STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045359	A. Building B. Wing	08/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Blossoms at Cumberland Rehab & Nursing Center	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)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate pressure ulcer care and prevent new ulcers from developing. 46724 Based on observation, interview, and record review, the facility failed to ensure residents skin treatments were completed to promote healing per physician's orders for 3 (Residents #2, #3, and #4) of 4 sampled residents. The findings are: Review of an Order Summary Report revealed Resident #2 had a diagnosis of veinous insufficiency and chronic venous hypertension with ulcer of left lower extremity. An Annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 06/07/2024 documented a Brief Interview for Mental Status (BIMS) of 15 (13-15 indicates cognitive) and had two venous ulcers. Review of an Order Summary Report revealed Resident #2 had an order dated 08/02/2024 that indicated, Wound Care: wash all wounds on entire bi-lateral lower legs and feet with (antibacterial, antimicrobial skin cleanser), apply a thin layer of collagen gel to wounds, cover with pad and secure with woven gauze wrap, tape to secure and compression stockings to bilateral legs under (hook and loop) wrap every other day on Monday, Wednesday and Friday. Resident #2's Care Plan initiated 05/14/2024 documented staff were to perform wound care per physician's order. Review of Resident #2's Treatment Administration Record for June, July and August 2024, indicated 15 times treatment to lower extremities had not been documented as having been completed. On Wednesday, 08/21/2024 at 3:40 PM Resident #2 was asked if the treatment to their lower extremities had been completed that day. Resident #2 replied that it had not, they (nurses) get busy sometimes and it gets skipped. When questioned if treatments frequently were missed, Resident #2 confirmed they had been. Review of an Order Summary Report revealed Resident #3 had had diagnoses of acute pyelonephritis and hydronephrosis with ureteral stricture. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A Quarterly MDS with ARD of 08/03/2024 documented a BIMS of 15 (cognitively intact) with no refusal of care behaviors, had a urinary catheter and an ostomy, and received scheduled pain medications with occasional pain rated at 5/10. Review of Resident #3's Physician's Orders revealed an order for, External Ointment (Emollient) Apply to bilateral lower extremities (BLE) topically one time a day for Dry Skin with an order date of 03/08/2024. Review of Resident #3's Care Plan revealed instruction to keep skin clean and dry, and to use lotion on dry skin. Review of Resident #3's Treatment Administration Record (TAR) for June, July and August 2024 indicated a total of 40 days the treatment to resident's lower legs had not been documented as being done. During rounding on 08/21/2024 at 10:09 AM, Resident #3 voiced concerns with his/her treatment not being completed consistently. Resident #3 reported concern about their lower legs becoming dry, flakey, and itchy again. Review of an Order Summary Report revealed Resident #4 had diagnoses of pressure-induced deep tissue damage of right heel, muscle wasting and atrophy, and dysphasia (resident unable to verbally communicate). The Quarterly MDS with an ARD of 06/21/24 documented a Staff Assessment of Mental Status (SAMS) of moderately impaired and indicated Resident #4ambulated in a wheelchair and had 1 unstageable deep tissue injury (DTI). Resident #4's August 2024 Physician Orders indicated, Cleanse unstageable pressure ulcer to right heel with dilute sodium hypochlorite, then apply dilute sodium hypochlorite moistened gauze and wrap with gauze wrap daily, change dressing to right heel wound daily and to offload heel using a pressure reducing boot. Resident #4's June, July and August 2024 TARs documented 25 times the treatment to right heel had not been documented as being done. Observation of Resident #4's dressing on 08/21/2024 did not indicate a date the dressing was placed. The dressing was soiled with a light brown substance that had soaked through the dressing. On 08/22/2024 at 12:30 PM, the Administrator was asked how agency staff is oriented. She provided 2 one-page orientation sheets, one for certified nursing assistants and one for licensed nurses. The Administrator stated this information was provided and the agency was orientated to the facility prior to beginning their shift. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 8/22/2024 at 12:50 PM the Director of Nursing (DON) (who had been at this position for approximately one month) was asked how agency staff was orientated. She confirmed they are given a one-page instruction sheet with computer log in, and that she didn't think it was much of an orientation. When questioned how staff is monitored to ensure tasks are being completed, she stated after shift, documentation is reviewed for completion and tasks are signed. When asked how appropriate staff are assigned to residents, she replied that the Administrator is in charge of staff scheduling at this time and that she tries to keep the same people working with the same residents for continuity of care. Review of the nursing one-page orientation sheet received from the Administrator 8/22/2024 at 12:30 PM revealed that all tasks are to be completed during the shift including documentation on the Medication Administration Record and Treatment Administration Record. The Wound and Pressure Ulcer Management Policy, obtained from the Administrator on 08/22/2024 at 1:55 PM, documented that treatments should be performed according to physicians orders.