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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045345 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 07/08/2020 |
| NAME OF PROVIDER OF SUPPLIER THE WATERS OF FORT SMITH, LLC | | STREET ADDRESS, CITY, STATE, ZIP 5301 WHEELER AVENUE FORT SMITH, AR 72901 | |
| 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 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some | <p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, record review, and interview, the facility failed to ensure staff working on the Yellow Zone Suspect Presumptive COVID-19 Hall were wearing their N95 mask as they had been educated to do. This failed practice had the potential to affect 8 residents per a list provided by the Director of Nursing (DON) on 7/7/2020 at 10:02 AM. The findings are: 1. On 7/7/2020 at 10:43 AM, during observation rounds with the Assistant Director of Nursing (ADON), the Nurses Assistant (NA) #1 and Housekeeper #1 were observed working on the Yellow Zone Suspect Presumptive COVID-19 hall. They both had all required Personal Protective Equipment (PPE) on. However, their N95 masks were around their necks with their nose and mouths exposed. a. On 7/7/2020 at 10:53 AM, Housekeeper #1 was asked what PPE she is supposed to wear while working in this area. She stated, Supposed to have N95 mask on at all times on this hall. I was getting ready to go outside. b. On 7/7/2020 at 10:55 AM, NA #1 was interviewed, and she was asked if she was supposed to wear the N95 mask at all times while working in this area. She stated, Yes. I had just got a drink and was taking a couple of breaths. You're supposed to wear the N95 mask at all times on this hall. She was asked if she had all required PPE on when I observed her from the window to this hall and she stated, I did not have my mask and face shield on. c. On 7/7/2020 at 11:43 AM, the ADON was asked if the staff working the Yellow Zone were supposed to have N95 mask on and she stated, The Yellow Zone is the Suspect /Presumptive COVID-19. Staff on this unit and the Red Zone are to have N95 mask on at all times. 2. An in-service dated 5/26/2020 and conducted by the DON documented, Green, Yellow, Red Zone PPE Requirements *See Attached. COVID Guidelines . YELLOW ZONE Suspect Presumptive COVID-19: Mask (N95 if adequate supply, may use surgical mask if not), gown, gloves, eye protection, hair covering, shoe covering and face shields .</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.