

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

PRINTED: 07/22/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185039	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/12/2020
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NAME OF PROVIDER OR SUPPLIER HIGHLANDS NURSING AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 1705 STEVENS AVENUE LOUISVILLE, KY 40205
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(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
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F 000	<p>INITIAL COMMENTS</p> <p>Amended 07/17/2020</p> <p>An Abbreviated Survey investigating KY#31821 and a COVID-19 Focused Infection Control Survey was initiated on 06/05/2020 and concluded on 06/12/2020. Complaint KY#31821 was substantiated with deficiencies cited. The facility was found to be in compliance with 42 CFR 483.80 infection control regulations and has implemented the Centers for Medicare & Medicaid Services (CMS) and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Total census 125.</p>	F 000		
F 656 SS=G	<p>Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)</p> <p>§483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -</p> <p>(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and</p> <p>(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).</p>	F 656		

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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 656	<p>Continued From page 1</p> <p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review and review of policy it was determined the facility failed to implement a Comprehensive Care Plan (CCP) for one (1) of seventeen (17) sampled residents, Resident #1. Resident #1 reported to Registered Nurse (RN) #1 he/she had difficulty breathing on 06/01/2020 at 7:30 AM. Interviews revealed staff failed to notify the medical provider at 06/01/2020 at 7:30 AM, and did not provide ordered and care planned respiratory medication, or continually monitor the resident when the resident showed a significant change of condition with oxygen saturations seventy to eighty (70 - 80) percent</p>	F 656			

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F 656	<p>Continued From page 2</p> <p>(%) while on oxygen. Further interviews revealed when a secondary assessment completed by Licensed Practical Nurse (LPN) #1 at 9:30 AM, occurred, staff did not notify the provider and provide necessary medication when the LPN assessed the resident's oxygen levels in the fifties (50's). The facility transferred the resident by nine one one (911) emergency services for respiratory distress three and a half (3.5) hours after the initial complaint and assessment.</p> <p>The findings include:</p> <p>Review of the policy Care Plans, Comprehensive Person-Centered, revised 12/2016, revealed the CCP included objectives, timetables to meet the residents' physical, psychological, and functional needs. The CCP services include the services provided by staff to attain or maintain the residents' highest practical well-being. In addition, the CCP interventions provided information to aid in the prevention, reduce a residents decline, or maintain the residents' functional status.</p> <p>Review of COVID-19 Resident Policy, undated, revealed the facility initiated the policy for early detection and effective triage of a potentially infectious resident. The facility monitored residents for fever and respiratory symptoms every shift. In addition, the facility staff monitored the residents' throughout the shift for potential or actual symptoms of a respiratory infection.</p> <p>Review of the clinical record for Resident #1 revealed the facility admitted the resident on 03/15/18 with the diagnoses of Chronic Obstructive Pulmonary Disease (COPD), Shortness of Breath (SOB), and Paraplegia.</p>	F 656			

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F 656	<p>Continued From page 3</p> <p>Further review revealed the physician ordered BiPAP (a supportive respiratory machine) every night for the resident's diagnosis of COPD.</p> <p>Review of the Minimum Data Set (MDS) quarterly assessment, dated 04/01/2020, revealed the facility completed a cognitive assessment with the Brief Interview for Mental Status (BIMS) exam. The facility assessment revealed a score of twelve (12) out of a possible fifteen (15) and the facility determined the resident was interviewable. The facility diagnosis included the respiratory conditions of SOB and COPD.</p> <p>Record review of the clinical recorded oxygen saturation summary revealed Registered Nurse (RN) #2, recorded Resident #1's saturation of eighty-nine (89) % while on oxygen on 5/30/2020 at 3:04 AM and 3:32 AM. Further review of the clinical record revealed staff did not document further assessments, medication administered, or notification to a provider.</p> <p>Interview with Registered Nurse (RN) #2, on 06/10/2020 at 9:19 AM, revealed RN #2 assessed Resident #1's oxygen saturation at eighty-nine (89) % on two occasions on 05/30/2020 within thirty (3) minutes when assessed for COVID-19 symptoms. He stated at the time of the low oxygen level he did not complete an in-depth respiratory assessment, did not provide ordered respiratory treatments, and did not notify the provider or oncoming staff of the abnormal finding; nor did he review Resident #1's care plan. RN #2 stated the CCP addressed a resident's health concerns and addressed the care staff needed to follow at all times. He stated a nurse's responsibilities included to follow the care plan to take care of residents.</p>	F 656			