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. 46724 Based on observation, interview, and record review, the facility failed to ensure nursing staff were completing treatments per physician's orders for 3 (Residents #2, #3, and #4) of 4 sampled residents. The findings are: 1. Review of an Order Summary Report revealed Resident #2 had diagnoses of veinous insufficiency and chronic venous hypertension with ulcer of left lower extremity. An Annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 06/07/2024 revealed a Brief Interview for Mental Status (BIMS) of 15 (13-15 indicates cognitive) and had 2 venous ulcers. Review of an Order Summary Report revealed Resident #2 had an August 2024 Physician's order that read, Wound Care: wash all wounds on entire bi-lateral lower legs and feet with (antibacterial, antimicrobial skin cleanser), apply a thin layer of collagen gel to wounds, cover with pad and secure with woven gauze wrap, tape to secure and compression stockings to bilateral legs under (hook and loop) wrap every other day on Monday, Wednesday and Friday. Resident #2's Care Plan, initiated 05/14/2024, documented staff were to perform wound care per the Physician's order. Review of the Treatment Administration Record for June, July, and August 2024 indicated 15 times treatment to Resident #2's lower extremities had not been documented as having been completed. 2. Review of an Order Summary Report revealed Resident #3 had diagnoses of acute pyelonephritis and hydronephrosis with ureteral stricture. A Quarterly MDS with ARD of 08/03/2024 documented a BIMS of 15 with no refusal of care behaviors, had a urinary catheter and an ostomy, and received scheduled pain medications with occasional pain rated at 5/10. Review of Resident #3's Order Summary Report revealed a Physician's orders that read, External Ointment (Emollient) Apply to bilateral lower extremities (BLE) topically one time a day for Dry Skin with an order date of 03/08/2024. Review of Resident #3's Care Plan documented staff were to keep skin clean and dry. Use lotion on dry skin. Review of Resident #3's Treatment Administration Record for June, July, and August 2024 indicated a total of 40 days the treatment to resident's lower legs had not been documented as being done. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During rounding on 08/21/2024 at 10:09 AM, Resident #3 voiced concerns with treatments not being completed consistently. Resident #3 reported being concerned about their lower legs becoming dry, flakey, and itchy again. 3. Review of an Order Summary Report revealed Resident #4 had diagnoses of pressure-induces deep tissue damage of right heel, muscle wasting and atrophy and dysphasia (resident unable to verbally communicate). The Quarterly MDS with an ARD of 06/21/24 documented a Staff Assessment of Mental Status (SAMS) of 2, indicating moderate impairment, ambulated in a wheelchair, and had 1 unstageable deep tissue injury (DTI). Resident #4's August 2024 Physician Orders included an order that read, Cleanse unstageable pressure ulcer to right heel with dilute sodium hypochlorite, then apply dilute sodium hypochlorite moistened gauze and wrap with gauze wrap daily, change dressing to right heel wound daily and to offload heel using a pressure reducing boot. Resident #4's June, July and August 2024 Treatment Administration Records documented 25 times the treatment to right heel had not been documented as being done. On 08/21/2024 at 3:40 PM, Resident #2 was asked if ordered heel treatment had been completed that day, Resident #2 replied that it had not, they (nurses) get busy sometimes and it gets skipped. When questioned whether treatments frequently were not completed, Resident #2 confirmed they had been. On 08/22/2024 at 12:30 PM, the Administrator was asked how agency staff are oriented. She provided 2 one-page orientation sheets, one for certified nursing assistants and one for licensed nurses. The Administrator stated this information was provided and the agency was orientated to the facility prior to beginning their shift. On 8/22/2024 at 12:50 PM, the Director of Nursing (DON) was asked how agency staff was orientated. She confirmed they are given a one-page instruction sheet with computer log in, and that she didn't think it was much of an orientation. When questioned how staff is monitored to ensure tasks are being completed, she stated after shift, documentation is reviewed for completion and tasks are signed. When asked how appropriate staff are assigned to residents, she replied that the Administrator is in charge of staff scheduling at this time and that she tries to keep the same people working with the same residents for continuity of care. Review of the nursing one-page orientation sheet received from the Administrator 8/22/2024 at 12:30 PM documented that all tasks are to be completed during the shift including documentation on the Treatment Administration Record.