

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 08/07/2025
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>Based on observation, record review, interview, facility document review, and facility policy review, the facility failed to ensure a resident received appropriate treatment and services to prevent Urinary Tract Infections (UTIs) to the extent possible. This failed practice affected one (Resident #34) of one resident, who had multiple UTIs.</p> <p>The findings include:</p> <p>During an observation on 08/04/2025 at 12:21 PM, this surveyor observed a contact isolation sign and isolation supplies at the doorway of Resident #34's room.</p> <p>During an observation on 08/06/2025 at 11:00 AM, this surveyor observed Certified Nursing Assistant (CNA) #4 assist Resident #34 in the bathroom. CNA #4 stated, I am going to do peri-care (perineal/incontinence care) now. CNA #4 had on a pair of gloves and used tissue paper to wipe Resident #34's rectal area several times, then wiped Resident #34's perineal area. When CNA #4 wiped the resident's rectal area, this surveyor noted a small brown smear on the tissue following the first wipe. CNA #4 proceeded to wipe the perineal area in a circular motion, alternating wiping towards and away from the genital area, and did not change gloves or perform hand hygiene between tasks.</p> <p>A review of Resident #34's admission Record revealed the facility admitted the resident on 10/15/2024, with diagnoses which included UTI.</p> <p>A review of Resident #34's Progress Note, dated 07/29/2025, revealed the resident received an antibiotic for a UTI. Further review of Resident #34's Progress Notes, dated 08/02/2025, revealed the resident received a new antibiotic for a UTI. A review of Resident #34's Care Plan, dated 05/09/2025, revealed the resident was to be on contact isolation precautions related to a UTI.</p> <p>A review of Resident #34's Physician Orders, dated 10/26/2024, 02/25/2025, 04/22/2025, and 07/31/2025, identified Resident #34 had orders for an antibiotic to be given for a UTI.</p> <p>A review of Resident #34's Physician Orders, dated 08/01/2025, indicated staff were to maintain contact isolation every shift for Methicillin Resistant Staphylococcus Aureus (MRSA) in Resident #34's urine.</p> <p>A review of Resident #34's Medical Diagnosis Report identified the resident had a UTI diagnosis for the following dates: 10/15/2024, 10/17/2024, 01/23/2025, 03/03/2025, 07/14/2025, and 07/31/2025.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 045353
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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident #34's Minimum Data Set, with an Assessment Reference Date of 07/14/2025, revealed a Brief Interview for Mental Status score of 02, which indicated Resident #34 had severely impaired cognition. The resident's MDS also revealed Resident #34 was frequently incontinent of urine and was dependent upon staff for toileting hygiene.</p> <p>A review of Resident #34's Urologist Report, dated 01/16/2025, revealed the resident's chief complaint was a diagnosis which caused disruption in normal urine flow.</p> <p>During an interview on 08/04/2025 at 12:47 PM, Licensed Practical Nurse (LPN) #5 confirmed Resident #34 was on antibiotics for a UTI. LPN #5 said there was MRSA in the resident's urine and confirmed isolation precautions were in place.</p> <p>During an interview on 08/06/2025 at 11:05 AM, CNA #4 was asked if they had any concerns about wiping Resident #34's rectal area, then cleaning the resident's perineal area without changing their gloves. CNA #4 looked at this surveyor but did not verbally respond. This surveyor then asked CNA #4 if there was a risk of wiping from the resident's rectal area to the resident's perineal area and if this could cause a problem for the resident. CNA #4 said they did not know.</p> <p>During an interview on 08/06/2025 at 11:15 AM, the Registered Nurse (RN) Nurse Consultant revealed there was a concern with perineal care. The RN Nurse Consultant said staff should not clean a resident's rectal area, then go to the perineal area. The RN Nurse Consultant also confirmed gloves should be changed. The RN Nurse Consultant requested to clarify that staff cleaned a residents rectum area, then the resident's perineal area without changing gloves. This surveyor confirmed that was accurate for the observation. This surveyor then requested a male/female perineal care policy.