

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045353	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/10/2020
NAME OF PROVIDER OF SUPPLIER HIGHLAND COURT, A REHABILITATION AND RESIDENT CARE		STREET ADDRESS, CITY, STATE, ZIP 942 NORTH HIGHWAY 65 MARSHALL, AR 72650	
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 0825 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Provide or get specialized rehabilitative services as required for a resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, record review, and interview, the facility failed to ensure a physician ordered Speech Therapy was promptly completed to prevent a delay in initiating therapy services to maintain or improve functional speech and dietary abilities for 1 (Resident #1) of 3 sample mix residents who had physician orders [REDACTED]. This failed practice had the potential to affect 4 residents who had physician orders [REDACTED]. The findings are: Resident #1 had [DIAGNOSES REDACTED]. The Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/21/2020 documented the resident scored 14 (13-15 cognitively intact) on the Brief Interview for Mental Status (BIMS), was independent for eating, Swallowing/Nutritional Status Holding food in mouth/cheeks or residual food in mouth after meals, and received a mechanically altered diet, and a therapeutic diet. a. The care plan with a revision date of 3/6/2020 documented .has potential for nutritional deficits related to Dementia, Depression, [MEDICAL CONDITIONS],[REDACTED] [MEDICAL CONDITION](Hypertension). Obtain food preferences, likes / dislikes . Offer substitutes for foods not eaten . Provide assistance with meals as needed . Provide diet as ordered: Puree may have Whole fish, NAS. Snacks . Tid (three times a day) and Mighty Shakes AM & PM. No Milk to drink or Ice Cream to eat .RD (Registered Dietician) to evaluate and make diet change recommendations PRN (as needed) . b. Resident #1 had an Esophagagogastrroduodenoscopy (EGD) procedure performed as an outpatient on 6/1/2020. A Discharge Instruction for the Esophagagogastrroduodenoscopy (EGD) procedure documented under Special Instructions .work with speech therapists . recommendations for diet per speech and PCP (primary care physician) . c. A physician order [REDACTED].NAS (No Added Salt) diet Regular texture, Thin consistency, mighty shakes am (morning) and pm (evening); small bites and sips with intermittent cues for extra swallows throughout meal . d. On 7/6/2020 at 12:43 pm, the Dietary Manager (DM) was asked, Did (R#1) ever request regular food when she was on a puree diet. The DM replied, yes she did, the diet was puree, may have mechanical soft upon request, she requested fish on Fridays, we took the outer crust off to make sure she got what she wanted, and the rest was puree, and that happened until the Friday before (6/12/2020). The DM was asked, What about the rest of the meals. The DM replied, we offered other mechanical soft alternatives and she normally refused. e. On 7/7/2020 at 1:13 pm, the Administrator was asked, via email, can you tell me where to find Speech Therapy notes for R#1. The Administrator replied, via email, she has not had speech therapy for quite some time. f. On 7/7/2020 at 1:27 pm, The Administrator was asked, Can you look at the EGD report dated 6/1/2020 for (Resident #1), and under Special Instructions does it say, work with speech therapist. The Administrator replied, yes. The Administrator was asked, Was (R#1) evaluated by Speech Therapy. The Administrator replied, I don't think so, we, and my nurses go off the hand written orders, I'll have to get a hold of Doctor and see if that's all he wanted us to do. g. On 7/7/2020 at 7:31 pm, an email was received from the Administrator. The email documented, .we just heard from Doctor, he did not write the order for Speech Therapy .he stated, that when he was completing the document for (R#1), that he thought she was on Speech Therapy and just wanted to have everything in place . h. On 7/8/2020 at 8:37 am, the Social Service Director (SSD), was asked, Has (R#1) ever said anything to you about her Diet. The SSD replied, yes, when she had swallowing issues and she was pureed, and she had to have pureed until the swallow study, then Monday 7/6/2020, she didn't want gravy on her food, and they did change her diet after the swallow study. The SSD was asked, Was (R#1) supposed to have Speech Therapy. The SSD replied, I've never heard of her having Speech Therapy. i. On 7/8/2020 at 10:57 am, The Speech Therapist (ST) was asked, Has (R#1) ever been evaluated for Speech Therapy? ST replied, yes, on 1/30/19, ST was asked, Was that the last time she had an evaluation? ST replied, it looks like that's the only episode. ST was asked, Has (R#1) ever had ST. ST replied, yes, it started 1/30/19 and she was discharged on [DATE]. ST was asked, If a resident has an EGD procedure and under the Discharge Special Instructions document, work with speech therapist what would you consider that to mean? ST replied, depends if it was acute or outpatient. ST was asked to look at R#1 EGD report dated 6/1/2020, and under Special Instructions. ST was asked, under Special Instructions it states, work with speech therapist, would that be considered an order. The ST replied, I think it would be considered to at least have a ST evaluation. j. On 7/10/2020 at 11:17 am, a telephone interview was conducted with R#1's sister. R#1 sister was asked, Why wouldn't (R#1) eat the nursing homes food? R#1 sister replied, She said it didn't taste good that the texture was awful. R#1 sister was asked, Do you know if (R#1) was supposed to have speech therapy? R#1 sister replied, She was, and she said they didn't do it, it's supposed to be going on, but they never started it. R#1's sister was asked, Do you know if (R#1) was supposed to have regular food after the scope was done? R#1's sister replied, Yes, but she was told by one of the nurses, it was the cafeteria workers discretion to give her regular food, I got upset about it, I talked to the nurse about it, and she said it was up to the cafeteria. k. On 7/10/2020 at 11:32 am, a telephone interview was conducted with R#1's daughter, responsible party. R#1 daughter was asked, Were you present during the scope procedure (R#1) had done on 6/1/2020? R#1's daughter replied, No, the Doctor called me after the procedure was done. R#1's daughter was asked, Did the doctor tell (R#1), she could have regular food after the scope procedure? R#1's daughter replied, Yes, he did and I told the Administrator, the doctor told me (R#1) could go back to a regular diet, no more puree food, and the Administrator stated, We would have to clarify that, because we didn't get a consult sheet. R#1's daughter stated, It was the actual doctor that did the scope. If they did this or not, I don't know, she (Administrator) said they would reach out to the doctor, but I don't know if they did or not. l. On 7/8/2020 at 12:50 pm, the Administrator provided a typed and signed document . The facility has no policy on Physician orders, the facility follows State and Federal Guidelines .</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.