

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 04/09/2025
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40015</p> <p>Based on record reviews and interviews the facility failed to ensure 1 (#4) of 6 (#1, #2, #3, #4, #5, and #6) sampled residents received treatment and care in accordance with professional standards of practice. The facility failed to ensure:</p> <ol style="list-style-type: none"> 1. Resident #4's high blood glucose levels were rechecked as ordered after being administered sliding scale insulin for glucose levels greater than 400. 2. Resident #4's blood glucose levels were checked to determine if sliding scale insulin needed to be administered as ordered. 3. Resident #4's MD (medical doctor) was notified when Resident #4's finger stick glucose was greater than 250. 4. Resident #4's Lantus insulin was administered as ordered. <p>Findings:</p> <p>Review of Administration of Medications policy with review date of November 15, 2022 revealed, in part:</p> <p>Policy Statement</p> <p>Standards: Medications shall be administered in a safe and timely manner, and as prescribed.</p> <p>Procedure</p> <ol style="list-style-type: none"> 3. Medications must be administered in accordance with the orders, including any required timeframe. 5. Licensed Nurse/CMT (certified medical technician) giving medication must follow the six rights to ensure safe medication administration. <p>-Each time you administer a medication, you need to be sure to have the:</p> <ol style="list-style-type: none"> 1. Right individual <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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. Right medication</p> <p>3. Right dose</p> <p>4. Right time</p> <p>5. Right route</p> <p>6. Right documentation .</p> <p>10. The individual administering the medication must initial the resident's electronic medication administration on the appropriate line entry after giving each medication and before administering the next ones .</p> <p>11. If a drug is withheld, refused, or given at a time other than the scheduled time, the individual administering the medication shall document in space provided for that drug and dose.</p> <p>12. As required or indicated for a medication, the individual administering the medication will record in the resident's eMAR (electronic medication administration record):</p> <ul style="list-style-type: none"> -The date and time the medication was administered; -The dosage; -The route of administration; -The injection site (if applicable); -Any complaints or symptoms for which the drug was administered; -Any results achieved and when those results were observed; and -The signature and title of the person administering the drug. <p>Review of Resident #4's record revealed an admitted [DATE] and a discharge date of [DATE] with diagnoses that included, in part, Type 2 diabetes mellitus with hyperglycemia.</p> <p>1.</p> <p>Review of Resident #4's physician orders revealed orders including:</p> <p>-02/20/2025 (end date of 03/02/2025) Novolog Injection Solution 100 unit/ml (milliliter) (insulin aspart) - Inject as per sliding scale: if 201 - 250 = 3 units; 251 - 300 = 5 units; 301 - 350 = 7 units; 351 - 400 = 9 units, subcutaneously before meals and at bedtime for DM (diabetes mellitus). If FSBS (finger stick blood sugar) > 400 Give 11 units. Recheck in 3 hours; if still > than 400 obtain stat serum glucose and NOTIFY MD.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-03/02/2025 (end date of 03/06/2025) Novolog injection solution 100 unit/ml (insulin Aspart) - Inject as per sliding scale: if 201 - 250 = 3 units; 251 - 300 = 5 units; 301 - 350 = 7 units; 351 - 400 = 9 units, subcutaneously two times a day for DM. If FSBS > 400 Give 11 units. Recheck in 3 hours; if still > than 400 obtain stat serum glucose and NOTIFY MD.</p> <p>-03/06/2025 (end date of 03/14/2025) Novolog injection solution 100 unit/ml (insulin aspart) - inject as per sliding scale: if 201 - 250 = 3 units; 251 - 300 = 5 units; 301 - 350 = 7 units; 351 - 400 = 9 units; 401 - 600 = 11 units. Recheck in 3 hours; if still > than 400 obtain stat serum glucose and NOTIFY MD, subcutaneously two times a day for DM.