STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045212	A. BUILDING _____ B. WING _____	06/30/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
THE WATERS OF ROGERS, LLC	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 0583 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Some	**Keep residents' personal and medical records private and confidential.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview, the facility failed to provide appropriate accommodations and privacy for residents who tested positive for COVID-19, to sustain an environment that humanizes and promotes each residents' well-being and feelings of self-worth for 5 (Residents #1, #2, #3, #4, and #5) who resided on the make-shift COVID-19 (Red Zone) Unit. The facility COVID-19 Unit was located on the previous Men's Secure Unit, B Hall, South. This failed practice had the potential to affect all 16 residents who resided on the facility COVID-19 Unit, according to the Facility's Resident List Report dated 6/26/2020. The findings are: 1. Resident #1 had [DIAGNOSES REDACTED]. The Quarterly Minimum Data Set with an Assessment Reference Date of 5/8/2020 documented the resident scored 15 (13-15 indicates cognitively intact) on a Brief Interview for Mental Status; required one-person assistance with incontinent care; was dependent on two-person assistance with a mechanical lift for transfers; and had documented behaviors that included false allegations directed toward males. a. On 6/26/2020 at 12:32 p.m., Resident #1 was sitting upright in her bed pushing buttons on her cell phone. The resident resided in a room with two other female residents. The Room was the Day Area when utilized as the Men's Secure Unit prior to the COVID-19 pandemic. The room had two Broda chairs and a regular wheelchair in the room. There were boxes of clothes sitting on the floor. The room had no call lights for the residents to use to call for assistance and there were no privacy curtains in the room. 2. Resident #2 had [DIAGNOSES REDACTED]. The Quarterly Minimum Data Set with an Assessment Reference Date of 4/30/2020 documented the resident was unable to complete a Brief Interview for Mental Status because rarely or never understood; required two-person assistance with incontinent care; and was dependent on two-person assistance with a mechanical lift for transfers. a. On 6/26/2020 at 12:32 p.m., Resident #2 was lying in bed. The resident resided in the same room with two other female residents. The room was the previous Day Area when utilized as the Men's Secure Unit prior to the COVID-19 pandemic. The room had 2 Broda chairs and a regular wheelchair in the room. There were boxes of clothes sitting on the floor. The room had no call lights for the residents to use to call for assistance and there were no privacy curtains in the room. 3. Resident #3 had [DIAGNOSES REDACTED]. The Quarterly Minimum Data Set with an Assessment Reference Date of 4/14/2020 documented the resident scored 1 (0-7 indicates severe cognitive impairment) on a Brief Interview for Mental Status; required one-person assistance with transfers and incontinent care; was dependent on staff for a majority of her care needs; and had documented behaviors that included becoming agitated and combative with incontinent care. a. On 6/26/2020 at 12:32 p.m., Resident #3 was lying in bed. The resident resided in a room with two other female residents and was the previous Day Area when utilized as the Men's Secure Unit prior to the COVID-19 pandemic. The room had two Broda chairs and a regular wheelchair in the room. There were boxes of clothes sitting on the floor. The room had no call lights for the residents to use to call for assistance and there were no privacy curtains in the room. b. On 6/29/2020 at 11:59 a.m., Certified Nursing Assistant (CNA #1) was asked, Are there any call lights in room [ROOM NUMBER]? CNA #1 stated, No, but they have a bell that they can ring. All three residents have bells. CNA #1 was asked, How many of the three residents in room [ROOM NUMBER] use or ring the call bell when they need assistance? CNA #1 stated, Just (Resident #1). She kind of watches over the other two residents. CNA #1 was asked, What do you do to provide privacy for the residents in room [ROOM NUMBER] when doing incontinent care? CNA #1 stated, Someone will hold up a blanket. All of the residents in that room are a one-person assist (assistance). We always have two CNAs and a nurse on the Day Shift. CNA #1 was asked, What happens if the other CNA and Nurse are taking care of one of the other 16 residents on the COVID-19 (Red Zone) Unit? CNA #1 