

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  01/16/2025
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 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>50580</p> <p>Based on interviews, record review, and policy review, the facility failed to ensure staff monitored the skin and applied ointment as ordered by the physician for 1 (Resident #36) of 1 sampled resident reviewed for skin issues.</p> <p>The findings are:</p> <ol style="list-style-type: none"> <li>1. Review of an Order Summary revealed Resident # 36 had diagnoses of spinal stenosis, coronary artery disease (CAD), neurogenic bladder, acute kidney failure. The quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/08/2024 documented that the resident scored 15 (13-15 indicates cognitively intact) on the Brief Interview for Mental Status (BIMS).             <ol style="list-style-type: none"> <li>a. On 01/15/2025 at 7:15 PM, review of a Physician's Order, dated 3/08/2024, stated: [brand name] external ointment (Emollient) Apply to bilateral lower extremities (BLE) topically one time a day for dry skin and apply to BLE topically as needed for dry skin.</li> <li>b. On 01/15/2025 at 7:30 PM, the Treatment Administration Record (TAR) report for January 2025 showed 3 missed days of [brand name] ointment not applied as ordered 01/7/2025, 01/11/2025 and 01/13/2025.</li> <li>c. On 01/16/25 at 8:35 AM, this surveyor interviewed the Treatment Nurse regarding missed treatments. The Treatment Nurse stated they were not aware of any missed treatment.</li> <li>d. On 01/16/25 at 8:40 AM, the surveyor interviewed the Administrator regarding residents not receiving treatments as ordered. The Administrator stated she was often made aware after this occurred, often with agency nurses. Attempted to provide treatments, it was often too late, the next day.</li> </ol> </li> </ol>

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>50580</p> <p>Based on interviews, record review, and facility document review, it was determined the facility failed to have a medication as ordered for treatment available for 1 (Resident #36) of 1 sample resident who was reviewed for pain control.</p> <p>The findings are:</p> <p>1. Review of an Order Summary revealed Resident #36 had diagnoses of spinal stenosis, coronary artery disease (CAD), and acute kidney failure. The quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/08/2024, indicated the resident scored 15 (13-15 indicates cognitively intact) on the Brief Interview for Mental Status (BIMS) and took opioid (pain) medications.</p> <p>a. On 01/15/25 at 2:15 PM, review of Progress Notes on 12/15/2024 10:33, - Medication Administration Note Text: [Narcotic pain medication] Oral Tablet 5-325 milligrams (MG) Give 1 tablet by mouth two times a day for pain awaiting delivery from pharmacy.</p> <p>On 12/14/2024 09:24, Medication Administration Note Text: [Narcotic pain medication] Oral Tablet 5-325 MG Give 1 tablet by mouth two times a day for pain awaiting delivery from pharmacy. On 12/12/2024 12:19, Medication Administration Note Text: [Narcotic pain medication] Oral Tablet 5-325 MG Give 1 tablet by mouth two times a day for pain, Pharmacy Pending.</p> <p>b. On 01/15/25 at 2:35pm, this surveyor interviewed Licensed Practical Nurse (LPN) # 3 and asked if the residents have not had any medication, especially pain medication available for administration. LPN #3 stated, Yes. It can take 1-2 days for delivery and staff calls the pharmacy for delivery.</p> <p>c. On 01/15/25 at 2:45pm, this surveyor received a policy provided from the Administrator titled Ordering and Receiving Medications from Non-Contracted Pharmacy which noted if medication is delayed, the nurse may order from Pharmacy and the facility will assume responsibility.</p> <p>d. On 01/16/25 at 8:40 am, this surveyor interviewed the Administrator regarding the residents not receiving medications as ordered. The Administrator stated she was often made aware after this occurred, often with Agency nurses, and medication was ordered as soon as possible.</p>		