

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 04/16/2025
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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47916</p> <p>Based on record review and interview, the facility failed to coordinate with the State Designated Authority. Specifically, the facility failed to notify the State Designated Authority when one (Resident #3) of one sampled resident was admitted on [DATE] and failed to request the level II PASARR (Pre-Admission Screening and Resident Review) to ensure Resident #3 was receiving all recommended care and services.</p> <p>The findings include:</p> <p>A review of the resident ' s Medical Diagnosis revealed Resident #3 had diagnoses that included catatonic schizophrenia, anxiety, and alcohol abuse.</p> <p>A review of the quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/21/2025, Section A1600 and 1805 revealed resident was admitted from a Psychiatric facility on 01/15/2025. The Staff Assessment for Mental Status (SAMS) revealed Resident #3 had long and short-term memory problems, and Section C1000 revealed Resident #3's cognitive skills for daily decision making were severely impaired. Section E0900 revealed daily wandering behaviors.</p> <p>The Administrator provided a letter from the State Designated Authority, dated 01/08/2025, which approved nursing home placement, and requested to be contacted on admission for the PASARR II evaluation. The Administrator revealed that the hospital initiated the PASARR.</p> <p>During an interview with the Minimum Data Set (MDS) nurse on 04/15/2025 at 03:27 PM, the MDS nurse stated the facility did not get Resident #3's PASARR II evaluation, and that the Social Director was responsible for getting the evaluation. The MDS Nurse provided a copy of the forms 703, 780, and 787 the facility filled out, but did not submit on admission, and indicated there was no related policies or procedures on the matter.</p> <p>On 04/15/2025 at 03:30 PM, the Administrator stated the facility did not have a PASARR II evaluation on Resident #3 and knew they should have had an evaluation to see if Resident #3 had any recommended services. When asked the process for getting a PASARR II evaluation, the Administrator stated the Nurse Consultant told him the social director should have contacted the State Designated Authority on admission for the evaluation.</p> <p>On 04/15/2025 at 03:45 PM, the MDS Nurse stated Resident #3 did not qualify for PASARR II.</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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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	
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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 04/15/2025 at 04:07 PM, this surveyor spoke with the State Designated Authority and confirmed Resident #3 was a PASARR II resident, and when [Resident #3] was ready for discharge from the current hospitalization , the facility would be contacted for a resident review, and the facility would not have the PASARR II evaluation, as it was revealed the facility contacted the State Designated Authority for the first time today and asked for the evaluation.</p> <p>On 04/16/2025 at 11:28 AM, the Social Director stated she had not been involved in obtaining the PASARR II evaluation but found out yesterday she was supposed to call for the evaluation. The Social Director said Admissions, the MDS nurse, or the Business Office Manager (BOM) should have been responsible for getting the PASARR II evaluation upon admission.</p> <p>On 04/16/2025 at 11:35 AM, the BOM said Admissions should have gotten a copy of the PASARR II evaluation on new admissions, because it let the facility know if a resident required special services.</p> <p>On 04/16/2025 at 11:38 AM, Admissions said she was responsible for finding out if a new resident had a PASARR II, but she was trained that the BOM was responsible for getting a copy of the PASARR II evaluation.</p>		

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<p>F 0850</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Hire a qualified full-time social worker in a facility with more than 120 beds.</p> <p>37634</p> <p>Based on interviews, the facility failed to hire a certified Social Worker with a bachelor ' s degree in social work or a Human Services-related field and at least one year of supervised social work experience in a healthcare setting when the number of beds in the facility exceeded 120.</p> <p>The findings are:</p> <p>During an interview on 04/16/2025 at 11:42 AM, the Administrator indicated that the facility had one hundred and thirty (130) physical beds, and one hundred and seven (107) residents. The Administrator indicated that the facility should have a certified Social Worker if there were more than one hundred and twenty (120) beds. The Administrator indicated that the Social Worker was not certified. The Administrator also indicated that the facility increased to over one hundred and twenty (120) beds in July 2024.</p> <p>During an interview on 04/16/25 at 11:50 AM, the Social Services staff member indicated that she had been employed at the facility for two and a half years. The Social Services staff member indicated that she did not have formal education or certification in social work. The Social Services staff member indicated that the facility should have had a certified social worker if they had more than one hundred and twenty (120) beds. The Social Services staff member indicated the Administrator had a degree in social work, and to her understanding, she could work under the Administrator's degree. The Social Service staff indicated that the facility has had more than one hundred and twenty (120) beds since July 2024.</p> <p>During an interview on 04/16/25 at 12:45 PM, the Administrator indicated that the facility did not have a policy for staffing a social worker.</p>		