

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 03/06/2020
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 0600 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on record review and interview the facility failed to ensure residents were not punished for not following the facility's policy on smoking for 1 (Resident #6) of 4 (Residents #6, #54, #56 and #60) sampled residents who smoked. The findings are: 1. Resident #6 had a [DIAGNOSES REDACTED]. The Annual Minimum Data Set ((MDS) dated [DATE] documented the resident was independent with cognitive skills for daily decision making and was a current tobacco user. a. A Smoking assessment dated [DATE] documented the resident was safe to smoke without supervision. b. The Care Plan dated 2/5/19 documented, I have chosen to continue to smoke. 1/9/20 Smoking privileges' revoke x (times) 1 week until 1/16/20 due to non-compliant with smoking policy aeb (as evidenced by) smoking in front entrance of facility on sidewalk. I will be safe while smoking through next review. The facility smoking policy has been explained to me upon admission and will be explained again as needed due to forgetfulness. I have been shown the designated smoking area and will be assisted to and from the designated area at break times if needed. Staff will supervise me during smoke breaks to ensure safe usage of ash trays and extinguishment of cigarettes each time to prevent burns/accidents. I do not like the smoking policy. I have been advised all smoking materials including lighters must be stored in a secure location by the nursing staff, my family was also informed not to give smoking materials to directly to me but instead to the nursing staff. Smoking cessation was offered to me upon admission and I declined it. c. On 03/03/20 at 02:11 PM, during record review, a Social Service note dated 1/9/2020 at 15:27 (3:27 PM) documented, It was reported that (Resident #6) was smoking in front of the building @ (at) 1500/3:00, informed him per the smoking policy he signed his smoking will be taken for 5 days offered, a smoking cessation to crave the smoking. d. On 03/03/20 02:27 PM, this surveyor attempted to ask the resident about him being denied smoking privileges and he stated, I told you ladies that I didn't want to talk to you, leave me alone. e. On 03/04/20 at 10:29 AM, The Social Director was asked, How long have you been employed? She replied, Two years. Are you a licensed social worker? She replied, No. Why was the resident's smoking privileges' taken away? She replied, We have designated smoke times and designated smoke areas. He was in front of the building with no supervision, no ashtrays, it was not a designated smoking area. What was his response to this? She replied, He told me it didn't matter because he was going to smoke when he wants. During the 5 days did he smoke? She replied, I didn't see him smoking, he is cognitive, and he knows what the rules are. Do you think taking away his cigarettes was a form of punishment? She replied, I would say not punishment, but not following the policy and procedures and it was a safety measure for him. She was asked, You say it is a safety measure, but is he not assessed to smoke safely and without supervision? She replied, Yes, but he still has to have supervision. What measures did you attempt to discourage the behavior prior to taking away his cigarettes? She replied, When he goes out, I always tell him that we have designated times and area. I want him to follow the rules. If he is allowed to, the other residents will want to also. f. A Smoking Policy Documented, Accidents: Smoking. Policy: There will be no smoking permitted inside the facility. Smoking will be allowed for residents, staff, and visitors in designated areas only. Smoking must be 15 feet away from any doorway, window, or vent system of the facility. All resident's smoking materials will be kept by the facility in a secure location. There will be no use of oxygen while smoking or in the smoking area. Procedure. d. Smoking assessments will be completed upon admission, quarterly, annually, and with any significant change that determines the level of assistance required with the resident smoking population. ii. Any form of non-compliance with the facility storage of smoking articles, smoking inside the facility, smoking without supervision, etc. (etcetera) will require immediate notification to the administrator/designee. 1. A care plan meeting or a behavioral contract can be instituted in an attempt to recreate compliance with the standards and guidelines.</p>		
