STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045212	A. Building B. Wing	12/22/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Blossoms at Rogers Rehab & Nursing Center	1513 South Dixieland Rd Rogers, AR 72758

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Reasonably accommodate the needs and preferences of each resident. Based on observation, record review and interview, the facility failed to ensure call lights were placed in reach for resident's use and failed to ensure residents with functional limited range of motion call lights were placed in reach and accessible for use for 1 (Resident #30) of 1 sampled resident. The findings are: a. On 12/19/23 at 09:23 AM, Resident #30 was resting in bed. The resident's call light was behind the bed against the wall. The call light was not within reach of the resident. b. On 12/19/23 at 09:25 AM, Certified Nursing Assistant (CNA) #1 was asked to locate the resident's call light. CNA #1 reached over the bed and pulled the loose call light up to the bed and showed it to the resident and explained to the resident that it was a call light to use if needed and then CNA #1 clipped the call light to the blanket. CNA #1 was asked how often are the call lights checked to ensure that they are in reach of the residents? CNA #1 answered every morning, I think.

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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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 9. On 12/18/23 at 2:30 PM, the Dining Room by the kitchen, Hall 50 and the Secured Men's Unit had a strong urine smell. 10. On 12/18/23 at 5:46 PM, Resident #19 was sitting in her geriatric chair and the right arm padding was torn. 11. On 12/18/23 at 5:47 PM, Resident #63 was in the Dining Room. The left arm of his chair was torn and cracked with a hole that was missing the leather. 12. On 12/18/23 at 5:49 PM, during the dinner observation, the Surveyor observed the left side of Resident #17's (specialized chair) was dirty and the left arm rest was ripped. 13. On 12/19/23 at 10:02 AM, the vinyl loveseat in the Secured Men's Unit smelled of urine and had a torn corner that exposed the material underneath. 14. On 12/20/23 at 12:02 PM, the Secured Men's Unit continues to smell of urine. 15. On 12/22/23 at 08:39 AM, Licensed Practical Nurse (LPN) #1 was asked why the Men's Secured Unit smells so strongly of urine. LPN #1 stated, They use the bathroom on themselves. If the CNAs notice, they change them. 16. On 12/22/23 at 08:51 AM, the Director of Nursing (DON) was asked why the Men's Secured Unit smells of urine. The DON said they have some men that are combative and will not let you change them at first, we have to try again later. The DON was asked do you think it may be in the loveseat or mattresses. She stated, The loveseat is fairly new, and they have been replacing mattresses recently. 17. On 12/22/23 at 09:18 AM, The DON was asked if Resident #17's (specialized chair) had been checked for any tears or cleanliness and was informed that Resident #17's (specialized chair) on the left side is both dirty and cracked and has holes. The DON accompanied the Surveyor to look at Resident #17's (specialized chair) and she started cleaning the left side. The DON said she would order Resident #17 a new (specialized chair). Based on observation, interview and record review, the facility failed to ensure housekeeping and maintenance services were provided to repair scrapes, scratches and cuts in the walls and floors in the resident rooms; furniture and residents geriatric and specialized chairs were in good repair; and areas in the facility were free of odors to maintain a safe, clean, and homelike environment in 1 (C-North) of 5 Resident Halls. The findings are: 1. On 12/19/23 at 6:02 AM, Resident room [ROOM NUMBER], had half inch deep scratches/cuts on the trim of the entrance to the bathroom door, about 1/2 to 1 inch long and 2 to 2 1/2 inches wide on the wall next to the right side of the entrance to the bathroom. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	2. On 12/19/23 at 6:06 AM, Resident room [ROOM NUMBER], had the trim peeling off the side corner of the wall, on the right side of the bathroom wall entrance. In addition, the entrance floor trim to the bathroom was missing. At 6:08 AM, Certified Nursing Assistant (CNA) #2 was asked to accompany the Surveyor Resident room [ROOM NUMBER]. The Surveyor asked if CNA #2 was aware of the trim peeling on the side wall and the missing floor trim to the bathroom entrance. CNA #2 replied, This is usual. The wheelchairs must have knocked the trim off. The anti-catch on the wheelchair may have knocked it off. 3. On 12/19/23 at 6:09 AM, in Resident room [ROOM NUMBER], when standing at the entrance door, looking toward the right wall protector board, there were numerous scraps/cuts 1/2 to 1 inch long and 2 to 21/2 inches wide above the resident's low bed. 4. On 12/19/23 at 6:35 AM, Resident room [ROOM NUMBER] on the right side of the bathroom door had gashes below the lower hinge. 