

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  04/25/2024
NAME OF PROVIDER OR SUPPLIER  Highland Court, A Rehabilitation and Resident Care		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>42016</p> <p>Based on observation, interview, and record review, the facility failed to treat each Resident with respect and dignity, to promote or enhance their quality of life for 2 Residents (Residents #9 and #19) of 6 Residents who were seated at the dining assistive table in the main dining room. This had the potential to affect 5 residents who require assistance with meals, and who eat in the main dining room.</p> <p>Findings included:</p> <p>A review of an Admission Record indicated the facility admitted Resident #9 with diagnoses of Alzheimer's Disease and abnormal weight loss.</p> <p>The discharge Minimum Data Set (MDS), for Resident #9, dated 10/30/2023, revealed a Staff Assessment for Mental Status (SAMS) Cognitive Skills for Daily Decision-Making score of 3, which indicated the resident had severe cognitive impairment. The resident required substantial/maximal assistance with activities of daily living (ADLs).</p> <p>Review of Resident #9 ' s Care Plan, revised 05/11/2022, revealed the Resident has potential for nutritional deficits related to abnormal weight loss, constipation, gastro esophageal reflux disease (GERD), hypokalemia, vitamin A deficiency, Alzheimer's disease, hypothyroidism, vitamin B-12 deficiency, hypoglycemia, and gastroenteritis. Interventions included provide assistance with meals. (Initiated 01/23/2024).</p> <p>On 04/22/2024 at 11:30 AM, Certified Nursing Assistant (CNA) #2 placed Resident #19 at a half round table in the main dining room. Resident #9 was sitting at the table. CNA #2 was asked to identify the Residents and the purpose of the table were the Resident is placed. CNA #2 responded, That is the feeder table. We put residents there that need assistance being fed. CNA #2 identified Resident #9 and #19.</p> <p>During an interview on 04/22/2024 at 12:12 PM, CNA #1 stated the purpose of the half round tables were feeder tables where residents are placed that have to be fed.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

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  04/25/2024
NAME OF PROVIDER OR SUPPLIER  Highland Court, A Rehabilitation and Resident Care		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 04/24/2024 at 10:40 AM, CNA #7 indicated everybody deserves dignity and respect and it is their right. Residents should not be labeled due to their needs as nobody here is the same and has different needs. Labeling or calling a Resident a feeder would not enhance their quality of life.</p> <p>During an interview on 04/24/2024 at 11:15 AM, LPN #2 stated Residents should always be treated with dignity and respect. It is their right and it is a good thing to do. Residents should not be labeled; it could be a dignity issue. Labeling a Resident as a feeder does not promote or enhance their quality of life. They should not be labeled. They eat at the assist table. Depending on the term being used, my reaction would vary.</p> <p>During an interview on 04/24/2024 at 03:16 PM, the Director of Nursing (DON) stated Residents absolutely should be treated with dignity and respect. Residents should not be labeled due to their needs or care requirements; it is a dignity issue. Labeling or calling a Resident a feeder does not promote or enhance their life. Being labeled or called by a need would make you feel poorly about yourself.</p>		

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  04/25/2024
NAME OF PROVIDER OR SUPPLIER  Highland Court, A Rehabilitation and Resident Care		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42016</b></p> <p>Based on observation, interview, and record review, it was determined the facility failed to ensure resident ' s call devices were in reach for 2 (Residents #14 and #32) of 2 Residents with call devices not in reach. This had the potential to affect 23 residents residing on 300 hall.</p> <p>Findings include:</p> <p>A review of an Admission Record indicated the facility admitted Resident #14 with a diagnoses that included a history of falling, Type 2 diabetes mellitus, essential primary hypertension, diastolic congestive heart failure, and pain.</p> <p>A review of the quarterly Minimum Data Set (MDS) dated [DATE], revealed Resident #14 had a Brief Interview for Mental Status (BIMS) score of 06, which indicated the resident had severe cognitive impairment. The resident required assistance with toilet hygiene; required set up assistance only with meals, lower body dressing and footwear; was independent with oral hygiene, personal hygiene, and upper body dressing. Resident uses a manual wheelchair for ambulation.</p> <p>A review of Resident #14's Care Plan initiated 03/19/2024, Revealed resident required assistance with dressing lower body, putting on/taking off shoes; required partial/moderate weight bearing assistance for shower/bath; required touch assistance with toileting hygiene, and assistance with meals as needed. No indication Resident requires instruction on use of call light for assistance.</p> <p>A review of an admission record indicated the facility admitted Resident #32 with diagnoses of essential primary hypertension, gastro-esophageal reflux disease without esophagitis, pure hypercholesterolemia, type 2 diabetes mellitus, and shortness of breath.</p> <p>A review of the quarterly MDS dated [DATE], revealed Resident #32 had a BIMS score of 06, which indicated the resident had severe cognitive impairment. The resident required partial/moderate assistance with shower/bath; set up or clean up assistance with eating and oral hygiene; and was independent with toileting, upper and lower body dressing, putting on/taking off footwear and personal hygiene. Resident #32 is independent with ambulation.</p> <p>A review of Resident #32's care plan did not document a need for instruction on use of call light for assistance.</p> <p>On 04/23/2024 at 09:41 AM, Resident #32's call light was on the floor, against the wall adjacent to the head of the bed, out of reach of Resident. When asked, Resident # 32 stated, It is usually right here. and indicated the over bed table.</p> <p>On 04/23/2024 at 10:32 AM, Resident #14's call light was clipped on the air mattress controller attached to the headboard. Resident #14 was sitting in the wheelchair at the foot of the bed, facing the window. The overbed table was in front of the Resident's wheelchair, and Resident's bed was to the Resident's right. The call light was not in the Resident ' s reach.</p> <p>(continued on next page)</p>		

