

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045470	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/31/2024
NAME OF PROVIDER OR SUPPLIER The Blossoms at Prescott Rehab & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 700 Manor Rd Prescott, AR 71857	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>47916</p> <p>Based on observation, record review, and interview the facility failed to ensure a resident that requires total care had a call light within reach to call for assistance. This failed practice affected 1 sampled (Resident #40) reviewed for call light.</p> <p>Findings include:</p> <p>A review of Medical Diagnosis revealed Resident #40 with a diagnoses of stroke, chronic obstructive pulmonary disease, and type II diabetes. The Annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 05/14/2024 suggest a Brief Interview for Mental Status (BIMS) score of 9 (8-12 indicates moderate impairment), and Resident #40 required total care.</p> <p>a. A review of an In Service dated 09/30/2024 revealed staff is to ensure a call light is always in reach of residents.</p> <p>b. On 10/29/2024 at 1:50 PM, Surveyor asked Resident #40 if resident can use the call light. Resident #40 stated, No, because I cannot get to it, because it is clipped to that curtain at the foot of my bed.</p> <p>c. On 10/29/2024 at 1:55 PM, Resident #40 asked CNA #3 for her call light, but CNA #3 said she needed to wash her hands first. CNA #4 came into the room and handed Resident #40 the call light.</p> <p>d. On 10/30/2024 at 3:00 PM, call light not observed in reach of resident.</p> <p>e. On 10/31/2024 at 8:12 AM, Resident #40 observed lying in bed with call light observed connected to the privacy curtain at the foot of the bed. Resident #40 stated resident needed to get out of the bed.</p> <p>f. On 10/31/2024 at 8:15 AM, Licensed Practical Nurse (LPN) #5 accompanied the Surveyor to Resident #40's room and LPN #5 began to search for the call light and found it clipped high up on the privacy curtain facing away from the resident. LPN #5 confirmed that the call light is supposed to be in reach in case resident needs help.</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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>g. On 10/31/2024 8:20 AM, Director of Nursing (DON) confirmed call lights should be in reach of residents and unless their privacy curtain is near their reach it would not be appropriate for the call light to be clipped away from the residents reach so that they can call for assistance. The Surveyor requested policies, procedures for call lights.</p> <p>h. On 10/31/2024 at 8:23 AM, The Administrator confirmed the facility does not have a call light policy.</p>		

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<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42965</p> <p>50580</p> <p>Based on record review, and interview the facility failed to ensure that an Annual Minimum Data (MDS) Assessment was coded correctly to document a resident had a serious mental illness and or intellectual disability or related condition requiring level II PASARR (Preadmission Screening and Resident Review) to ensure continuity of care for 2 (Resident #5, and Resident #14) sampled residents with a diagnosis of serious mental illness. The findings are:</p> <ol style="list-style-type: none"> 1. The Order Summary Report dated 10/29/2024 indicated Resident #5 had diagnoses of delusional disorders, psychotic disorder, dementia with mood disorder. The (MDS with an Assessment Reference Date (ARD) of 8/24/2024 indicated Resident #5 scored 10 (8-12 indicates moderate impairment) on the Brief Interview for Mental Status (BIMS) and took an antianxiety medication. <ol style="list-style-type: none"> a. MDS with an ARD of 8/24/2024 indicated, A 1500 Preadmission Screening and Resident Review .Is the resident currently considered by the state level II PASRR process to have a serious mental illness and/or intellectual disability or related condition? 