</p> <p>Review of Resident #4's February and March 2025 eMAR revealed glucose checks greater than 400 on the following dates and times with insulin administered per sliding scale:</p> <p>-02/26/2025 at 1130 = 434</p> <p>-02/26/2025 at 1630 = 440</p> <p>-02/28/2025 at 1630 = 403</p> <p>-03/05/2025 at 0830 = 547</p> <p>-03/06/2025 at 1700 = 407</p> <p>-03/13/2025 at 1700 = 539</p> <p>Further review of Resident #4's February and March 2025 eMAR and nursing notes failed to reveal any rechecks of Resident #4's glucose after 3 hours as ordered.</p> <p>2.</p> <p>Review of Resident #4's physician order revealed:</p> <p>-02/20/2025 (end date of 03/02/2025) Novolog Injection Solution 100 unit/ml (insulin aspart) - Inject as per sliding scale: if 201 - 250 = 3 units; 251 - 300 = 5 units; 301 - 350 = 7 units; 351 - 400 = 9 units, subcutaneously before meals and at bedtime for DM If FSBS >400 Give 11 units. Recheck in 3hours; if still >than 400 obtain stat serum glucose and NOTIFY MD.</p> <p>Review of Resident #4's February 2025 eMAR failed to reveal finger stick blood sugar was obtained to determine if sliding scale insulin was needed as ordered for before breakfast dose on 2/24/2025 and 2/25/2025.</p> <p>3.</p> <p>Review of Resident #4's physician orders revealed orders including:</p> <p>-2/14/2025 (end date of 2/20/2025) Finger stick glucose every 6 hours. Less than < 70 or greater than > 250 notify MD.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-2/20/2025 (end date of 2/27/2025) Finger Stick Glucose AC and HS. Less than < 70 or greater than > 250 notify MD - before meals and at bedtime.</p> <p>-2/27/2025 (end date of 3/14/2025) Finger Stick glucose twice daily. Less than < 70 or greater then > 250 notify MD.</p> <p>Review of Resident #4's February and March 2025 eMARs revealed glucose checks greater than 250 on the following dates and times:</p> <p>-02/15/2025 at 1800 = 301</p> <p>-02/17/2025 at 1800 =266</p> <p>-02/19/2025 at 1200 = 275</p> <p>-02/19/2025 at 1800 = 361</p> <p>-02/20/2025 at 1200 = 275</p> <p>-02/20/2025 at 1800 = 388</p> <p>-02/22/2025 at 1130 = 343</p> <p>-02/22/2025 at 1630 = 343</p> <p>-02/23/2025 at 0630 = 304</p> <p>-02/23/2025 at 1130 = 314</p> <p>-02/23/2024 at 1630 = 424</p> <p>-02/23/2025 at 2100 = 283</p> <p>-02/24/2025 at 1130 = 308</p> <p>-02/25/2025 at 1130 = 386</p> <p>-02/26/2025 at 0630 = 341</p> <p>-02/26/2025 at 1130 = 469</p> <p>-02/26/2025 at 1630 = 440</p> <p>-02/26/2025 at 2100 = 301</p> <p>-02/27/2025 at 1130 = 536</p> <p>-02/27/2025 at 1630 = 399</p> <p>(continued on next page)</p>		

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>-02/28/2025 at 1830 = 295</p> <p>-03/01/2025 at 1830 = 334</p> <p>-03/02/2024 at 0830 = 281</p> <p>-03/02/2025 at 1830 = 591</p> <p>-03/03/2024 at 0830 = 369</p> <p>-03/03/2024 at 1830 = 339</p> <p>-03/04/2025 at 0830 = 339</p> <p>-03/04/2025 at 1830 = 290</p> <p>-03/05/2025 at 0830 = 547</p> <p>-03/06/2025 at 0830 = 400</p> <p>-03/06/2025 at 1830 = 407</p> <p>-03/07/2025 at 1830 = 293</p> <p>-03/08/2025 at 1830 = 300</p> <p>-03/10/2025 at 1830 = 302</p> <p>-03/11/2025 at 0830 = 333</p> <p>-03/11/2025 at 1830 = 333</p> <p>-03/12/2025 at 0830 = 331</p> <p>-03/12/2025 at 1830 = 331</p> <p>-03/13/2025 at 1830 = 539</p> <p>Further review of Resident #4's February and March 2025 eMARs and nursing notes failed to reveal MD had been notified that Resident #4's glucose was greater than 250 as ordered.</p> <p>4.</p> <p>Review of Resident #4's physician orders revealed:</p> <p>-2/26/2025 (end date of 3/14/2025) Lantus subcutaneous solution 100unit/ml (insulin glargine) - inject 60 unit subcutaneously at bedtime for DM, do not mix with any other insulin and inject 25 unit subcutaneously in the morning for DM.</p> <p>(continued on next page)</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-2/20/2025 (end date of 2/26/2025) Lantus subcutaneous solution 100 unit/ml (insulin glargine) - Inject 60 unit subcutaneously at bedtime for DM do not mix with any other insulin and inject 15 unit subcutaneously in the morning for DM.