

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105620	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/06/2024
NAME OF PROVIDER OR SUPPLIER Highlands Lake Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4240 Lakeland Highlands Rd Lakeland, FL 33813	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>39866</p> <p>Based on observations, interviews, and record review, the facility failed to ensure therapy gym equipment was maintained in a safe and operative manner for one of one sampled therapy rooms.</p> <p>Findings included:</p> <p>An interview was conducted on 8/6/24 at 1:25 p.m. with Resident #6. She said she received physical therapy three times a week to help with standing and walking. She said the parallel bars in the therapy gym were not secure. She said one side of the parallel bars moved and the therapist told her the screw was stripped. She said she used the parallel bars, and she asked the therapy staff to have her stand on the side of the parallel bars where the screw was not stripped because she did not want to fall. She also said one of machines in the therapy room was missing a handle. She said she did not use the machine, but she saw other residents using the machine.</p> <p>An observation and interview were conducted 8/6/24 at 2:39 p.m. of the therapy gym equipment. There was one set of parallel bars located in the middle of the room on an elevated surface. The left side of the parallel bar was able to freely move in and away from the right-side parallel bar. The nu-step machine had a missing handle. An interview was conducted with Staff B, Physical Therapy Assistant (PTA) he said he had worked at the facility for two months. He confirmed the left side of the parallel bars was not secure and moved in and out because the screw to secure the bar did not tighten. He said when residents used the parallel bars and he would push his body against the left bar while the residents were standing or walking to ensure the bar did not slide. He also confirmed the nu-step handle was missing from the machine and he confirmed residents still used the machine but they only utilized the feet function of the machine. He said the handle on the nu-step machine had been broken for many months, since before he started at the facility, and the parallel bars had been broken for a couple months.</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
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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview was conducted on 8/6/24 at 2:41 p.m. with the Rehabilitation Director. She said the left side of the parallel bars were not secure and the maintenance director fixed it. She observed the parallel bars and confirmed the left bar was still not secure and slid freely in and out towards the right side of the parallel bars. The Rehabilitation Director said the screw that was in the parallel bars was the fix the maintenance director did prior. She did not know when the last time the Maintenance Director fixed the parallel bars but she said she would put in a work order. She observed the Nu-Step machine and confirmed it was missing a handle. She said residents did not use the machine. She said the Maintenance Director knew about the missing handle and had the part to fix it. She said she did not know how long it had been broken and she did not know why maintenance had not fixed the machine.</p> <p>An interview was conducted on 8/6/24 at 4:42 p.m. with the Maintenance Director and the Nursing Home Administrator (NHA). The Maintenance Director said he started working at the facility in 2010 and became the Maintenance Director in July of 2024. He said he knew there was a problem with the parallel bars in the therapy gym. He said he knew the parallel bars was not secure because the knob on the screw was broken. He said when he fixed it on an unknown date, he just took off the knob and left the screw in place. He confirmed there was not a work order for the parallel bars. He said the staff would just come up to him or another maintenance employee and tell them what was wrong but now he wanted them to put everything in the work order tracking system so it could be tracked. The NHA confirmed the residents who were at the facility for rehabilitation used the parallel bars to stand and walk. He said the expectation would have been for the therapy staff to take the broken equipment out of service and put a work order into the tracking system every day until it got fixed. The Maintenance Director said the locking screws were used to expand the parallel bars and secure the bar in place. He said the Nu-Step machine had been broken for a couple months. The locking mechanism on the arm of the handle of the machine was broken. He stated, I'm having a hard time finding the part to fix it, so I have glued it back together and I put tape around the broken parts and the arm of the machine and now I am just waiting for the glue to ferment. The Maintenance Director said he did not know how long it took for the glue to set. He said there was not a work order in the tracking system related to the Nu-Step machine. The NHA reviewed the work orders in work order tracking system going back as far as January of 2024 and confirmed there was not a work order related to the Nu-Step Machine.