0. No . b. The care plan with a revision date of 9/04/2024 indicated Resident #5 had behaviors related to diagnosis of dementia with behaviors and delusional disorder and the goal of care was the resident would cause no harm to self or others. c. On 10/29/2024 at 12:30 PM, the surveyor reviewed a letter dated 3/14/2018 from (Name of state designated authority for PASARR determination) which indicated Resident #5 did not require specialized services for their mental health illness beyond the capabilities of a nursing facility. d. On 10/30/24 at 9:00 AM, the MDS Coordinator during an interview indicated Resident #5 had a serious mental health diagnosis and the Annual MDS dated [DATE] was coded incorrectly. <p>The MDS coordinator indicated it was important that the MDS Assessment is coded accurately so that the resident can receive the best care.</p> e. On 10/30/24 at 2:10 PM, the Director of Nursing was asked if there is a facility policy on accuracy of MDS assessments. f. On 10/30/24 at 2:15 PM, the policy titled, Coordination/Certification of Assessments (with a reviewed date of 1/2024) provided by the DON indicated, all information recorded within the MDS Assessment must reflects the resident's status at the time of the assessment and the individuals who complete a portion of the assessment must sign and certify the accuracy of the portion of the assessment he or she completes. <p>2. Resident #14 has a diagnosis of Seizure Disorder, Anemia, high blood pressure, Diabetes Mellitus, Cerebrovascular Accident (CVA), Schizophrenia, Depression, and difficulty swallowing. The Quarterly MDS with an ARD of 9/24/24 documented that the resident scored 99 BIMS (indicates the resident was unable to complete the interview) takes antianxiety medication.</p> <p>(continued on next page)</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>a. On 10/29/24 at 1:45 PM, a letter from (name of state designated authority) for PASARR determination dated 8/23/2013 stated change in condition and no PASARR is required.</p> <p>b. On 10/29/24 at 1:51 PM, a Care Plan with a target completion date of 9/24/24 indicated, Focus: Resident #14 has a current diagnosis of personality and behavioral disorders, depressive episodes, mental disorders, paranoid schizophrenia, and mild intellectual disabilities.</p> <p>c. On 10/30/24 at 9:20 AM, Surveyor spoke with (name of state designated authority) regarding PASARR level 2 and was informed the Resident is still a level 2 PASARR.</p> <p>d. On 10/30/24 at 9:30 AM, Surveyor asked the MDS coordinator regarding MDS accuracy related to PASARR level 2, The MDS coordinator stated the Annual MDS dated [DATE] was coded incorrectly and the importance of correct coding is to ensure proper care of residents.</p> <p>+</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>49596</p> <p>Based on observation and interview the facility failed 1) to ensure food items were labeled with an accurate use by date to ensure food was not used beyond its safety period. 2) to ensure professional standards for sanitary conditions and equipment were maintained to prevent cross-contamination in storage of food and kitchen equipment, and 3) to ensure safe food preparation and identification of potential hazards in food preparation process and adhering to critical control points to reduce the risk of food contamination.</p> <p>The findings are:</p> <p>A. On 10/28/24 at 10:10 AM and 11:25 AM, 31 bowls of dry cereal of various kinds, did not have a use by date on the bowls. The tray the bowls were sitting on contained one label identifying assorted cereal. The label had a prepared date of 10/14/24 with a use by 1/14/25. There were 6 bowls of toasted oats, 21 bowls of cornflakes, 3 Styrofoam bowls of cornflakes, covered with foil and 1 prepackaged bowl of cornflakes. The Dietary Manager (DM) said these cereals came out of large bags of cereal, but she could not tell the surveyor when the individual cereal bags were opened or what the use by dates were for each kind of cereal. The DM said the toasted oats were from a bag with a stock date of 9/18/24, but she could not tell the surveyor when the cereals were opened or the accurate use by date was for each cereal.</p> <p>B. On 10/28/24 at 10:08 AM, an unopened package of sausage links found in the 3-door refrigerator did not have a stock date or a use by date on the package.</p> <p>C. On 10/28/24 at 10:08 AM, 28 small cups of salad dressing were sitting on a tray in the 3-door refrigerator uncovered. The DM said the salad dressing was for lunch and should be covered.