STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345353	A. BUILDING _____ B. WING _____	C 01/05/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGHLAND HOUSE REHABILITATION AND HEALTHCARE	1700 PAMALEE DRIVE FAYETTEVILLE, NC 28301

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS A Complaint investigation survey was conducted from 1/4/2022 through 1/5/2022. Event ID #DH7811. 1 of the 2 complaint allegations was substantiated resulting in deficiency.	F 000		
F 550 SS=G	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the	F 550		1/28/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 01/28/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345353	A. BUILDING _____ B. WING _____	C 01/05/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGHLAND HOUSE REHABILITATION AND HEALTHCARE	1700 PAMALEE DRIVE FAYETTEVILLE, NC 28301

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 550	Continued From page 1 resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, record review, resident and staff interviews, the facility failed to treat resident in a dignified manner by asking him to have a bowel movement in his incontinence brief when he asked to be transferred to the bedside commode for 1 of 1 sampled resident reviewed for respect and dignity (Resident #1). The resident voiced he felt humiliated and disrespected. The findings included: Resident #1 was admitted to the facility on 12/3/21. The resident diagnoses included intervertebral disc degeneration, diverticulosis, and generalized muscle weakness. The admission Minimum Data Set (MDS) dated 12/10/21 indicated Resident #1 was moderately intact and required extensive assistance with bed mobility, transfers, toileting, and personal hygiene. He was occasionally incontinent of urine and continent of bowel. When entering Resident #1's room on 1/4/22 at 1:40 pm, he was calling out "help". He stated he needed to get up to use the toilet. After he pressed his call light, Nursing Assistant #1	F 550	The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies. To remain in compliance with all federal and state regulations the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated. HHRH continues to ensure residents have a right to a dignified existence, self-determination, and communication with an access to persons and services inside and outside the facility, including those specified in this section. How corrective action will be accomplished for those residents found to have been affected by the deficient practice: Resident #1 was provided incontinence care after having bowel movement in brief. Assigned Aide (NA#1) was educated immediately after incontinence care was	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345353	A. BUILDING _____ B. WING _____	C 01/05/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGHLAND HOUSE REHABILITATION AND HEALTHCARE	1700 PAMALEE DRIVE FAYETTEVILLE, NC 28301

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 550	Continued From page 2 (NA#1) walked into the room, she had a brief conversation with Resident #1 then walked out of the room and shut the door leaving Resident #1 in bed. After approximately 5 minutes, NA#1 went back into Resident #1's room to provide incontinence care. An interview was conducted on 1/4/22 at 2:15 pm with NA #1. She verbalized she had told Resident #1 to go ahead and have a bowel movement in his brief then she would provide incontinence care since he had an incontinence brief on. NA#1 stated she had been assigned to care for Resident #1 in the afternoon after another nursing assistant left early and she did not think Resident #1 was capable of standing up to get to the bedside commode. When entering Resident #1's room on 1/4/22 at 2:22 pm, he was observed lying in bed with covers over his head and face. Resident #1 stated he wanted to use the bedside commode, but NA#1 told him to go in the brief and he would clean him. He reported this had happened other times when nursing assistants did not assist him to the bedside commode and asked him to go in the incontinence brief. Resident #1 verbalized he felt humiliated and disrespected when he did not get assistance to the bedside commode and was told to go in his brief. During observation on 1/4/22 at 2:25 pm, a bedside commode was observed in Resident #1's bathroom. A pair of black sneakers soiled with dry brown stool were also observed at Resident #1's bedside. An interview was conducted on 1/4/22 at 2:30 pm with the nurse who was caring for Resident #1.	F 550	given on resident rights to include respect and dignity. Soiled black sneakers were put in a plastic bag and put in laundry hamper in the hallway. The sneakers were cleaned and returned to resident #1 on 1/7/22. How the facility will identify other residents having the potential to be affected by the same deficient practice: Resident Rights/Exercises of Rights Audits were completed on all alert and orientated residents that are currently residing in the skilled nursing facility by the Interim Director of Nursing, Unit Managers, MDS, and Infection Preventionist on 1/6/22. No residents had been asked to use their brief to use the bathroom instead of going to the bathroom, all resident's toileting preferences are being honored, and no resident feels that their resident rights have been violated. What measures will be put into place or systemic changes made to ensure the deficient practice will not recur: All licensed nurses and nursing assistants (including full time, part time, and agency staff) will be educated on the following topics: • Resident rights to include respect and dignity. Honoring the resident's preference for toileting. • Care guides are to include the resident's toileting preference when applicable and where to locate them. • Soiled clothes/shoes are to be sent to laundry for cleaning. This education will be completed by Staff Development Coordinator or Designee by	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345353	A. BUILDING _____ B. WING _____	C 01/05/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGHLAND HOUSE REHABILITATION AND HEALTHCARE	1700 PAMALEE DRIVE FAYETTEVILLE, NC 28301

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 550	Continued From page 3 Nurse #1 indicated Resident #1 should have been assisted to use the bedside commode. Nurse #1 stated Resident #1's shoes should have been sent to laundry for washing if they were soiled. She put the shoes in a plastic bag and put them in the laundry hamper in the hallway. During an interview on 1/4/22 at 3:30 pm with the Director of Nursing (DON), she indicated Resident #1 should have been transferred to the bedside commode when he asked for assistance. The DON stated she expected nursing staff to put soiled clothes and shoes in the dirty laundry bins so they could be washed. She communicated she would address the issue. An interview was conducted with the Administrator on 1/4/22 at 3:35 pm. She indicated nursing staff should treat residents with dignity and provide assistance with toileting as requested by the Resident. The Administrator stated the soiled shoes should not have been left at Resident #1's bedside.	F 550	1/28/22. Any licensed nurses and nursing assistants that did not complete the education by 1/28/22 will not be allowed to work their shift until they have received the required in-service. This education will be added to the new employee education and will be provided in orientation ongoing. Agency employees will be educated by the Director of Nursing or Designee upon arrival for their shift if they have not received the education by 1/28/22. The facility will continue to educate agency staff as needed as various agencies and per diem staff are currently utilized. How the facility plans to monitor its performance to make sure that solutions are sustained and include dates when corrective action will be completed. • Interim Director of Nursing, Unit Managers, MDS, and Infection Preventionist will conduct resident rights/exercises of rights audits daily for 1 week, then 2 times a week for 1 week, then monthly times 3 months. • The Director of Nursing and Unit Managers will review the care guide on all new admissions to assure the toileting preference is accurate and reflects the resident's preference. This will be completed on all new admissions for two weeks; then 3 new admissions monthly times 2 months. • Audit results will be presented to the monthly Quality Assurance Committee by the Director of Nursing and/or the assigned Administrative Nurse. The results of these audits will be reviewed as	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345353	A. BUILDING _____ B. WING _____	C 01/05/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGHLAND HOUSE REHABILITATION AND HEALTHCARE	1700 PAMALEE DRIVE FAYETTEVILLE, NC 28301

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 550	Continued From page 4	F 550	part of the facility Quality Assurance & Process Improvement (QAPI) program monthly. The Quality Assurance Committee will assess and modify the action plan as needed to ensure continued compliance.	