

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045450	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/08/2024
NAME OF PROVIDER OR SUPPLIER  The Blossoms at Midtown Rehab & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5720 West Markham Street Little Rock, AR 72205	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42965</b></p> <p>Based on record review and interview, the facility failed to complete a discharge Minimum Data Set (MDS) assessment to accurately reflect the residents discharge status for 1 (Resident #95) sampled residents. This failed practice had the potential to affect 76 residents that were discharged in the last 90 days.</p> <p>The findings are:</p> <p>1. Resident #95 had a diagnosis of fracture shaft of right tibia, arthritis, and seizure disorder. The Admission MDS with an Assessment Reference Date (ARD) of 02/09/2024 documented that the resident scored 15 (13-15 indicates cognitively intact) on a Brief Interview for Mental Status (BIMS).</p> <p>a. On 05/08/2024 at 11:20 AM, the Surveyor reviewed Resident #95's Discharge Return Not Anticipated MDS with an ARD of 02/23/2024 that documented, . A2105 Discharge Status .04 .Short Term General Hospital (acute Hospital .) .</p> <p>b. A Physician's Order dated 02/23/2024 documented, .Discharge home with home health services Prescriber .</p> <p>c. On 05/08/2024 12:35 PM, the Surveyor asked the MDS Coordinator when did Resident #95 discharge. The MDS Coordinator looked in the electronic record and stated, the resident discharged on [DATE] rd, 2023. The Surveyor asked where did Resident #95 discharge to when the resident left the facility on n 02/23/2024. The MDS Coordinator looked in the electronic and stated, It documents that the resident discharged home. The Surveyor asked, Where does the Discharge Return Not Anticipated Minimum Data Set, dated dated dated [DATE] document that the resident discharged ? The MDS Coordinator looked in the electronic record and stated, To a short term acute hospital. The Surveyor asked if the MDS was accurate? The MDS Coordinator stated, Not according to the note. The Surveyor asked, why is it important that information on the MDS is accurate? The MDS Coordinator stated, The information is transmitted to the state. They need to know where the residents go, and it shows a safe discharge.</p> <p>d. On 05/8/2024 at 2:59 PM, the Administrator stated, We do not have a policy on Minimum Data Set Assessments we just follow the RAI (Resident Assessment Instrument) manual.</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 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>42965</p> <p>Based on observation, interview, and record review the facility failed to review and revise the care plan to include oxygen therapy was in use to ensure appropriate coordination of care for 1 (Resident #71) sampled resident that had physician's orders for oxygen therapy. This failed practice had the potential to affect 55 residents that had physician's orders for oxygen therapy.</p> <p>The findings are:</p> <ol style="list-style-type: none"> <li>1. Resident #71 had diagnoses of stroke, end stage renal disease and coronary artery disease. The Admission Minimum Data Set (MDS) with an Assessment Reference Date of 03/12/2024 documented that the resident scored 00 (0-7 indicates severe cognitive impairment) on a Brief Interview for Mental Status (BIMS).             <ol style="list-style-type: none"> <li>a. A Physicians Order dated 05/01/2024 documented, .Oxygen at (3) L/Min (liters/minute) per Nasal Cannula as needed for Shortness of Breath maintain O2 sats [Saturations] above ( ) .</li> <li>b. On 05/05/2024 at 12:01 PM, Resident #71 was lying in bed with oxygen in use at 2.5 liters via nasal cannula.</li> <li>c. On 05/06/2024 at 08:41 AM, Resident #71 was lying in bed with eyes closed. Oxygen was in use at 2.5 liters per nasal cannula.</li> <li>d. On 05/08/2024 at 08:34 AM, Resident #71 was lying in bed. Oxygen was in use at 1.5 to 2 liters via nasal cannula.</li> <li>e. On 05/08/24 at 10:43 AM, the Surveyor reviewed the residents care plan with an initiation date of 03/13/2024 and it did not address that the resident was receiving oxygen therapy.