</p> <p>Review of Resident #4's February and March 2025 eMARs failed to reveal the morning dose of Lantus 15mg was administered on 02/24/2025 and 02/25/2025 and failed to reveal the morning dose of Lantus 25mg was administered on 3/12/2025.</p> <p>During an interview on 4/7/2025 at 1:30 p.m. S1 DON (Director of Nursing) reviewed Resident #4's record and confirmed:</p> <ol style="list-style-type: none"> 1. There was no evidence glucose levels had been rechecked after sliding scale insulin was administered for the following glucose levels greater than 400: -02/26/2025 at 1130 = 434 -02/26/2025 at 1630 = 440 -02/28/2025 at 1630 = 403 -03/05/2025 at 0830 = 547 -03/06/2025 at 1700 = 407 -03/13/2025 at 1700 = 539 2. There was no evidence a finger stick blood glucose had been obtained the morning of 2/24/2025 and 2/25/2025 to determine if Novolin insulin needed to be administered. 3. There was no evidence Resident #4's MD had been notified when Resident #4's finger stick blood glucoses were greater than 250. 4. There was no evidence the morning dose of Lantus 15 units had been administered on 02/24/2025 and 02/25/2024 and no evidence the morning dose of Lantus 25 units had been administered on 3/12/2025. <p>S1 DON further reported each of these should have been documented if they were done.</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40015</p> <p>Based on record review and interview the facility failed to ensure residents received necessary treatment and services, consistent with professional standards of practice to promote healing and prevent the development of new pressure ulcers for 1 (#4) of 4 (#3, #4, #5, and #6) residents reviewed for pressure ulcers. The facility failed to perform wound care as recommended by S2 Wound NP (nurse practitioner) for Resident #4.</p> <p>Findings:</p> <p>Review of Resident #4's record revealed an admitted [DATE] and a discharge date of [DATE] with diagnoses that included, in part, gluteal cleft pressure injury, type 2 diabetes mellitus with hyperglycemia, encounter for attention to gastrostomy, muscle weakness generalized, and nontraumatic intracerebral hemorrhage unspecified.</p> <p>Review of Resident #4's physician orders revealed the following:</p> <p>-02/18/2025 (end date of 03/12/2025) Gluteal cleft: Clean area with wound cleaner. Apply Venelex to wound bed. Cover with dry cover dressing every day and prn - every day shift for pressure injury and as needed for dressing dislodge/soiled.</p> <p>-03/12/2025 (end date of 03/14/2025) Gluteal cleft: clean area with wound cleaner, apply medi-honey, calcium alginate to wound bed, cover with dry cover dressing every day and prn - every day shift for pressure injury order per S2 Wound NP wound care and as needed for dressing dislodge/soiled.</p> <p>Review of Resident #4's physician progress note for date of service 03/01/2025 revealed, in part, NP and wound treatment team were managing a buttocks wound.</p> <p>Review of S2 Wound NP progress note for Resident #4 with service date of 02/25/2025 revealed, in part, an unstageable gluteal cleft pressure injury wound was evaluated and treatment recommendations were to clean with wound cleanser, apply honey and dry dressing, and change 3 times per week and as need if dislodged, saturated, or soiled.</p> <p>Review of February and March 2025 TAR (treatment administration record) revealed S2 Wound NP's 02/25/2025 gluteal cleft wound treatment recommendations were not started until 03/13/2025.</p> <p>During an interview on 04/09/2025 at 7:52 a.m. S3 Treatment Nurse reviewed S2 Wound NP's 02/25/2025 progress note and reported she thought S2 Wound NP wanted her to continue the original order until out of the Venelex and confirmed that was not documented in the progress note and if it wasn't documented it wasn't done.</p> <p>During a phone interview on 04/09/2025 at 8:25 a.m., with S3 Treatment Nurse present, S2 Wound NP reported the 02/25/2025 order and treatment should have been started sooner and as per S2 Wound NP's 02/25/2025 recommendation.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 04/09/2025 at 8:38 a.m. S3 Treatment Nurse reported since it wasn't documented to continue the Venelex until done, S2 Wound NP's wound treatment recommendations should have been started when ordered and was not.</p>