stated, There is always that chance. CNA #1 was asked, Are the three residents in room [ROOM NUMBER] getting baths or showers? CNA #1 stated, No, they are getting bed baths. c. On 6/29/2020 at 12:32 p.m.; Licensed Practical Nurse (LPN #1) was asked, Are there any call lights in room [ROOM NUMBER]? LPN #1 stated, No, no call lights back there. They have a bell back there for (Resident #1). She will notify staff. The other two residents don't have a bell. They wouldn't use them anyway. LPN #1 was asked, Do they have any privacy curtains in room [ROOM NUMBER]? LPN #1 stated, Not that I am aware of. LPN #1 was asked, Do the residents in room [ROOM NUMBER] require assistance with incontinent care? LPN #1 stated, Yes, they all do. d. On 6/30/2020 at 7:26 a.m., LPN #2 was asked, How long have you been working on the COVID-19 (Red Zone) Unit? LPN #2 stated, Since May 29th (5/29/2020). LPN #2 was asked, How many CNAs work with you on the COVID-19 Unit? LPN #2 stated, Last night was the first time I had two CNAs working back here. We have had as many as twenty residents back here. LPN #2 was asked, Why were the 3 female residents placed in room [ROOM NUMBER] which was the previous Day Area when operating as the Men's Secure Unit? LPN #2 stated, I guess because they didn't have anywhere else to put the positive COVID-19 residents. The A Hall, up front, was the Red Zone at one time. Now it is used for new admissions and re-admissions who have tested negative for the Coronavirus. The residents were put back there at the same time. Probably for about one week. I'm not exactly sure. (Resident #1) was just moved to a different room on the Unit. LPN #2 was asked, Does the previous Day Area (room [ROOM NUMBER]) have any call lights or privacy curtains for the three female residents who had previously resided back there? LPN #2 stated, No, not that I am aware of. 4. Resident #4 had [DIAGNOSES REDACTED]. The Quarterly Minimum Data Set with an Assessment Reference Date of 6/2/2020 documented the resident scored 9 (8-12 indicates moderate cognitive impairment) on a Brief Interview for Mental Status; and required one-person assistance with transfers and toileting needs. The resident previously resided on the Men's B Hall Secure Unit and was moved from room [ROOM NUMBER] to room [ROOM NUMBER] on 6/24/2020. a. On 6/26/2020 at 12:10 p.m., Resident #4 was in room [ROOM NUMBER]B. Resident #4 was lying in bed in a semi-fetal position with his upper legs and knees exposed. The bed had been lowered and the Head Frame part of the bed was in close-proximity to the Head Frame part of Resident #5's bed. The bed frame was in a vertical position with the left side of the bed against the room wall. The resident's wheelchair was located at the foot of the bed and a three-drawer dresser was located at the head of Resident #4's bed. There were no call lights visible in the room. A privacy curtain was inside the front entrance of the doorway of the room on the left side. room [ROOM NUMBER] was a private room. The room measurements were checked by the facility staff and measured 11 feet 5 inches by 15 feet 3 inches. The square footage was approximately 83 square feet per resident, but this did not include the swing or arc of the door which opened directly into the resident's room. 5. Resident #5 had [DIAGNOSES REDACTED]. The Admission Minimum Data Set with an Assessment Reference Date of 5/15/2020 documented the resident scored 15 (13-15 indicates cognitively intact) on a Brief Interview for Mental Status; could transfer and toilet self; and required supervision and set up assistance with care needs. The resident previously resided on the Men's B Hall Secure Unit and was moved from room [ROOM NUMBER] to room [ROOM NUMBER] on 6/10/2020. The resident was a new admission to the facility on [DATE] and had three different room changes since admission. a. On 6/26/2020 at 12:10 p.m., Resident #5 was lying in bed in room [ROOM NUMBER]. The head of the bed was raised approximately 30 degrees. The bed had been lowered and the Head Frame part of the bed was in close proximity to the Head Frame part of Resident #4's bed. The bed frame was in a vertical position with the left side of the bed against the room wall. A bedside table was located at the head of the resident's bed. The bedside table came into contact with Resident #4's dresser. The resident's shoes were on the floor adjacent to the right side of the bed. There were no call lights visible in the room. A privacy curtain was inside the front entrance of the doorway of the room on the left side. room

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.