F 0626 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Permit a resident to return to the nursing home after hospitalization or therapeutic leave that exceeds bed-hold policy.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on record review and interview the facility failed to allow a resident to return to the facility after leaving the hospital for 1 Resident (R) #56 of 4 (Residents #24, #29, #46 and #56) sampled residents who had a hospital stay in the last 120 days. The findings are: 1. Resident #56 had [DIAGNOSES REDACTED]. The significant change Minimum Data Set ((MDS) dated [DATE] documented the resident was moderately impaired in cognitive skills for daily decision making and the most recent reentry to the facility was [DATE] from an acute hospital. a. A Nurses Note dated [DATE] at (3:40), documented Called to get update on (R #56) and was told he was admitted for GI (Gastrointestinal) Bleed and has been asking for pain meds (medications) doctor said no so he is now threaten to call EMS (Emergency Medical Services) to come get him so he can leave. I let proper staff know about the update. b. A Nurses note dated [DATE] at 08:27, documented Received call from (Hospital) from (Nurse) stating that resident is wanting to sign out AMA (Against Medical Advice) and could we make arrangements to pick him up. Called my DON (Director of Nursing) to confirm, DON informed me that it's against state regs (Regulations) to take him back if he signs out AMA; let nurse at (Hospital) be aware; left message with his daughter. c. A Nurses Note dated [DATE] at (7:21 pm) documented, Resident arrived to facility at (6:33 p.m.) from (Hospital) via cab, ambulating with rolling walker and a box of church's chicken. This nurse called over to (Hospital) and spoke with (Nurse), who verbalized that (Resident) had signed AMA paperwork and left. DON notified and advised this nurse to call (Medical Director). MD (Medical Director) called and told of situation, states that per state regulation, we cannot assume care. DON advised this nurse to call law enforcement and have resident escorted back to hospital and/or off premises, his choice. (Resident) notified of the situation and what we are required to do per state regulations. Verbalizes understanding after a while and goes back to room to gather things. Continuously states that he did not leave AMA, that the hospital was a lie, they were not properly treating him and would not give him food, that he did not sign AMA paperwork, and that he'd been discharged. Awaiting police arrival. d. A Nurses Note dated [DATE] at (7:38 pm) documented, (Administrator) called the facility to speak with this nurse about this resident going AMA at (Hospital). (Administrator) informed this nurse that he would have to leave the facility since we do not have orders for him to be here and (Medical Director) stated he would take him back. (Administrator) also stated that we would have to call (Ambulance) or police to get him out of the facility and that she wanted this nurse to give the message to (Nurses Name) (his nurse). I informed his nurse everything that (Administrator) told me. e. A Nurses note dated [DATE] at (7:46 pm) documented, Administrator called to advise this nurse to have (Police) issue a trespass notice so that resident cannot return to the premises. voiced understanding. (Police) on scene and notified. f. A Nurses Note dated [DATE] at (7:48 pm) documented, (Ambulance) called by (Police) to take (Resident) to (Hospital) per his request. (Ambulance) on scene at 1958 (7:58 PM) for transport, made aware of situation and</p>		
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.

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 03/06/2020
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 0626 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>(continued... from page 1)</p> <p>reason as to why report and paperwork was not to be given. Voiced understanding. g. On 03/05/20 at 10:11 AM, the Nurse Consultant was asked, Why did the facility not take the resident back? She replied, We did not have discharge orders from the hospital. Is the facility not his home? She replied, Yes, but we are required to follow physician orders [REDACTED]. Could the Medical Director not have come to the facility and assess the resident and write orders to continue his care? She replied, Yes, I understand what you are saying.</p>		
