

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

PRINTED: 02/28/2018  
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 02/06/2018	
NAME OF PROVIDER OR SUPPLIER  HIGHLAND NURSING AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 9630 FIFTH ST HIGHLAND, IN 46322			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 IN00253338.</p> <p>Complaint IN00253338 - Substantiated. Federal/State deficiencies related to the allegations are cited at F584 and F686.</p> <p>Survey date: February 6, 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: 4 Medicaid: 21 Other: 2 Total: 27</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 2/9/18.</p>			F 0000	<p>Preparation and or execution of this plan of correction does not constitute admission or agreement on the part of the Provider to the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. This Plan of Correction is prepared and or executed solely as required. Facility respectfully requests a desk review.</p>		
F 0584 SS=D Bldg. 00	<p>483.10(i)(1)-(7) Safe/Clean/Comfortable/Homelike Environment §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</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 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>The facility must provide-</p> <p>§483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible.</p> <p>(i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk.</p> <p>(ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.</p> <p>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2) (iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels.</p> <p>Based on observation and interview, the facility failed to maintain safe and comfortable temperature levels related to heating registers not maintained at the required temperatures in 1 of 18 resident rooms. (Room 11)</p>			F 0584	<p><b>F-584-</b> Safe/Clean/Comfortable/Homelike Environment</p> <p><b>What corrective action will be</b></p>		03/08/2018

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	<p>Finding includes:</p> <p>On 2/6/18 at 11:55 a.m., the temperature in room 11 was 71.9 F. The heat register was on and the air blowing out was cool. LPN 1 entered the room at 12:05 p.m. to perform wound care for a resident in the room. During continuous observation during the wound care, from 12:05 p.m. thru 12:30 p.m., the temperatures in room were measured. Cool air was felt coming from the register vent. Temperatures fluctuated from 69.1 thru 70.9 F.</p> <p>On 2/6/18 at 12:35 p.m., the register control remained set at "heat" and "auto." Cool air was felt coming from the register. Continuous temperatures taken remained at 69.0 to 69.1 degrees over 10 minutes. The above temperature were reported to the Administrator at this time.</p> <p>The 1/2018 and 2/2018 Resident Room Check logs were reviewed. The temperatures in resident rooms were recorded on 1/19/18 and 2/1/18 only.</p> <p>During an interview on 2/6/18 at 11:15 a.m., the Maintenance Director indicated when residents complain their rooms are cold, he often finds the heat control in the off position and when he turns the unit on, heat comes out.</p> <p>During an interview on 2/6/18 at 11:30 a.m., one of the residents in room 11 indicated the room is always cold, especially at night. Staff members come in the room and comment how cold the room is. The heat register will blow out hot air for a while and then cold air comes out on its own. It gets very cold.</p> <p>During an interview on 2/6/18 at 6:40 a.m., a female resident in the Dining room indicated the</p>				<p><b>accomplished for those residents found to have been affected by the deficient practice:</b> Maintenance Director reset the Heat Unit in Room 11. Heat rose to above 71. Facility contacted Parkway Mechanical, the vendor that works on our Heat/AC Units. On 2/8/18 the thermostat was replaced in room 11.</p> <p><b>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken:</b> An Audit was conducted of all 18 resident rooms. One other thermostat was replaced in room 15.</p> <p><b>What measures will be put in place or what systemic changes will be made to ensure that the deficient practice does not recur:</b> An audit form has been implemented that requires staff to check room temperatures 2x daily, no less than every 2 days. Stanly Davis, Facility Maintenance Director in-serviced on how to reset a thermostat. In addition, they have been given directions to contact Maintenance or Administrator if they are unable to get the temperature to 71. Facility will utilize outside vendor for repairs, as needed. Any resident affected by low temperature in room will be re-located to an</p>		

