

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

PRINTED: 12/05/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155458		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/16/2018	
NAME OF PROVIDER OR SUPPLIER HIGHLAND NURSING AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 9630 FIFTH ST HIGHLAND, IN 46322			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00273348.</p> <p>Complaint IN00273348- Substantiated. Federal/State deficiencies related to the allegations are cited at F679 and F812.</p> <p>Survey date: November 16, 2018</p> <p>Facility number: 000367 Provider number: 155458 AIM number: 100289280</p> <p>Census bed type: SNF/NF: 27 Total: 27</p> <p>Census payor type: Medicare: 2 Medicaid: 16 Other: 9 Total: 27</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review was completed on November 20, 2018.</p>			F 0000			
F 0679 SS=D Bldg. 00	<p>483.24(c)(1) Activities Meet Interest/Needs Each Resident §483.24(c) Activities. §483.24(c)(1) The facility must provide, based on the comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their choice of activities, both facility-sponsored</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 other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 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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	<p>group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community.</p> <p>Based on observation, record review and interview, the facility failed to ensure dependent residents were provided activities to meet their interests related to lack of assistance to activities or involvement in any activity for 2 of 3 residents reviewed for activities. (Residents C and F)</p> <p>Finding include:</p> <p>1. On 11/16/18 at 7:50 a.m., Resident C was in bed. The resident was awake and wearing a hospital gown.</p> <p>On 11/16/18 at 8:34 a.m., 9:28 a.m., 9:47 a.m., 10:05 a.m., 10:38 a.m., 10:52 a.m., and 11:28 a.m.- Resident C was sitting in a wheel chair in the hallway facing the Nursing Station. At 11:30 a.m. CNA (Certified Nurses Aide) 1 took Resident C to the Dining Room for lunch. At 12:15 p.m., CNA 2 took the resident from the Dining Room to the same area in the hallway facing the Nursing Station. At 12:22 p.m., Resident C remained in the hallway, she was not provided any sensory stimulation or given any stuffed animals, dolls, books, or any thing to hold. No music or television was provided.</p> <p>Activities occurring on 11/16/18 were as follow: 9:35 a.m. - Three female residents in the Dining Room with a game show on the television. The Activity Director was carrying baked goods in the Dining Room to set up for a bake sale. Two female residents started helping the Activity Director. No other residents were in the Dining</p>			F 0679	<p>1. Corrective actions for resident's affected: Activity Director was immediately educated by the Administrator on activities meet interest/needs of each resident. Resident's C and F were immediately re-assessed by activities director for activity interest. All residents were invited and brought to activity programming by activity staff as scheduled Care plans for residents C and F has been updated for activity interest by the activities director.</p> <p>2. How other residents will continue to be identified: All dependent residents have the potential to be affected by the deficient practice:</p> <p>3. System Revision: Staff has been educated on activities meet interest/needs of each resident by the administrator and activity director. An audit of all dependent residents has been completed to ensure that activity programming is being offered related to resident interest by the administrator Any deficiencies have been corrected. The activities director /designee</p>		12/16/2018

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	<p>Room. No other activities were occurring in the facility. No other activity occurred from this time to the start of lunch service. Resident C remained in the hallway.</p> <p>11:25 a.m. Staff starting to prepare the Dining Room for the afternoon meal.</p> <p>The record for Resident C was reviewed on 11/16/18 at 9:50 a.m. Diagnoses included, but were not limited to, altered mental status, dementia without behavioral disturbances, adult failure to thrive, muscle weakness, and depression.</p> <p>A Minimum Data Set (MDS) quarterly assessment, completed on 11/2/18, indicated Resident C usually understands others, has clear speech, and no behaviors or rejection of care. Extensive assistance of staff needed with bed mobility and transfers.</p> <p>A Care Plan, dated 11/6/18, indicated the resident was dependent on staff for activities, cognitive stimulation, and social interactions. Needs assistance/escort to activity functions. Preferred activities are watching television, jingo/bingo, arts & crafts, popcorn & movies, and sensory games. If chooses not to participate in organized activities, turn on TV, music in room to provide sensory stimulation, or provided stuffed animals and pretend babies which she also enjoys.</p> <p>2. On 11/16/18 at 8:34 a.m., 9:28 a.m., 9:47 a.m., 10:05 a.m., 10:38 a.m., 10:52 a.m., and 11:28 a.m.- Resident F was sitting in a wheel chair in the hallway facing the Nursing Station. The resident taken to the Dining Room for lunch at 11:30 a.m. The resident was not provided any sensory stimulation or taken to the Dining Room to watch television.</p>		<p>will randomly audit 2 assessments and care plans weekly to ensure activities are appropriate for the dependent resident.</p> <p>4. How facility will monitor the system: Activity Director will summarize audit results and present to QAPI monthly for 6 months for review and any recommendations. This will be ongoing Completion Date: December 16, 2018</p>				

