

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 07/31/2020
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 0584 Level of harm - Potential for minimal 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. Complaint # (AR 845) was substantiated, all or in part, with these findings. Complaint # (AR 862) was substantiated, all or in part, with these findings. Based on observation and interview, the facility failed to ensure ceiling tiles in a resident room on the D hall and ceiling tiles in the physical therapy room were free from brown and black stains, and floors were free of dead insects to assure a clean, sanitary environment for the residents in 1 of 1 facility. The failed practices had the potential to affect 5 residents who received physical therapy services, as documented on a list provided by the Administrator on 7/30/20 at 11:35 AM. The findings are: 1. On 7/29/20 at 10:15 am, in the physical therapy room there were a total of 3 ceiling tiles with brown and black circular stains on them. One stain was approximately 6 inches in diameter. Photos were taken of the stained ceiling tiles. 2. On 7/29/20 at 11:22 am, the medical records room was observed with the Maintenance Supervisor in attendance. There were brown and black stains on the ceiling and dead insects on floor. He was asked about the stains and if it was a roof leak or the air conditioning? He stated it was the air conditioning and that he was having to repaint the ceiling tiles all the time. 3. On 7/29/20 at 11:30 am, there were brown with black circular stains on two ceiling tiles in room D11. Photo taken of stains. 4. On 7/30/20 at 10:10 am, the Administrator was informed of the ceiling tiles and she asked the surveyor to point out these ceiling tiles. She was shown the ceiling tile in the physical therapy room, then spoke with the Maintenance Supervisor to replace them. 5. On 7/30/20 at 10:10 am, the Maintenance Supervisor was shown the pictures of the tiles from the physical therapy room and was asked, What does that look like to you? He stated, It just looks like a water stain.		
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.