5. On 12/19/23 at 1:25 PM, the Surveyor asked Maintenance Manager #1 if he was aware of the scratches/cuts and the wall in room [ROOM NUMBER], side wall trim peeling off and entrance floor trim in room [ROOM NUMBER], numerous scratches on the wall board in the room [ROOM NUMBER], and the gashes on the lower hinge of the bathroom door in room [ROOM NUMBER]. The Maintenance Manager #1 stated, I was not aware, I have only been in the maintenance position for three months. I am working first on safety issues, as this is cosmetics. By the time you come back next year, all this will be completed. 6. On 12/21/23 at 08:39 AM, Maintenance Manager #1 presented a work-log dated from 03/17/23 to 11/19/23. The repairs were not listed on the work-logs for C-North Hall. 7. On 12/21/23 at 3:20 PM, the Director of Nursing (DON) was asked, Are you aware of the scratches/cuts, trim peeling off in rooms, numerous scratches in the wall boards, and gashes on hinges? The DON stated, I am aware, and we are working toward repairs. 8. The facility policy and procedure titled, Accidents and Hazards Policy provided by the DON on 2/21/23 at 8:50 AM read in part, .Facility-Oriented Approach to Safety 1. Safety risks and environmental hazards are identified on an ongoing basis through a combination of employee training, employee monitoring, and reporting processes . Systems Approach to Safety1. The facility-oriented and resident-oriented approaches to safety are used together to implement a system approach to safety, which considers the hazards identified in the environment and individual resident risks factors, and then adjusts interventions accordingly .

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on record review, interview and observation, the facility failed to ensure Resident #3 oral care was performed to ensure daily personal hygiene needs for 2 (Residents #3) of 2 sampled residents on C-North Hall. The findings are: a. On 12/19/23 at 11:45 AM, observed Resident #3 sitting in a wheelchair in the Dining Room. Resident #3 stated, No one has brushed my teeth. The lower and top teeth had a yellowish white film coating that was compacted and embedded into the gums. b. On 12/20/23 at 08:45 AM, Resident #3's toothbrush was lying on the bedside table. Resident #3 was sitting in her wheelchair in the Dining Room. The Surveyor asked if the facility had brushed her teeth. Resident #3 stated, If they brushed my teeth, I was asleep or dead. Resident #3's lower and top teeth had a yellowish white film coating that was compacted and embedded into the gums. c. On 12/20/23 at 3:30 PM, the Surveyor asked Registered Nurse (RN) #1who was responsible for oral hygiene and had Resident #3 had her teeth brushed. After examining Resident #3, RN #1 stated, Teeth needs to be brushed, white and yellow stuff on teeth. CNA [Certified Nursing Assistant] is responsible to brush their teeth, will have them brush her teeth. d. On 12/20/23 at 10:15 AM, the Director of Nursing (DON) provided a document titled, Plan of Care (POC) Response History. A review of the section for Oral Care was not dated for 12/14/23, 12/15/23, 12/16/23, 12/17/23, 12/18/23 and 12/19/23. In addition, on 12/15/23 at 05:33 and on 12/19/23 at 03:44 was dated as, No. e. On 12/21/23, at 1:15 PM, the Surveyor asked CNA #3 Who is the aide on this hall and has [Resident #3] had her teeth brushed? CNA #3 stated, I am on this hall today, and I will brush her teeth. f. On 12/22/23 at 06:45 AM, the Surveyor asked the DON Who brushes the resident's teeth and how and when is it documented? The DON stated, CNAs or the RNs brush the resident's teeth. If a resident refuses, it is reported. Teeth are brushed after meals or when it needs to be done to prevent infections. g. The Policy and Procedure titled Oral Care (Revised 12/27/2022) stated, .The purpose of this procedure is to keep the resident's lips and oral tissues moist, to cleanse and freshen the resident's mouth, and to prevent oral infections. Documentation The following information should be recorded in the resident's medical record: · The date and time the mouth care was provided. All assessment data concerning the resident's mouth . If the resident refused the treatment, the reason(s) why and the intervention taken . Reporting · Notify the supervisor if the resident refuses mouth care .

