

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 02/19/2025
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 0585</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 voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>30669</p> <p>Based on observations, interviews and record reviews the facility failed to ensure the facility's Grievance Policy was followed for 1 (#2) of 7 (#1, #2, #3, #4, #5, #6 and #7) sample residents. The facility failed to resolve a grievance of resident #2's call light not being answered and failed to provide a completed review of the grievance in writing and/or verbal to resident #2 or his RP (responsible party).</p> <p>Findings:</p> <p>Review of the facility's Grievance/Complaint form revealed in part a resident, their representatives, interested family members or advocates may file a grievance or complaint with the facility without fear or threat of reprisal of any kind. Please fill out, date, and sign this report and submit it to any department manager. You will be provided with an oral and/or written report of the facility's findings as soon as possible.</p> <p>Review of resident #2's grievance/complaint form dated 01/31/2025 revealed grievance was filed by resident #2's RP. Resident #2's RP documented in part, the incident occurred on 01/25/2025 and again on 01/31/2025 during the 7-3 and 3-11 shift. Resident #2's RP documented twice in the last week resident #2 waited too long for his call light to be answered when he needed to be changed. Days were Saturday afternoon and again today (Friday).</p> <p>Review of resident #2's Annual MDS (minimum data set) dated 01/15/2025 revealed the following: Section C - Cognitive Patterns a BIMS (Brief Interview for Mental Status) summary score of 15 which indicated cognition is intact. Section GG - Functional Abilities revealed resident #2 had functional limitation in range of motion he had impairment on one side of upper and lower extremities. Section H Bladder and Bowel indicate resident #2 was always incontinent of the bladder and was frequently incontinent of his bowel.</p> <p>Review of resident #2's Comprehensive Care Plan revealed the following problems with some of the interventions:</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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Limited physical mobility due to cardiopulmonary arrest. 05/10/2019 refuse to wear boots to feet to aid in foot drop. Some of the interventions are turn and reposition according to facility protocol. Be alert for, document, report to medical doctor as needed sign/symptom of immobility (contractures forming or worsening, thrombus formation, skin breakdown, fall-related injury). Mobility bars X2 to bed to assist with turning and repositioning. Provide gentle range of motion as tolerated with daily care. Provide supportive care, assistance with mobility as needed.</p> <p>The resident is on diuretic therapy (specify medication) related to: edema, hypertension. Some interventions were administer medication as ordered. Labs as ordered. Many other medications may interact with antihypertensive to potentiate their effect (Levodopa, Nitrates). Monitor for Interactions/adverse consequences. May cause dizziness, postural hypotension, fatigue, and an increased risk for falls. Observe for possible side effects q-shift. Monitor for edema.</p> <p>During an interview on 02/11/2025 at 3:30 p.m. resident #2's RP reported no one had gotten back with her regarding the grievance/complaint about resident #2's call light not being answered, about resident #2 being left wet and soiled for long periods of time. Resident #2's RP reported she had been a witness to him having to wait 2 to 3 hours for someone to come and change him.</p> <p>During an interview on 02/13/2025 at 10:45 a.m. Resident #2 was alert and awake in bed. When surveyor entered resident #2's room, he asked was I a CNA (Certified Nursing Assistant) and reported no one had answered when he pushed the call light. Surveyor noted the call light was within reach. Surveyor asked resident #2 to press his call light again, he pressed his light. Surveyor waited in resident #2's room and no one answered the call light and no one came to his room. Resident #2's call light was beeping and the red light outside above his door was on. Resident #2 reported no one had talked to him about his call light or taking a long time to answer his call light</p> <p>.</p> <p>During an interview on 02/17/2025 at 2:01 p.m. S1 CNA reported you have to go in the resident's room to answer a call light. S1 CNA reported anyone can answer a call light.</p> <p>During an interview on 02/11/2025 at 11:10 p.m. S2 CNA Supervisor reported resident #2's RP is the one that filed a grievance/complaint dated 01/31/2025 regarding resident #2's call light not being answered. S2 CNA Supervisor acknowledged she did not notify resident #2's RP in writing and/or verbal about the completed review of the grievance.</p>		