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F 0686 SS=D Bldg. 00	<p>temperature in her room is not always warm. When the unit is turned on, hot air does come out at first but then it gets cold.</p> <p>During an interview on 2/6/18 at 12:50 p.m., the facility Administrator indicated the Maintenance Director had informed him the rooms get cold and he would find the unit off. Room temperature should be above he required 71 degrees Fahrenheit.</p> <p>This Federal tag relates to Complaint IN00253338.</p> <p>3.1-19(h) 3.1-19(i) 3.1-19(j)</p> <p>483.25(b)(1)(i)(ii) Treatment/Svcs to Prevent/Heal Pressure Ulcer §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were</p>				<p>alternate room.</p> <p><b>How the corrective action will be monitored to ensure the deficient practice will not recur; i.e., what quality assurance program will be put in place:</b> An audit form has been implemented that require staff to look at individual room thermostat or utilize an infrared device to check room temperature 2 x daily no less then every 2 days for the next month. It will then be checked monthly per Preventive Maintenance schedule. Results of audits will be addressed immediately and brought to Quality Assurance meetings monthly.</p> <p><b>By what date the systemic changes will be completed:</b> March 8, 2018</p>		

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	<p>unavoidable; and</p> <p>(ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing.</p> <p>Based on observation, record review, and interview, the facility failed to provide the necessary treatment and services to promote wound healing related to not following Physician orders for the Registered Dietitian to complete an evaluation for 1 of 3 residents reviewed for pressure ulcers. (Resident E)</p> <p>Finding includes:</p> <p>The record for Resident E was reviewed on 2/6/18 at 6:16 a.m. Diagnoses included, but were not limited to, paraplegia, Multiple Sclerosis, and convulsions.</p> <p>A Quarterly Minimum Data Set assessment, dated 11/19/17, indicated the resident required extensive assistance from staff for bed mobility, dressing, and personal hygiene. Range of motion was impaired on both lower extremities and one upper extremity. An unhealed Stage IV (full thickness tissue loss with exposed bone, tendon, or muscle) pressure ulcer measuring 3.6 cm x 3.2 cm x 1.3 cm was present.</p> <p>Physician orders, obtained on 2/2/18, indicated to consult with the hospital Wound Care clinic and for the Dietitian to evaluate.</p> <p>The 1/2018 and 2/2018 Nutrition Progress Notes indicated the last entry completed by the RD (Registered Dietitian) was on 1/19/17.</p> <p>During an interview on 2/6/18 at 8:43 a.m., the</p>	F 0686	<p><b>F-686-</b> Treatment/Svcs to Prevent/Heal Pressure Ulcers</p> <p><b>What corrective action will be accomplished for those residents found to have been affected by the deficient practice:</b> Resident E is the resident identified in this Tag. A Physician Order was written on 1/23/18 for Registered Dietician to re-evaluate. Nurse notes indicate that the R.D. was notified on 1/23/18. R.D. note dated 1/23/18 read: "No new recommendations at this time". Registered Dietician notes indicate that Mr. Verville was seen for Quarterly Assessment on 2/5/18 with no changes in diet order.</p> <p><b>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken:</b></p> <p>An Audit was conducted of resident physician orders. No orders were found to be without recommendations.</p> <p><b>What measures will be put in place or what systemic changes will be made to ensure that the deficient practice does not recur:</b></p>		03/08/2018		

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	<p>Director of Nursing, indicated the RD is at the facility weekly.</p> <p>During a telephone interview on 2/6/18 at 8:35 a.m., the consultant RD indicated she was in the facility yesterday and was not informed there had been a Physician's order obtained on 2/2/18 for Resident E to be evaluated. An evaluation would have been completed if the order had been conveyed to her.</p> <p>This Federal tag relates to Complaint IN00253338.</p> <p>3.1-40(a)(2)</p>				<p>Director of Nursing implemented an In-box with a communication log for each specialty, i.e., Registered Dietician, Speech Therapist, and Medical Director. New admission orders will also be placed in this in-box. DON in-serviced licensed Nurses to this procedure.</p> <p><b>How the corrective action will be monitored to ensure the deficient practice will not recur; i.e., what quality assurance program will be put in place:</b></p> <p>DON/designee will continue to bring new orders to daily Quality Assurance meetings. This will be done 5x weekly and be ongoing.</p> <p><b>By what date the systemic changes will be completed:</b></p> <p>March 8, 2018</p>		