

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045359	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2024
NAME OF PROVIDER OR SUPPLIER The Blossoms at Cumberland Rehab & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1516 Cumberland St Little Rock, AR 72202	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46724</p> <p>Based on observation, interview and record review, the facility failed to provide a clean environment on 5 (100 Hall, 300 Hall, 500 Hall, 600 Hall, and 700 Hall) halls of 6 halls where residents resided. This failed practice had the potential to affect all 68 residents who reside in the facility.</p> <p>The findings are:</p> <p>On 04/30/2024 at 9:10 AM, during rounds the following observations were made in the resident rooms:</p> <p>A dark brown build up with a thick black substance was noted along the baseboards, and debris behind the door of resident rooms: 107, 109, 305, 508, 509, 601, 602, 607, 610, 707 and 711.</p> <p>The floors were sticky in Resident Rooms: 106, 108 and 712.</p> <p>Resident room [ROOM NUMBER] had a large amount of dark brown substance covering the bowl in the toilet and a wad of toilet tissue soaked in a yellow substance in the sink.</p> <p>Resident room [ROOM NUMBER] had a spot of dark brown substance on floor 1 inch in diameter and a one foot area of a smeared brown substance was noted next to where a resident was sitting in their wheelchair.</p> <p>room [ROOM NUMBER] had a used bandage lying on the floor next to bed B.</p> <p>room [ROOM NUMBER]'s bathroom had a strong odor and a brown smeared area 2 inches long on bed A's privacy curtain.</p> <p>On 05/01/2024 at 11:25 AM, during an interview with the Housekeeping Supervisor, the Surveyor asked if the facility performs any deep cleaning. The Housekeeping Supervisor commented that they do certain rooms every day. When asked how the housekeepers know which rooms to clean, the Housekeeping Supervisor stated they prepare a schedule for the housekeeping staff to follow each month. When asked how the Housekeeping Supervisor monitors to ensure rooms are getting deep cleaned, The Housekeeping Supervisor replied they review the check off sheets each housekeeper has on their cart. This Surveyor accompanied the Housekeeping Supervisor to several different resident rooms and was asked to describe the areas behind the doors. The Housekeeping Supervisor stated, 'It's dirty, I'll get this taken care of.'</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 05/01/2024 At 11:35 AM, the Housekeeping Supervisor provided a copy of the April 2024 Room of the Day Schedule and a copy of the check off sheet each housekeeper is to document on each day. On the schedule for April the rooms that were found to be dirty were on the schedule to have already been deep cleaned.</p> <p>When asked for a policy on cleaning on 05/01/2024 at 3:00 PM, the Administrator asked the Housekeeping Supervisor for one and was told they did not have one.</p>		