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  04/25/2024
NAME OF PROVIDER OR SUPPLIER  Highland Court, A Rehabilitation and Resident Care		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 04/23/2024 at 14:05 PM, Resident #32 was lying in bed. Call light was on the floor, against wall adjacent to the head of the bed. The overbed table is located to the right of Resident's bed, wheels of the overbed table just in front of the call button. When Resident was questioned about calling for assistance, the Resident stated, It is usually right here, and pointed to the over bed table. I do not know what happened to it. The call light was not within the Resident ' s reach.</p> <p>On 04/24/2024 at 09:16 AM, Resident #32 was sitting on the side of the bed. Resident #32 was asked if assistance was needed, how would staff be notified. I have a button here somewhere. I have no idea where it is now. Resident searching for call button. Resident stated, I guess I would have to yell. Call light was plugged into the wall, cord hanging down toward the floor, and under the head of the bed, on top of the base of the bedframe.</p> <p>On 04/24/2024 at 09:18 AM, Resident #14 was sitting in a wheelchair on the right side of the bed, facing the head of the bed. The call light was clipped on the air mattress controls on the top of the headboard. Resident #14 was asked if assistance was needed, how staff would be called. Resident stated, I call them or go out into hallway. Resident was asked how would you call them. Resident stated, I really don't know. When asked if Resident could reach the call light, Resident stated, I would go to the hall.</p> <p>During an interview on 04/24/2024 at 09:30 AM, CNA #7 said rounds are done every 2 hours for toileting, ensure rooms are clean and Residents are dry. Rounds are also done during free moments. CNA #7 also will look and listen for call lights and that call lights should be in reach of residents at all times. CNA #7 said Resident #32 is able to use the call light and it is always accessible. Resident #14 uses the call light all of the time and the emergency bath light as well.</p> <p>On 04/24/2024 at 09:33 AM, CNA #7 entered Resident #14 room and moved call light within Resident reach. CNA #7 said it should have been within reach.</p> <p>On 04/24/2024 at 09:35 AM, CNA #7 entered Resident #32 room, kneeled down to find call light, and placed within resident reach. CNA #7 did not know why the call light was not in reach.</p> <p>During an interview on 04/24/2024 at 09:36 AM, Licensed Practical Nurse (LPN) #2 stated rounds were done every 2 hours by CNAs and I see most people several times a day. Residents who require assistance push the call light or someone sees they look like they need assistance. Most Residents in the hall are able to ask for assistance. LPN #2 said call lights should always be in reach. Some Residents move them, but it is care planned if they do that. LPN #2 stated Resident #32 rarely uses the call light and comes into the hallway, even if the call light is accessible. Resident #14 moves the call light and does use it.</p> <p>On 04/25/2024 at 10:15 AM, the Administrator advised the Surveyor the facility does not have a call light policy.</p>		

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  04/25/2024
NAME OF PROVIDER OR SUPPLIER  Highland Court, A Rehabilitation and Resident Care		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0641</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49689</p> <p>Based on record review and interview the facility failed to ensure that a Minimum Data Set (MDS) was accurately coded for tracheostomy status for 1 out of 1 sampled Resident (Resident #42).</p> <p>The findings are:</p> <p>A review of the Order Summary reveals Resident #42 has diagnoses of acquired absence of larynx, tracheostomy status, presence of artificial larynx, and malignant neoplasm of larynx.</p> <p>A review of the quarterly Minimum Data Set (MDS), dated [DATE], revealed the Resident #42 had a Brief Interview for Mental Status (BIMS) score of 15, which indicates the Resident was cognitively intact. According to section O, Special Treatments, Procedures, and Programs, E1. Tracheostomy Status response recorded as a no, on 04/08/2024 at 09:54 AM.</p> <p>On 04/24/2024 at 11:10 AM, Surveyor asked the Director of Nursing (DON) how long Resident #42 has had tracheostomy status. The DON said that it was prior to admission. The surveyor asked why should a Resident ' s tracheostomy status be coded on the MDS? The DON said so the Resident can receive accurate care for the tracheostomy.</p> <p>On 04/24/24 at 11:20 AM, Surveyor asked the MDS Coordinator is Resident #42 ' s quarterly MDS coded for tracheostomy status. MDS Coordinator said no it is not and should be.</p>