</li> <li>f. On 05/08/2024 12:30 PM, the surveyor asked the MDS Coordinator, does (Resident #71) use oxygen therapy? The MDS Coordinator looked in the electronic record and stated, [Resident #71] does have an order for oxygen at three liters. The Surveyor asked, Does (Resident #71's) care plan address the use of oxygen? The MDS Coordinator stated, Let me see. After looking in the electronic record she stated, I do not see it on the care plan. The Surveyor asked, Should the care plan address the oxygen use by the resident? The MDS Coordinator stated, It should be if [Resident #71] is on it continuously. The nurses should let us know if the resident is using it continuously so we can update the care plan. The Surveyor asked, Why is it important that the care plan address the use of oxygen? The MDS Coordinator stated, So the nurses know what care the resident needs. There may be a new nurse who is unfamiliar with the resident. Nurses need to be able to look at the care plan and see exactly what care the resident needs.</li> <li>i. On 05/08/2024 at 2:59 PM, the Administrator stated, We do not have a policy on care plans we just follow the RAI (Resident Assessment Instrument) manual.</li> </ol> </li> </ol>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>47916</p> <p>Based on record review and interview, the facility failed to ensure 1 (Resident #199) received wound care as ordered by the physician to prevent wound infection and healing. This failed practice had the potential to affect 8 residents with pressure ulcer orders.</p> <p>The findings are:</p> <ol style="list-style-type: none"> <li>1. Resident #199 had diagnoses of right lower amputated stump infection, type II diabetes mellitus, and acute kidney failure. The admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/15/2024 indicated a Brief Interview for Mental Status score of 12 (8-12 suggest moderate cognitive impairment).               <ol style="list-style-type: none"> <li>a. A Care Plan documented, .I have a pressure ulcer. Coccyx, Left heel .Date Initiated 01/11/2024 . Administer treatments as ordered and monitor for effectiveness .</li> <li>b. A Physicians Order dated 03/01/2024 documented, Apply [Povidone-iodine] to left heel and around left foot two times a day for wound care.</li> <li>c. On 05/08/2024 at 02:00 PM, the Surveyor observed the March Treatment Administration Record (TAR) and noted that there was no documentation that Resident #199 received the second application of Povidone-iodine to the left heel and around the left foot at 08:00 PM on March 15; March 17; March 19; and March 27th, 2024.</li> </ol> </li> </ol>

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48390</p> <p>Based on observation and interview, the facility failed to ensure potentially hazardous items were stored in a secured manner for 1 (Resident #38) of 1 sampled resident.</p> <p>The findings are:</p> <p>A review of Policy titled Accidents and Hazards Policy effective date 08/2021 stated, .The facility strives to ensure the resident environment remains as free of accident hazards as is possible and each resident receives adequate supervision and assistance devices to prevent accidents .</p> <p>A review of Resident #38's Care Plan shows the resident was admitted on [DATE] with diagnosis that included Unspecified Atrial Fibrillation (irregular and often very rapid heart rhythm), Type 2 Diabetes Mellitus without complications, Essential (Primary) Hypertension (high blood pressure).</p> <p>The Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 04/16/2024 showed a Brief Interview for Mental Status (BIMS) of 12 (8 to 12 suggests moderate cognitive impairment).</p> <p>A review of Resident #38's Care Plan dated 05/01/2024 revealed the resident had a diagnosis of Dementia with Behavioral Disturbance. Interventions included staff will identify the immediate causes, and what triggers the risk factors related to Resident #38's Dementia disturbance.</p> <p>During an observation on 05/05/2024 at 11:16 AM, the Surveyor observed an 8.3 ounce aerosol can of citrus scent air freshener sitting on the nightstand in Resident #38's area of the room. Resident #38 indicated that staff on the night shift had bought it for him.</p> <p>During a concurrent observation and interview on 05/07/2024 at 11:36 AM, the Surveyor went into Resident #38's room and observed an 8.3 ounce aerosol can of citrus scent air freshener sitting on the night stand beside the residents bed.