

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  12/04/2024
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44414</b></p> <p>Based on record reviews and interviews the facility failed to ensure residents had access to services outside the facility for 1 resident (#2) out of 3 residents (#2, #3, #4) reviewed for appointments outside the facility.</p> <p>Findings:</p> <p>Review of the facility's Transportation to Appointments Policy dated April 2022 revealed in part:</p> <p>Policy Interpretation and Implementation</p> <ol style="list-style-type: none"> <li>1. Facility will provide transportation to and from appointments for all residents, unless resident prefers to provide their own transportation.</li> <li>2. Scheduled appointments for doctor's appointments, follow-ups, and referrals while residing in facility will be the responsibility of the Transportation Supervisor or designee.</li> <li>3. Documentation of refusals, missed appointments, and rescheduling of appointments will be completed by the floor nurse on duty in the chart or medical record; after receiving confirmation from the Transportation Supervisor.</li> <li>4. The Transportation Supervisor will also ensure all paperwork from appointments are handed to floor nurse and uploaded into medical records after scheduling follow up appointments.</li> <li>6. Inquiries concerning transportation should be referred to Transportation Supervisor and or designee.</li> </ol> <p>Review of Resident #2's medical record revealed an admitted [DATE] with a re-admitted [DATE] with diagnoses that included colon cancer with metastatic cancer to bone. Resident #2 was discharged home per resident request on 11/23/2024.</p> <p>Review of Resident #2's medical record revealed a ____ Chemotherapy Infusion's After Visit Summary report dated 10/18/2024 which included the following upcoming appointments:</p> <p>-11/07/2024 at 7:00 a.m. non-fasting lab</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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NAME OF PROVIDER OR SUPPLIER  Highland Place Rehab and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1736 Irving Place Shreveport, LA 71101	
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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-11/07/2024 at 8:00 a.m. established patient visit hematology oncology</p> <p>-11/07/2024 at 9:00 a.m. infusion 90 minute chemotherapy infusion</p> <p>Review of Resident #2's medical record revealed a ____ Emergency Department's After Visit Summary report dated 10/29/2024 which included the following upcoming appointments:</p> <p>-11/07/2024 at 7:00 a.m. non-fasting lab</p> <p>-11/07/2024 at 8:00 a.m. established patient visit hematology oncology</p> <p>-11/07/2024 at 9:00 a.m. infusion 90 minute chemotherapy infusion</p> <p>-11/07/2024 at 9:30 a.m. class hematology oncology</p> <p>Review of facility records failed to reveal documentation Resident #2 was transported and attended his scheduled appointments on 11/07/2024.</p> <p>Review of Resident #2's medical record revealed no documentation Resident #2 had refused to attend his scheduled appointments on 11/07/2024.</p> <p>During an interview on 12/02/2024 at 1:10 p.m. S2 Director of Nursing (DON) reported S3 Certified Nursing Assistant (CNA) Supervisor was in charge of scheduling resident appointments and transportation of residents to/from scheduled resident appointments.</p> <p>During an interview on 12/02/2024 at 3:30 p.m. S3 CNA Supervisor confirmed she was in charge of scheduling resident appointments and transportation of residents to/from scheduled resident appointments.</p> <p>During an interview on 12/03/2024 at 4:45 p.m. S2 DON and S1 Administrator reviewed Resident #2's medical record and facility records and acknowledged there was no documentation Resident #2 was transported and attended his scheduled appointments on 11/07/2024.</p> <p>During an interview on 12/04/2024 at 10:10 a.m. S3 CNA Supervisor reviewed Resident #2's medical record and facility records and acknowledged there was no documentation Resident #2 was transported and attended his scheduled appointments on 11/07/2024.</p>		