

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

PRINTED: 12/02/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>185039</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R-C</b> <b>12/01/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>HIGHLANDS HEALTH AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1705 STEVENS AVENUE</b> <b>LOUISVILLE, KY 40205</b>		
(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  Based upon implementation of the acceptable POC, the facility was deemed to be in compliance, 12/01/15 as alleged.	{F 000}			
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.

**Post-Certification Revisit Report**

Public reporting for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing the burden, to CMS, Office of Financial Management, P.O. Box 26684, Baltimore, MD 21207; and to the Office of Management and Budget, Paperwork Reduction Project (0938-0390), Washington, D.C. 20503.

<b>(Y1) Provider / Supplier / CLIA / Identification Number</b> 185039	<b>(Y2) Multiple Construction</b> A. Building B. Wing	<b>(Y3) Date of Revisit</b> 12/1/2015
<b>Name of Facility</b> HIGHLANDS HEALTH AND REHABILITATION CENTER	<b>Street Address, City, State, Zip Code</b> 1705 STEVENS AVENUE LOUISVILLE, KY 40205	

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix <b>F0282</b> Reg. # <b>483.20(k)(3)(ii)</b> LSC _____	Correction Completed <b>12/01/2015</b>	ID Prefix <b>F0309</b> Reg. # <b>483.25</b> LSC _____	Correction Completed <b>12/01/2015</b>	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
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Reviewed By <i>mz</i>	Reviewed By <i>lt</i>	Date: <i>12/02/15</i>	Signature of Surveyor: <i>Melie Zimmstein</i>	Date: <i>12/15/15</i>
Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____

Followup to Survey Completed on: 10/29/2015	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? <table style="float: right;"> <tr> <td>YES</td> <td>NO</td> </tr> </table>	YES	NO
YES	NO		

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F 000	INITIAL COMMENTS  An Abbreviated Survey was initiated on 10/27/15 and concluded on 10/29/15 to investigate complaint KY 23982. The Division of Health Care unsubstantiated the allegation with unrelated deficiencies cited.	F 000	To the best of my knowledge and belief, as an agent of Highlands Health and Rehabilitation Center, the following plan of correction constitutes a written allegation of substantial compliance with Federal Medicare and Medicaid requirements.	
F 282 SS=D	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN  The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.  This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and facility policy review, it was determined the facility failed to follow the care plan for one (1) of five (5) sampled residents, (Resident #3). The staff failed to obtain a Podiatrist Consult for Resident #3 as directed by the care plan intervention to provide foot care.  The findings include:  Interview with the Minimum Data Set (MDS) Coordinator, on 10/29/15 at 11:33 AM, revealed she followed the RAI and that was the policy she followed. Review of the MDS 3.0 Section 4, 4.7, page 4-11, #12, revealed the Interdisciplinary Team identified specific, individualized steps or approaches that would be taken to help the resident achieve his or her goals. These approaches serve as instructions for resident care and provide for the continuity of care by all staff. Precise and concise instructions help staff	F 282	Preparation and execution of this plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the alleged deficiencies. This plan of correction is prepared and/or executed solely because it is required by the provisions of Federal and State law.  F282  What corrective action will be accomplished for those residents found to be affected by the deficient practice?  The nurse for resident #3 notified the physician and ARNP that the resident had not yet been seen by podiatry since the order was placed on 9/8/2015. Resident was evaluated per ARNP on 10/30/15. Resident #3 has since been seen by podiatry on 11/6/2015 and will continue to be seen by podiatry every 60-70 days. Resident # 3 has also had her care plan reviewed for accuracy by the unit ADNS and DNS.	

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

TITLE

(X6) DATE

*[Signature]*

*Administrator*

11/20/15

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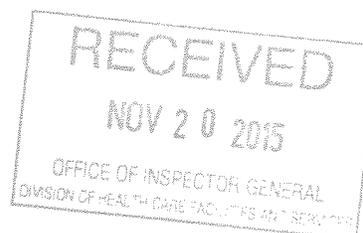
OFFICE OF INSPECTOR GENERAL  
DIVISION OF HEALTH CARE FACILITIES AND SERVICES