</p> <p>During an interview on 05/07/2024 at 11:54 AM, with the Social Service Director [SSD], regarding if she had knowledge of residents having aerosol air freshener in their rooms the SSD indicated that sometimes family members will bring items like that, that are not allowed, and that she did not know that a resident had any aerosol air freshener in their room. The Surveyor asked if it was okay for staff to bring aerosol air freshener to a resident. The SSD indicated that it was not okay, that residents are not supposed to have aerosol cans in their room.</p> <p>During an interview on 05/08/2024 at 12:28 PM, the Surveyor interviewed the Director of Nursing (DON) and showed him a picture of the aerosol air freshener sitting on the nightstand in Resident #38's room. The Surveyor asked if a resident was allowed to have an aerosol can in their room. The DON indicated that if they are care-planned they can have it. The Surveyor asked if it is safe sitting there on the nightstand? The DON stated, No, but if we try and take it away, he (resident) throws a fit.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>42965</p> <p>47916</p> <p>Based on observation, record review and interview, the facility failed to ensure oxygen was administered at the flow rate ordered by the physician to prevent respiratory complications for 2 (Residents #71 and #248) sampled residents. This failed practice had the potential to affect 57 residents that had physician orders for oxygen therapy. The findings are:</p> <ol style="list-style-type: none"> <li>1. Resident #71 had diagnoses of stroke, end stage renal disease and coronary artery disease. The Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 3/12/2024 documented the resident scored 00 (0-7 indicates severe cognitive impairment) on a Brief Interview for Mental Status (BIMS). <ol style="list-style-type: none"> <li>a. A Physicians Order dated 05/01/2024 documented, .Oxygen at (3) L/Min (Liters per minute) per Nasal Cannula as needed for Shortness of Breath maintain O2 [oxygen] sats [Saturations] above ( ) .</li> <li>b. On 05/05/2024 at 12:01 PM, Resident #71 was lying in bed with oxygen in use at 2.5 liters via nasal cannula.</li> <li>c. On 05/06/2024 at 08:41 AM, Resident #71 was lying in bed with eyes closed. Oxygen was in use at 2.5 liters per nasal cannula.</li> <li>d. On 05/08/2024 at 08:34 AM, Resident #71 was lying in bed. Oxygen was in use at 1.5-2 liters via nasal cannula.</li> <li>e. On 05/08/2024 at 08:38 AM, the Surveyor spoke with Licensed Practical Nurse (LPN) #2 regarding Resident #71's oxygen settings. LPN #2 accompanied the Surveyor to Resident #71's room and LPN #2 said the oxygen was on 2 liters. The Surveyor asked LPN #2, who checks the oxygen setting? LPN #2 stated, Nurses round and check oxygen setting.</li> <li>f. On 05/08/2024 at 08:42 AM, the Surveyor spoke with LPN #3, and asked, what do the residents orders state that the oxygen should be set at. LPN #3 looked in Resident #71's electronic record and stated, There are oxygen orders that state oxygen at 3 liters prm, and here is an order for oxygen at two liters.</li> </ol> </li> <li>2. Resident #248 had diagnoses of Cerebral Infarction, Anoxic brain injury, and Type II diabetes mellitus. The Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/19/2024 documented a Brief Interview for Mental Status Score of 00 (0-7 suggest severe cognitive impairment). <ol style="list-style-type: none"> <li>a. A Care Plan (dated 01/30/2024) documented, I require oxygen therapy at times. I manipulate O2 settings at times . For residents who should be ambulatory, provide extension tubing or portable oxygen apparatus .</li> <li>b. A Physician Orders (dated, 03/13/2023) documented, .O2 at 8 liters per minute via Tracheostomy every shift .</li> </ol> </li> </ol> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>c. On 05/05/2024 at 09:30 AM, the Surveyor observed Resident #248 on 5 liters of oxygen via nasal cannula to the tracheostomy, a Yankauer (a suction device) with undated tubing was resting in the right bedside table drawer not in a bag.</p> <p>d. On 05/05/2024 at 02:00 PM, Resident #248 moved to another room. The Surveyor observed Resident #248's oxygen concentrator was set on 5 liters.</p> <p>e. On 05/06/2024 at 09:54 AM, the Surveyor observed Resident #248 resting quietly on 10 liters of oxygen.</p> <p>f. On 05/07/2024 at 08:25 AM, the Surveyor observed Resident #248's oxygen concentrator was set on 10 liters.