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| 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 09/27/2024 |
| 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.

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| (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>45947</p> <p>Based on observation, interview, and record review, the Facility failed to properly store and label medications and dispose of expired medications for 4 of 4 residents (R25, R59, R63, R283) reviewed for medication storage and labeling in the sample of 46.</p> <p>Findings include:</p> <p>On 9/26/24 at 9:15 AM, the medication cart on the B Hall was inspected with V12, Registered Nurse (RN). The medication cart contained the following:</p> <p>1-R63's Humalog Quickpen labeled 8/24 in black marker. V12, RN, stated insulin pens are dated upon opening and are usually thrown out after 30 days.</p> <p>2-R63's unopened vial of Epogen with packing instructions documenting, Refrigerate.</p> <p>3-One half of a white circular tab in a medicine cup that was not labeled or dated. V12, RN, stated, That is magnesium for R59. She gets half a tab in the morning and the other half in the afternoon.</p> <p>4- One opened carton of thickened lemon water labeled 5/20 in black marker. V12, RN, stated that will be thrown away.</p> <p>On 9/26/24 at 9:22 AM, the medication cart on the F hall was inspected with V10, RN. The medication cart contained the following:</p> <p>5-R25's sealed, unopened Latanoprost Ophthalmic Solution 0.005% eye drops with the packing instructions, Refrigerate Unopened.</p> <p>6-R25's Tresiba FlexTouch Solution Pen-Injector 100 unit/milliliter dated 8/24/24 in black marker.</p> <p>7-One opened Humalog pen dated 8/1/24 in black marker that was not labeled with any resident's name.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>8-One opened Novolog Kwipen dated 3/14/24 in black marker that was not labeled with any resident's name. V10, RN, stated she does not know who the insulin pens belong to, because night shift gives the morning insulin.</p> <p>9-One bottle of Pro-Heal that was opened, but was not dated upon opening. The bottle documented manufacturer's instructions to discard the product 60 days after opening.</p> <p>10-One bottle of Multivitamin Senior Tabs with the manufacturer label, Best by 1/2024.</p> <p>11-One bottle of 500 milligram (mg) calcium citrate tablets with the manufacturer label, Best by 6/2024.</p> <p>12-One bottle of 650 mg sodium bicarbonate tablets with the manufacturer label, Best by 6/2024.</p> <p>On 9/26/24 at 3:43 PM, V2, Director of Nursing (DON), stated insulin pens should be labeled with resident names, dated upon opening, and discarded within 30 days of opening. She stated expired items should be thrown away, and manufacturer's instructions for medication storage should be followed.</p> <p>The Facility's Medication Storage Policy revised 8/23/22 documents, This facility stores all drugs and biologicals in a safe, secure, and orderly manner and in accordance with state and federal regulations. The nursing staff is responsible for maintaining medication storage and preparation areas in a clean, safe, and sanitary manner. Drug containers that have missing, incomplete, improper, or incorrect labels shall be returned to the pharmacy for proper labeling before storing. Discontinued, outdated, or deteriorated drugs or biologicals shall be returned to the dispensing pharmacy or destroyed. Medications shall be administered prior to the manufacturer's expiration date. Medications requiring refrigeration are stored in a refrigerator located in the drug room at the nurses' station or other secured location.</p> | | |

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| <p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Implement a program that monitors antibiotic use.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43794</p> <p>Based on interview and record review the facility failed to maintain a system of unnecessary or inappropriate antibiotic use for 4 out of 4 residents (R16, R28, R45, R48) investigated for antibiotic use in a sample of 36.</p> <p>Finding include:</p> <p>1. R16's EMR (Electronic Medical Records) dated 11/14/23 documents that resident was admitted to the facility.</p> <p>R16's EMR dated 11/14/23 documents diagnose of Chronic Kidney Disease, Stage 4 (Severe), Neuromuscular Dysfunction of Bladder, Unspecified, and END STAGE RENAL DISEASE.</p> <p>R16's Care Plan dated 02/29/24 documents (R16) has end stage renal failure r/t (related to) End stage disease.</p> <p>R16's MDS (Minimum Data Set) dated 08/07/24 documents a BIMS (Brief Interview for Mental Status) score is 14. The MDS documents that the resident requires substantial/maximal assistance with toilet hygiene. The MDS documents that the resident is always incontinent of bladder and bowel.</p> <p>R16's Nursing Note dated 07/20/24 at 5:23 PM documents Wife and resident aware of positive uti and beginning Cipro. Resident continuously pulls off oxygen and it needs to be replaced. Wife states resident did this frequently at hospital previously when wearing O2. Frequent monitoring of resident this shift to ensure O2 is attached to machine and in resident nose.</p> <p>R16's Physician Order dated 07/20/24 documents Cipro Tablet 500 MG (Ciprofloxacin HCl); Give 1 tablet by mouth every 12 hours for UTI.</p> <p>R16's Urine Bacteria Culture dated 07/17/24 documents Streptococci, Beta Hemolytic Group B. There is not a susceptibility report associated with this report to show which antibiotics are resistant or susceptible to the bacteria.</p> <p>R16's MAR (Medication Administration Record) dated July 2024 documents that resident received 7 doses of Ciprofloxacin HCl.</p> <p>2. R25's EMR dated 11/01/21 documents that the resident was admitted to the facility.</p> <p>R25's EMR dated 12/04/20 documents a diagnose of Benign Prostatic Hyperplasia with lower urinary tract symptoms and Overactive Bladder.</p> <p>R25's EMR dated 01/14/23 documents a diagnose of Chronic Kidney Disease, Stage 4 (Severe).</p> <p>R25's Care Plan dated 12/09/20 documents Impaired urinary elimination R/T obstruction of urethra R/T BPH.</p> <p>(continued on next page)</p> | | |