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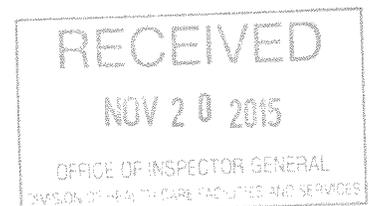
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F 282	<p>Continued From page 1 understand and implement interventions.</p> <p>Review of Resident #3's clinical record revealed the facility admitted the resident on 06/10/15 with diagnoses of Paral Polio, Muscle Weakness, Obesity, Edema and Lack of Coordination. Review of Resident #3's Quarterly Minimum Data Set (MDS Assessment, dated 09/15/15, revealed the facility assessed Resident #3 using a Brief Interview for Mental Status (BIMS) and scored a fifteen (15) which meant the Resident was interviewable.</p> <p>Review of Resident #3's Comprehensive Care Plan, dated with a problem onset of 06/30/15, revealed Resident #3 had bilateral foot drop, contractures and edema. The goal stated Resident #3 would not have adverse effects or skin breakdown due to the bilateral foot drop and contractures. The intervention was for staff to provide foot care.</p> <p>Interview with Resident #3, on 10/27/15 at 2:05 PM, revealed his/her feet were infected and the Nurse Practitioner stated she would have the Podiatrist come to see him/her about two (2) months ago and it had not occurred as of yet.</p> <p>Review of Resident #3's Physician Orders, dated 09/08/15 (51 days ago), revealed an order for a Podiatry Consult as soon as possible (ASAP), to right great toe for Paronychia (an infection that develops along the edge of the fingernail or toenail).</p> <p>Observation of Resident #3's feet, on 10/29/15 at 10:35 AM, revealed Resident #3's right big toe was observed to have dark red and yellow scab in the bed of the toe nail. The right third (3rd) digit</p>	F 282	<p>How will the facility identify other residents having the potential to be affected by the same deficient practice?</p> <p>Physician orders and care plans for podiatry and/or other specialist appointments for all other residents have been reviewed by the DNS and ADNS's. Any needed specialist orders or care plan updates found during this review have been identified and addressed.</p> <p>What measures will be put into place or systemic changes made to ensure the deficient practice will not occur?</p> <p>DNS and ADNS's will place and educate on an appointment communication binder, which will be located at each nurse's station; to assist with communication of resident specialist appointments. The ADNS's or DNS will check these binders 3 times a week for specialist appointment orders and ensure that the resident's appointments have been scheduled.</p> <p>Residents identified to have scheduled specialist appointments will also be reviewed and specialist appointments will have schedule confirmation during the Clinical Startup meeting attended by the center's nursing leadership. The care plans for those resident's with specialist orders will be reviewed and updated during the Clinical Startup meeting as well.</p>	



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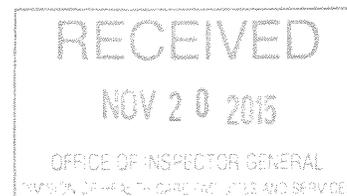
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F 282	Continued From page 2 was observed to be yellow in color. The left big toe was observed to have a black scab on the bed of the toe nail. Both feet and shins were observed to be swollen.  Interview with Licensed Practical Nurse (LPN) #1, on 10/29/15 at 10:35 AM, revealed the nursing staff initiated the care plan when a resident was admitted and could update the care plan as new orders were ordered. LPN #1 stated the MDS Coordinator and the Assistant Director of Nursing (ADON) were responsible for the comprehensive care plan. LPN #1 stated staff was expected to follow the care plan.  Interview with the MDS Coordinator, on 10/29/15 at 11:33 AM, revealed she became involved with the care plan when she completed the admission assessment of the resident. The MDS Coordinator stated staff were expected to follow the care plans because it was the plan of care for the residents. The Podiatrist order was a nursing measure for providing the foot care as stated on the care plan.  Interview with the ADON, on 10/29/15 at 10:52 AM, revealed staff were expected to follow the care plan. The ADON stated the Podiatrist order was a nursing measure for providing the foot care as directed by the care plan.  Interview with the Director of Nursing (DON), on 10/29/15 at 11:45 AM, revealed the plan of care stated the staff was to provide foot care and a part of that foot care would be the orders to provide foot care. The DON stated the staff were expected to follow the care plans as directed.	F 282	To maintain continued compliance, licensed staff will be educated on following MD orders, specialist appointment communication binders and following care plan interventions by the SDC, ADNS's and the DNS. The staff will be educated starting Nov. 5 <sup>th</sup> , 2015, and will completed by Nov. 30, 2015. Staff will also be re-educated on an as needed basis as well for licensed staff education on following MD orders, specialist appointment communication binders and following care plan interventions will also be included during new hire on-board training by the SDC or ADNS.  How will the facility monitor performance to ensure solutions are sustained?  To maintain continued compliance the ADNS's and/or DNS will monitor specialist appointments and podiatry orders through compliance rounds which will include checking and following up on the appointment binders placed on each unit 5 times a week for 1 month and then 3 times a week for 3 months and then weekly thereafter. If an issue is identified the ADNS's, and SDC will provide immediate 1:1 re-education to the staff member and immediate follow-up on the physician order will be completed. Care plans will be reviewed during admission, annually, quarterly, and when there is a significant change		
F 309	483.25 PROVIDE CARE/SERVICES FOR	F 309		12/1/15	



