chemicals included: rinse free body wash, deodorant, anti-perspirant, shaving cream, body oil, and skin protectant. The anti-perspirant contained alcohol, the skin protectant had a warning to contact poison control right away if ingested. All chemicals had a label with a warning to keep out of reach of children.</p> <p>On 9/19/2024 at 7:57 am, CNA #2 stated that hopper and shower room doors should always be closed and locked to keep residents from getting into chemicals and sharps containers. CNA #2 confirmed that if residents ingested chemicals or got ahold of sharps that they could suffer injuries.</p> <p>On 9/19/2024 at 8:33 am, LPN #3 confirmed that hopper room doors and shower room doors should always be shut and locked to keep resident 's from accessing the room and getting into chemicals. LPN #3 confirmed that nurse 's store full sharps containers in the hopper room and they are stored there until medical waste company picks them up. LPN #3 also confirmed that sharps containers should not be overflowing because they are supposed to be closed off.</p> <p>On 9/19/2024 at 8:22 am, the Administrator provided a policy on Accidents and Hazards which indicated the facility strives to ensure the environment is free from hazards.</p> <p>On 9/19/2024 at 8:44 am, the Administrator provided in-services dated 4/17/2024 and 5/10/2024, regarding all doors with locks must be shut completely.</p>		