</p> <p>D. On 10/28/24 at 10:00 AM, the grease in the deep fryer was uncovered, exposing the grease to the open kitchen.</p> <p>E. On 10/28/24 at 10:00 AM, a cart of plate covers was sitting in a storage cart in the dining room uncovered.</p> <p>F. On 10/28/24 at 2:20 PM, the surveyor observed stacked juice glasses, pots and steamtable bins on a rack in the kitchen. They were wet and had been stacked on top of each other. The juice glasses, pots and bins contained water inside the glasses, in the bottom of the pots and inside the bins.</p> <p>i. 25 juice glasses had been stacked up wet.</p> <p>ii. 2 pots had been stacked with water on inside bottom.</p> <p>iii. 3 steamtable bins stacked wet.</p> <p>iv. 7 scoops in drawer wet.</p> <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 - Some</p>	<p>G. On 10/28/24 at 2:20 PM, the surveyor observed a food processor with blade and bowl inside, sitting on the counter in the kitchen. The bowl had water inside the bowl, the blade and lid had water on them inside the bowl.</p> <p>H. On 10/29/24 at 8:30 AM, 3 tumbler glasses with water on the inside were stacked together on the shelf.</p> <p>I. On 10/28/24 at 2:20 PM, Dietary Aide #2 said putting dishes up wet can cause bacteria and mold to grow on the dishes.</p> <p>J. On 10/28/24 at 2:22 PM Dietary Aide #1 said putting dishes up wet can cause bacteria and mold to grow on the dishes. Those glasses are from this morning or last night because mine are still on the rack.</p> <p>K. On 10/29/24 at 1:45 PM, the Dietary Manager (DM) said it is important to allow dishes to completely dry before stacking to prevent bacteria from getting in them.</p> <p>L. On 10/28/24 at 11:22 AM, a cart containing pre-poured glasses of tea and juices were sitting on the second shelf of the cart, sitting beside a dirty trash can in the dishwasher room of the kitchen. At 11:45 AM, Dietary Aide #2 filled the glasses with ice from the ice chest sitting on top of the cart.</p> <p>M. On 10/29/24 at 8:30 AM, two trays of tea and juice tumblers had been pre-poured and sitting on a tray beside a trash can in the dish washer room.</p> <p>N. On 10/29/24 at 8:47 AM, the attic fan, above the dishwasher, was blowing over the clean dishes as the dishes came out of the dishwasher and left sitting to dry under the fan. Dust particles were noted on the top of the dishwasher.</p> <p>O. On 10/30/24 at 8:30 AM, the attic fan, above the dishwasher, was blowing over the clean dishes as the dishes came out of the dishwasher and left sitting to dry under the fan. Dust particles were noted on the top of the dishwasher.</p> <p>P. On 10/30/24 at 8:30 AM, two trays of tea and juice tumblers had been pre-poured sitting on a tray on the second shelf of the cart. The cart was sitting against a large air grill-ventilation cover. The grill was covered with dust and dirt.</p> <p>Q. On 10/29/24 at 1:45 PM, the DM said drinks should not be stored in the dishwasher room next to a dirty trash can. This could cause cross-contamination. The DM said it is not sanitary to leave plate covers uncovered on a cart in the dining room where residents and others walk freely, sweep and mop. They should not have been out there.</p> <p>R. On 10/30/24 at 8:30 AM, a large package/roll of ground beef did not have use by date on the package, 2 large pork loins did not have a use by date on the package, 1 large ham did not have a use by date on the package, 1 large roast did not have a use by date on the package and 1 large package of diced chicken did not have a use by date on the package located in the freezer designated for meat.</p> <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 - Some</p>	<p>S. On 10/30/24 at 8:40 AM, 3 large packages of French toast inside the freezer designated for pre-packaged frozen items did not have a use by date on the packages.</p> <p>On 10/29/24 at 1:00 PM, the administrator said they do not have a food storage policy or a policy concerning cross contamination in dietary.