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  04/25/2024
NAME OF PROVIDER OR SUPPLIER  Highland Court, A Rehabilitation and Resident Care		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>42016</p> <p>Based on interview and record review it was determined the facility failed to review and revise the Resident's care plan for 2 Residents (Residents #9 and #25) of 2 residents who was reviewed for care plan compliance. This had the potential to affect 57 residents who currently reside in the facility.</p> <p>The findings included:</p> <p>A review of an Admission Record indicated the facility admitted Resident #9 with diagnoses of Alzheimer's Disease and abnormal weight loss.</p> <p>The discharge Minimum Data Set (MDS) for Resident #9, with an Assessment Reference Date (ARD) of 10/30/2023, revealed a Staff Assessment for Mental Status (SAMS) Cognitive Skills for Daily Decision-Making score of 3, which indicated the resident had severe cognitive impairment. The resident required substantial/maximal assistance with activities of daily living (ADLs).</p> <p>A review of Resident #9 Care Plan with a revision date of 03/11/2024 documented the resident has a Urinary Tract Infection (UTI).</p> <p>A review of Resident # 9 ' s March 2024 Medication Administration Record documented Resident #9 was receiving Macrobid Oral Capsule 100 MG (Nitrofurantoin Monohydrate Macro) by mouth twice daily for a UTI (Urinary Tract Infection). The start date documented was 03/11/2024 with a last dose given on 03/21/2024.</p> <p>A review of Resident #9 ' s March 2024 Medication Administration Record documented Resident #9 was receiving Ertapenem Sodium Solution Reconstituted 1 gram (GM) by injection intramuscularly daily for UTI for 10 days. The start date documented was 03/07/2024 with a discontinued (D/C) date of 03/11/2024.</p> <p>Resident #25 ' s Medical diagnoses dated 4-25-24 included dementia with severe psychotic disturbance, and Alzheimer ' s Disease</p> <p>A care plan with target date of 4-15-24 documents Resident #25 was at risk for elopement/wandering. Upon admission the resident had an elopement monitoring bracelet placed. To be assessed for wandering quarterly.</p> <p>An MDS with an ARD of 3-28-24 documented that Resident #25 ' s Brief Interview for Mental Status score was 00 (0-7 indicates severe cognitive impairment), and documented that wandering is present at time of completion. Resident #25 was dependent on staff for assistance with activities of daily living (ADLs).</p> <p>On 04/24/24 at 09:27 AM, the Surveyor observed no elopement monitoring bracelet on leg or wrist.</p> <p>(continued on next page)</p>

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  04/25/2024
NAME OF PROVIDER OR SUPPLIER  Highland Court, A Rehabilitation and Resident Care		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 04/24/24 at 09:27 AM, the Surveyor asked Nursing Assistant (NA) #2, Does Resident #25 have a wander guard? NA #2 stated, No, but [Resident #25] did have before we started the unit.</p> <p>On 04/24/24 at 09:57 AM, the Surveyor asked the MDS Coordinator, Why should a resident care plan be revised? The MDS Coordinator stated, Because changes happen all the time and we need to know how to take care of our residents. The surveyor asked, When should a resident care plan be revised? The MDS coordinator stated, Anytime there is a change The surveyor asked, What should be revised on a care plan? The MDS Coordinator stated, Everything whether they have med changes, treatment changes, whether they have a fall or not. The surveyor asked, Who is supposed to revise the care plan when there is a change? The MDS Coordinator stated, Me and everybody else.</p> <p>On 4-25-24 at 10:10 the Surveyor asked MDS Coordinator if there was a policy for care plans or care plans revision. The MDS Coordinator stated We just follow the RAI (Resident Assessment Instrument) Manual and guidelines.</p> <p>49866</p>

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  04/25/2024
NAME OF PROVIDER OR SUPPLIER  Highland Court, A Rehabilitation and Resident Care		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>39316</p> <p>Based on record review, observation and interview, the facility failed to ensure oxygen was consistently administered at the flow rate ordered by the physician, to minimize the potential for hypoxia or other respiratory complications for 1 (Resident #23 ) of 1 sampled residents.</p> <p>The findings are:</p> <p>A review of the facility procedure manual, Lippincott Manual of Nursing Practice, 10th Edition, specified, Administering Oxygen by Nasal Cannula, verify the correct patient. Attach the connecting tube from the nasal cannula to the humidifier outlet. Set the flow rate at the prescribed liters per minute. Determine patient comfort with oxygen use. Flow rates in excess of 4 liters (L) / minute may cause irritation to the nasal and pharyngeal mucosa.</p> <p>A review of an Admission Record indicated the facility admitted Resident #23 with a diagnosis of chronic obstructive pulmonary disease.</p> <p>The annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/11/2024, revealed Resident #23 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident was cognitively intact. The resident received oxygen therapy while a resident.</p> <p>A review of Resident #23's Physician Orders, for the month of April 2024, revealed an order, dated 11/01/2022, for oxygen 2-3 liters per minute (lpm) via nasal cannula (NC) as needed every shift for oxygen therapy related to chronic obstructive pulmonary disease with acute exacerbation.</p> <p>Review of Resident #23's Care Plan, revised on 03/21/2022, revealed the resident had shortness of breath due to history of COPD (Chronic Obstructive Pulmonary Disease) , emphysema, and chronic respiratory failure. Interventions included, oxygen (O2) as ordered; see physician orders, revised on 03/22/2024.</p> <p>On 04/22/24 11:22 AM, Resident #23 observed lying in bed with oxygen on and running at 4 liters per minute via nasal cannula.</p> <p>On 04/23/24 11:33 AM, Resident #23 observed lying in bed with oxygen on and running at 4 liters per minute via nasal cannula.</p> <p>On 04/23/2024 at 01:49 PM, Resident # 23 observed lying in bed with oxygen on and running at 4 liters per minute via nasal cannula. Resident #23 was asked, Do you ever adjust your oxygen settings? Resident #23 stated, I can't reach it.</p> <p>On 04/23/2024 at 01:50 PM, Licensed Practical Nurse (LPN) #1 was asked what is Resident #23 ' s oxygen supposed to be running at? LPN #1 stated, 2-3 liters per minute. LPN #1 was asked Does Resident #23 ever adjust it? LPN #1 stated, no.</p> <p>(continued on next page)</p>		

