

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045259	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/29/2020
NAME OF PROVIDER OF SUPPLIER THE WATERS OF WOODLAND HILLS, LLC		STREET ADDRESS, CITY, STATE, ZIP 8701 RILEY DRIVE 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)		
F 0689 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on observation, record review, and interview, the facility failed to ensure 2 clothes dryers remained free of lint build-up to decrease the potential for fire and loss of laundry services for 1 of 1 laundry room. This failed practice had the potential to affect all 11 residents due to the potential for the interruption of laundry services according to the Resident Census and Conditions of Residents form dated 5/21/2020. The findings are: On 5/21/2020 at 12:38 p.m., during the Infection Control tour of the Laundry Department with the Director of Nursing (DON), the following observations were made: a. There were 3 electric dryers in the clean area of the laundry room. Laundry Aide #1 stated, Dryer #1 doesn't work. There was an approximate 1/4-inch-thick lint build-up between the two dryers. Dryer #2 and #3 had the lint drawers opened at the top of the dryers. In the top of dryers #2 and #3 there was an approximate 1/4-inch-thick lint build-up around the electrical wiring and the sides of the dryer wall. The Laundry Aide was asked to open the door to the lint trap of dryer #2. There was approximately 8 inches length and 3 inches height of lint build-up on the front floor of the dryer. There was lint hanging down from the lint trap that was approximately 1/4 inch thick. The entire lint trap was covered. The Laundry Aide was asked to open dryer #3 door to the lint trap. There was lint on the floor of the dryer around the electrical wiring approximately 6 inches in length and 3 inches of width. There was lint hanging down from the lint trap that was approximately 1/4 inch thick. The surveyor took photos at this time. b. On 5/21/2020 at 12:43 p.m., the Laundry Aide, was asked, Should there be lint in the dryers around the electrical wiring? She said, No. She was asked, What could happen? She said, Catch a fire. She was asked when was the last time the lint traps had been cleaned? She said, Around 8:30 or 9:00 am. She was asked to show the daily cleaning schedule. She showed the surveyor the logbook. There was no documentation in the logbook for April or May. c. On 5/21/2020 at 12:48 p.m., the DON provided a copy of the Laundry Daily Lint Screening Cleaning for March 2020. There were no checks documented on 3/8/2020, 3/15/2020, 3/18/2020, 3/19/2020 and 3/20/2020. This was the last cleaning check list provided to the surveyor. d. On 5/21/2020 at 1:02 p.m., the Administrator was asked, Should there be lint around the electrical wiring of the dryers? She said, No. She was asked, How often should the lint be cleaned? She said, At least every other load, we are going to get it cleaned right now. e. On 5/21/2020, the Laundry policy documented, . Drying . all dryer lint screens must be cleaned by laundry staff every 2 loads and documented on the Laundry Daily Lint Screen cleaning form .		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. Complaint # (AR 794) was substantiated, all or in part, with these findings. Based on record review and interview, the facility failed to ensure staff consistently implemented proper infection prevention and control practices to prevent the development and transmission of COVID-19 and other communicable diseases and infections by wearing a face mask to cover the nose and mouth and failed to ensure clean linens were stored in a clean and contained environment to prevent the potential spread of infection. These failed practices had the potential to affect all 11 residents who resided in the facility according to the Resident Census and Condition of Resident form dated 5/21/20. The findings are: a. On 5/21/2020 at 12:00 pm, the surveyor entered the facility and was greeted by the Business of Manager (BOM) with her surgical mask pushed down under her chin not covering her face. She then screened the surveyor for the potential of COVID-19 signs, symptoms and temperature. The Administrator came out of the office into the foyer and greeted the surveyor. Her face mask was not covering her nose. b. On 5/21/2020 at 12:07 pm, the surveyor met the Director of Nurses (DON) in the front foyer. Her face mask was not covering her nose. c. On 5/21/2020 at 12:17 pm, the DON made initial rounds with the surveyor on the B, C and D halls. Her surgical face mask was not covering her nose throughout the observations of the residents in their rooms. She was observed going in 2 rooms and walking up to the residents and talking to them with her face mask not covering her nose. The Assistant Director of Nurses (ADON) was observed coming out of the restroom with her face mask not covering her nose. She was introduced to the surveyor by the DON and then pulled her face mask up. d. On 5/21/2020 at 12:37 pm, the surveyor observed the clean linen laundry side of the laundry area with the DON and the Laundry Aide. There was a metal cage with clean linen supplies in the closet. The surveyor opened the door and saw 4 bags of chips, salt and pepper shakers, hot sauce, 2 boxes of crackers, box of popcorn, box of cookies on a shelf that is marked Flats next to flat sheets. There was an open container of candy sitting on a box that documented, Exam gloves. There were 3 boxes of gloves sitting on the floor and a bottle of cleaning solution. There was a bottle of Febreze and Fabulosa sitting on a shelf next to the clean linens. e. On 5/21/2020 at 12:47 pm, the surveyor observed Licensed Practical Nurse (LPN) #1 standing at the nursing station with her face mask pulled down from her nose as she was talking to the ADON. She saw the Surveyor and then pulled her face mask up to cover her nose. f. The surveyor reviewed the Centers for Medicare & Medicaid Services (CMS) document dated May 18, 2020 . that documented, .Access to adequate Personal Protective Equipment (PPE) for staff: Contingency capacity strategy is allowable . All staff wear all appropriate PPE when indicated . For the duration of the state of emergency in their State, all long-term care facility personnel should wear a facemask while they are in the facility . g. On 5/27/2020 at 11:42 am, the surveyor asked the BOM, How should you wear your face mask? She said, Cover your nose and mouth. When should you wear a face mask? She stated, Inside the building. Should your nose be covered while in the facility? She said, It should. She was asked, When you opened the door for me to get in the facility did you have a mask on? She said, I did not. h. On 5/27/2020 at 11:43 am, LPN #1 was asked, How should you wear your face mask? She said, Over your nose and mouth. When should you wear a face mask? She said, When coming in contact with residents and really all the time. Should your nose be covered while in the facility? She said, Yes. i. On 5/27/2020 11:47 am, the ADON was asked, How should you wear your face mask? She said, The loops behind your ears and snug across the nose. When should you wear a face mask? She said, All through the nursing home. Should your nose be covered while in the facility? She said, Yes. j. On 5/27/2020 11:48 am, the DON was asked, How should you wear your face mask? She said, Covering my nose and my mouth. When should you wear a face mask? She said, At all times while in the facility. Should your nose be covered while in the facility? She said, Yes. k. On 5/27/2020 11:49 am, the Administrator was asked, How should you wear your face mask? She said, Out on the halls and in resident rooms, in the office you can take it off. When should you wear a face mask? She said, Any time you are around other people and stand 6 feet apart. Should your nose be covered while in the facility? She said, Yes.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE (X6) DATE	

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.