

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045359	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/13/2020
NAME OF PROVIDER OF SUPPLIER THE WATERS OF CUMBERLAND, LLC		STREET ADDRESS, CITY, STATE, ZIP 1516 CUMBERLAND ST LITTLE ROCK, AR 72202	
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 F 0880	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, record review, and interview, the facility failed to implement the facility policy related to the Coronavirus for the identified Yellow Zone, including closed doors, signage, and personal protective equipment (PPE), and failed to consistently assess and document the monitoring of residents' signs and symptoms of cough and shortness of breath according to physician orders [REDACTED] #1 and #2) of 2 sampled residents who required [MEDICAL TREATMENT] treatment, and</p> <p>for 3 (Residents #3, #4, and #5) of 3 sampled residents who were readmitted after an acute care admission at the hospital. This failed practice had the potential to affect 72 residents who resided in the facility, as documented on the Resident Listing Report provided by the Administrator on 5/11/2020. The findings are: 1. On 5/11/2020 at 9:30 a.m., an entrance conference was conducted with the Administrator. The Administrator stated there were no COVID-19 positive staff or residents, and no residents were in isolation. 2. Resident #1 had [DIAGNOSES REDACTED]. The Significant Change in Status Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 4/2/2020 documented the resident scored 15 (13-15 indicates cognitively intact) on a Brief Interview for Mental Status (BIMS), required extensive one person assistance with transfer, was independent with locomotion on and off the unit, required a wheelchair for mobility, and required [MEDICAL TREATMENT]. a. The Care Plan dated 4/20/2020 documented, . The resident has potential for a Respiratory Infection r/t (related to) seasonal allergies [REDACTED]. Emphasize good hand washing techniques to all direct care staff . Monitor / document breath sounds . Document rate, rhythm, and the use of any accessory muscles . (Resident) needs [MEDICAL TREATMENT] on Monday, Wednesday, Friday secondary to history of [MEDICAL CONDITION] . As of 5/13/2020 at 9:30 a.m., the Care Plan contained no documentation related to monitoring for signs/symptoms of COVID-19. b. A Discharge Return Anticipated MDS assessment dated [DATE] documented Resident #1 had a Discharge to acute care (hospital) on 4/27/2020 for worsening [MEDICAL CONDITION]. An Entry MDS assessment dated [DATE] documented Resident #1 was readmitted to the facility from the hospital. c. A physician's orders [REDACTED],[MEDICAL TREATMENT] at ([MEDICAL TREATMENT] Facility) on Monday, Wednesday, and Friday . d. The Nurse's Notes dated from 3/10/2020 through 5/11/2020 contained no documentation regarding monitoring for COVID-19 signs and symptoms related to hospitalization or [MEDICAL TREATMENT]. e. The Medication Administration Record [REDACTED]. Report any temp (temperature) greater than 99, cough, shortness of breath . If any of the signs or symptoms, complete the Change in Condition User Defined Assessment . The documentation contained in the MAR indicated [REDACTED]. The Medication Administration Record [REDACTED]. report any temp (temperature) greater than 99 . cough, shortness of breath . if any of the signs or symptoms, complete the Change in Condition User Defined Assessment . The documentation contained in the MAR indicated [REDACTED]. 3. Resident #2 had [DIAGNOSES REDACTED]. The Admission MDS with an ARD of 3/25/2020 documented the resident scored 15 (13-15 indicates cognitively intact) on a BIMS, was independent with transfers, required supervision with walking in room and corridor, and locomotion on and off unit, required a walker and wheelchair for mobility, and required [MEDICAL TREATMENT]. a. The Care Plan dated 4/22/2020 documented, . Resident has a history of shortness of breath . Intervention . Monitor / document breathing patterns, respiratory depth, bradypnea, and tachypnea . Risk for complications related to receiving [MEDICAL TREATMENT] for [DIAGNOSES REDACTED]. As of 5/13/2020 at 9:30 a.m., the Care Plan contained no documentation related to monitoring for signs/symptoms of COVID-19. b. The physician's orders [REDACTED],[MEDICAL TREATMENT] in ([MEDICAL TREATMENT] Facility) with transportation by (Transportation Company) . c. The Nurse's Notes dated from 3/10/2020 through 5/11/2020 contained no documentation indicating the monitoring for COVID-19 signs and