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  04/25/2024
NAME OF PROVIDER OR SUPPLIER  Highland Court, A Rehabilitation and Resident Care		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 04/23/2024 at 01:51 PM, LPN #1 was asked to read the oxygen setting on Resident # 23 ' s oxygen concentrator. LPN #1 stated, 4 liters per minute. LPN #1 was asked who is responsible for ensuring residents oxygen is running at the physician prescribed order? LPN #1 stated, The nurses. LPN #1 was asked why should residents receive oxygen as prescribed by the physician? LPN #1 stated, If it's too high, they get too much carbon dioxide.</p> <p>On 04/23/2024 at 02:31 PM, the Director of Nursing (DON) was asked why residents should receive oxygen at the physician prescribed rate, and who is responsible for ensuring residents oxygen is administered at the correct rate. The DON stated, Because it's an order, and we should follow the physician's orders and it's the nurse ' s responsibility.</p>

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  04/25/2024
NAME OF PROVIDER OR SUPPLIER  Highland Court, A Rehabilitation and Resident Care		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46723</p> <p>Based on observation, interview, and record review the facility failed to ensure medications that were beyond their expiration date were removed or discarded. The failed practice has the potential to affect 56 residents who receive medication from one medication room.</p> <p>The findings are:</p> <p>On 04/24/24 at 8:59 AM, medications were reviewed in Medication Storage room [ROOM NUMBER] with Registered Nurse (RN) #1.</p> <p>On 04/24/2024 at 9:03 AM, the following were observed in the upper cabinets, located as you first enter the medication storage room, 17- 8 ounce bottles of nutritional drink expired on 12/23.</p> <p>On 04/24/2024 at 9:17 AM, the following were observed, a bottle on the second shelf, to the left of the medication room, a bottle of hydrogen peroxide, expired on 10/23, and a bottle of wound and skin cleanser expired on 4/21.</p> <p>On 04/24/24 at 9:18 AM, RN #1 was asked how often the nurse goes through the Medication Room and check for expired medications and remove them from the shelves. The nurse responded once a month.</p> <p>On 04/24/24 at 9:33 AM, the Medication Cart for the 300 Hall was checked with Licensed Practical Nurse (LPN)#2 and was observed to have no issue.</p> <p>On 04/24/24 at 9:46 AM, LPN# 2 was asked how often the nurse check the medication cart, The nurse responded every day.</p> <p>On 04/24/24 at 9:57 AM, the Medication Cart for the 100 Hall was checked with LPN #3 and was observed to have no issues.</p> <p>On 04/24/24 at 10:17 AM, LPN# 3 was asked how long insulin is sustainable at room temperature after it's opened. The nurse responded it's different for different types of insulins, usually 28 days or 30 days.</p> <p>On 04/24/24 at 1:10 PM, the Administer supplied a form on Pharmaceutical Services that documented, . Checking the emergency medication supply at least monthly to ascertain that it is properly sealed and stored and that the contents are not outdated; and checking for annual approval of contents by Medical Director, Director of Nursing, and Arkansas State Board of Pharmacy. b. Checking the medication storage facilities at least monthly, for proper storage of medication, cleanliness, and removal of expired medications .</p>