F 0636 Level of harm - Potential for minimal harm Residents Affected - Some	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, record review and interview the facility failed to ensure the Comprehensive Minimum Data Set (MDS) assessment was accurately coded to document the presence of dental caries to assure continuity of care for 1 (Resident #12) sampled resident who had dental caries. The findings are: Resident #12 was admitted on [DATE] with [DIAGNOSES REDACTED]. The Significant Change in Status Minimum Data Set ((MDS) dated [DATE] documented a score of 13 (cognitively intact) on the Brief Interview for Mental Status. The resident required extensive assistance from one staff member for personal hygiene. a. The Care Plan dated 4/18/19 did not address dental problems. b. On 3/3/20 at 11:47 AM, observation of the resident showed the right lower teeth missing. Four left lower teeth had marked dental caries. Upper dentures were in a denture cup on the bedside table. c. On 3/4/20 at 1:34 PM, the record review revealed the Significant Change in Status dated [DATE] did not document dental problems. d. On 03/05/20 at 09:59 AM, the resident was asked, Do you have upper dentures? She answered, Yes but they are old and loose. I don't wear them much. She was asked, Are those cavities in your lower teeth? She answered, No, they are rotten, and they are loose. She giggled one of her loose bottom teeth with her index finger to demonstrate. e. On 03/05/20 at 10:46 AM, the MDS Coordinator was asked, Resident #12 has some loose and carious teeth on the bottom. Is that documented on the comprehensive assessment? She answered, No ma'am. She was asked, Are loose and carious teeth addressed on the care plan? She answered, No ma'am. She was asked, Should loose and carious teeth be documented on the MDS? She answered, Yes ma'am. She was asked, Should loose carious teeth be addressed on the care plan? She answered, Yes ma'am. I have a Quarterly assessment open now. I will add it.</p>		
F 0645 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, record review, and interview, the facility failed to ensure a Preadmission Screening and Resident Review (PASARR) Level II was in place in the medical record, and in the facility for 1 (Resident #30) of 7 sampled residents. This failed practice had the potential to affect 24 residents in the facility who required a Level II PASARR's according to the list provided by the Director of Nursing (DON) on 03/06/20. The findings are: 1. Resident #30 had [DIAGNOSES REDACTED]. The Annual Minimum Data Set with an Assessment Reference Date of 12/25/19 documented, the resident scored 15 (13-15 indicates cognition intact) on a Brief Interview for Mental Status, required extensive to total assistance with activities of daily living self-performance skills with one to two person physical assist. a. On 03/05/20 at 09:10 AM, the Social Director was asked if the resident had a Level II PASARR. She provided a letter that documented, Has been approved for nursing home placement by OLTG (Office of Long-Term Care) . You must contact the PASARR with the client's admitted in order to receive completed PASARR evaluation. b. On 03/05/20 at 10:42 AM, the Social Director contacted the office that issues the PASARR's and was told the resident did have a Level II. The Social Director could not find the Resident's PASARR.</p>		
F 0656 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation and record review the facility failed to ensure Physician order [REDACTED]. The findings are: 1. Resident #20 had a [DIAGNOSES REDACTED]. The Quarterly Minimum Data Set ((MDS) dated [DATE] documented the resident was moderately impaired in cognitive skills for daily decision making and did not have any application of ointments or dressings to the feet. a. The Care Plan dated [DATE] did not address the residents' skin condition or the treatment of [REDACTED]. b. A Physician's Progress Note dated 1/22/2020 documented, . [MEDICATION NAME] to be applied to bilateral lower extremities qd (everyday) for Xeroderma (Dry Skin) . c. The Treatment Administration Record (TAR) for February 2020 was reviewed. There was not an initial in the space for the 9:00 PM administration of the [MED]. d. A physician's orders [REDACTED]. e. The TAR was reviewed for March 2020. There were no initials in the 9:00 AM or the 9:00 PM space on [DATE], 9:00 PM on [DATE] and 3/3/2020 indicating that the treatment had been completed as ordered. f. On 03/03/2020 at 09:23 AM, the resident stated they went to the dermatologist and a cream was ordered twice a day to his feet. He stated, Sometimes it doesn't get done twice a day and some days it doesn't get done at all. The resident pulled off his shoes and the top of the left foot was discolored, and the bottom of his right foot had an area of patchy dry skin. g. On 03/06/2020 the treatment nurse was unavailable for interview.</p>		