symptoms related to transporting the resident to [MEDICAL TREATMENT] three times per week. d. The MAR indicated [REDACTED]. Report any temp greater 99, cough, shortness of breath . If any of the signs or symptoms, complete the Change in Condition User Defined Assessment . The documentation contained in the MAR indicated [REDACTED]. The Medication Administration Record [REDACTED]. Report any temp (temperature) greater than 99, cough, shortness of breath . If any of the signs or symptoms, complete the Change in Condition User Defined Assessment . The documentation contained in the MAR indicated [REDACTED]. e. On 5/11/2020 at 9:30 a.m., during the Entrance Conference, Resident #2 came through the fire doors leading to the front office and was not wearing a face mask. The resident spoke with staff who failed to remind the resident about wearing a face mask when out of his room. 4. Resident #3 had a [DIAGNOSES REDACTED]. The Medicare 5-Day MDS with an ARD of 5/4/2020 documented the resident scored 5 (0-7 indicates severe impairment) on a BIMS; had wandering which occurred daily; was independent with transfers; required a cane / crutch for mobility; was always incontinent of bowel and bladder, had Multidrug Resistant Organism Pneumonia; and Pneumonia Unspecified. a. The Care Plan with a revised date of 3/14/2020 contained no documentation related to monitoring the resident for COVID-19 signs and symptoms related to hospitalization . b. A Discharge Return Anticipated MDS with an ARD of 3/19/2020 documented the resident was discharged to the hospital. An Entry MDS with an ARD of 4/14/2020 documented the resident was readmitted to the facility from the hospital. A Discharge Return Anticipated MDS with an ARD of 4/23/2020 documented the resident was discharged to the hospital. An Entry MDS with an ARD of 4/27/2020 documented the resident was readmitted to the facility from the hospital. c. The MAR indicated [REDACTED]. Report any temp greater than 99, cough, shortness of breath . If any of the signs or symptoms, complete the Change in Condition User Defined Assessment . The documentation contained in the MAR indicated [REDACTED]. The MAR indicated [REDACTED]. Report any temp greater than 99, cough, shortness of breath . If any of the signs or symptoms, complete the Change in Condition User Defined Assessment . The documentation contained in the MAR indicated [REDACTED]. 5. Resident #4 had [DIAGNOSES REDACTED]. The Quarterly MDS with an ARD of 3/5/2020 documented the resident scored 9 (8-12 indicates moderate impairment) on a BIMS; required extensive two-person assistance with transfer; was independent with locomotion on and off the corridor; and required a wheelchair for mobility. a. A Discharge Return Anticipated MDS with an ARD of 4/8/2020 documented the resident was discharged to the hospital. An Entry MDS with an ARD of 4/23/2020 documented the resident was readmitted to the facility from the hospital. b. The Care Plan with a revised date of 4/28/2020 contained no documentation regarding the monitoring for COVID-19 signs and symptoms related to the resident's hospitalization s. c. The MAR indicated [REDACTED]. The documentation contained in the MAR indicated [REDACTED]. The MAR indicated [REDACTED]. The documentation in the MAR indicated [REDACTED]. 6. Resident #5 had [DIAGNOSES REDACTED]. The Quarterly MDS with an ARD of 2/13/2020 documented the resident scored 11 (8-12 indicates moderate impairment) on a BIMS and was independent with transfers and ambulation. a. The Care Plan with a revised date of 1/15/19 contained no documentation related to the monitoring for COVID-19 signs and symptoms related to hospitalization . b. A Discharge Return Anticipated MDS dated [DATE] documented the resident was discharged to the hospital. An Entry MDS with an ARD of 4/13/2020 documented the resident was readmitted to the facility from the hospital. c. The MAR indicated [REDACTED]. Report any temp greater than 99, cough, shortness of breath . If any of the signs or symptoms, complete the Change in Condition User Defined Assessment . The documentation contained in the MAR indicated [REDACTED]. The MAR indicated [REDACTED]. Report any temp greater than 99, cough, shortness of breath . If any of the signs or symptoms, complete the Change in Condition User Defined assessment . The documentation contained in the MAR indicated [REDACTED]. 7. An in-service dated 5/9/2020 and provided by the Administrator on 5/12/2020 documented, . When working 600 Hall . Yellow</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.