</p> <p>g. On 05/07/2024 at 11:16 AM, LPN #6 was asked to verify Resident #248's oxygen order. LPN #6 showed the Surveyor in the computer that Resident 248's oxygen order was for 8 liters of oxygen. LPN #6 accompanied the Surveyor to Resident 248's room and told the Surveyor that Resident #248 was on 10 liters of oxygen, and it should be on 8 liters.</p> <p>h. On 05/07/2024 at 12:25 PM, during an interview with the DON the Surveyor asked, what staff members are responsible for checking oxygen settings, and why? The DON confirmed that the DON and Management Team round daily to make sure oxygen is on the appropriate level. Too much oxygen or too little would be a concern because staff should follow the doctor's order.</p> <p>i. On 05/07/2024 at 02:50 PM, the DON provided a policy titled Oxygen Administration-Resident documenting, .The purpose of this procedure is to provide guidelines for safe oxygen administration .</p> <p>The DON also provided an In-service Education Report (dated, 04/18/2024) documenting, .Daily O2 Management. Attention department heads, please round daily to ensure routine and PRN O2 orders are set as prescribed, Thanks .</p>

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>03508</p> <p>Based on observation, record review, and interview, the facility failed to ensure meals were prepared and served according to the planned written menu to meet the nutritional needs of the residents for 2 of 2 meals observed. This failed practice had the potential to affect 74 residents who received regular diets and 13 residents who received mechanical soft diets from 1 of 1 kitchen.</p> <p>The findings are:</p> <p>1. The menu for the lunch meal documented that the residents who received regular diets were to receive 4 ounces of oven fried chicken and the residents who received mechanical soft diets were to receive 4 ounces of ground oven fried chicken.</p> <p>b. On 05/05/2024 at 12:52 PM, the following observations were made during the noon meal service on the 200 Hall. The Dietary Supervisor served 12 residents one fried chicken leg each.</p> <p>c. On 05/05/2024 at 01:37 PM, the following observations were made during the noon meal service on the 400 Hall. The Dietary Supervisor served one fried chicken leg to 7 residents who were on regular diets on the 400 Hall kitchenette.</p> <p>d. On 05/05/2024 at 02:06 PM, the Surveyor asked Dietary Employee (DE) #2 to weigh one fried chicken leg and one fried chicken thigh. He did and stated, One fried chicken leg weighed two ounces and one fried chicken thigh weighed two point three ounces. At 02:08 PM, the Dietary Supervisor and DE #2 stated, We should have given two each, instead of one chicken. The Surveyor asked DE #2 how many servings of chicken did you ground for the residents who required mechanical soft diets on the 400 Hall. DE #2 stated, I did seven thighs. A total of 11 servings were prepared for all residents on mechanical soft diets, instead of total of 13 servings per the number of residents documented on the universe provided by the Dietary Supervisor on 05/06/2024 at 12:24 PM.</p> <p>2. The menu for breakfast documented that all residents who received regular diets, mechanical soft diets were to receive 6 ounces of oatmeal, scrambled eggs, and cheese.</p> <p>a. On 05/06/2024 at 07:50 AM, the 200 Hall DE #3 used a 4 ounce ladle spoon, (1/2 cup), to serve a single portion of oatmeal to the residents who received their meal from the kitchenette on the 200 Hall, instead of a 6 ounce (3/4 cup). At 08:15 AM, the Surveyor asked DE #3 what size spoon she used to serve oatmeal and how many servings she gave to each resident. DE #3 stated, I used a 4 ounce spoon, and I gave one serving to each resident. The Surveyor asked did you look for the portion size on the written menu before serving the breakfast meal. DE #3 stated, No.</p> <p>b. All residents were served scrambled eggs with no cheese, instead of scrambled eggs with cheese.</p> <p>(continued on next page)</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3. On 05/06/2024 at 07:58 AM DE #4 used a 4 ounce (1/2) cup ladle spoon to serve a single portion of oatmeal to all the residents from the steam table in the kitchenette on the 300 Hall. At 08:21 AM, the Surveyor asked DE #4 what size of spoon he used to serve the oatmeal and how many servings he gave to each resident. DE #4 stated, I used a 4 ounce spoon, and I gave one serving to each resident. The Surveyor asked, Did you looked for the portion size on the written menu? DE #4 stated, No, I did not. I looked at their tray cards because it has portion size on it.