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  04/25/2024
NAME OF PROVIDER OR SUPPLIER  Highland Court, A Rehabilitation and Resident Care		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>49689</p> <p>Based on record review, observations, and interviews the facility failed to ensure Residents preferences were honored during dining services to promote good nutritional intake for 2 out of 2 (Resident #24 and Resident #30) sample residents.</p> <p>The findings included:</p> <p>A review of the Order Summary revealed Resident #24 had diagnoses of cerebral infarction, type 2 diabetes mellitus, and abnormal weight loss.</p> <p>A review of the Weight Record reveals that Resident #24 weighed 178.3 on 11/03/2023 and weighed 166.3 on 04/01/2024, indicating a 6.73 percent loss in 6 months.</p> <p>A review of Resident #24 ' s care plan revised on 02/27/24 revealed usual performance is weight bearing assist with ADLs due to insomnia, restlessness, and agitation, impaired mobility, and cognitive function, falls, anxiety, stroke, severe dementia. Interventions include Eating: supervision (helper provides verbal cues).</p> <p>On 04/23/24 at 12:33 PM, the Surveyor observed during dining services Resident #24 had three cups to drink for lunch including cola, juice, and water. Surveyor observed on the meal ticket for standing orders it reveals that the Resident is to have 6 fluid ounces of cola, cranberry juice 0.75 cup, and 8 fluid ounces of hot chocolate.</p> <p>A review of the Order Summary reveals that Resident #30 had diagnoses of type 2 diabetes and dementia.</p> <p>A review of Resident #30 care plan revised on 03/18/24 revealed usual performance is weight bearing assist with ADLs due to impaired mobility and cognitive function, anxiety, weakness, lack of coordination, severe dementia with agitation neuropathy, history of falls. Interventions include Eating: substantial/maximal Weight bearing with assistance of 1 staff.</p> <p>On 04/23/24 at 12:33 PM, Surveyor observed Resident #30 with two four ounces glasses each of milk and juice. The Surveyor observed the meal ticket which revealed Standing orders of 8 fluid ounces coffee, 8 fluid ounces fruit juice (punch), 8 fluid ounces of milk whole.</p> <p>On 04/23/24 at 1:52 PM, Surveyor asked Restorative Certified Nursing Assistant (RCNA) #1 if Resident #30 ' s meal ticket was checked before assisting Resident #30. RCNA #1 said no I did not. The Surveyor asked what Resident #30 received to drink with meals. RCNA #1 said 4 ounces of fruit juice and 8 ounces of milk. The Resident receives his milk in an 8-ounce glass, but it is poured into a smaller cup so the Resident can hold it easier. The Surveyor asked if Resident #30 ' s standing orders were followed at lunch time. RCNA said no, the Resident did not receive 4 more ounces of fruit punch or 8 fluid ounces of coffee. The Surveyor asked why is it important to follow these orders. RCNA said they are preferences what the Resident or family has communicated for them to have.</p> <p>(continued on next page)</p>		

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  04/25/2024
NAME OF PROVIDER OR SUPPLIER  Highland Court, A Rehabilitation and Resident Care		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 04/22/24 at 1:19 PM, Surveyor asked CNA (Certified Nursing Assistant) #1 how do you know what drinks to pass before serving lunch trays. CNA #1 stated mostly memory. Surveyor asked should standing orders be followed for meals and why is this an issue for the Residents. CNA #1 said yes, they should be, and it is what they prefer.</p> <p>On 04/22/24 at 1:24 PM, Surveyor ask CNA #3 how do you know what drinks to pass before serving lunch trays? CNA #3 said lots and lots of practice. Surveyor asked should standing orders be followed and is this an issue for the Residents. CNA #3 said it really depends on the day, I am trying to update the tickets to reflect preferences and because they are not properly cared for.</p> <p>On 04/23/24 at 1:55 PM, the Surveyor asked the Dietary Manager should standing orders be followed. The Dietary Manager said yes, because they are the standing orders and can be for weight loss.</p> <p>On 04/24/24 at 8:15 AM the Administrator stated that there is no policy for standing orders or preferences.</p>

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  04/25/2024
NAME OF PROVIDER OR SUPPLIER  Highland Court, A Rehabilitation and Resident Care		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0808</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure therapeutic diets are prescribed by the attending physician and may be delegated to a registered or licensed dietitian, to the extent allowed by State law.</p> <p>49689</p> <p>Based on record review, observations and interview the facility failed to ensure a physician's order was followed for a therapeutic diet to promote good nutritional intake for 1 (Resident #19) of 1 sampled residents.</p> <p>The findings include:</p> <p>A review of the facility policy titled Diet, Sanitation, and Menu dated 04/24/2024 specified Physician Ordered Menu. A copy of diets as ordered by the physician will be posted in the kitchen and will correspond to the diet as ordered in the medical record and will be kept current. Diet list will include the Resident/Elder's name, room number, and diet and will be signed by licensed personnel.</p> <p>A review of the Order Summary showed Resident #19 had diagnoses of dementia and major depressive disorder.</p> <p>A review of the Order Summary for the month of April, revealed an order by a physician with a start date of 10/13/2022 is to receive a (increase in calories) diet, with mechanical soft texture, thin consistency, add ice cream to lunch and dinner meals.</p> <p>A review of Resident #19 's care plan, revised 02/08/2024, revealed the usual performance for ADLs (Activities of Daily Living) due to lymphoma, neuropathy, insomnia, cognitive communication deficit, dementia, poor eyesight, history of falls, osteoarthritis, abnormal gait, pain, right fib fracture, left femur fracture, right malleolus fracture, pain intervention include eating: supervision (helper provides verbal cues).</p> <p>On 04/23/24 at 12:32 PM, Surveyor observed during dining service Resident #19 eating lunch with supervision help from staff. All food is in red bowls, except the dessert, a cup of what appears to be cola, a cup of water, and a cup of red juice. Surveyor observed the meal ticket that states Notes: All food in CLEAR bowls .Standing orders of 8 fluid ounces of sweet tea (X 2) and 1/2 cup vanilla ice cream.</p> <p>On 04/22/24 at 1:19 PM, Surveyor asked CNA (Certified Nursing Assistant) #1, How do you know what drinks to pass before serving lunch trays. CNA #1 stated, Mostly memory. The Surveyor asked, Should standing orders be followed for meals and why is this an issue for the residents. CNA #1 said, Yes, they should be, and it is what they prefer.</p> <p>On 04/22/24 at 1:24 PM Surveyor asked CNA #3, How do you know what drinks to pass before serving lunch trays? CNA #3 said Lots and lots of practice. The Surveyor asked, Should standing orders be followed and is this an issue for the residents? CNA #3 said, It really depends on the day, I am trying to update the tickets to reflect preferences and because they are not properly cared for.</p> <p>(continued on next page)</p>		