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<p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>(continued... from page 1)</p> <p>Zone . Mask (N95 if adequate supply . may use surgical mask if not) gown, gloves, eye protection, hair covering, shoe covering, and face shields . If shoe coverings are unavailable, must spray shoes (including soles) with disinfectant prior to leaving 'Yellow Zone' . This PPE can be worn throughout unit for entire shift . Should only be changed if soiled or ill-fitting . 'Yellow Zone' should be clearly marked at entrance . There must be a barrier in place at the entrance of a 'Yellow Zone' . 8. On 5/11/2020, during initial rounds, there were no markings of a 'Yellow Zone' or a barrier noted on the 600 Hall which had been designated as the 'Yellow Zone'. The fire doors on the 600 Hall remained open. There was no PPE equipment out and available for staff use. 9. On 5/13/2020 at 7:13 a.m., Licensed Practical Nurse (LPN) #1, the Charge Nurse for the 500 Hall / 700 Hall on the night shift, was asked, When assessing a resident for the Coronavirus, what should be assessed? She stated, Temperature and nausea, vomiting. She was asked, What is the procedure for a [MEDICAL TREATMENT] patient when they are out of their room? She stated, To wear a mask (face mask). She was asked, What is the procedure for a new or readmitted patient quarantined per the CDC (Centers for Disease Control and Prevention) guidelines? She stated, Put them (patients) on the 600 Hall, keep them in isolation for 14 days, and document / assess for fever and cough. 10. On 5/13/2020 at 9:25 a.m., Certified Nursing Assistant (CNA) #1 was asked, What is the procedure for a [MEDICAL TREATMENT] patient when they are out of their room? She stated, A mask. She was asked, Are new / readmitted residents quarantined per CDC guidelines? She stated, They go on the 600 Hall. 11. On 5/13/2020 at 9:30 a.m., CNA #2 was asked, What is the procedure for a [MEDICAL TREATMENT] patient when they are out of their room? She stated, Masks. She was asked, Are new and readmitted residents quarantined per CDC guidelines? She stated, Yes, they go on the 600 Hall. 12. On 5/13/2020 at 9:37 a.m., LPN #2, the 600 Hall Charge Nurse, was asked, Can you tell me what a 'Yellow Zone' means? She stated, Isolation from the hospital. She was asked, Where is the 'Yellow Zone'? She stated, My hall, 600 Hall. She was asked, Is it marked at the entrance? What is the barrier? She stated, Yes, the fire doors. She was asked, Is there PPE located there? What is it stored in? What does it contain? She stated, Yes. We put a gown on before we go down the hall. Once you go down the hall, you don't come off. She was asked, When assessing a resident for the Coronavirus, what should be assessed? She stated, Vital signs, blood pressure, temperature, and check lung sounds for shortness of breath. She was asked, Where do you document that? She stated, On the MAR. She was asked, What is the procedure for a [MEDICAL TREATMENT] patient when they are out of their room? She stated, They wear masks. She was asked, Are new / readmitted patients quarantined per CDC guidelines? She stated, Yes, for 14 days. 13. On 5/13/2020 at 9:46 a.m., LPN #3 was asked, When assessing a resident for the Coronavirus, what should be assessed? She stated, Shortness of breath, temperature, cough, anything special that pops up. She was asked, What is the procedure for a [MEDICAL TREATMENT] patient when they are out of their room? She stated, Masks. She was asked, Are new / readmitted patients quarantined per CDC guidelines? She stated, They are there for 14 days. 14. On 5/13/2020 at 10:00 a.m., the Director of Nursing (DON) was asked, Were the fire doors for the 600 Hall shut during the on-site visit on Monday (5/11/2020)? She stated, They should have been. She was asked, Were there signs on the door? She stated, There should have been. She was asked, Do you review the nurse's documentation for the Coronavirus? She stated, Yes, ma'am. That's in my Daily Start-Up. She was asked, What should the assessment of Coronavirus contain? She stated, Coughing, shortness of breath, and temperature. She was asked, Are you aware that they are not documenting the cough and the shortness of breath as well as they do the temperature? She stated, Yes, ma'am. We are working on improving that. 15. The Centers for Disease Control and Prevention (CDC) guidelines for COVID-19 Preparedness Checklist for Nursing Homes and other Long-Term Care Settings found at https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html, documented, .Actively screen all residents daily for fever and symptoms of COVID-19 . If symptomatic, immediately isolate and implement appropriate Transmission-Based Precautions . 16. The Table of Contents for the facility COVID-19 Vigilant-And Prepared document dated March 2020, and provided by the Administrator on 5/13/2020, contained no documentation related to the hazards of [MEDICAL TREATMENT] patients to the facility resident population. The facility preparedness document contained no documentation related to the facility's response to assess the two current [MEDICAL TREATMENT] residents (Residents #1 and #2) before leaving the facility or returning from [MEDICAL TREATMENT], and contained no documentation related to residents returning from an acute care admission (Residents #3, #4, and #5). The Coronavirus Preparedness Checklist and the Quality Assurance and Performance Improvement Plan dated 3/4/2020 and updated 3/11/2020 contained no documentation related to the risks or hazards of residents receiving [MEDICAL TREATMENT] or residents returning from an acute care setting. 17. The document titled How to Monitor a [MEDICAL TREATMENT] Resident / Patient During COVID-19 provided by the Administrator on 5/11/2020 at 4:49 p.m. documented, .Resident should be placed in facility 'Yellow Zone' . If they come out of their rooms they should have a mask on . If they do not, staff should remind them of the mask . Resident does not have to wear a mask while in their room . When the resident leaves the building to go to [MEDICAL TREATMENT], they must have a mask on and when they return . 18. A facility policy titled Outbreak Concerns provided by the Administrator on 5/13/2020 at 12:56 p.m. documented, .readmitted residents will be closely monitored each shift . They will be in contact isolation . Follow all CDC guidelines for all cases . Residents on [MEDICAL TREATMENT] .Since they leave and enter a center multiple times weekly, they will be in isolation until further notice . 19. On 5/13/2020 at 3:57 p.m., the Administrator was asked about [MEDICAL TREATMENT] assessments and the documentation of assessments. The Administrator stated, We have that. As of 5/13/2020 at 4:30 p.m., no further documentation was provided.</p>		