

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 07/27/2020
NAME OF PROVIDER OF SUPPLIER HIGHLAND HOUSE REHABILITATION AND HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP 1700 PAMALEE DRIVE FAYETTEVILLE, NC 28301	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0676 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>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). Findings included: Resident #1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of Resident #1's shower schedule, updated on 09/09/2019, indicated Resident #1 was scheduled to have showers on Mondays and Saturdays on day shift hours. A review of Resident #1 quarterly Minimum Data Set (MDS), dated [DATE], revealed Resident #1 was severely cognitively impaired, rarely/never understood, rarely/never understands and required total dependence with a one person assist for bathing. 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. 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. 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 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. 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. 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. 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 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.</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 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.