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations, interview and record review, the facility failed to ensure hand sanitizer was used between delivery and set up of resident meal trays. The findings are: 1. On 12/18/23 at 05:30 PM, the Business Office Manager (BOM) used hand sanitizer before getting the meal tray. The BOM delivered the meal tray to the resident and did not use hand sanitizer before getting the next meal tray. At 05:33 PM, the BOM was observed using a cell phone. The BOM placed the cell phone in her pocket and proceeded to pick up another meal tray without using hand sanitizer. The BOM delivered the meal tray to the resident and then used hand sanitizer. 2. On 12/18/23 at 05:40 PM, the BOM was asked how often are you supposed to sanitize your hands when passing meal trays? The BOM stated, Each time. 3. On 12/22/23 at 08:21 AM, the Infection Control Preventionist (ICP) was asked how often should hands be sanitized during meal tray service? The ICP answered each time. The ICP was asked why? The ICP answered to prevent cross contamination.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, record review, and interview, the facility failed to perform hand hygiene when giving eye drops and nose spray for 1 (Residents #48) of 1 sampled resident. The findings are: A review of an admission Record indicated the facility admitted Resident #48 with diagnoses of Alzheimer's disease and cirrhosis of the liver. The Quarterly MDS with an ARD of 10/19/2023 revealed Resident #48 scored 11 (8-12 indicates moderately cognitively impaired) on a BIMS and required moderate assistance for activities of daily living (ADLs). A review of Resident #48's Physician Orders, for December 2023 revealed an order dated 10/26/2021 for Artificial Tears instill 2 drops in each eye four times a day related to dry eye syndrome and an order dated 6/19/2023 for Flonase Allergy Nasal Suspension 2 sprays in each nostril one time a day for allergies. On 12/21/2023 at 8:10 AM, when Licensed Practical Nurse (LPN) #2 proceeded to administer Nasal Spray to Resident #48, LPN #2 applied clean gloves, but did not ask the resident to blow his nose before administering the nose spray. LPN #2 gave one spray in each nostril. On 12/21/2023 at 8:15 AM, Licensed Practical Nurse (LPN) #2 prepared to give eye drops to Resident #48. Without performing hand hygiene, LPN #2 applied gloves and proceeded to administer the eye drops into both eyes. On 12/21/23 at 9:14 AM, Licensed Practical Nurse (LPN) #2 was asked how hand hygiene is performed between giving nasal spray and eye drops? LPN #2 said, Before, after, in between, gloves and hand care. On 12/21/23 at 8:50 AM, the DON provided the insert for Flonase Prescribing Information which documented, Using your FLONASE Nasal Spray: Step 1. Blow your nose to clear your nostrils . Review of the facility policy titled, Hand Hygiene, documented, Purpose: To provide guidelines for effective hand hygiene, in order to prevent the transmission of bacteria, germs, and infections. Policy: All personnel will use the hand-hygiene techniques, as set forth in the following procedure. The CDC has recommended guidelines on when to use non- antimicrobial soap and water, an antimicrobial soap and water or an antimicrobial-based hand rub . Before each patient encounter . After coming in contact with bodily fluid, dressings, mucous membranes, etc., and hands are not visibly soiled . After contact with medical supplies in patient areas. Always after removing gloves .