</p> <p>An interview was conducted with the NHA on 8/6/24 at 5:50 p.m. he said the facility did not have a policy related to maintaining equipment in a safe and working order.</p>		

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>22481</p> <p>Based on interview and record review, the facility failed to ensure the grievance process was followed for one (#5) of eleven sampled residents.</p> <p>Findings included:</p> <p>A review of Resident #5's clinical record, the face sheet, documented an admission of 03/02/2022, readmission of 01/08/2024.</p> <p>A review of Resident #5's medical diagnosis list included: Parkinson's disease, Diffuse traumatic Brain injury, epilepsy, unspecified convulsions and muscle wasting.</p> <p>A review of the Minimum Data Set Annual Assessment, dated 03/27/2024, showed a Brief Interview for Mental Status score of 6, which indicated severe cognitive impairment.</p> <p>A phone interview was conducted on 08/06/2024 at approximately 4:15 p.m. with Resident #5's family member. The family member stated the resident was transferred to the hospital on 06/24/2024. The resident had a fever and was shaking on 06/23/2024 but the family member had not been notified of this.</p> <p>A review of the Grievance form, dated 06/27/2024, documented Resident #5's family member submitted a complaint: was not notified of resident having a fever. The form was blank in the area that would indicate the date of the occurrence, the form documented the 3-11 shift; the form did not document who completed the form; the form did not document the person investigating the complaint. The form follow-up: Staff interviewed. Nurses and CNAs educated on reporting changes to MD (medical doctor) and family. 1-1 education provided to nurse. Further review of the form showed the section for the NHA (Nursing Home Administrator) to review and approve the resolution had an illegible signature with no date.</p> <p>An interview was conducted on 08/06/2024 at 2:30 p.m. with the Director of Nursing (DON). She stated, [the Unit Manager, Staff D, Licensed Practical Nurse (LPN)] told me the [family member's] concerns about the temperature. That was when I filled out the grievance. The DON said she had not spoken to the family member regarding the resolution of the grievance. She stated, [the family member] came in to pack the resident's belongings, we were still working on the grievance. I do not remember what day it was she came in. We should have called.</p> <p>A review of the facility's Standards and Guidelines: Grievances-Resident Rights, issued 04/2017, revised 07/2024, documented the Guideline: The Administrator and staff will make prompt efforts to resolve grievances to the satisfaction of the resident and/or representative.</p> <p>Procedure:</p> <p>(continued on next page)</p>		

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>1. Any resident, family member, or appointed resident representative may file a grievance or complaint concerning the care, treatment, behavior of other residents, staff members, theft of property, or any other concerns regarding his or her stay at the facility. Grievances may also be voiced or filed regarding care that has not been furnished.</p> <p>2. Residents, family and resident representatives have the right to voice or file grievances .</p> <p>3. All grievances, complaints or recommendations stemming from resident or family groups concerning issues of resident care in the facility will be considered. Actions on such issues will be responded to verbally and / or in writing upon request including a rationale for the response.</p> <p>. 8. Upon receipt of a grievance and/ or complaint, the Grievance Officer will review and investigate the allegations and submit a report of such findings to the Administrator within five (5) working days of receiving the grievance and/ or complaint. In the event the facilities investigation exceeds five (5) working days, the resident / responsible party will be notified.</p> <p>. 