

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/19/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345353	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/27/2020
NAME OF PROVIDER OR SUPPLIER HIGHLAND HOUSE REHABILITATION AND HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 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	
E 000	Initial Comments	E 000			
F 000	An unannounced COVID-19 Focused Survey was conducted on 07/27/2020. The facility was found in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID#9LED11.	F 000			
F 676 SS=D	INITIAL COMMENTS An unannounced COVID-19 Focused Infection Control Survey and complaint investigation were conducted on 07/27/2020. The facility was found in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. There were 35 allegations in the complaint investigations. Event ID # 9LED11 [X] 1 of the _35_ complaint allegations was substantiated resulting in deficiencies. Activities Daily Living (ADLs)/Mntn Abilities CFR(s): 483.24(a)(1)(b)(1)-(5)(i)-(iii) §483.24(a) Based on the comprehensive assessment of a resident and consistent with the resident's needs and choices, the facility must provide the necessary care and services to ensure that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that such diminution was unavoidable. This includes the facility ensuring that: §483.24(a)(1) A resident is given the appropriate treatment and services to maintain or improve his or her ability to carry out the activities of daily	F 676		8/16/20	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

08/13/2020

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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F 676	<p>Continued From page 1</p> <p>living, including those specified in paragraph (b) of this section ...</p> <p>§483.24(b) Activities of daily living. The facility must provide care and services in accordance with paragraph (a) for the following activities of daily living:</p> <p>§483.24(b)(1) Hygiene -bathing, dressing, grooming, and oral care,</p> <p>§483.24(b)(2) Mobility-transfer and ambulation, including walking,</p> <p>§483.24(b)(3) Elimination-toileting,</p> <p>§483.24(b)(4) Dining-eating, including meals and snacks,</p> <p>§483.24(b)(5) Communication, including (i) Speech, (ii) Language, (iii) Other functional communication systems. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to honor residents' choices by not providing showers as scheduled for 1 of 1 resident reviewed for choices (Resident #1).</p> <p>Findings included:</p> <p>Resident #1 was admitted to the facility on 01/16/19 with diagnoses which included, in part, Alzheimer's Disease, dementia, cerebral infarction and muscle weakness.</p> <p>Review of Resident #1's shower schedule, updated on 09/09/2019, indicated Resident #1</p>	F 676	<p>The statements included are not an admission and do not constitute agreement with the alleged deficiencies herein. The plan of correction is completed in the compliance of state and federal regulations as outlined. To remain in compliance with all federal and state regulations the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be completed by the dates indicated.</p>		

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F 676	<p>Continued From page 2</p> <p>was scheduled to have showers on Mondays and Saturdays on day shift hours.</p> <p>A review of Resident #1 quarterly Minimum Data Set (MDS), dated 06/09/2020, revealed Resident #1 was severely cognitively impaired, rarely/never understood, rarely/never understands and required total dependence with a one person assist for bathing.</p> <p>Review of Resident #1's Care Plan, last updated 06/09/2020, revealed Resident #1 to have an Activities of Daily Living (ADL) self-care performance deficit related to dementia and limited physical mobility. The Care Plan indicated Resident #1 required total assistance with ADLs in order to ensure her needs were being met and for staff to provide a sponge bath when a full bath or shower could not be tolerated.</p> <p>Record review of the day shift nursing assistant (NA) bathing documentation for Resident #1, from 07/01/2020 through 07/22/2020, revealed Resident #1 had received no showers and 14 bed baths. During this time frame, there were 7 days with no documentation with 6 of the 7 days being weekend days.</p> <p>During an interview with Nurse #1 on 07/23/2020 at 11:19 a.m., Nurse #1 acknowledged she was the Unit Manager for the unit on which Resident #1 currently resides. Nurse #1 explained when Resident #1 had moved from the facility's skilled nursing unit to their long-term care unit she had not been placed on the shower schedule in error. Nurse #1 indicated a family member had brought this to the facility's attention in September 2019 and the facility implemented a plan of correction (POC) at the time which included Resident #1 being placed on the day shift shower schedule on</p>	F 676	<p>How corrective action will be accomplished for each resident found to have been affected by the deficient practice –</p> <p>A hall unit manager will review resident #1 shower documentation for the past 14 days. If resident #1 has not received at least 2 showers per week for past 14 days, resident/RP will be interviewed to determine current bathing preferences and will be offered shower/bed bath as indicated. Care plan and Kardex will be updated as needed. Completion date: 8/16/2020</p> <p>How corrective action will be accomplished for those residents having the potential to be affected by the same deficient practice –</p> <p>Director of nursing and unit managers will complete an audit for current residents on each unit. Each resident who has not received at least 2 showers per week for the 14-day period will be interviewed to determine his or her bathing preference and will be offered a shower/bath as indicated. Kardex's and care plans will be updated as needed. Completion date: 8/16/2020</p> <p>Measures to be put in place or systemic changes made to ensure practice will not re-occur.</p> <p>Staff development coordinator and/or unit managers will provide nursing staff with</p>		

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F 676	<p>Continued From page 3</p> <p>Mondays and Saturdays. Nurse #1 stated if a resident refused a shower or if a resident was combative and the shower could not be done, the NA was expected to inform the nurse. Nurse #1 stated it was her expectation NAs provide residents showers as scheduled.</p> <p>During an interview with NA #1 on 07/23/2020 at 2:23 p.m., NA #2 stated she had cared for Resident #1 on many of her scheduled shower days. NA #1 explained residents with scheduled showers are noted on the daily assignment sheet. NA #1 acknowledged she had been aware Resident #1 had not received showers on her scheduled shower days during the month of July 2020 and stated she had only given Resident #1 one shower the entire time she had worked with her. NA #1 stated there was no reason for Resident #1 not to have received a shower.</p> <p>During an interview with NA #2 on 07/24/2020 at 2:27 p.m., NA #2 stated she had cared for Resident #1 on weekends during the month of July 2020. NA #2 explained she did not document on these days because they worked short staffed on the weekends all the time and she did not have time to document. Nurse #2 stated Resident #1 did not receive a Saturday shower as scheduled during July 2020 however she acknowledged she had provided a complete bed bath to Resident #1 even though she did not document the bed bath.</p> <p>During an interview via email with the Administrator on 07/27/2020 at 9:24 a.m., the Administrator confirmed a former Director of Nursing (DON) had implemented a shower POC on 09/09/19. The Administrator indicated the monitoring paperwork for the shower POC could</p>	F 676	<p>education regarding providing showers/bathing residents per facility protocol/policy and documentation of bathing on the ADL record as well as refusal of showers/baths and honoring resident's preferences.</p> <p>Completion date: 8/16/2020</p> <p>How facility will monitor corrective action(s) to ensure deficient practice will not re-occur-</p> <p>The director of nursing and/or unit managers will review shower/bathing documentation weekly for 10% of current residents on each unit for 4 weeks, then every other week for 4 weeks, then monthly for 2 months.</p> <p>Results will be reviewed and discussed in QAPI/QA monthly. The QPI/QA committee will modify the plan of correction as needed to ensure continued compliance.</p>		

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F 676	Continued From page 4 not be located after the former DON's departure from the facility and multiple attempts to contact her were unsuccessful. The Administrator explained, going forward, it is her expectation nursing staff offer residents showers as per their shower preference and per facility protocol at least twice weekly. The administrator further explained if a resident refuses a shower, the nurse is to be notified and a bed bath would be offered and documented.	F 676			