

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265167	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/01/2023
NAME OF PROVIDER OR SUPPLIER Highland Rehabilitation & Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 904 East 68th Street Kansas City, MO 64131	

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 0624</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Prepare residents for a safe transfer or discharge from the nursing home.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46890</p> <p>Based on interview and record review, the facility failed to arrange a safe and orderly discharge for one sampled resident (Resident #2) and failed to have a policy in place for the disposition of medication when transferring to another facility out of three sampled residents. The facility census was 121 residents.</p> <p>Review of the facility's Discharge Summary and Plan revised 11/2022 showed the discharge plan will include resident and family/caregiver education needs and will initiate or maintain collaboration between the nursing facility and other post-acute care providers to support resident transition.</p> <p>1. Review of Resident #2's Quarterly Minimum Data Set (MDS- a federally mandated assessment tool that facility's complete for care planning) dated 11/15/23 showed:</p> <p>-He/She was admitted to the facility on [DATE].</p> <p>-He/She was cognitively intact.</p> <p>-He/She was receiving an anti-depressant, anti-coagulation (blood thinner) and an anti-platelet (stops blood cells from sticking together to prevent blood clots) medication.</p> <p>Review of the resident's electronic Physician Order Summary Report for 11/23 showed:</p> <p>-His/Her active medications on discharge:</p> <p>--Vitamin D one time a day for Vitamin D deficiency for seven days. Start date 11/28/23 and end date 12/5/23.</p> <p>--Tylenol 500 mg by mouth every four hours as needed. Start date 8/3/23.</p> <p>--Amlodipine Besylate 10 mg by mouth one time a day. Start date 8/3/23.</p> <p>--Aspirin 81 mg by mouth one time a day. Start date 8/3/23.</p> <p>--Baclofen (a skeletal muscle relaxant) 5 mg by mouth two times daily. Start date 10/30/23.</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 0624</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>--Ergocalciferol (Vitamin D Supplement) 5000 UNIT one by mouth one time a day every Tuesday, Friday for Vitamin D deficiency for eight weeks. Order date 11/28/23. End date 1/26/24.</p> <p>--Fluoxetine (a medication used for depression) 20 mg by mouth one time a day. Start date 11/29/23.</p> <p>--Folic Acid 1 mg give 4 mg by mouth one time a day. Start date 8/4/23.</p> <p>--Gabapentin (a medication that can treat pain) 300 mg alternating doses of one/two capsules by mouth three time a day. One cap in the A.M., One cap in the P.M., and Two caps at bedtime. Start date 8/15/23.</p> <p>--Rosuvastatin Calcium (a medication used for high cholesterol) 10 mg by mouth daily. Start date 8/4/23.</p> <p>--Orphenadrin Citrate 100 mg by mouth twice daily. Start date 8/3/23.</p> <p>--Tizanidine (a medication that treats muscle spasms) 4 mg one by mouth every six hours as needed. Start date 8/9/23.</p> <p>Review of resident 's electronic Discharge Summary Recapitulation of Stay dated 11/29/23 showed:</p> <p>-He/She was diagnosed with:</p> <p>--Stroke;</p> <p>--Hypertension (high blood pressure);</p> <p>--Muscle spasms;</p> <p>--Depression and</p> <p>--Hyperlipidemia (high cholesterol).</p> <p>-He/She was receiving:</p> <p>--Folic Acid (a Vitamin B9 supplement) 1 milligram (mg) one time a day by mouth;</p> <p>--Aspirin 81 mg one time a day by mouth;</p> <p>--Amlodipine Besylate (a medication for high blood pressure) 10 mg one time a day by mouth;</p> <p>--Orphenadrine Citrate (a medication used for muscle relaxation) Extended Release 100 mg two times a day and</p> <p>--Tylenol 500 mg by mouth every 4 hours as needed.</p> <p>During an interview on 11/29/23 at 8:01 P.M., the Admitting Facility said:</p> <p>(continued on next page)</p>		

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<p>F 0624</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-The resident arrived after an uncoordinated transfer.</p> <p>-The driver left the resident in the lobby without any belongings.</p> <p>-The resident had no medication, no paperwork and no report was called in.</p> <p>-The facility was contacted and the Director of Nurses (DON) told them to not send the resident's medications.</p> <p>During an interview 12/1/23 at 12:05 P.M., the DON said:</p> <p>-He/She normally did not send medications when the resident's transferred to another facility.</p> <p>-He/She did not tell the Charge Nurse who discharged the resident he/she could not send the medications.</p> <p>-He/She had e-mailed the resident's medication list on 11/29/23 at 1:38 P.M. to the receiving facility.</p> <p>During an interview on 12/1/23 at 12:40 P.M., the Administrator said:</p> <p>-He/She would expect that medications be sent with residents with a physician's order on a resident's discharge.</p> <p>-He/She was not aware the resident did not have his/her medications when he/she was sent to the receiving facility.</p> <p>-He/She or a staff member would take resident's medication to the receiving facility on 12/1/23.</p> <p>During an interview on 12/6/23 at 9:37 A.M., Licensed Practical Nurse (LPN) A said:</p> <p>-He/She was informed that all resident items were packed up and ready for transfer to the new facility.</p> <p>-He/She was told by DON that he/she could not send medications to the receiving facility.</p> <p>During an interview on 12/8/23 at 2:54 P.M. the facility Pharmacy Consultant Manager said it was the facility's policy's not the pharmacy policy's on whether medications should be transferred with a resident from facility to facility no matter what the resident payment status is.</p> <p>MO00228102</p>