</p> <p>On 10/30/24 at 2:00 PM, the Administrator said it is important to date food when it is received and placed out for use so we don't use bad food. We do not want to get anyone sick. And so, the staff who are off will know if something is good or not when they come back to work. We need to use the oldest food first. Dishes should not be dried using a fan, they should be allowed time to dry, away from anything that is contaminated. Putting up or stacking wet dishes is unsanitary and, can contain germs and improper temperatures can cause bacteria. Food and drinks should be covered in the refrigerator and pre-filled tea, or juices should not be stored beside a trash can, due to germs, and anything could get on it. It is unsanitary.</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>Provide and implement an infection prevention and control program.</p> <p>47916</p> <p>Based on observation, record review, interview, and facility policy review it was determined the facility failed to ensure appropriate hand hygiene and failed use wipes to avoid cross contamination, and the facility failed to follow recommended manufacture guidelines pertaining to the use of one incontinent brief to prevent infections for 1 sampled (Resident #40)) reviewed for female peri care.</p> <p>Findings include:</p> <p>Resident #40 with a diagnoses of stroke, chronic obstructive pulmonary disease, and type II diabetes. The Annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 05/14/2024 suggest a Brief Interview for Mental Status (BIMS) score of 9 (8-12 indicates moderate impairment), and Resident #40 requires total care.</p> <p>a. A review of a policy titled Incontinence Protocol, review date 01/2024, did not address hand hygiene, or peri care protocol.</p> <p>b. A review of a policy titled Urinary Catheter Care, review date 01/2024, revealed when providing peri care to a female resident, resident should be washed with a washcloth or disposable wipe one time for each downward stroke.</p> <p>c. Review of an In Service dated 04/24/2024 revealed gloves should be changed after cleaning the perineal area.</p> <p>d. A review of Care Plan, revised 09/04/2024 revealed resident is incontinent of bowel and bladder, and staff should check on resident every two hours as required for incontinent residents.</p> <p>e. Review of an In Service dated 09/17/2024 revealed gloves should be changed after cleaning the perineal area.</p> <p>f. On 10/29/24 at 2:02 PM, Certified Nursing Assistant (CNA) #3 and CNA #4 were observed rolling down two briefs worn by Resident #40, and CNA #3 handed clean wipes to CNA #4 without performing hand hygiene or changing gloves. CNA #4 wiped the right side of the peri area, folded wipe in half and wiped the left peri fold. CNA #4 removed the two briefs while Resident was resting on the right side and wiped the buttocks from top to bottom in one direction, folded the wipe and wiped from top to bottom with the same wipe. CNA #4 stated they can fold and refuse wipes once, and rags and towels can be folded and used 4 times. CNA #4 stated Resident #40 is wearing two briefs because Resident #40 has had diarrhea and is taking medication that makes her go more. CNA #3 confirmed gloves should have been changed after assisting in removing residents wet brief, before handing clean wipes to CNA #4.</p> <p>g. During an interview with Director of Nursing (DON) on 10/30/2024 at 2:05 PM, DON was asked the procedure for peri care and confirmed staff should use one wipe in one direction, and if staff assist in removing a brief, they should provide hand hygiene or change gloves before removing clean wipes for the CNA wiping the resident because it causes cross contamination. DON stated they do not use rags or towels anymore to clean residents, and confirmed residents should not wear more than one brief at a time because it holds stuff in and increases the risk for infection.</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>h. On 10/30/2024 at 3:20 PM, the Administrator provided a picture from a bag of (named) adult briefs showing stating resident should be log rolled onto a brief, the rolled back onto the brief. The brief should be gently pulled upward until the crotch fits snugly to the groin and leg. There are no instructions recommending two briefs should be placed on a resident.</p> <p>i. On 10/31/24 at 10:27 AM, a review of manufacturer website indicated a common mistake is double briefing because it holds in heat and moisture increasing the risk of skin breakdown.</p>		