

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145508	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/07/2024
NAME OF PROVIDER OR SUPPLIER Highland Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1450 26th Street Highland, IL 62249	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45947</p> <p>Based on observation, interview, and record review, the Facility failed to provide a clean, comfortable, homelike environment for 3 of 7 residents (R4, R5, R6) reviewed for physical environment in the sample of 7.</p> <p>Findings include:</p> <p>1. On 6/6/24 at 9:40 AM, R4 was lying in bed in her room. She stated that she usually has to ask staff to change her sheets once a week. She stated that her main complaint about the Facility is clutter in the hallway and said, It's like an obstacle course out there.</p> <p>R4's Minimum Data Set (MDS), dated [DATE], documented that R4 was cognitively intact.</p> <p>On 6/6/24 at 10:35 AM, V3, Certified Nursing Assistant (CNA), stated some of the units could use more attention from Housekeeping.</p> <p>On 6/6/24 at 12:17 PM, the shower in the B Hall bathroom smelled strongly of urine.</p> <p>2. On 6/6/24 at 12:30 PM, R5 was sitting in his wheelchair in his room. He stated, (Odors) are horrible about 90% of the time. It smells like a bathroom. They have put out deodorizers, but they are not very good. He stated CNA's change his bed sheets about once a month.</p> <p>R5's MDS, dated [DATE], documented that R5 was cognitively intact.</p> <p>On 6/6/24 at 1:05 PM, the E Hall bathroom smelled of bowel movement, and there was a smear of stool on the floor next to the shower drain. There was a yellow bin that was full of soiled linens and was not covered, leaving the contents open to air.</p> <p>On 6/6/24 at 3:35 PM, V19, R7's Family, stated that she visits every day, and the Facility does have odors. She also stated that her daughter would say it smells all the time, but she thinks it smells of urine or bowel movement about 60-70% of the time.</p> <p>On 6/7/24 at 8:50 AM, the F Hall Unit was lined with two mechanical lift machines, a specialty chair, a sit to stand device, a linen cart and a cart with a cooler.</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>On 6/7/24 at 8:59 AM, the G Hall North Unit was lined with two sit to stand devices, a specialty chair, a linen cart, a blood pressure machine, a bedside table, and a Wet Floor sign.</p> <p>On 6/7/24 at 9:01 AM, the G Hall South Unit was lined with a meal cart, a medication cart, a linen cart, a specialty chair, a bedside table and chair, a wheeled walker, and a Wet Floor sign.</p> <p>3. R6's Facility Grievance, dated 3/20/24, documented concerns with the cleanliness of his bathroom. The Summary of Findings documented R6's bathroom did have an odor.</p> <p>The Facility's Resident Council Meeting Minutes, dated 3/19/24, documented that residents were concerned about how often linens are being changed.</p> <p>On 6/6/24 at 1:21 PM, V1, Administrator, stated there is no policy on changing bed sheets, but the Standard of Practice is to change them on shower days and as needed. She stated it is important that the Facility does not have odors.</p> <p>On 6/7/24 at 9:42 AM, V1, Administrator, stated she expects staff to follow the Facility's policies and keep the Facility clean and odor free.</p> <p>The Facility's undated, Daily Cleaning Procedures Policy, documented, The restroom should be cleaned which includes disinfecting the toilet area, hand rails, call lights, and tub/shower, and the floor should be mopped.</p>