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F 0583 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Some	(continued... from page 1) [ROOM NUMBER] was a private room. The room measurements were checked by the facility staff and measured 11 feet 5 inches by 15 feet 3 inches. The square footage was approximately 83 square feet per resident, but this did not include the swing or arc of the door which opened directly into the resident's room. b. On 6/26/2020 at 12:20 p.m., two male residents resided in room [ROOM NUMBER]. There were no call lights or privacy curtains visible in the room. The room was the Dining Area when utilized as the Men's Secure Unit prior to the COVID-19 pandemic. c. On 6/26/2020 at 12:30 p.m., room [ROOM NUMBER] did not have any residents who resided in the room. The room had equipment, including beds, dressers, and other miscellaneous furniture stored in the room. d. On 6/30/2020 at 9:28 a.m., the Administrator was asked, Why are your placing residents in the Dining Area, Day Area, and two residents in a Private Room on the COVID-19 (Red Zone)? The Administrator stated, I attached the CMS (Centers for Medicare and Medicaid Services) Waiver that states during COVID-19, facilities may use rooms not normally used for resident rooms. The residents that are in those rooms have bells to use for call lights or are residents that are not able to use a call light in normal circumstances. e. The CMS Waiver Form (Page #4) provided by the Administrator on 6/30/2020 documented, .Physical Environment . CMS is waiving certain physical environmental requirements . to allow for increased flexibilities for surge capacity and patient quarantine at hospitals, psychiatric hospitals, and critical access hospitals . CMS will permit facility and non-facility space that is normally used for patient care to be utilized for patient care or quarantine, provided the location is approved by the State (ensuring that safety and comfort for patients and staff are sufficiently addressed) and is consistent with the State's Emergency Preparedness or Pandemic Plan . f. On 6/30/2020 at 11:02 a.m., the Administrator was asked how long the three residents resided in room [ROOM NUMBER] on the COVID-19 (Red Zone) Unit? The Administrator stated, The three ladies were cohorted for five days. They had equipment they needed to call for assistance, if needed, and to provide privacy as needed. This was a temporary placement as we got residents recovered and allowed for a room to become available for a female. The Administrator was asked, How long have the two male residents resided in room [ROOM NUMBER] (Private Room)? The Administrator stated, (Resident #5) was transferred to room [ROOM NUMBER] on 6/10/2020 and (Resident #4) was moved into room [ROOM NUMBER] on 6/24/2020. (Resident #5) was moved off the Red Zone on 6/29/2020. They were in the room together for five days. The residents had necessary equipment to call for assistance and provide privacy. The Administrator was asked about the stored equipment and furniture in room [ROOM NUMBER]? The Administrator stated, room [ROOM NUMBER] was not used as a storage room. We had a resident who went out 911 (Emergency) on 6/26/2020 and the staff brought his bed into the hall for the ambulance crew. Then, (LPN #1) cleaned the bed and then put it in room [ROOM NUMBER] temporarily until his room could be cleaned. Also, the vital sign equipment they had used on him was placed in the room. Per the DON (Director of Nurses), the other items in room [ROOM NUMBER] on 6/26/2020 was furniture that would normally be in a residents ' room. 6. On 6/30/2020 at 12:02 p.m., a Registered Nurse (RN) Supervisor with the Office of Long Term Care (OLTC) was contacted by electronic mail (email) regarding waiver. The response documented, The facility was not approved by the state to make these environmental changes, so the waiver would not apply.