F 0657 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, record review and interview, the facility failed to implement and revise a person centered care plan to meet the residents' needs and to address the necessary monitoring and precautions related to dental problems for 1 (Resident #12) of 1 sampled resident who had dental problems, and related to a one-on-one activity program for 1 (Resident #64) of 1 sampled resident who required one-on-one activities. The findings are: 1. Resident #12 was admitted on [DATE] with [DIAGNOSES REDACTED]. The Significant Change in Status Minimum Data Set ((MDS) dated [DATE] documented a score of 13 (cognitively intact) on the Brief Interview for Mental Status. The resident required extensive assistance from one staff member for personal hygiene. a. On 03/03/20 at 11:47 AM, observation of the resident showed the right lower teeth missing. Four left lower teeth had marked dental caries. Upper dentures were in a denture cup on the bedside table. b. On 03/04/20 at 1:34 PM, the record review revealed the Significant Change in Status Minimum (MDS) data set [DATE] did not document dental problems. The Care Plan dated 4/18/19 did not address dental problems. c. On 03/05/20 at 09:59 AM, the resident was asked, Do you have upper dentures? She answered, Yes but they are old and loose. I don't wear them much. She was asked, Are those cavities in your lower teeth? She answered, No, they are rotten, and they are loose. She giggled one of her loose bottom teeth with her index finger to demonstrate. d. On 03/05/20 at 10:46 AM, the MDS Coordinator was asked, Resident #12 has some loose and carious teeth on the bottom, is that documented on the comprehensive assessment? She answered, No ma'am. She was asked, Are loose and carious teeth addressed on the care plan? She answered, No ma'am. She was asked, Should loose and carious teeth be documented on the MDS? She answered, Yes ma'am. She was asked, Should loose carious teeth be addressed on the care plan? She answered, Yes ma'am. I have a Quarterly assessment open now. I will add it.</p> <p>2. Resident #64 had [DIAGNOSES REDACTED]. The Quarterly Minimum Data Set with an Assessment Reference Date of 2/9/20 documented the resident was severely impaired was totally dependent on assistance for activities of daily living. On 03/05/20 at 03:00 PM, the MDS/Care Plan Coordinator was asked, Does the resident have one-on-one activities listed in the care plan? She looked and said, No it's not in there. She was asked, Should it be in there? She stated, Yes, and I will put it in now. I will from now on look over the activity portion and make sure they have put everything on there that needs to be on there.</p>		
F 0677 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, record review, and interview, the facility failed to ensure the resident was shaved and fingernails</p>		

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 03/06/2020
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 0677 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>(continued... from page 2)</p> <p>on the left hand were cleaned for 1 (Resident #64) of 13 sampled residents who were dependent on staff for personal hygiene care. This failed practice had the potential to affect 30 residents in the facility that were dependent on staff for personal hygiene according to a list provided by the Director of Nursing (DON) on 3/6/20. The findings are: Resident #64 had [DIAGNOSES REDACTED]. The Quarterly Minimum Data Set with an Assessment Reference Date of 2/9/20 documented the resident was severely impaired and was totally dependent for activities of daily living. a. The Plan of Care dated 1/28/20 documented, I require extensive to total assist x (times) 2 staff with bed mobility, transfer via mesh lift with assist x2, dressing, toileting, personal hygiene, bathing and locomotion . I will continue to have all my cares met by staff. b. On 03/03/20 at 09:06 AM, resident in bed asleep, needs a shave. c. On 03/05/20 at 09:03 AM, resident in bed asleep, lying on back, needs a shave. No odors in room, but when moved closer to the resident's bed, there was body odor from the resident. 