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  04/25/2024
NAME OF PROVIDER OR SUPPLIER  Highland Court, A Rehabilitation and Resident Care		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0808</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 04/23/24 at 1:42 PM, the Surveyor asked CNA #4 about the standing orders on the meal ticket for Resident #19. CNA #4 said, I helped Resident #19; the standing orders need to be updated with resident preferences. Resident #19 has been refusing the vanilla ice cream. The Surveyor asked if the resident was supposed to have all food in clear bowls. CNA #4 said they did not know why the clear bowls are not in use. The Surveyor asked what the Resident was served at lunch today. CNA #4 said 4 ounces of water, 4 ounces of fruit punch, and 8 ounces of cola. The Surveyor asked what the process is to update Resident preferences. CNA #4 said they would notify the Dietary Manager or the administrator to make changes.</p> <p>On 04/23/24 at 1:55 PM, Surveyor asked the Dietary Manger are clear bowls supposed to be used for meals for Resident #19. The Dietary Manager said they have been using the red bowls because they hold more, and that the notes need to be updated. The Surveyor asked the Dietary Manager should standing orders be followed. The Dietary Manager said yes, because they are the standing orders and can be for weight loss.</p>

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  04/25/2024
NAME OF PROVIDER OR SUPPLIER  Highland Court, A Rehabilitation and Resident Care		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49866</b></p> <p>Based on observations, interviews and policy review, the facility failed to store and prepare foods under sanitary conditions by not properly restraining hair, not using proper hand sanitization and gloves, not labelling and dating food itmes in the Residents nourishment refrigerators, not discarding expired food items, and staff storing personal cups in the refrigerator.</p> <p>The findings Include:</p> <p>Review of a facility policy titled Handwashing and Glove Usage in Food Service documents that .After touching anything else such as dirty equipment, work surfaces or cloths . On [DATE] 08:28 AM Administrator stated the facility did not have a policy for Food Storage.</p> <p>On [DATE] at 10:35 AM, initial round of kitchen made. Dietary Manager (DM) upon entering kitchen did not have hair net on. After few minutes of being in kitchen, DM placed hair net on at that time. Asked DM Should staff wear hairnets in kitchen at all times? The DM stated yes. The Surveyor asked, What is reason hairnets are to be worn in the kitchen? The DM stated, So that hair doesn't get in the food.</p> <p>On [DATE] at 11:15 AM, after pureeing the meatloaf, Dietary Employee (DE) #1, without taking gloves off or washing hands pureed the food, turned the sink on and off, rinse the container, and then returned to pureeing the beans. The Surveyor asked DE#1 on [DATE] at 09:03 AM, When preparing food and touching the sink, do you change your gloves and wash your hands? DE #1 stated yes. The Surveyor asked, What is the reasoning for washing your hands after touching contaminated fixtures? The DE #1 stated sanitation. The Surveyor asked the Dietary Manager on [DATE] at 09:07 AM When preparing food and touching the sink do you change your gloves and wash your hands? DM stated yes The Surveyor asked, What is the reasoning for washing your hands after touching contaminated fixtures? DM stated, Because they are dirty.</p> <p>On [DATE] at 02:02 PM, the unit's Resident refrigerator on secure unit, had a tall single cup with a lid and handle on it sitting inside of the Residents' refrigerator door. Certified Nursing Assistant (CNA) #6, after opening the refrigerator, stated, That's my cup and grabbed it out of the refrigerator. The Surveyor asked should staff ' s personal cups be in the When asked she Resident's refrigerator CNA #6 stated, We have to or Resident #25 will get it. On [DATE] at 09:18 AM, the Surveyor asked CNA #5 Should the staff ' s food and drinks be in the Residents refrigerator? CNA #5 stated No. The Surveyor asked, What is the reason staff's food and drinks should not be in the Residents refrigerator? CNA #5 stated, Because it's the Residents food.</p> <p>On [DATE] at 2:10 PM while observing the main nourishment room Surveyor noted the following:</p> <ol style="list-style-type: none"> <li>a. Lunch meat in the refrigerator undated.</li> <li>b. Two loaves of bread in the cabinet undated.</li> <li>c. Green discolored spots on part of the bread.</li> </ol> <p>(continued on next page)</p>		