</p> <p>b. All residents were served scrambled eggs with no cheese, instead of 6 ounces of oatmeal.</p> <p>4. On 05/06/2024 at 08:05 AM, the following observations were made during the breakfast meal service from the kitchenette on the 400 Hall:</p> <p>a. DE #5 used a 4 ounce spoon to serve a single portion of oatmeal to all residents on the 400 Hall instead of a 6 ounce spoon.</p> <p>b. All residents were served regular scrambled eggs, instead of scrambled eggs with cheese.</p> <p>c. On 05/06/2024 at 08:19 AM, the Surveyor asked DE #5 what size spoon she used to serve oatmeal and how many servings she gave to each resident. DE #5 stated, I used a 4 ounce spoon, and I gave one serving to each resident. The Surveyor asked, Did you look for the portion size on the written menu? DE #5 stated, No.</p> <p>5. On 05/06/2024 at 08:31 AM, the Surveyor asked DE #2 for the reason scrambled eggs and cheese was not served to the residents. DE #2 stated, Because we don't have cheese, and we are waiting on the truck.</p>

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>03508</p> <p>Based on observation, record review and interview, the facility failed to ensure vegetables were not overcooked and were served in a method that maintained the appearance of food product and hot food items were served at temperatures that were acceptable to the residents to improve palatability and encouraged good nutritional intake during 1 of 2 meals observed. This failed practice had the potential to affect 20 residents who receive meal trays on the 200 Hall, 30 residents who receive meal trays on the 300 Hall, 39 residents who receive meal trays in their room on the 400 Hall.</p> <p>The findings are:</p> <ol style="list-style-type: none"> <li>1. Review of Resident #41's Physicians Orders documented a diagnosis of Diabetes Mellitus Without Complications and an order for a general texture regular diet. <ol style="list-style-type: none"> <li>a. The Annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 04/05/2024 showed a Brief Interview for Mental Status (BIMS) of 13 (13 to 15 suggests cognitively intact).</li> <li>b. On 05/05/24 at 11:05 AM, the Surveyor asked Resident #41 how the food was. Resident #41 stated, Not good, same thing three or four times a week. It's always cold.</li> </ol> </li> <li>2. Review of Resident #89's Physicians Orders revealed the resident had a diagnosis of multiple fractures of the pelvis and received a general diet, regular texture, and thin liquids. <ol style="list-style-type: none"> <li>a. On 05/05/2024 at 11:22 AM, the Surveyor asked Resident #89 how the food was. Resident #89 stated, The food is never hot. Sausage is always cold at breakfast.</li> </ol> </li> <li>3. On 05/05/24 at 11:32 AM, the Surveyor asked Resident #551 how the food was. Resident #551 stated the vegetables were mushy.</li> <li>4. On 05/05/2024 at 01:32 PM, the vegetable blend served to the residents was mushy. At 02:06 PM, the Surveyor asked Dietary Employee (DE) #2 to describe the appearance of the vegetable blend served to the residents for lunch. DE #2 stated, It was over cooked and mushy.</li> <li>5. On 05/06/2024 at 07:50 AM, the temperature of the food items on the steam table on the 200 Hall kitchenette when checked and read by DE #3 with the following results: <ol style="list-style-type: none"> <li>a. Scrambled eggs - 120 degrees Fahrenheit.</li> <li>b. Sausage - 120 degrees Fahrenheit.</li> <li>c. Gravy - 100 degrees Fahrenheit.</li> <li>d. Hashbrowns - 100 degrees Fahrenheit.</li> </ol> </li> </ol> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>6. At 08:15 AM, the Surveyor asked DE #3 what should have been done when hot food items were not hot enough on the steam table before serving them to the residents. DE #3 stated, I should have reheated them.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045450	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/08/2024
NAME OF PROVIDER OR SUPPLIER  The Blossoms at Midtown Rehab & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  5720 West Markham Street Little Rock, AR 72205	