03/05/20 at 09:15 AM, resident in bed asleep, still needs a shave. There is a dried food substance around the resident's face and right cheek and a brown substance under the resident's fingernails on the left hand. d. On 03/05/20 at 09:21 AM, Certified Nursing Assistant #1, was asked, who was the care giver for the resident today and if the resident was to get a bath today. He replied, Yes, I will go and check with the bath aides and see when he will get a bath He checked with the bath aide and was told, 'There is one more and after we are done with her, we will get him.' e. On 03/05/20 at 11:53 AM, the resident is still in bed lying on his back, awake, cannot speak d/t (due to) [MEDICAL CONDITION], he can nod yes/no. When asked, Do you need a shave? He felt his face and nodded his head yes. When asked, Have you had a bath? He nodded his head no. The resident still has dried on food around his mouth. Fingernails still with a brown substance under them on the left hand. f. On 3/05/20 at 02:09 PM, the resident was transferred from bed to shower gurney per CNA #1 and CNA #2. The resident was given a shower by CNA #3. g. On 3/6/20 at 12:01 PM, Certified Nursing Assistant (CNA) #1 was asked, How often are a resident's fingernails cleaned? He replied, Daily. How often are resident's bathed? He replied, Every other day. How often are residents shaved? He replied, With showers. If a resident has dried food on their face what do you do? He replied, Try to clean it. h. On 3/6/20 at 12:06 PM, CNA #4 was asked, How often are a resident's fingernails cleaned? She replied, Daily. How often are resident's bathed? She replied, Certain days, every other day. How often are residents shaved? She replied, Every shower and as needed. If a resident has dried food on their face what do you do? Clean it. i. On 3/6/20 at 12:10 PM, CNA #2 was asked, How often are a resident's fingernails cleaned? She replied, Each shower and as needed. How often are Resident's bathed? She replied, Three times a week or as needed. How often are residents shaved? She replied, Shower. If a resident has dried food on their face what do you do? She replied, Ask if I can clean it. j. The Facility's Activity of Daily Living (ADL) (Routine Care Policy) provided by the DON on 3/6/20 documented, Residents are given daily care and HS (hours of sleep) care by Certified Nursing Assistant (CNA) or a nurse to promote hygiene, provide comfort, and provide a homelike environment. ADL care is provided throughout the day, evening and night.</p>		
F 0684 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, record review and interview the facility failed to ensure treatments were done according to Physician order [REDACTED]. #20) of 1 sampled resident who had ointment to be applied. The findings are: 1. Resident #20 had a [DIAGNOSES REDACTED]. The Quarterly Minimum Data Set (MDS) dated [DATE] documented the resident was moderately impaired in cognitive skills for daily decision making and did not have any application of ointments or dressings to the feet. a. A Physician's Progress Note dated 1/22/2020 documented, . [MEDICATION NAME] to be applied to bilateral lower extremities qd (everyday) for Xeroderma (Dry Skin) . b. A physician's orders [REDACTED]. c. The Treatment Administration Record (TAR) was reviewed for March 2020. There were no initials in the 9:00 AM or the 9:00 PM spaces on [DATE], the 9:00 PM spaces on [DATE] and 3/3/2020 to indicate the treatment had been completed as ordered. d. On 03/03/20 at 09:23 AM, the resident stated they went to the dermatologist and a cream was ordered twice a day to his feet. He stated, Sometimes it doesn't get done twice a day and some days it doesn't get done at all. The Resident pulled off his shoes and the top of the left foot was discolored, and the bottom of his right foot had an area of patchy dry skin. e. As of 3/6/20, there was no documentation on the resident's care plan related to the resident's skin condition or the cream that was to be applied. f. On 03/06/2020 the treatment nurse was unavailable for interview.</p>		
F 0686 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, record review, and interview, the facility failed to ensure heels were off loaded to prevent skin breakdown for 1 (Resident #64) of 1 sample resident. This failed practice had the potential to affect 13 residents who were at risk for pressure ulcers according to the list given by the Director of Nursing (DON) on 3/6/20. The findings are: 1. Resident #64 had [DIAGNOSES REDACTED]. The Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 2/9/20 documented the resident was severely impaired. a. The Plan of Care dated 1/28/20 documented, I am at risk for skin breakdown and pressure ulcers r/t (related to) decreased mobility, bowel and bladder incontinence and being dependent on staff for repositioning. Resident's skin will remain intact through next review. Assist me with showers three times weekly as tolerated, PRN, (as