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| <p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>R25's MDS dated [DATE] documents a BIMS score of 4. The MDS documents that the resident requires substantial/maximal assistance with toilet hygiene. The MDS documents that the resident is always incontinent of bladder and bowel.</p> <p>R25's Nursing Note dated 06/14/24 documents UA with C and S results faxed to MD. Per MD resident has UTI and to start ABX Cipro 500 mg PO BID x 10 days. POA notified of UTI and ABX and aware. Order placed and sent to pharmacy. Will continue to monitor.</p> <p>R25's Physician Order dated 06/14/24 documents Ciprofloxacin HCl 500 MG Tablet; GIVE 500 MG BY MOUTH TWO TIMES A DAY FOR UTI FOR 10 DAYS.</p> <p>R25's MAR dated June 2024 documents that the resident received 19 doses of Ciprofloxacin.</p> <p>R25's Urine Bacteria Culture dated 06/10/24 documents Streptococci, beta hemolytic group B.</p> <p>There is not a susceptibility report associated with this report to show which antibiotics are resistant or susceptible to the bacteria.</p> <p>3. R45's EMR dated 08/24/21 documents that the resident was admitted to the facility.</p> <p>R45's EMR dated 08/24/21 documents Dementia in other diseases classified elsewhere, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety.</p> <p>R45's Care Plan dated 06/19/24 documents (R45) has a Urinary Tract Infection.</p> <p>R45's MDS dated [DATE] documents a BIMS score of 3. The MDS documents that the resident requires substantial/maximal assistance for toilet hygiene. The MDS documents that the resident is always incontinent of bladder and frequently incontinent of bowel.</p> <p>R45's Nursing Note dated 06/18/24 at 8:59 PM documents New orders received for cephalexin 500mg x 7 days. Awaiting culture.</p> <p>R45's Physician Order dated 06/18/24 documents Cephalexin 500 MG Capsule; Give 1 tablet by mouth every 8 hours for ABT for UTI for 7 Days.</p> <p>R45's MAR dated June 2024 documents that the resident received 20 doses of Cephalexin.</p> <p>R45's Urine Bacteria Culture dated 06/14/24 does not documents a bacteria specimen and susceptibility report.</p> <p>4. R48's EMR dated 02/21/22 documents that resident was admitted to the facility.</p> <p>R48's EMR dated 11/11/21 documents a diagnosis of Chronic Kidney Disease, Unspecified.</p> <p>R48's Care plan dated 12/06/23 documents (R48) has renal insufficiency r/t CKD (chronic kidney disease), acquired absence of kidney.</p> <p>(continued on next page)</p> | | |

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| <p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>R48's MDS dated [DATE] documents a BIMS score of 4. The MDS documents that the resident is independent. The MDS documents that the resident is occasionally incontinent of bladder and always incontinent of bowel.</p> <p>R48's Nursing Note dated 09/18/24 at 7:23 PM documents resident returning to facility per family member. Dx: bladder infection. N.O fluconazole 150mg 1 dose. Bactrim DS. take 1 tab BID x 5 days. family aware.</p> <p>R48's Physician Order dated 09/19/24 documents Bactrim DS Oral Tablet 800-160 MG (Sulfamethoxazole-Trimethoprim); Give 1 tablet by mouth two times a day for UTI for 5 Days.</p> <p>R48's MAR dated September 2024 documents that resident received 10 doses of Bactrim.</p> <p>R48's Urine Bacteria Culture dated 09/18/24 document Escherichia Coli. The susceptibility report documents that Bactrim is resistant to E. Coli.</p> <p>On 09/26/24 at 2:50 PM, V2, DON (Director of Nursing) stated that she has hard time getting the doctor to stop prescribing antibiotics before the cultures come back.</p> <p>Facility policy Antibiotic Stewardship Policy/Procedure dated 12/13/23 documents It is the policy of this facility to maintain an Antibiotic Stewardship Program (ASP) with the mission of promoting the appropriate use of antibiotics to treat infections and reduce possible adverse events associated with antibiotic use. Components of this policy were developed by using evidence-based practice guidelines and are aligned with the Core Elements of Antibiotic Stewardship for Nursing homes, published by Centers for Disease Control and Prevention (CDC) (1), and the State Operations Manual (Appendix PP): Guidance to Surveyors of Long Term Care Facilities, published by CMS (2).</p> |

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| <p>F 0912</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p> | <p>Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms.</p> <p>34964</p> <p>Based on observation, interview and record review, the Facility failed to provide at least 80 square feet per resident bed in multiple resident bedrooms for 13 of 80 residents (R9, R35, R41, R50, R51, R54, R63, R70, R77, R133, R134, and R183) .</p> <p>Findings include:</p> <p>1. Seven resident bedrooms provide 77.1 square feet per resident bed. Each of these seven rooms measure 15 feet 2 inches by 10 feet 2 inches. These rooms are two-bed rooms, and all are certified for Medicaid/Medicare. These rooms are as follows: 105, 106, 107, 117, 118, and 119.</p> <p>This was verified during room measurements.</p> <p>2. Three resident bedrooms provide 74 square feet per resident bed. These rooms measure 15 feet 3 inches by 21 feet, with wardrobes measuring 23 inches by 63 and 24 inches by 94 inches. These rooms are all certified for Medicaid/Medicare. These rooms are as follows: 225, 227, and 228.</p> <p>On 9/26/24 at 9:10 AM V2, Director of Nursing (DON) stated the facility pays attention to the room size and the residents' bed size when determining what room to place a resident in on admission. She stated they make sure it is a safe environment for the residents and is able to be kept free of clutter.</p> <p>Throughout the survey, there were no complaints from the residents who reside in the undersized rooms regarding room size. There were no infection control concerns related to room size.</p> |