

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 10/19/2024
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 0584</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 safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 18229</p> <p>Based on observation and resident and staff interview, it was determined that the facility failed to maintain comfortable and safe temperature levels between 71 and 81 degrees Fahrenheit on two of two floors (Second and Third floors).</p> <p>Findings include:</p> <p>Observation of the facility on October 19, 2024, at 3:00 PM revealed the following temperatures:</p> <p>Second Floor:</p> <p>Resident room [ROOM NUMBER], 83 degrees Fahrenheit</p> <p>Resident room [ROOM NUMBER], 84 degrees Fahrenheit</p> <p>Resident room [ROOM NUMBER], 84 degrees Fahrenheit</p> <p>Resident room [ROOM NUMBER], 82 degrees Fahrenheit</p> <p>Resident room [ROOM NUMBER], 83 degrees Fahrenheit</p> <p>Resident room [ROOM NUMBER], 83 degrees Fahrenheit</p> <p>Resident room [ROOM NUMBER], 82 degrees Fahrenheit</p> <p>Second Floor Medication room [ROOM NUMBER].4 degrees Fahrenheit</p> <p>Third Floor:</p> <p>Resident room [ROOM NUMBER], 88 degrees Fahrenheit</p> <p>Resident room [ROOM NUMBER], 87 degrees Fahrenheit</p> <p>Resident room [ROOM NUMBER], 86 degrees Fahrenheit</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview with the Director of Nursing and Employee 1 (maintenance director) on October 19, 2024, at 4:00 PM confirmed the warm temperatures in the building. Employee 1 stated they are unable to control the temperatures in the facility due to needing to replace the chiller and control panel. Employee 1 stated the facility has received approval to replace the chiller but does not have a date when repairs will happen. Employee 1 indicated they have not yet received approval to replace the control panel.</p> <p>The facility failed to maintain safe and comfortable temperatures.</p> <p>483.10(i)(1)-(7) Safe/clean/comfortable/homelike Environment</p> <p>Previously cited deficiency 02/09/24</p> <p>28 Pa. Code 201.18(b)(3)(e)(2.1) Management</p>		