10. The Grievance Officer, Administrator and Staff will take immediate action to prevent further potential violations of resident rights while the alleged violation is being investigated.</p> <p>11. The Administrator will review the findings with the Grievance officer to determine what corrective actions, if any, need to be taken.</p> <p>12. The resident, or person filing the grievance and / or complaint on behalf of the resident, will be informed (verbally and/ or in writing as per request) of the findings of the investigation and the actions that will be taken to correct any identified problems.</p> <p>a. The Administrator, or his or her designee, will make such reports orally within ten (10) working days of the filings of the grievance or complaint with the facility.</p> <p>b. A written summary of the investigation will also be provided to the resident upon request, and a copy will be filed in the business office .</p> <p>Class III</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39866</p> <p>Based on observation, interview, and record review, the facility failed to ensure medications were secured for three (#6, #7, and #8) out of 11 sampled residents.</p> <p>Findings included:</p> <p>1. A review of Resident #6's Admission Record revealed she was admitted to the facility on [DATE] from an acute care hospital with medical diagnoses not limited to, pulmonary embolism, type 2 diabetes, polyneuropathy, osteoarthritis, chronic pain, right knee effusion, anxiety disorder, and muscle wasting and atrophy.</p> <p>An observation and interview were conducted on 8/6/24 at 1:25 p.m. with Resident #6. The resident was observed to be sitting in her wheelchair next to her bed in front of her over bed table with a multi shelf cart next to her. On the top shelf of the cart there was a box with a tube in it of triamcinolone Acetonide External Cream 0.1% The resident said the cream was hers and she liked to keep it there.</p> <p>A review of Resident #6's quarterly, Minimum Data Set (MDS), dated [DATE], section C, Cognitive Patterns revealed a brief interview of mental status (BIMS) score of 9 out of 15 which indicated moderate cognitive impairment.</p> <p>A review of Resident #6's physician orders revealed an inactive order with a start date of 7/12/24 and an end date of 7/26/24 for Triamcinolone Acetonide External Cream 0.1 % (Triamcinolone Acetonide (Topical)) apply to face topically two times a day for seb [seborrheic] dermatitis for 14 days.</p> <p>A review of Resident #6's July medication administration record (MAR) showed, Triamcinolone Acetonide External Cream 0.1 % (Triamcinolone Acetonide (Topical)) Apply to face topically two times a day for seb dermatitis for 14 Days with a start Date of 7/12/2024 at 9:00 a.m. and showed the medication was administered twice a day from 7/13/24 through 7/24/24. On 7/25/24 the documentation revealed the resident was out on pass.</p> <p>A review of Resident #6's medical record did not show Resident #6 was assessed to self-administer Triamcinolone Acetonide External Cream 0.1 %.</p> <p>2. A review of Resident #7's Admission Record revealed she was admitted to the facility on [DATE] from an acute care hospital. Her diagnoses included but were not limited to cellulitis of right lower limb, other specified disorders of bone density and structure, gout, prosthetic heart valve, muscle wasting and atrophy, and muscle weakness.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An observation and interview were conducted on 8/6/24 at 1:27 p.m. with Resident #7. The resident was observed walking with a walker throughout her room. Her family member was present in the room at the time of the interview and observation. On Resident #7's over bed tray table located next to her bed was a bottle of Arthritis Pain Reliever-Acetaminophen 650 mg tablets as well as a bottle of vapor rub. The resident said, I only take two tablets of the pain medicine at night to help me sleep. The family member picked up the bottle of arthritis pain medication and said where did you get this from? Resident #7's roommate said in the basket and pointed to the closet. Resident #7 confirmed what the roommate said. Resident #7 said she used to ask for the medication at night but it would take 30 minutes to get it. During the interview Staff A, Certified Nursing Assistant (CNA) came into the room and removed Resident #7's meal tray located next to the bottles of acetaminophen and vapor rub and exited the room leaving the medications bottles on the bedside tray table.</p> <p>A review of Resident #7's Medicare-5 day MDS, Section C, dated 6/3/24 revealed a BIMS score of 15 out of 15 which indicated no cognitive impairments.