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F 656	<p>Continued From page 4</p> <p>Review of the CCP Focus for Resident #2's risk for respiratory distress, revised on 01/10/2020, revealed the resident's risks included the need for oxygen, use of the BiPAP machine, SOB, COPD and Obesity. The facility interventions directed staff to administer ordered medications, document abnormal findings and notify provider, give aerosol, or bronchodilators (mistimed medication for SOB symptoms), and to observe for Signs and Symptoms (S/S) of changes in respiratory status. The S/S for respiratory status changes included increased respirations and or heart rate, decreased oxygen saturation, sweating, and changes in skin color. Further review revealed the S/S for respiratory distress included decreased oxygen saturation, increased respirations, increased heart rate, sweating, and changes in skin color. The interventions included to document abnormal findings in the residents chart and notify the provider.</p> <p>Interview with the Lead Care Coordinator (LCC), on 06/08/2020 at 1:10 PM, revealed staff verbally reported on 06/01/2020 Resident #1's pulse oximeter (a device that reads oxygen levels) at the bedside with oxygen at the level of fifty (50) percent. Normal range for oxygen included above ninety (90) % with or without oxygen.</p> <p>Interview with Licensed Practical Nurse (LPN) #1, on 06/09/2020 at 2:36 PM, revealed Resident #1 requested assistance, on 06/01/2020 at 9:30 AM, because the resident reported not breathing well. He stated the resident appeared sweaty and was breathing heavy and fast. LPN #1 stated the resident appeared to have respiratory distress and he stated his assessment found the resident's oxygen level in the fifties (50's) while on</p>	F 656			

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F 656	<p>Continued From page 5</p> <p>oxygen. He stated he left the room to look for equipment to provide the ordered nebulizer but stated he did not provide respiratory medication to the resident nor did he immediately notify the provider of the resident's assessment. LPN #1 stated the Nurse Practitioner (NP) came onto the floor after 10:00 AM, assessed the resident, and requested 911 for transfer because of the resident's condition of respiratory distress. Continued interview revealed the facility required staff to review resident care plans but LPN #1 stated he did not have time to review resident care plans. He stated care plans specified the care residents required to maintain their status. He stated the facility expected all staff to follow resident care plans at all times. He further stated not following the care plan might lead to a resident's death because of what the staff did not do for the resident. Furthermore, LPN #1 stated he did not complete documentation of his assessment and findings. He stated the responsibility belonged to the assigned nurse.</p> <p>Interview with Registered Nurse (RN) #1, on 06/09/2020 at 12:04 PM, revealed Resident #1 complained of SOB at the beginning of the shift at 7:30 AM. She stated she assessed the resident oxygen level while on oxygen at seventy to eighty (70 to 80) percent. She stated she did not administer the rescue inhaler and nebulizer (misted medication) ordered by the provider for SOB, but notified the provider by a text message. She stated she continued medication pass for the floor residents after the initial findings and assessment of Resident #1. She further stated she did not document any of the assessment findings or events with the exception of the order to send out the resident per the provider.</p>	F 656			

