

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 07/24/2020
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 0580 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</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 pertinent family members were notified of a change in condition for 1 (Resident #1) of 3 (Residents #1, #2, and #3) sample residents who had a change in condition in the past 6 months. The Findings are: Resident #1 had a [DIAGNOSES REDACTED]. a. The resident's weights were reviewed in the Electronic Medical Record as followed: 1/6/2020 14:28 (2:28 p.m.) 155.8 Lbs 1/31/2020 17:51 (5:51 p.m.) 144.4 Lbs 2/5/2020 15:06 (5:06 p.m.) 142.4 Lbs 2/13/2020 14:34 144.2 Lbs 3/5/2020 14:17 144.2 Lbs 4/3/2020 13:50 145.0 Lbs 5/5/2020 10:14 139.2 Lbs 5/13/2020 15:24 140.0 Lbs 5/28/2020 11:22 143.0 Lbs 5/21/2020 10:51 138.6 Lbs 6/4/2020 08:39 140.0 pounds (Lbs) b. The electronic medical record documented, from 1/6/2020 to 1/31/2020 the resident had a 7.3% (percent) lost in 1 month. There was no documentation listed in the electronic medical record that the family was notified of the 7.3% weight loss from 1/16/2020 to 7/14/2020. c. The electronic medical record documented, from 1/6/2020 to 4/3/2020 the resident had a 6.93 % weight loss in 3 months. There was no documentation listed in the electronic medical record that the family was notified of the 6.9% weight loss from 1/16/2020 to 7/14/2020. d. On 7/24/2020 at 1:00 p.m., by way of (via) phone, Licensed Practical Nurse (LPN) #1 was asked, Are families notified of a change in condition / weight lost for residents? Who, when, where is it documented? LPN #1 stated, Yes. Weight loss and any change of condition. It's documented in the nurse's notes. e. On 7/24/2020 at 1:16 p.m., via phone Nurse (RN) #1 was asked, Are families notified of a change in condition / weight lost for residents? Who, when, where is it documented? RN #1 stated, Yes. Immediately by telephone. The nurse calls the family. It's documented in the nurses' notes. f. On 7/24/2020 at 2:21 p.m., via phone, the Dietary manager was asked, Who is responsible for notifying family members of significant weight loss? She stated, Sometimes the Social worker or the Director of Nursing (DON). She was asked, Should they document the contact? She stated, Yes ma'am. She was asked where you aware of the resident weight loss? She stated, Yes, ma'am. g. On 7/24/2020 at 2:31 p.m., the Director of Nursing was asked if the family of Resident #1 were notified of weight loss in January 2020 and April 2020? Are families notified of a change in condition/ weight lost for residents? Who, when, where is it documented? She stated, Let me look. No. I don't see where the family was notified of the weight loss for January or April. Let me look in dietary notes, nutritional notes. No. I don't see there either. Let me look under Social Services Note. Nope. Nothing documented there. She was asked, Should the family member be notified of a change in condition, such as weight loss? She stated, Yes. Immediately. h. The Change in Residents Condition or Status Policy and Procedure documented, . 3. A significant change in condition is decline or improvement in the resident status . interventions .</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.