</p> <p>During an interview on 08/06/2025 at 11:30 AM, the Administrator provided competency assessment procedures for male and female perineal care.</p> <p>A review of a facility procedure titled Competency Assessment Perineal Care, revised October 2010, revealed for a male resident to wash the perineal area starting with the urethra and working outward, continue to wash perineal area without using the same washcloth or water to clean the urethra, gently dry the perineum, then wash and rinse the rectal area thoroughly.</p> <p>During an interview on 08/06/2025 at 11:44 AM, this surveyor asked the Administrator what process staff were expected to follow while performing perineal care. The Administrator stated she expected the CNAs to follow the perineal care competency. The Administrator verified staff should clean the perineal area before cleaning the rectal area and should change gloves between tasks, to reduce contamination and prevent infections. The Administrator provided facility documentation Incontinence 42 C.F.R. & 483.25 (e), which revealed the facility followed the Lippincott Nursing Manual for perineal care.</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 08/06/2025 at 1:01 PM, CNA #4 stated they were observed performing perineal care, and confirmed they did not wash front to back, change their gloves, or wash their hands between cleaning the resident's buttocks and perineal area. CNA #4 confirmed they did not clean "front to back, " indicating they wiped towards the resident's genitals. CNA #4 said they got nervous, but that was no excuse not to perform perineal care correctly. CNA #4 then confirmed it was important to perform perineal care by cleaning front to back, because of the potential to spread germs from the dirty area to the clean area.</p> <p>During an interview on 08/07/2025 at 9:30 AM, the Medical Director (MD) stated he was familiar with Resident #34 and the significant number of UTIs the resident has had. The MD said he had not asked the facility to conduct a root cause analysis but felt that it would be beneficial to have. The MD stated he expected staff to follow proper perineal care protocol for every resident so there was no contamination to the area.</p> <p>During an interview on 08/07/2025 at 10:40 AM, the Director of Nursing (DON) said they were aware of the number of UTIs Resident #34 has had. The DON said they had started tracking the UTIs in May of this year and had developed a Performance Improvement Plan with in-servicing and return demonstration by the staff regarding incontinent care. The DON said they expected staff to follow the facility procedures for proper perineal care and hand washing. The DON stated it was important to provide proper perineal care to prevent carrying over anything that might be present from the dirty side to the clean side. The DON revealed proper perineal care, handwashing, cleaning front to back, and changing gloves in between dirty and clean tasks were the number one ways staff could help prevent UTIs, by not introducing bacteria to the perineal area.</p> <p>During an interview on 08/07/2025 at 11:08 AM, CNA #3 explained the proper procedure for perineal care, regarding a resident who used the toilet, was to get the supplies ready, perform hand hygiene, put gloves on, ask the resident to stand and assist the resident to toilet, allow the resident to toilet, clean the resident by starting in the front, then clean the back area. Afterwards, wash hands and sanitize, then take the resident back to their room and remove the dirty items from their room.</p> <p>During an interview on 08/07/2025 at 11:14 AM, CNA #4 revealed they had been re-trained twice since they had been observed performing improper perineal care for Resident #34. CNA #4 said you should first sanitize your hands, get the things you need to change the resident, put your gloves on, make sure to change gloves between clean and dirty task, assist the resident to the toilet, clean from frontside first and the backside last, clean hands, sanitize, put on new gloves, and then unlock the wheelchair and take the resident back in the room, gather trash and bring it out.</p> <p>A review of the facility policy titled Incontinence documents the nursing facility will consult Lippincott Nursing Manual, 2014 10th Edition as the guide for matters relating to the resident's incontinence as well as maintenance of continence.</p> <p>A review of the pages from Lippincott Nursing Manual provided by the RN Nursing Consultant did not provide information on Incontinent Care.</p>		