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  04/25/2024
NAME OF PROVIDER OR SUPPLIER  Highland Court, A Rehabilitation and Resident Care		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>d. A container of barbeque sauce dented and less than half full, with an open date of [DATE].</p> <p>[DATE] 09:10 AM, the Surveyor observed packet of a lunchmeat in the nourishment refrigerator in a metal container with no open date.</p> <p>On [DATE] at 09:10 AM, the Surveyor asked CNA #7 is there an open date on the lunchmeat? CNA #7 stated, no. The Surveyor asked, Can you describe this load of bread to me? CNA #7 stated, That is moldy looking bread. The Surveyor asked Is there an open date? CNA #7 stated, no. The Surveyor asked, Should food be in the nourishment room not dated? CNA #7 stated No mam The Surveyor asked, Should food in the nourishment room be dated over a year old. CNA #7 stated, No mam.</p> <p>The Surveyor asked the Dietary Manager (DM) on [DATE] at 10:44 AM, Is there an open date on the lunchmeat? The DM stated no. The Surveyor asked, Can you describe this loaf of bread to me? DM stated, It has a spot of mold on it. The Surveyor asked, Should food be in the nourishment room not dated? They stated no The Surveyor asked, Should food there be food in the nourishment room dated over a year old? The DM stated no The Surveyor asked, Can you look at the bread and tell me if there is an open date on the bread? The DM stated No.</p> <p>The Surveyor asked the Director of Nursing (DON) on [DATE] at 9:20 AM, Should food have an open date on it when in the nourishment room? The DON stated yes. The Surveyor asked, Can you describe this bread to me? She stated, Oh it's moldy. The Surveyor asked the DON Do you see an open date on this loaf of bread? The DON said no. The Surveyor asked, Can you tell me what the date is on the barbeque sauce? She stated [DATE]. The Surveyor asked, Should there be food in the nourishment room with an open date of over a year? The DON stated, no. The Surveyor asked, Should staff food and drinks be in the Residents' refrigerator? The DON stated no. The Surveyor asked, Why should the staff not put their drinks or food in the Residents refrigerator? The DON stated, Because the Residents refrigerator is for Residents use only.</p>		

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  04/25/2024
NAME OF PROVIDER OR SUPPLIER  Highland Court, A Rehabilitation and Resident Care		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>42016</p> <p>49689</p> <p>Based on observation, interview, and record review, the facility failed to ensure staff performed proper hand hygiene and used appropriate infection control practices while serving residents in the main dining room for 4 Residents (Resident #9, #16, #24, and #30) of 4 residents observed eating in the dining room. This had the potential to affect 5 residents eating at the assistive table in the main dining room.</p> <p>The findings included:</p> <p>A review of Resident #9's admission record indicated the facility admitted the resident with diagnoses of Alzheimer's Disease and abnormal weight loss.</p> <p>The discharge Minimum Data Set (MDS) for Resident #9 with an Assessment Reference Date (ARD) of 10/30/2023, revealed a Staff Assessment for Mental Status (SAMS) Cognitive Skills for Daily Decision-Making score of 3, which indicated the resident had severe cognitive impairment. The resident required substantial/maximal assistance with activities of daily living (ADLs).</p> <p>Review of Resident #9's care plan, revised 05/11/2022, revealed the Resident had potential for nutritional deficits related to abnormal weight loss, constipation, gastro esophageal reflux disease (GERD), hypokalemia, Vitamin A deficiency, Alzheimer's disease, hypothyroidism, Vitamin B-12 deficiency, hypoglycemia, and gastroenteritis. Interventions included provide assistance with meals. (Initiated 01/23/2024) and give supplements/medications as ordered. Observe/report for side effects and effectiveness. (Date Initiated: 01/23/2024)</p> <p>Resident #9's progress note dated 03/12/2024 at 15:01:27 PM documented a strawberry house shake was to be added twice daily (BID).</p> <p>Resident #16's admission record indicated the resident was admitted with diagnoses of muscle wasting and atrophy and unspecified dementia.</p> <p>The quarterly MDS for Resident #16 with an ARD 01/09/2024, revealed a Brief Interview for Mental Status (BIMS) with a score of 03, which indicated the resident had severe cognitive impairment.</p> <p>Review of Resident #16 ' s Care Plan revised 07/28/2023 revealed the resident has potential for nutritional deficits related to nausea/vomiting (n/v), gastritis, anemia, dementia, hypokalemia, GERD, and Vitamin D deficiency. (Date Initiated 07/28/2023) Interventions included provide assistance with meals. (Date Initiated 07/28/2023)</p> <p>A review of Resident # 24's Admission Record indicated the facility admitted resident with diagnoses of unspecified dementia, Type 2 diabetes mellitus, and abnormal weight loss.</p> <p>The Significant Change in Status MDS for Resident #24, dated 02/14/2024, revealed a BIMS with a score of 01, which indicated the resident had severe cognitive impairment.</p> <p>(continued on next page)</p>		

