

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395683	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/24/2024
NAME OF PROVIDER OR SUPPLIER Highlands Rehabilitation and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 918 Main Street Laporte, PA 18626	

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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>19719</p> <p>Based on clinical record review, review of select policies and procedures, and staff interview, it was determined that the facility failed to implement their abuse policy regarding investigating an allegation of abuse for two of 11 residents reviewed (Residents 3 and 4).</p> <p>Findings include:</p> <p>Review of the facility's Abuse Policy implemented on April 1, 2024, indicated that allegations must be reported to the Administrator or other officials and an investigation will be initiated immediately.</p> <p>Review of Resident 3's clinical record revealed nursing documentation dated April 3, 2024, at 3:45 PM indicating that Resident 3 walked down the hallway and was witnessed striking Resident 4 in the face. This was witnessed by Employee 3, housekeeper, and that further investigation will be made. The documentation indicated that the incident was reported to the Director of Nursing.</p> <p>The facility was unable to provide documented evidence that an investigation was started regarding the physical incident between Resident 3 and Resident 4. There was no documented evidence that Resident 4 was assessed for injuries. The facility provided a statement from Employee 3 after the surveyors questioning. The surveyor observed Employee 3 writing the statement in the Administrator's office during the on-site visit on April 24, 2024, at 12:45 PM.</p> <p>Review of Employee 3's statement regarding Resident 3 revealed that it was dated for April 4, 2023, despite just writing the statement on April 24, 2024, and the incident happening on April 3, 2024. Interview with Employee 3 on April 24, 2024, at 1:53 PM revealed that when she witnessed the event she told the nurse on duty, and then stated she did write up an initial statement when it happened on April 3, 2024. Employee 3 was unsure what happened to that statement after she handed it in. Employee 3 confirmed that she just wrote up the statement today that was provided to the surveyor.</p> <p>Interview with the Administrator and Director of Nursing on April 24, 2024, at 2:30 PM confirmed the above findings.</p> <p>483.12(b)(2) Polices to investigate allegations</p> <p>Previously cited 2/9/24</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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F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	28 Pa. Code 201.18(b)(1) Management 28 Pa. Code 201.29(a)(c) Resident rights

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>19719</p> <p>Based on closed clinical record review and staff interview, it was determined that the facility failed to provide the highest practicable care regarding the administration of physician ordered pain medications for one of 11 residents reviewed (Resident CR1).</p> <p>Findings include:</p> <p>Review of Resident CR1's closed clinical record revealed a physician's order dated March 23, 2024, for nursing staff to administer Morphine Sulfate 20mg/ml (milligrams/milliliter) 0.5 ml every two hours as needed for pain. A physician's order dated March 24, 2024, indicated that nursing staff were to administer Morphine Sulfate 20mg/ml, 0.75 ml every four hours around the clock for pain, scheduled to be given at 12:00 AM, 4:00 AM, 8:00 AM, 12:00 PM, 4:00 PM, and 8:00 PM, every day.</p> <p>Review of Resident CR1's Medication Administration Record (MAR, a form utilized to document the administration of medications) dated April 2024, revealed that Employee 4, registered nurse, only administered 0.5 ml of Resident CR1's Morphine Sulfate dose on April 3, 2024, at 4:47 PM and again at 8:47 PM. Resident CR1's Morphine Sulfate dose at those times should have been 0.75 ml. There was no documented evidence to indicate that Employee 4 administered any as needed Morphine Sulfate doses to Resident CR1 during her shift.</p> <p>Interview with the Administrator on April 24, 2024, at 9:30 AM confirmed that there were no reported medication errors for April 2024, and during a meeting on the same date at 2:30 PM, confirmed the above findings for Resident CR1.</p> <p>28 Pa. Code 211.10 (a)(c)(d) Resident care policies</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing services</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>19719</p> <p>Based on clinical record review, review of select facility policies and procedures, and staff interview, it was determined that the facility failed to ensure an effective infection control program for outbreak testing and transmission-based precautions to prevent the spread of infection on one of two nursing units (3rd Floor Nursing Unit; Residents 1 and 2, Employees 1 and 2).</p> <p>Findings include:</p> <p>Review of the policy entitled COVID-19 Testing Requirements last reviewed on May 10, 2023, indicates that a single new case of COVID-19 infection in any staff or resident should be evaluated to determine if others in the facility could have been exposed. The approach could involve either contact tracing or a broad-based approach. A broad-based approach is preferred if all potential contacts cannot be identified or managed with contact tracing or if contact tracing fails to halt transmission. Testing is recommended immediately, and again 48 hours after the first negative test, and if negative, again 48 hours after the second negative test. Testing should continue on affected units until there are no new cases for 14 days.</p> <p>The facility's current policy entitled Duration of Transmission-Based Precautions for Residents with COVID-19 Infection, indicates that residents will be on transmission-based precautions for at least 10 days since their first positive viral test or since symptoms first appeared.</p> <p>Review of Resident 1's clinical record revealed nursing documentation dated March 26, 2024, that indicated nursing staff tested him for COVID-19 and the results were positive. The nursing documentation for March 26, 2024, also indicated Resident 1 was symptomatic with a cough and sinus congestion. A physician's order dated March 26, 2024, indicated that nursing staff were to start droplet precautions. The droplet precautions were discontinued after only seven days on April 2, 2024. The facility did not maintain Resident 1's droplet precautions for 10 days.</p> <p>Review of facility submitted incidents via ERS (Event Reporting System, a web-based notification system facilities use to notify the Department of Health of reportable incidents) revealed that the facility tested Employee 1, nurse aide on March 26, 2024, for COVID-19 because she was feeling ill. Employee 1 also tested positive for COVID-19 on March 26, 2024. Employee 2, nurse aide, tested positive for COVID-19 on March 26, 2024, because she was feeling ill.</p> <p>Review of Resident 2's clinical record revealed that she tested positive for COVID-19 on March 28, 2024. Resident 2 was symptomatic with a cough and a low-grade temperature. There was no documented evidence in Resident 2's clinical record to indicate how long the facility kept her on transmission-based precautions. There was no physician order initiated to start or discontinue droplet precautions.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The facility was not able to provide any documented evidence that either contract tracing or a broad-based approach of testing was initiated after staff and residents were identified as having symptomatic COVID-19 starting on March 26, 2024. Interview with the Administrator on April 24, 2024, at 11:30 AM revealed that the facility's infection control preventionist quit at the end of March 2024. A new infection control preventionist was hired but did not initiate facility wide COVID-19 testing until April 3, 2024.</p> <p>From March 26, 2024, until April 20, 2024, the facility has reported at least 55 resident and staff cases of COVID-19 to the Department of Health.</p> <p>Interview with the Administrator and Director of Nursing on April 24, 2024, at 2:30 PM confirmed the above findings.</p> <p>483.80 Infection Control</p> <p>Previously cited 2/9/24</p> <p>28 Pa. Code 201.18(b)(1) Management</p> <p>28 Pa. Code 211.10(d) Resident care policies</p>		