</p> <p>A review of Resident #7's physician orders revealed an order with a start date of 5/15/24 for Acetaminophen Tablet 325 MG [milligram] Give 2 tablet by mouth every 4 hours as needed for General Discomfort Notify physician/midlevel provider if discomfort persists. Do not exceed 3 g [grams]/day. There was no physician order for vapor rub.</p> <p>A review of Resident #7's August MAR revealed the resident was not administered her ordered Acetaminophen. A review of Resident #7's July MAR revealed she was administered her ordered Acetaminophen three out of 31 days.</p> <p>A review of Resident #7's medical record did not show a self-administration of medication assessment related to Acetaminophen.</p> <p>3. A review of Resident #8's Admission Record revealed she was admitted to the facility on [DATE] from and acute care hospital. Her medical diagnoses included but are not limited to chronic obstructive pulmonary disease (COPD) with acute exacerbation, mild persistent asthma with status asthmaticus, chronic respiratory failure with hypoxia, need for assistance with personal care, and muscle wasting and atrophy.</p> <p>An observation and interview were conducted on 8/6/24 at 12:48 p.m. with Resident #8 revealed she was sitting in a wheelchair in the hall, outside of her room, with the bedside tray table in front of her. Resident #8 stated she chose to sit outside her room in the hall. An observation of the bedside table revealed three medications. Further observation of the medications revealed they were next to her lunch meal tray. Resident #8 stated two of the medications were inhalers and one was a nasal spray. She stated she self-administered the medications.</p> <p>An observation and interview were conducted on 8/6/24 at 2:00 p.m. with Resident #8. She was observed to be sitting outside of her room, in the hallway, in her wheelchair with her bedside tray table in front of her. She had 3 medications on her bedside tray table, Combivent inhaler, fluticasone nasal spray, and a Advair inhaler. Resident #8 said she took the Combivent when the staff gave her, her medications in the morning. She said she took the fluticasone nasal spray when the inside of her nose burned from the oxygen she wore at night, and she took the Advair when she was wheezing.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident #8's quarterly MDS, section C, cognitive patterns, dated 6/16/24 showed she was assessed to have a BIMS score of 14 out of 15 which indicated no cognitive impairments.</p> <p>A review of Resident #8's physician orders revealed an order with a start date of 10/25/23 and no end date for Combivent Respimat Inhalation Aerosol Solution 20-100 MCG [microgram]/ACT [active] (Ipratropium-Albuterol). 1 puff inhale orally four times a day for Shortness of Breath Rinse mouth with water after use, spit out, do not swallow. A physician order with a start date of 10/25/23 and no end date for Advair Diskus Aerosol Powder Breath Activated 250-50 MCG/DOSE (Fluticasone-Salmeterol), 1 inhalation inhale orally every 12 hours for Shortness of Breath rinse mouth after use, spit out do not swallow. A physician's order with a start date of 6/12/24 and an end date of 6/20/24 for Fluticasone Propionate Suspension 50 MCG/ACT. 1 spray in each nostril one time a day for Allergic rhinitis for 7 Days.</p> <p>A review of Resident #8's August MAR revealed her ordered Advair was administered twice a day from August 1st through 5th. Her ordered Combivent was administered four times a day August first through fifth. There was no documentation in the month of August related to the Fluticasone Propionate nasal spray.</p> <p>Review of Resident #8's medical record did not reveal a self-administration of medication assessment for Advair, Fluticasone, or Combivent.</p> <p>An interview was conducted on 8/6/24 at 3:00 p.m. with the Director of Nursing (DON). She said medications should not be at the resident's bedside. But if medications were at the bedside the resident should be assessed for self-administration for medications and the physician's order would say may self-administer.</p> <p>Review of the facility's Standards and Guidelines: Medication Administration policy revised on 1/2024 revealed Standard: Medications are ordered and administered safely and as prescribed. Guideline: Medications will be administered safely and as prescribed by only licensed personnel. Procedure: 1. Only persons licensed or permitted by this state to prepare, administer, and document the administration of medications may do so.</p> <p>.21. Residents may self-administer their own medications only if the Attending Physician, in conjunction with the Interdisciplinary Care Planning Team, has determined that they have the decision-making capacity to do so safely .</p>		