

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045385	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/28/2024
NAME OF PROVIDER OR SUPPLIER  The Blossoms at North Little Rock Rehab & Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 2501 John Ashley Drive North Little Rock, AR 72114	

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>49866</p> <p>Based on observations, interviews and policy review, the facility failed to ensure Resident or Resident representative was invited to a comprehensive care plan meeting for 1 (Resident #45) of 98 residents who receive a care plan.</p> <p>The findings are:</p> <ol style="list-style-type: none"> <li>On 03/26/2024 at 07:45 AM, the Administrator provided Resident Rights which indicate a Resident, Be informed of, and participate in his or her care planning and treatment.</li> <li>On 03/26/2024 at 09:37 AM, by phone Surveyor spoke with Resident #45's Representative [RR]. RR #45 indicated that it had been two years since she had received notification or a call regarding a care plan meeting.</li> <li>On 03/27/2024 at 10:10 AM, interviewed Social Services Director [SSD] regarding when the last time Resident #45's family was invited to a care plan meeting. SSD indicated it was about two years ago. SSD was specifically asked what was the last date Resident #45's family was invited to a care plan meeting? SSD stated, It had been about two years ago.</li> <li>On 03/28/2024 at 11:50 AM, the Administrator reported that the facility does not have a policy for care plans.</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 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>03508</p> <p>Based on observation and interview, the facility failed to ensure pureed food items were blended to a smooth, lump-free consistency to minimize the risk of choking or other complications for residents who required pureed diets for 2 of 2 meals observed. This failed practice had the potential to affect 6 residents who received pureed diets.</p> <p>The findings are:</p> <ol style="list-style-type: none"> <li>1. On 03/27/2024 at 12:09 PM, Dietary Employee (DE) #1 poured the pureed cauliflower into a pan and placed it in a pan of hot water on the stove. The consistency of the pureed cauliflower was not formed, water was separated from the vegetable. At 01:16 PM, the Surveyor asked the Dietary Supervisor to describe the consistency of the pureed cauliflower served to the residents on pureed diets. She stated, They should have added a little thickener.</li> <li>2. On 03/28/2024 at 08:14 AM, the residents on pureed diets were served the following food items. <ol style="list-style-type: none"> <li>a. Pureed sausage served to the residents on pureed diets was gritty with sausage skin in it and not smooth.</li> <li>b. The pureed bread served to the residents on pureed diets was thick, had lumps in it and was not smooth.</li> </ol> </li> <li>3. On 03/28/2024 at 10:40 AM, the surveyor asked Dietary Supervisor to describe the consistency of the pureed food items served to the residents on pureed diets, she stated, Pureed sausage had sausage skin still in it. We will remove the skin next time we use it. Pureed bread had little lumps in it.</li> </ol>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 03508</p> <p>Based on observation and interview, the facility failed to ensure foods stored in the refrigerator was covered and sealed to minimize the potential for food borne illness for residents who received meals from 1 of 1 kitchen; expired food items were promptly removed from stock to prevent potential food borne illness for residents who received meal trays from 1 of 1 kitchen; foods were dated the day received or opened to assure first in, first out usage to prevent potential for food bone illness, and dietary staff washed their hands before handling clean. equipment or food items to prevent potential food borne illness for residents who received meals from 1 of 1 kitchen. These failed practices had the potential to affect 96 residents who received.</p> <p>meals from the kitchen. The findings are:</p> <ol style="list-style-type: none"> <li>1. On [DATE] at 08:19 AM, two opened plastic lock bags that contained cheese slices were on a shelf in the walk-in refrigerator. The bags were not sealed.</li> <li>2. On [DATE] at 08:33 AM, an opened bag of coffee was on the counter. The bag was not sealed, exposing it to cross contamination.</li> <li>3. On [DATE] at 08:39 AM, the following observations were made on a shelf in the refrigerator at the nurse's station on the D-hall.             <ol style="list-style-type: none"> <li>a. Two cartons of 2% milk with expiration date of [DATE].</li> <li>b. Three unopened cups of nectar thickener water with an expiration date of [DATE].</li> <li>c. An opened bag of Mexican style cheese with no received or opened date.</li> <li>d. A bowl of chocolate and a bowl of apple sauce covered with saran wrap. There was no date as of when they were stored.</li> </ol> </li> <li>4. On [DATE] at 11:05 AM, Dietary Employee (DE) #1 peeled cooked sweet potatoes skins off. She pushed the food cart towards the counter. Without washing her hands, she attached a clean blade at the base of the blender to be used in pureeing food items to be served to the residents for lunch meal.</li> <li>5. On [DATE] at 11:13 AM, DE #1 pushed a cart that contained baked chicken towards the food preparation counter and without washing her hands, she attached a clean blade to the base of the blender, placed 10 servings of baked chicken breast into a blender, ground and poured into a pan.</li> <li>6. On [DATE] at 11:18 AM, DE #1 picked up a pan of baked chicken from the stove and placed it on the counter. Without washing her hands, she attached a clean blade at the base of the blender with her bare hand to be used in pureeing food items to be served to the residents who required pureed diets. At 01:10 PM, the Surveyor asked the DE #1 what should have been done after touching dirty objects and before handling clean equipment. She stated, I should have washed my hands.</li> </ol> <p>(continued on next page)</p>		

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F 0812  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Many	7. A Facility policy titled, hand washing/When to wash hand, provided by the Dietary Supervisor on [DATE] at 09:33 AM documented, .When entering the kitchen at the start of a shift and after engaging in other activities that contaminate the hands .		