needed) and upon request. Assist me with turning and repositioning every two hours. Minimize pressure over bony prominence. b. On 03/03/20 at 09:06 AM, Resident #64 was in bed asleep. The resident's feet were lying directly on the bed and were not off loaded. The resident had right sided [MEDICAL CONDITIONS] cannot move right leg voluntarily. c. On 03/05/20 at 09:21 AM, the resident was in bed, lying on his back and heel were not off loaded. Both heels were lying directly on the bed. The resident was able to move his left leg but not the right due to a stroke. At 11:53 AM, the resident was still in bed lying on his back, heels were not offloaded. d. On 03/05/20 at 02:09 PM, the resident was given a shower by Certified Nursing Assistant (CNA) #3 and the resident's right heel was reddened but skin intact. At 3:10 PM, the Director of Nursing was informed of the redness to the resident's right heel. e. On 3/6/20 at 09:17 AM, CNA #3 was asked, What can you do to prevent pressure areas to a resident's heels when they are in bed? CNA #3 stated, 'Turn and reposition them at least every two hours, put boots on and use pillows to off load. At 09:18 AM, CNA #4 was asked, What can you do to prevent pressure areas to a resident's heels when they are in bed? CNA #4 stated, Reposition them, place pillows under heels. At 09:20 AM, CNA #2 was asked, What can you do to prevent pressure areas to a resident's heels when they are in bed? CNA #2 stated, Bridge heels, keep them turned, get them out of bed. f. The Facility's Policy for Skin Integrity provided by the Nurse Consultant on 3/6/20 documented, Policy: The facility will have a system to maintain, direct changes, and treatment impairments in skin integrity.</p>		
F 0759 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation of the 8:00/9:00 medication pass on 3/4/20, record review and interview, the facility failed to ensure Physician's Orders were followed to maintain a medication error rate of less than 5% to prevent potential complications for 2 (Residents #70, #42) of 9 residents observed during the medication passes resulting in medication errors. Medication errors were made by 2 Licensed Practical Nurses (LPN #1 and #2) of 3 LPNs observed administering medications during the medication passes. The medication error rate was 10% based on observation of 30 opportunities, 2 errors, one medication ordered and was not administered (3 errors detected). The findings are: 1. Resident #70 had [DIAGNOSES REDACTED]. a. A Physician's Order dated 10/25/17, documented, Flush PEG (Percutaneous Endoscopic Gastrostomy) with 60 ML (milliliter) water before and after medication administration three times a day . b. On 03/04/20 at 09:15 AM, LPN #1 prepared medication for Resident #70. She poured 30 milliliters (ml) water into the syringe for flush and administered by gravity. She stirred the cup of medication and poured it into the syringe and administered by gravity. She poured 30 ml water into the syringe for flush and administered by gravity. She connected the tubing and restarted the pump. c. On 03/05/20 at 09:32 AM, LPN #1 was asked, Yesterday did you flush the PEG tube with 30 ml of water before and after the medication? She answered, Yes. I gave 30 ml before and after and then later I realized that it should have been 60 ml before and after. 2. Resident #42 had [DIAGNOSES REDACTED]. a. A Physician's Order dated 12/25/19 documented, . [MEDICATION NAME] Suspension 50 MCG/ACT (microgram/actuation) ([MED]) 2 spray in each nostril one time a day for Nasal Congestion . b. On 03/04/20 at 09:45 AM, LPN #2 administered the following medications to Resident #42: [MEDICATION NAME]/[MEDICATION NAME] updraft unit dose 1, [MEDICATION NAME] tart ([MEDICATION NAME]) 25 mg tab (milligram tablet) , [MEDICATION NAME] 10 mg tab 1, [MEDICATION NAME] 40 mg tab 1, [MEDICATION NAME] 10 mg tab 1, stool softener 100 mg ([MEDICATION NAME] Sodium) tab 1, Mag Ox (Magnesium oxide) 400mg tab 1, vitamin D 1000 IU (international unit) tab 1. She did not administer the [MEDICATION NAME] Suspension</p>		

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 03/06/2020