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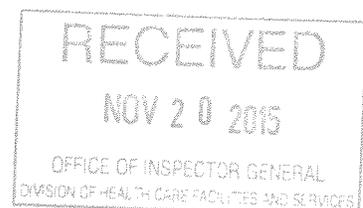
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F 309 SS=D	<p>Continued From page 3 HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, it was determined the facility failed to follow the physician orders for one (1) of five (5) sampled residents, (Resident #3). The staff failed to follow the order for a Podiatrist Consult ordered on 09/08/15, 51 days ago, to be provided as soon as possible (ASAP) .</p> <p>The findings include: The facility did not provide a policy on following physician orders.</p> <p>Review of Resident #3's clinical record revealed the facility admitted the resident on 06/10/15 with diagnoses of Paral Polio, Muscle Weakness, Obesity, Edema and Lack of Coordination. Review of Resident #3's Quarterly Minimum Data Set (MDS) Assessment, dated 09/15/15, revealed the facility assessed Resident #3 using a Brief Interview for Mental Status (BIMS) and scored a fifteen (15) which meant the resident was interviewable.</p> <p>Interview with Resident #3, on 10/27/15 at 2:05</p>	F 309	<p>In the resident's condition. These care plan reviews will monitor for continued compliance while also reviewing the resident's with podiatry orders.</p> <p>The DNS or ADNS will review the findings of the compliance rounds to identify any patterns or trends, all findings will be reviewed in the monthly QAPI meeting, which is attended by the center's Administrator, DNS, Medical Director and other center departmental leadership team members. These findings will be reviewed for 6 months, for any additional interventions or suggestions that the QAPI team recommends, to maintain continued compliance.</p> <p>F309</p> <p>What corrective action will be accomplished for those residents found to be affected by the deficient practice?</p> <p>The nurse for resident #3 notified the physician and ARNP that the resident had not yet been seen by podiatry since the order was placed on 9/8/2015. Resident was evaluated per ARNP on 10/30/15. Resident #3 has since been seen by podiatry on 11/6/2015 and will continue to be seen by podiatry every 60-70 days. Resident #3 has also had her care plan reviewed for accuracy by the unit ADNS and DNS.</p>	



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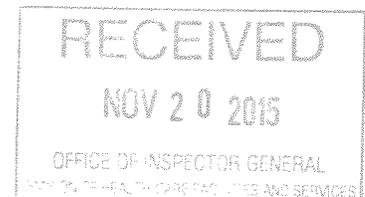
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F 309	<p>Continued From page 4</p> <p>PM, revealed he/she did not have pressure though both of his/her feet were infected. Resident #3 stated about two (2) months ago the Nurse Practitioner said she would have the Podiatrist come to see him/her; however, he/she had not seen the podiatrist as of yet.</p> <p>Review of Resident #3's Physician Orders, dated 09/08/15 (51 days ago), revealed an order for Podiatry Consult ASAP to right great toe for Paronychia (An infection that develops along the edge of the fingernail or toenail).</p> <p>Interview with Resident #3 and observation of Resident #3's feet, on 10/29/15 at 10:35 AM, revealed Resident #3's right big toe had a dark red and yellow scab in the bed of the toe nail. The right third (3rd) digit was yellow in color. The left big toe had a black scab on the bed of the toe nail. Both feet and shins were swollen. Resident #3 stated he/she had a family member to cut his/her toenails because no one from the facility would cut his/her nails.</p> <p>Interview with Licensed Practical Nurse (LPN) #1, on 10/29/15 at 10:30 AM, revealed Resident #3's feet looked like it had dry blood and an in grown toe nail. LPN #1 stated it did not look infected. She stated when the nurses obtained orders for a Podiatrist Consult, the nurses would call Medical Records to set up the appointment. LPN #1 stated that ASAP meant as soon as possible because something was going on that needed to be seen.</p> <p>Interview with Medical Records, on 10/28/15 at 2:32 PM, revealed she did not receive the order for Resident #3 to see the Podiatrist on 09/08/15. The Medical Records stated if she was not in the</p>	F 309	<p>How will the facility identify other residents having the potential to be affected by the same deficient practice?</p> <p>Physician orders and care plans for podiatry and/or other specialist appointments for all other residents have been reviewed by the DNS and ADNS's. Any needed specialist orders or care plan updates found during this review have been identified and addressed.</p> <p>What measures will be put into place or systemic changes made to ensure the deficient practice will not occur?</p> <p>DNS and ADNS's will place and educate on an appointment communication binder, which will be located at each nurse's station; to assist with communication of resident specialist appointments. The ADNS's or DNS will check these binders 3 times a week for specialist appointment orders and ensure that the resident's appointments have been scheduled.</p> <p>Residents identified to have scheduled specialist appointments will also be reviewed and specialist appointments will have schedule confirmation during the Clinical Startup meeting attended by the center's nursing leadership. The care plans for those resident's with specialist orders will be reviewed and updated during the Clinical Startup meeting as well.</p>		



