

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195350	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/14/2024
NAME OF PROVIDER OR SUPPLIER Highland Place Rehab and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1736 Irving Place Shreveport, LA 71101	

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 0943</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Give their staff education on dementia care, and what abuse, neglect, and exploitation are; and how to report abuse, neglect, and exploitation.</p> <p>34708</p> <p>Based on record reviews and interview the facility failed to ensure required annual abuse and dementia training was completed for 1 direct care staff [S2 CNA (Certified Nursing Assistant)] out of 6 [S2 CNA, S3 CNA, S4 CNA, S5 CNA, S6 LPN (Licensed Practical Nurse), S7 LPN] direct care staff personnel records reviewed.</p> <p>Findings:</p> <p>Review of the facility's Abuse Prevention Policy dated 09/15/2016 revealed in part:</p> <p>4. Employee Training: All facility staff including contractors and volunteers will be educated on abuse, neglect, and exploitation . Annual education and training should be provided to all existing employees.</p> <p>Review of S2 CNA's personnel record revealed a hire date of 09/25/2018. Further review of S2 CNA's personnel record revealed abuse and dementia training was last completed on 06/01/2023.</p> <p>During an interview on 08/13/2024 at 4:36 p.m. S1 Staff Development reviewed S2 CNA's personnel record and acknowledged there was not documentation of required annual abuse and dementia training.</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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