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 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>03508</p> <p>Based on observation, record review and interview, the facility to ensure foods stored in the refrigerator, freezer and storage room were covered, and sealed to maintain freshness and decrease the potential for cross contamination; the ice machine and ice scoop holder were maintained in clean condition to prevent potential contamination of residents' food and beverages; dietary employees washed their hands or changed gloves before handling clean equipment or food items to minimize the potential for food borne illness for residents who received meals from 1 of 1 main kitchen. The failed practices had the potential to affect 20 residents who received meals from the kitchen on the 200 Hall; 30 residents who received meals from the kitchen on the 300 Hall; and 39 residents who received meals from the kitchen on the 400 Hall (total census of 97), as documented on a list provided by the Dietary Supervisor on 05/06/24 at 12:34 PM.</p> <p>The findings are:</p> <ol style="list-style-type: none"> <li>1. On 05/05/2024 09:08 AM, the following observations were made in the kitchen area:             <ol style="list-style-type: none"> <li>a. There was water standing on the floor between the hand washing sink and the food preparation counter.</li> <li>b. An opened box of plain salt was on the shelf above the food preparation counter. The box was not covered.</li> <li>c. The ice machine panel and the area where the ice forms before dispensing into the ice collection area had wet black residue on them. The Surveyor asked the Dietary Supervisor to wipe out the wet black substances found on the panel and the area where ice forms. He wiped them off with tissue paper. The wet black substances easily transferred on the tissue papers. The Surveyor asked the Dietary Supervisor who uses ice from the ice machine and how often the ice machine is cleaned. He stated, We clean it once a month. That's the ice the Certified Nursing Assistants use to fill the water pitchers in residents rooms and the beverages served to the residents at mealtimes.</li> </ol> </li> <li>2. On 05/05/2024 at 09:17 AM, an opened resealable bag that contained shredded parmesan cheese was on a shelf in the refrigerator. The bag was not sealed.</li> <li>3. On 05/05/2024 at 09:19 AM, the following observations were made in the walk-in freezer:             <ol style="list-style-type: none"> <li>a. Two of the two opened boxes of chocolate chip cookies were on a shelf. The boxes were not covered or sealed. There were no open dates on the boxes to identify when they were opened.</li> <li>b. An opened box of bread sticks. The box was not covered or sealed.</li> <li>c. An opened box of dough. The box was not covered or sealed.</li> <li>d. An opened box of hamburger patties. The box was not covered or sealed.</li> </ol> </li> </ol> <p>(continued on next page)</p>		

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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>4. On 05/05/2024 at 09:40 AM, the following observations were made on a rack in the storage room:</p> <p>a. A dented can that contained mixed vegetables was on the rack to be used.</p> <p>b. A dented can of country season gravy was on the rack to be used.</p> <p>c. An opened bag of cornmeal was on a shelf in the storage room, exposing it to air or potential for pests.</p> <p>d. There was water leaking from the side of the ceiling light fixture to the floor.</p> <p>5. On 05/05/2024 at 09:49 AM, the ice scoop holder located on the wall facing the ice machine had pink and wet brown residue at the bottom of it. The ice scoop was stored in the scoop holder, in direct contact with the residue. The Surveyor asked the Dietary Supervisor to wipe what was observed at the bottom of the scoop holder. He did so, and the pink and brown residue easily transferred to the tissue paper. He was asked how often they clean the ice scoop holder? He stated, We clean it once a week.</p> <p>6. On 05/05/2024 at 09:52 AM, there was water standing on the floor in the dish washing machine. The area had a strong odor permeating from it.</p> <p>7. On 05/05/2024 at 10:48 AM, Dietary Employee (DE) #1 picked up a can of soda from the counter and a bag from the floor and threw them away. Without washing her hands, she picked up clean eating utensils, by the end of the utensils that would go into the mouth and wrapped them in individual napkins for the residents to use at their lunch meal. The Surveyor asked DE #1 immediately what do the residents do with napkins? She stated, They use it to wipe their mouths when eating food. The Surveyor asked what should you have done after touching dirty objects or before handling clean equipment. DE #1 stated, I should have washed my hands.