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F 656	<p>Continued From page 6</p> <p>Review of RN #1's text message, dated 06/01/2020 at 9:53 AM, revealed RN #1 sent a message to the NP which reported Resident #1 complained of breathing difficulty.</p> <p>Continued interview with RN #1, on 06/10/2020 at 12:29 PM, revealed she did not review Resident #1's care plan. She stated she knew how to access the CCP in the computer and she stated the reason to follow a CCP included to help the resident feel better and to prioritize the care to meet resident goals. She stated a nurse's responsibilities included to follow the CCP daily. She stated resident health may decline if the CCP was not followed. She further stated care of the resident included the care plan and all nurses knew to follow the care plan.</p> <p>Interview with the Unit Manager (UM) #1, on 06/10/2020 at 9:05 AM, revealed she did not compare the care staff provided to the care specified in the CCP to insure the CCP was implemented. She stated she expected staff to review resident care plans and she stated staff implemented resident care plans to provide proper care to each resident at all times. UM #1 stated staff who did not implement the resident care plan might cause the resident condition to change. She further stated the clinical team, which included the UM, reviewed the clinical chart to ensure staff implemented, reacted, and completed all required components for a discharged resident. She further stated the clinical team did not identify issues for 06/01/2020 for Resident #1's care or required documents before discharged to the emergency room. However, review revealed the clinical chart did not include both clinical nurse's findings and observations, the time reported, medications</p>	F 656			

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F 656	<p>Continued From page 7</p> <p>provided or the events around the resident's decline and emergent transfer. Therefore, a clinical team completed inaccurate review for care and services provided by the staff as indicated by the residents CCP.</p> <p>Interview with the MDS coordinator, on 06/10/2020 at 2:16 PM, revealed the facility collected data from several sources to complete a resident's CCP. She stated the CCP followed interventions from a select sub type and individual interventions to meet the goal of the residents' focus. She stated the facility reviewed CCP's and updated quarterly and the facility instructed staff to review the residents' care plans. She state the CCP directed resident care to improve or maintain the health of a resident. She stated the facility expected all staff to follow resident care plans at all times. She further stated a poor outcome for the resident may occur when staff did not follow the care plan.</p> <p>Interview with the Director of Nursing (DON), on 6/10/2020 at 2:52 PM, revealed resident care plans provided information for how to provide care of the resident. She stated the basics identified the problem and the facility completed interventions specific to the resident needs. She stated she expected staff to implement the CCP because the interventions provided specific care for a resident and care of a resident with a change of condition included close monitoring and communication with the provider because the resident might decline quickly. She further stated she and the UM had not completed any CCP audits on the floor. She stated she expected staff to provide care per the CCP at all times. She stated the facility did not review the resident's care plan; this occurred when the resident</p>	F 656			

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F 656	<p>Continued From page 8</p> <p>returned. However, record review revealed staff failed to document, provide interventions, administer medication, and notify the provider with a change of condition after staff identified S/S of respiratory changes and distress. Therefore, the staff failed to follow the resident's CCP.</p> <p>Interview with the Administrator, on 06/11/2020 at 8:29 AM, revealed the clinical nursing team reviewed residents' unplanned discharges the next day. He stated he did not receive a report from the DON of identified issues with the response, care, clinical chart documentation or following the care plans for Resident #1. He stated he expected facility staff to provide competent nursing care to meet the needs for each resident. He stated competent care included attentiveness, monitored changes of conditions, completed assessments, documentation, and implementing provider orders and care plans.</p>	F 656			

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E 000 Initial Comments

A COVID-19 Focused Emergency Preparedness Survey was initiated on 06/05/2020 and concluded on 06/12/2020. The facility was found to be in compliance with 42 CFR 483.73 related to E-0024 (b)(6).

E 000

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Office of Inspector General

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N 000	<p>Initial Comments</p> <p>An Abbreviated Survey investigating KY#31821 was initiated 06/05/2020 and concluded 06/12/2020. The complaint was substantiated and deficient practice was cited pursuant to 42 CFR 483.10 - 483.95. In addition a COVID-19 Focused Infection Control Survey was conducted and the facility was found to be in compliance pursuant with 42 CFR 483.80. Total census 125.</p>	N 000		

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Electronically Signed