STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045446	A. BUILDING _____ B. WING _____	08/17/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
THE WATERS OF WEST DIXON, LLC	2821 W DIXON RD LITTLE ROCK, AR 72206

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 0686 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Provide appropriate pressure ulcer care and prevent new ulcers from developing.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Complaint # (AR 826) was substantiated, all or in part, with these findings. Based on observation, record review, and interview, the facility failed to ensure the Physician orders [REDACTED].#2) of 4 (Residents #1, #2, #3 and #5) case mix residents who had Physician order [REDACTED]. The findings are: Resident #2 had a [DIAGNOSES REDACTED]. The Quarterly Minimum Data Set documented the resident scored 8 (8-12 indicates moderately impaired) on the Brief Interview for Mental Status, was totally dependent on one person for bathing, and had no skin issues documented. a. The August 2020 Physician order [REDACTED]. Apply Zinc and cover with [MEDICATION NAME] Dressing. Every M-W-F (Monday-Wednesday-Friday) until resolved, with order date of 8/5/2020. Cleanse Stage 2 Pressure Ulcer to the Left Buttocks with wound cleanser and pat dry, apply Collagen to wound bed and cover with [MEDICATION NAME] dressing every M-W-F until resolved, verbal active order 8/5/2020. b. On 8/14/2020 at 10:13 a.m., the Treatment Nurse set up the resident's wound care supplies at the Treatment Cart. The Treatment Nurse placed a white sheet of paper, set non-sterile 4 x 4's and boarder drag, sprayed 4 x 4 with wound, put zinc oxide in medicine cup with wooden spoon. The Treatment Nurse carried the treatment supplies and placed them on the overbed table. The Treatment Nurse cleaned the wound bed with the wet 4 x 4 gauze. There was a whiteish substance on the coccyx area. She then dried the wound bed, applied the boarder dressing on the wound bed, and applied the zinc around the dressing and the right inner buttocks, using the same contaminated gloves. She then removed the gloves and re-positioned the resident. c. On 8/14/2020 at 12:47 p.m., the Treatment Nurse was asked, When you changed the dressing on Resident #2 which wound dressing did you change? She stated, I put the [MEDICATION NAME] dressing on the left and zinc on the right pressure ulcer. The Treatment Nurse was asked to review the Physician order [REDACTED].#2. The Physician orders [REDACTED]. The Treatment Nurse was asked, Did you apply the Collagen to the wound bed. The Treatment Nurse stated, No. The Treatment Nurse was asked regarding the Stage 1 Pressure Ulcer to the right buttocks, the Physician order [REDACTED]. Did you clean the Stage I Pressure on the right hip, and apply the [MEDICATION NAME] dressing? The Treatment stated, No. The Treatment Nurse was asked if she had followed the Physician order [REDACTED]. The Treatment Nurse stated, No.
F 0880 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Complaint # (AR 826) was substantiated, all or in part, with these findings. Based on observation, record review, and interview, the facility failed to ensure infection control measures were maintained during wound care, to prevent cross contamination of the wound bed for 1 (Resident #2) of 4 (Resident #1, #2, #3 and #5) case mix residents who had Physician Orders for treatments. This failed practice had the potential to affect 20 residents who had Physician Orders for wound care according to a list received from the Administrator on 8/18/2020. The findings are: Resident #2 had a [DIAGNOSES REDACTED]. The Quarterly Minimum Data Set documented the resident scored 8 (8-12 indicates moderately impaired) on the Brief Interview for Mental Status, was totally dependent on one person for bathing, and had no skin issues documented. a. The August 2020 Physician Orders documented, Cleanse Stage I Pressure Ulcer with wound cleanser and pat dry. Apply Zinc and cover with [MEDICATION NAME] Dressing. Every M-W-F (Monday-Wednesday-Friday) until resolved, with order date of 8/5/2020. Cleanse Stage 2 Pressure Ulcer to the Left Buttocks with wound cleanser and pat dry, apply Collagen to wound bed and cover with [MEDICATION NAME] dressing every M-W-F until resolved, verbal active order 8/5/2020. b. On 8/14/2020 at 10:13 a.m., the Treatment Nurse set up the resident's wound care supplies at the Treatment Cart. The Treatment Nurse placed a white sheet of paper, set non-sterile 4 x 4's and boarder drag, sprayed 4 x 4 with wound, put zinc oxide in medicine cup with wooden spoon. The Treatment Nurse carried the treatment supplies and placed them on the overbed table. The Treatment Nurse donned a pair of gloves, moved the covers, and the pillow from under the resident's feet. With the same contaminated gloves, she used the control to lower the head of the bed, unfasten the incontinent brief that was dry and cleaned the wound bed with the wet 4 x 4 gauze. There was a whiteish substance on the coccyx area. She then dried the wound bed, applied the boarder dressing on the wound bed, and applied the zinc around the dressing and the right inner buttocks, using the same contaminated gloves. She then removed the gloves and re-positioned the resident. c. On 8/14/2020 at 12:47 p.m., the Treatment Nurse was asked, When you changed the dressing on Resident #2 which wound dressing did you change? She stated, I put the [MEDICATION NAME] dressing on the left and zinc on the right pressure ulcer. The Treatment Nurse was asked, When you entered the room, set the supplies on the overbed table, you had one pair of gloves, you touched the covers, the pillow the residents feet, the incontinent brief,. then you preformed the wound care, with the same gloves, should you have changed gloves? The Treatment Nurse stated, Yes, I should have changed gloves after I cleaned it. The Treatment Nurse was asked, What is this considered? The Treatment Nurse stated, Cross contamination.

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.