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 0759 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some F 0760 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>(continued... from page 3) 50 MCG/ACT. c. On 03/05/20 at 09:30 AM, LPN #2 was asked, Did you give Resident #42 any [MEDICATION NAME] nasal spray at the time I observed you? She answered, No ma'am. I did it later. She was asked, Why did you give it later? She answered, It wasn't on the cart because it was on another cart.</p> <p>Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure antipsychotic medications and anti-anxiety were discontinued per physician orders [REDACTED].#29) of 1 sampled resident who have Dementia and who receive antipsychotic and/or antianxiety medications. The findings are: Resident #29 had [DIAGNOSES REDACTED]. The Minimum (MDS) data set [DATE] documented the resident received antipsychotic medication for 7 days and received antianxiety medication for 7 days. a. The Medication Review Report from November 2019 through March 2020 documented, .[MEDICATION NAME] ([MEDICATION NAME]) tablet 0.5 mg (milligram) give 1 tablet by mouth at bedtime related to [MEDICAL CONDITION] with delusions due to unknown physiological condition .order date 12/17/2019 .discontinued 03/05/2020 . b. The Medication Review Report from November 2019 through March 2020 documented, .[MEDICATION NAME] tablet 2.5 mg give 1 tablet by mouth at bedtime related to [MEDICAL CONDITION] with delusions due to unknown physiological condition .order date 1/2/2020 .discontinued 03/05/2020 . c. The Note to Attending Physician/Prescriber dated 1/23/2020 documented, .The resident is receiving [MEDICATION NAME] 2.5 mg QHS (every bedtime) for [MEDICAL CONDITION]. He also has a [DIAGNOSES REDACTED]. The physician ordered the medication to be discontinued as indicated by a hand-written check mark. The form was signed and dated by the physician on 02/05/2020. d. The Medication Administration Record [REDACTED]. e. The MAR from March 2020 documented the resident received [MEDICATION NAME] 2.5 mg for 5 days in March 2020 (03/01/2020 through 03/05/2020). f. The Note to Attending Physician/Prescriber dated 1/23/2020 documented, PRN (as needed) orders for [MEDICAL CONDITION] drugs are limited to 14 days . The physician ordered the medication to be discontinued as indicated by a hand-written check mark. The form was signed and dated by the physician on 02/05/2020. g. The Medication Review Report from March 2020 documented, .[MEDICATION NAME] tablet 0.5 mg give 1 tablet by mouth every 6 hours as needed for anxiety .order date 01/27/2020 .discontinued 03/05/2020. h. On 03/05/2020, the DON was asked about the physician order [REDACTED]. i. These are significant medication errors due to the frequency of the errors in administration of two [MEDICAL CONDITION] medications.</p>		
F 0804 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Based on observation and interview, the facility failed to ensure food was prepared by methods that maintained the appearance; and was served at temperatures that were acceptable to the residents who ate meals in their rooms to maintain palatability and encourage good nutritional intake on 4 (E, F,G, and H Halls) of 4 halls. The failed practice had the potential to affect 8 residents who ate in their rooms on E Hall, 7 residents who ate in their rooms on F Hall, 8 residents who ate in their rooms on G Hall, and 15 residents who ate in their rooms on H hall according to lists provided by Dietary Employee #1 on 3/5/2020. The findings are: 1. On 3/03/20 at 8:51 AM, Resident #57 was asked if the facility served food at acceptable temperatures. He stated, it was not hot when he gets it. 2. On 3/05/20 at 12:11 PM, the first unheated cart that contained 20 lunch trays was delivered by the nurses' station for the E and F halls. At12:30 PM, immediately after the last resident received a tray from the first cart, the temperature of the food items on trays used as test trays were checked and read by Dietary Employee #1 with the following results: a. Steak patty with gravy 108 degrees Fahrenheit (F). b. Pureed meat 102 degrees F 3. On 3/05/20 at 12:28 PM, the second unheated cart that contained 14 lunch trays was delivered by the nurses' station for the F and G halls. At 12:49 PM, immediately after the last resident received a tray from the third cart, the temperature of the food items on the test trays were checked and read by Dietary Employee #1 with the following results a. Milk 50 degrees F b. Chuckwagon corn 94 F degrees F c. Steak patty with gravy 70 degrees F e. English peas 106 degrees F f. Ground meat with gravy 100 degrees F g. Cream corn 102 degrees F h. Pureed meat 100 F degrees F i. Pureed corn 100 F degrees F</p>		