</p> <p>8. On 05/05/2024 at 11:59 AM, there were dried food particles inside the blender bowl and on the blade to be used in pureeing the food items to be served to the residents who required pureed diets for lunch. DE #2 was about ready to scoop vegetables into the blender to be pureed. The Surveyor immediately asked DE #2 what was inside the blender bowl. DE #2 stated, That was yellow dried food particles. I will wash it.</p> <p>9. On 05/05/2024 at 12:02 PM, DE #2 turned on the 3-compartment sinks hot water faucet and rinsed the blender bowl and blade. Afterwards he turned off the sink faucet with his bare hands, contaminating his hands. DE #2 did not use soap or sanitize the blender bowl and the blade. As DE #2 assembled the food preparation equipment and was about ready to use it in pureeing foods for the residents on pureed diets. The Surveyor asked DE#2 if he should sanitize the blender bowl and the blade before using them. He stated, Yes, I should have sanitized them.</p> <p>10. On 05/05/24 at 01:27 PM, the ice scoop holder attached to the ice chest in the third-floor dining area had dark, crusty matter around two screws and dark specks of matter in the bottom of the scoop holder with the scoop lying in it.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  The Blossoms at Midtown Rehab & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  5720 West Markham Street Little Rock, AR 72205	

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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>a. On 05/05/2024 at 01:29 PM, the Surveyor asked Licensed Practical Nurse (LPN) #4 to describe the area under the ice scoop. LPN # 4 stated, It looks to be dirty around the screws and needs to be wiped out. The Surveyor asked if this ice chest and scoop were being used. LPN #4 stated, Yes, it is being used. The Surveyor asked if the ice scoop was lying in a dirty scoop holder. LPN #4 stated, Yes, it is laying in a dirty holder.</p> <p>b. On 05/05/2024 at 01:31 PM, the Surveyor asked the Assistant Director of Nursing (ADON) who was responsible for cleaning the ice chests, scoops, and scoop holders. The ADON said the kitchen is responsible for cleaning the ice chests and confirmed the scoop holder had small black matter around the screws and on the bottom of the scoop holder where the scoop lays.</p> <p>c. On 05/05/2024 at 01:33 PM, the Director of Nursing (DON) confirmed the ice scoop holder was dirty.</p> <p>d. On 05/06/2024 at 04:00 PM, the Surveyor asked Certified Nursing Assistant (CNA) #1 how often the ice chests, scoops, and scoop holders were cleaned. CNA #1 stated, We clean them with an antibacterial wipe on the floor and as needed.</p> <p>e. On 05/06/2024 at 04:06 PM, the Surveyor asked CNA #2 who cleans the ice chests, scoops, and scoop holder. CNA #2 stated, I'm pretty sure the kitchen cleans them. I clean my own floor if it is needed.</p> <p>11. A facility policy titled, Hand Washing provided by the Dietary Supervisor on 05/06/2024 at 11:37 AM included, .When to wash hands: a. When entering the kitchen at the start of a shift .After engaging in other activities that contaminate the hands .</p>

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48390</p> <p>50580</p> <p>Based on observation, interviews and policy review, the facility failed to ensure staff followed Enhanced Barrier Precautions (EBP) between resident rooms to prevent cross contamination. This failed practice had the potential to affect all 99 residents in the facility.</p> <p>Findings Include:</p> <p>On 05/05/2024 at 9:22 AM, the Surveyor observed CNA #4 come out of room [ROOM NUMBER] with gloves on and go straight into room [ROOM NUMBER]. Both rooms #423 and #427 had a sign showing Enhanced Barrier Precautions (EBP).</p> <p>On 05/05/2024 at 9:40 AM, the Surveyor spoke with CNA #4. The Surveyor asked CNA #4 what proper hand hygiene is when you are entering and exiting a room with EBP. CNA #4 indicated you are supposed to leave your gloves on when you carry trash out of a room. The Surveyor asked if it was proper hand hygiene to go from one room to another room with gloves on. CNA #4 stated, No. The Surveyor asked how long she had worked in the facility. CNA #4 indicated about 2 months, prior to that she worked in the hospital setting.