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	<p>The record for Resident F was reviewed on 11/16/18 at 12:59 p.m. Diagnoses included, but were not limited to, depression, insomnia, and dementia without behaviors.</p> <p>A Minimum Data Set (MDS) quarterly assessment, completed on 10/24/18, indicated Resident F usually understands others, has clear speech, and makes herself understood.</p> <p>An Activities Progress Note, dated 10/10/18, indicated the resident was alert and verbally responsive, needed assistance to and from activities, needs verbal cueing during activities, and enjoys activities such as ball toss, movie, going outside, exercise, and sensory activities.</p> <p>A Care Plan, dated 8/16/18, indicated the resident needed assistance of staff for transfers, bed mobility, and grooming. A Care Plan, last revised with a target goal date of 1/22/19, indicated little or no involvement in activity related to physical limitations and diagnoses of dementia. Interventions included, but were not limited to, needs assistance/escort to activities, preferred activities include, playing with the ball, balloon toss, exercise, movies, sensory activities, and food socials.</p> <p>During an interview, on 11/16/18 at 1:25 p.m., the Activity Director indicated the Bake Sale was supposed to be last Friday but was switched to today. Two residents helped with the set up. We played ball toss for awhile. No other activities were provided to the other residents. No other Activity staff were working today. I did not ask or bring Residents C and F to the Dining Room or do any activities with them thru the morning. Resident C enjoys sensory activities and ball toss. Resident F enjoys exercise and does participate</p>						

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F 0812 SS=D Bldg. 00	<p>with ball toss games.</p> <p>During an interview, on 11/16/18 at 1:40 p.m., the facility Administrator indicated the residents should have been provided with activities during the day.</p> <p>This Federal tag relates to Complaint IN00273348.</p> <p>3.1-33(a)</p> <p>483.60(i)(1)(2) Food Procurement,Store/Prepare/Serve-Sanitary §483.60(i) Food safety requirements. The facility must -</p> <p>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. Based on observation and interview, the facility failed to ensure food was served under sanitary conditions related to staff picking up food without gloves, or the use utensils, during the lunch meal</p>			F 0812	<p>1. Corrective actions for residents affected: C.N.A. was immediately in serviced the administrator on meal</p>		12/16/2018

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	<p>service. This deficiency affected 1 of 1 randomly observed residents. (Resident C)</p> <p>Finding includes:</p> <p>On 11/16/18 at 11:50 a.m., CNA (Certified Nurses Aide) 2 was observed assisting Resident C with her meal. There was a hamburger on a bun on the plate. CNA 2 cut the hamburger into four pieces, then picked up one piece of the hamburger pieces with her bare hands and fed the hamburger to the resident several times. CNA 2 was not wearing any gloves.</p> <p>During an interview, on 11/16/18 at 1:00 p.m., the Dietary Manager indicated the CNA should have used silverware to feed the resident the hamburger. The protocol is to cut the food with and use a fork or utensils to feed the residents. She should not have picked up the hamburger with her hands.</p> <p>During an interview, on 11/16/18 at 1:10 p.m., the facility Administrator indicated the CNA should not have held the hamburger in her hands when feeding the resident.</p> <p>This Federal tag relates to Complaint IN00273348.</p> <p>3.1-21(i)(2)</p>				<p>service and hand hygiene policies. Resident was not affected from the deficient practice.</p> <p>2. How other residents will continue to be identified: All residents dependent upon feeding assist have the potential to be affected by the deficient practice.</p> <p>3. System Revision: C.N.A completed infection control competency exam on 11/16/18 given by the administrator C.N.A was re-educated on proper meal service and hand hygiene by the administrator All staff in-service on proper meal service and hand hygiene to be completed by the administrator/designee by 11/30/18</p> <p>4. How facility will monitor the system: Administrator/Designee will audit meal service and hand hygiene randomly 2x's weekly for 4 weeks the monthly for 6 months. DON/Designee will summarize and present audit report to QAPI monthly. This will be ongoing. Completion Date: December 16, 2018</p>		