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  04/25/2024
NAME OF PROVIDER OR SUPPLIER  Highland Court, A Rehabilitation and Resident Care		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Resident #24's care plan, revised 02/27/2024, revealed the resident has potential for nutritional deficits related to malnutrition, nausea/vomiting, vitamin deficiency, decreased appetite, abnormal weight loss, diabetes, umbilical hernia, constipation, protein calorie malnutrition, severe dementia, and GERD. (Date Initiated 05/31/2020) Interventions included provide assistance with meals, as needed. (Date Initiated 06/04/2020)</p> <p>A review of Resident #30's admission record indicated the facility admitted the resident with diagnoses of type 2 diabetes mellitus, unspecified dementia, and dysphagia.</p> <p>The quarterly MDS for Resident #30, dated 12/13/2023, revealed a SAMS Cognitive Skills for Daily Decision-Making score of 3, which indicated the resident had severe cognitive impairment. The resident required assistance with ADLs.</p> <p>Resident #30's Care Plan revised 10/27/2022 revealed the resident has potential for nutritional deficits related to Diabetes, dysphagia, constipation, vitamin deficiency, vitamin D deficiency, and dementia. (Date Initiated 11/17/2020) Interventions included provide assistance with meals, as needed. (Date Initiated 12/09/2020)</p> <p>Review of the facility's Inservice books provided by the Administrator, contained education Dignity/Death and Dying, Infection Control, and Workplace Safety, dated 07/13/2023, documented Certified Nursing Assistant (CNA) #1 and CNA #3 attended the education which included handwashing.</p> <p>On 04/22/2024 at 12:22 PM, CNA #3 was observed beginning beverage service in the main dining room. No hand hygiene was observed prior to beginning or during beverage service. CNA #1 was assisting CNA #3 with beverage service and did not perform hand hygiene prior to beginning or during assistance.</p> <p>During the beverage service, CNA #1 was observed placing a clothing protector on Resident #30. CNA #1 opened a carton of whole milk, added strawberry flavoring and while stirring the flavoring into milk, CNA #1's fingers touched the inside of the milk carton. CNA #1 poured the milk into a clear glass by turning the carton upside down so it was inserted into the cup, allowing milk to flow into the cup. CNA #1 served the strawberry milk to Resident #9. Hand hygiene was not performed prior to providing the beverage to Resident #9.</p> <p>On 04/22/2024 at 12:40 PM, CNA #1 was holding a tray atop the palm of the right-hand walking toward Resident assistance table, stopped, and returned to the serving window. CNA #1 obtained a white, three compartment divided plate. CNA #1 was holding the plate with left hand, 4 fingers on back of plate, thumb over the rim touching the small compartment of plate, with the plate sideways hanging toward the floor. CNA #1 placed the divided plate on the table in front of Resident #16 and transferred food onto the divided plate from the plate on the tray. Cornbread was placed in a small area, cake was placed in a small area, fried squash in a large area. Beans in a separate bowl, cottage cheese in separate bowl, peaches in separate bowl, and beverages, tea, water, and punch were served in separate glasses.</p> <p>On 04/22/2024 at 12:50 PM, CNA #1 was assisting Resident #24, Resident #19, and Resident #9, all seated at the assistive table. CNA #1 used pointer finger of the right hand, rubbed nose above upper lip, and assisted Resident #9 with beverage cup. CNA #1 then clasped hands together, intertwining fingers, and dropped them below the table. No hand hygiene was performed.</p> <p>(continued on next page)</p>		

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  04/25/2024
NAME OF PROVIDER OR SUPPLIER  Highland Court, A Rehabilitation and Resident Care		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 04/22/2024 at 01:51 PM, CNA #1 said plates, bowls, and cups should be moved from the tray to the table one at a time holding below the rim. Fingers should not extend over the rim of the plate onto the food surface. If fingers touch the surface, it should not be used. Hands should be sanitized between the service of each resident and were not sanitized after serving Resident #24 and before serving Resident #16.</p> <p>During an interview on 04/22/2024 at 03:13 PM, CNA #1 stated the food area of a plate, clothing, face, or table should not be touched. Continuing to assist a resident with their meal without sanitizing hands should not be done because you could touch something on the table or on the food and pass it on to another person, such as bacteria and allergies too. Hands should be re-sanitized.</p> <p>On 04/22/24 at 1:19 PM, Surveyor asked CNA #1 when hand hygiene should be performed in the dining room. CNA #1 said before and after meals, and in between tasks. The Surveyor asked CNA #1 why this could be an issue for the Residents. CNA #1 said not to pass anything along to them. Surveyor asked CNA #1 when pouring milk should the carton touch the clean glass. CNA #1 said I never thought about that but yeah, I guess not. The Surveyor asked why this would be an issue. CNA #1 said in case the milk has anything on it.</p> <p>On 04/22/24 at 1:24 PM, Surveyor asked CNA #3 when should hand hygiene be performed in the dining room. CNA #3 said that before everything, in between each task and in between Residents. The Surveyor asked CNA #3 why this could be an issue for the residents. CNA #3 said bacteria could spread infection.</p> <p>On 04/23/24 at 2:35 PM, the Surveyor asked Infection Preventionist when should hand hygiene be performed in the dining room. The Infection Preventionist said in between each Resident. The Surveyor asked should you touch the plates while serving lunch in the dining room. Infection Preventionist said no. Surveyor asked when pouring milk into a clean glass should the carton touch the glass. The Infection Preventionist said no. Surveyor asked why this could be an issue for the Resident. Infection Preventionist said that transferring germs from one to another.</p>		