F 0805 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>Based on observation and interview, the facility failed to ensure pureed food items were blended to a smooth, lump-free consistency to minimize the risk of choking or other complications for residents who required pureed diets for 2 of 2 meals observed. This failed practice had the potential to affect 7 residents who received pureed diets, as documented on the Diet List provided by Dietary Employee #1 on 3/5/2020. The findings are: 1. On 3/04/2020 at 3:42 PM, Dietary Employee #2 pureed Italian vegetable blend to be served to the residents on pureed diets for supper. The consistency of the pureed vegetables was not smooth, it was lumpy. 2. On 3/04/2020 at 3:47 PM, Dietary Employee #2 pureed pasta with sauce and poured the mixture into a pan. The consistency of the pureed pasta with sauce was not smooth. There were pieces of noodles visible in the mixture. 3. On 3/04/2020 at 3:51 PM, Dietary Employee #2 pureed breaded chicken patties with broth and poured the mixture into a pan. The mixture did not have a smooth consistency and had particles of meat that were visible in the mixture. 4. On 3/04/2020 at 4:39 PM, when Dietary Employee #2 was ready to serve the supper meal. She was asked to describe the consistency of the pureed food items on the steam table to be served to the residents on pureed diets. She stated, Pureed vegetable blend was not smooth. It was lumpy. Pureed pasta was not smooth. It has pieces of noodles in it and pureed chicken was not smooth, it was gritty. 5. On 3/05/2020 at 7:41 AM, pureed sausage served to the residents on pureed diets was not smooth, it was gritty. 6. On 3/05/2020 at 7:43 AM, Certified Nursing Assistant (CNA) #3 who was assisting residents in the dining room with their meal and was asked to describe the consistency of the pureed sausage served to the residents on pureed diets. She stated, It was soft and ground. 7. On 3/05/2020 at 7:45 AM, Licensed Practical Nurse (LPN) #3 and CNA #5 who were assisting residents in the dining room with their meal were asked to describe pureed sausage served to the residents on pureed diets. They both stated, Pureed sausage was not smooth, it was gritty. 8. On 3/05/2020 at 7:52 AM, Dietary Employee #2, who prepared the breakfast meal was asked to describe the pureed sausage served to the residents on pureed diets. She stated, It was not smooth, it was gritty.</p>		

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 observation and interview, the facility failed to ensure food items stored in the refrigerator, freezer and the storage areas were sealed or covered; staff washed their hands between dirty and clean tasks and before handling clean dishes; food preparation equipment was maintained in clean and sanitary condition; and two ice machines and two ice scoop holders were maintained in clean and sanitary condition to prevent contamination/food borne illnesses for residents who received meals from 1 of 1 kitchen. These failed practices had the potential to affect 71 residents who received meals from the kitchen (total census: 73), as documented on a list dated 3/5/2020 and provided by Dietary Employee #1. The findings are: 1. On 3/04/2020 at 1:19 PM, the following observations were made in the walk-in refrigerator: a. An open box of turkey patties was on a shelf in the walk-in refrigerator. The box was not covered or sealed. b. An open box of turkey breast was on the shelf in the walk-in refrigerator. The container was not covered. 2. On 3/04/2020 at 1:22 PM, the following observations were made in the walk-in freezer: a. An open box of beef tips was on a shelf in the walk-in freezer. The box was not covered or sealed. b. An open box of biscuits was on a shelf in the walk-in freezer. The box was not covered or sealed. 3. On 3/04/2020 at 1:28 PM, an open box of cocoa mix was on a shelf in the storage room. The box was not covered or sealed. The mixture was in clumps, had a tannish color and had a strong odor. The date on the box was 8/18/17. 4. On 3/05/2020 at 11:19 AM, Dietary Employee #1, #3 and #2 were asked to describe the appearance of cocoa powder mix. Dietary Employee #1 stated, They are like rocks and has tannish color and smells. Dietary Employee #3 stated, That looks like rock. Dietary Employee #2 stated, It had a spoiled smell. 5. On 3/04/2020 at 1:37 PM, the ice scoop holder on the wall by the ice machine in the kitchen had water standing in it. There were pieces of corroded brown residue floating on it. The ice scoop was stored in the scoop holder in direct contact with the residue. Dietary Employee #1 was asked to describe the appearance of the water in the scoop holder. She stated, They were brown residue floating in the water. The right interior of the ice machine that was touching the ice had black matter on it. Dietary Employee #1 was asked who used the ice from the machine

If continuation sheet
Page 5 of 5