</p> <p>On 05/07/2024 at 03:46 PM, the Surveyor spoke with the Director of Nursing (DON) regarding what is proper hand hygiene for a CNA that is coming out of a room marked EBP. The DON indicated if a CNA is going out of a room, they are to sanitize their hands before leaving the room. The Surveyor asked if CNAs were supposed to wear gloves out of a room? The DON stated No. The Surveyor asked how CNAs were supposed to carry trash out of a resident's room. The DON explained that you take off your gloves and grab the inside of the glove and hold the trash with the glove while your fingers are touching the inside of the glove.</p> <p>On 05/07/2024 at 4:33 PM, received a policy titled Enhanced Barrier Precautions dated 03/21/2024 documented, .Effective implementation of EPB require staff training on proper use of PPE and the availability of PPE with hand hygiene products at the point of care.EBP is to be continued for the duration of a resident's admission.</p> <p>2. Resident #33's Care Plan noted the resident had Unspecified protein-calorie malnutrition and Gastrostomy Status (a surgical opening into the stomach that provides nutritional support).</p> <p>a. The Quarterly Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 02/02/2024 indicated Resident #33 has a PEG (Percutaneous Endoscopic Gastrostomy/feeding tube) tube.</p> <p>a. A Physicians Order dated 04/30/2024 documented, .Follow Enhanced Barrier Precautions (This is not isolation) .</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>b. On 05/08/2024, a review of Resident #33's Care Plan with an initiated date of 04/02/2024 revealed the resident required Enhanced Barrier Precautions feeding tube and wound and gloves and gowns were required prior to high-contact care. High-contact resident care activities: - Dressing - Bathing/showering - Transferring - Providing hygiene - Changing linens - Changing briefs or assisting with toileting - Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator .</p> <p>c. On 05/07/2024 at 01:05 PM, during medication pass the Surveyor observed Licensed Practical Nurse (LPN) # 1 prepare three 30 mL of tap water and told Surveyor she was going to give a Baclofen 0.5 milligram tablet via the PEG tube to Resident #33. The Surveyor observed Enhanced Precautions Signs outside of Resident #33's door.</p> <p>d. On 05/07/2024 at 01:12 PM, the Surveyor observed LPN #1, without Personal Protective Equipment (PPE), mixing crushed Baclofen in warm water and then LPN #1 checked for tube placement. The Assistant Director of Nursing (ADON) presented to bedside without PPE applied and offered to assist with the administration of the Baclofen and flushes. Gloves were worn.</p> <p>e. On 05/07/2024 at 01:15 PM, after LPN #1 and the ADON completed administration of the Baclofen, LPN #1 was asked if Resident #33 was on enhanced barrier precautions and what procedure should have been followed when administering medication via a PEG tube. LPN #1 confirmed Resident #33 was on Enhanced precautions and confirmed an isolation gown should have been worn when administering medication to prevent giving the resident germs. Gloves were worn, but no isolation gown was worn.</p> <p>f. On 05/07/2024 at 01:17 PM, during an interview the ADON was asked if staff are to wear PPE (isolation gown) when entering enhanced precautions room and why. The ADON said nurses go from room to room and could bring germs to residents due to an open area in the body. The ADON stated, Yes, they [staff] are expected to wear PPE when providing care to enhanced barrier precautions residents.</p> <p>g. On 05/07/2024 at 4:33 PM, the Nurse Consultant provided a policy titled, Enhanced Barrier Precautions, which documented, This facility will follow CDC's [Centers of Disease Control] updated guidance on enhanced barrier precautions (EBP) for all health care settings, including nursing homes. Policy Interpretation and Implementation The EBP requires gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDRO's [Multi Drug Resistant Organisms] staff hands and clothing . For residents for whom EBP are indicated, EBP is employed when performing the following high-contact resident care activities .Device care or use: feeding tube .</p>		