

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045232	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/24/2020
NAME OF PROVIDER OF SUPPLIER THE WATERS OF STAMPS, LLC		STREET ADDRESS, CITY, STATE, ZIP 826 NORTH STREET STAMPS, AR 71860	
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 0550 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview the facility failed to ensure a resident's mattress was not placed in the hallway on the floor and the resident was fully covered and not exposed to maintain 1 (Resident #1) of 1 resident lying on a mattress in the hallway in full view of the nurse's station. This failed practice had the potential to affect 1 resident who resided on the Covid-19 unit. The findings are: 1. Resident #1 had [DIAGNOSES REDACTED]. The Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 08/06/2020 documented the resident scored 3 (0 - 7 indicates severely impaired) on a Brief Interview for Mental Status (BIMS), and required total dependence for bed mobility, extensive assistance in moving from bed to chair to wheelchair, total dependence for dressing, extensive assistance with eating, total dependence for toilet use, total dependence for personal hygiene and total dependence for bathing. a. The Care Plan dated 07/29/2020 documented Resident (R) #1 has impaired cognitive function with Dementia, he needs assistance with all decision making, provide him with a homelike environment such as visible clocks, a calendar, low glare light, consistent care routines, familiar objects and reduced sensory noise, provide a calm, positive environment. b. On 08/14/2020 at 10:30 a.m., while on rounds in the facility Covid-19-unit R #1 was lying on a mattress in the hallway by the nurse's station. R #1 was wearing a t-shirt and was partially covered with a sheet. The resident's right leg was in his pants to the knee, the left leg was out of his pants. The resident's brief was in full view. c. On 08/14/2020 at approximately 10:40 a.m., the Director of Nursing (DON) was asked, Why is the resident's mattress on the floor? The DON stated, He's a fall risk. He is Care Planned for the mattress on the floor. The DON was asked, Why is the mattress in the hallway and not in his room? The DON stated, He's an elopement risk. We don't have the staff for one on one with him. The DON was asked, Why is he not in a Geri-chair? The DON stated, He won't stay in a Geri-chair. d. On 08/17/2020 at 11:30 a.m. and on 08/18/2020 at 10:00am., R # sitting in front of the nurse's station in a Geri-chair.		
F 0727 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. Based on record review and interview, the facility failed to ensure a Registered Nurse (RN) was on duty for 8 consecutive hours per day as required for 1 of 16 days reviewed. This failed practice had the potential to affect all 45 residents who resided in the facility, as documented on the Census List provided by the Administrator on 8/14/2020. The findings are: 1. On 8/17/2020 at 11:00 a.m., the facility Daily Staffing Logs dated from 8/1/2020 through 8/16/2020 were reviewed with the following results: a. The Daily Staffing Logs dated Saturday, 8/1/2020, Sunday 8/2/2020, Monday 8/10/2020, and Thursday 8/13/2020 documented there was no Registered Nurse (RN) staffing for 8 hours. b. The Nursing Schedules provided by the Administrator on 8/17/2020 at 11:46 a.m. were reviewed. There was an RN scheduled for 8/1/2020 and 8/2/2020 but the RN was not signed in on daily staffing sheets. On 8/10/2020 and 8/13/2020 there was no RN scheduled for duty. c. The Payroll Detail Report provided by the Business Office Manager on 8/1/2020 at 10:00 a.m. documented (RN) the Minimum Data Set Coordinator worked from 7:00 a.m. to 11:00 a.m., on 8/1/20, This was a total of 4 hours. d. On 8/20/2020 at 10:34 a.m., the Administrator was asked if she was aware the regulation states the RN coverage is required to be 8 consecutive hours per day. The Administrator stated, The facility will address the situation.		
F 0908 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Keep all essential equipment working safely. Based on record review and interview the facility failed to ensure a whirlpool lift was maintained in proper working order. This failed practice had the potential to affect 6 residents who required a lift for bathing in the whirlpool, as documented by a list provided by the Director of Nursing (DON) on 08/18/2020. The findings are: 1. On 8/17/2020, the Whirlpool life was observed and was not in proper working order. 2. On 08/17/2020 at 11:36 a.m., Certified Nursing Assistant (CNA) #3 was asked how long the lift had been broken. CNA #3 stated, I have been here for a year and a half and I haven't seen it being used. CNA #3 was asked, How are the residents who require a whirlpool bath being bathed? CNA #3 stated, The residents who are stable enough to stand get showers, we give the residents who need the lift a full bed bath. 3. On 08/17/2020 at 11:54 a.m., the facility Maintenance Supervisor (MS) was asked, Are you aware that the lift in the whirlpool room is not working? The MS stated, No. I didn't know. Nobody told me it wasn't working. It probably just needs plugged in so the batteries can charge. 9 times out of 10 it's the batteries. The MS was asked, How are you made aware of maintenance requests from staff? The MS stated, They write them down in our Maintenance Log, sometimes they'll tell me. 4. On 08/17/2020 at 12:14 p.m., CNA #2 was asked how long the lift had been broken. CNA #2 stated, I started in June (2020) and it hasn't worked since I have been here. CNA #2 was asked, Who do you notify for maintenance requests? She stated, The maintenance man. CNA #2 was asked do you notify him in writing or verbally? CNA #2 stated, Both. We write it in the Maintenance Log, or if we see him, we just tell him. CNA #2 was asked, How are the residents who require a whirlpool bath being bathed? She stated, They get bed baths. 5. On 08/18/2020 at 10:10 a.m., the facility Maintenance Log were reviewed. There were no requests to repair the lift in the maintenance log. 6. On 08/18/2020 at 10:20 a.m., CNA #4 was asked, How long has the lift been broken? CNA 4 stated, It's been down for a while, 6 months at the most. CNA #4 was asked, Who do you notify for maintenance requests? She stated, We use the Maintenance Log Book and we go to him and tell him. CNA #4 was asked, Have you reported the lift being broken? She stated, Yes. I've reported it more than once. They'll piece it together and it will work for a while then it just breaks again. CNA #4 was asked, How are residents who require a whirlpool bath being bathed? She stated, They get full bed baths.		
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.