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F 309	<p>Continued From page 5</p> <p>building the staff knew to call her and leave a message. She stated she was responsible to make the Podiatrist appointments.</p> <p>Interview with the Assistant Director of Nursing (ADON) on the second (2nd) floor, on 10/29/15 at 10:52 AM, revealed she was not aware Medical Records did not obtain the order. The ADON stated Resident #3 voiced that a family member came in to clip his/her toenails and to cut out the ingrown nail. Resident #3 stated a family member applied antibiotic ointment on the nail as well. The ADON stated she verbalized the importance of not having family come in to cut his/her nails. The ADON stated Resident #3's legs had been swollen, but they were now more swollen in appearance.</p> <p>Interview with Resident #3's Advanced Practical Registered Nurse (APRN), on 10/28/15 at 2:40 PM, revealed Paronychia was defined as all the skin around the nail develops a puss pocket and needs to be opened and drained. The APRN stated the facility did not carry numbing medicine or she would have relieved the pressure herself. The APRN stated she wrote the order ASAP because she meant for the facility to make the appointment as soon as possible. She stated she could have sent Resident #3 to the Emergency Room, but that would have been a waste of a bill, when the Podiatrist could do the procedure. The APRN stated she was not aware the facility did not follow through with the order. She stated nursing staff did not call her to inform her the order should be discontinued or that a family member had come to clean out the foot.</p> <p>Interview with the Director of Nursing (DON), on 10/29/15 at 11:45 AM, revealed she was not</p>	F 309	<p>To maintain continued compliance, licensed staff will be educated on following MD orders, specialist appointment communication binders and following care plan interventions by the SDC, ADNS's and the DNS. The staff will be educated starting Nov. 5<sup>th</sup>, 2015, and will completed by Nov. 30, 2015. Staff will also be re-educated on an as needed basis as well for licensed staff education on following MD orders, specialist appointment communication binders and following care plan interventions will also be included during new hire on-board training by the SDC or ADNS.</p> <p>How will the facility monitor performance to ensure solutions are sustained?</p> <p>To maintain continued compliance the ADNS's and/or DNS will monitor specialist appointments and podiatry orders through compliance rounds which will include checking and following up on the appointment binders placed on each unit 5 times a week for 1 month and then 3 times a week for 3 months and then weekly thereafter. If an issue is identified the ADNS's, and SDC will provide immediate 1:1 re-education to the staff member and immediate follow-up on the physician order will be completed. Care plans will be reviewed during admission, annually, quarterly, and when there is a significant change in the resident's condition. These care plan reviews will monitor for continued compliance</p>	



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NAME OF PROVIDER OR SUPPLIER  HIGHLANDS HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1705 STEVENS AVENUE LOUISVILLE, KY 40205		
(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 309	Continued From page 6 aware Medical Records was not made aware of the order for the Podiatrist. The Nursing staff should have made sure the orders were followed up on as prescribed. The DON stated there should have been a discontinue order if the family had removed the infection.	F 309	while also reviewing the resident's with podiatry orders.  The DNS or ADNS will review the findings of the compliance rounds to identify any patterns or trends, all findings will be reviewed in the monthly QAPI meeting, which is attended by the center's Administrator, DNS, Medical Director and other center departmental leadership team members. These findings will be reviewed for 6 months, for any additional interventions or suggestions that the QAPI team recommends, to maintain continued compliance.	12/1/15	

