

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445165	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/14/2025
NAME OF PROVIDER OR SUPPLIER Highlands Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3549 Norriswood Memphis, TN 38111	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, observation, and interview, the facility failed to ensure the prevention and spread of infection when 1 of 1 staff (Licensed Practical Nurse (LPN) A) failed to use appropriate Personal Protective Equipment (PPE) during peg tube (a tube inserted into the stomach for the administration of medications or nutrients) care for 1 of 3 (Resident #9) sampled residents reviewed for peg tubes, and when 2 of 2 staff (LPN B and Certified Nursing Assistant (CNA) C) failed to perform hand hygiene during wound and urinary catheter (a tube placed in the bladder to drain urine) care for 2 of 2 (Residents #10 and #13) sampled residents reviewed. The findings include: 1. Review of the facility policy titled, Enhanced Barrier Precautions, dated 2/5/2025, revealed .It is the guideline of this facility to implement enhanced barrier precautions for the prevention of transmission of multi-drug resistant organisms.Enhanced barrier precautions (EBP) refer to an infection control intervention designed to reduce transmission if multi-drug resistant organisms that employs targeted gown and glove use during high contact resident care activities.An order for enhanced barrier precautions will be obtained for residents with any of the following.indwelling medical devices.feeding tubes.Implementation of Enhanced Barrier Precautions.PPE for enhanced barrier precautions is only necessary when performing high contact care activities .High-contact resident care activities include.Device care or use: feeding tubes. Review of the facility policy titled, Hand Hygiene, dated 3/27/2025, revealed .All staff will perform hand hygiene procedures to prevent the spread of infection.Hand hygiene is a general term for cleaning your hands by handwashing with soap and water or the use of an antiseptic hand rub.if your task requires gloves, perform hand hygiene prior to donning [putting on] and immediately after removing gloves. 2. Review of the medical record revealed Resident #9 was admitted to the facility on [DATE], with diagnoses including Cerebral Infarction (a condition where blood flow to the brain is interrupted), Diabetes, Dementia, and Dysphagia (difficulty swallowing). Review of the admission Minimum Data Set (MDS) dated [DATE], revealed Resident #9 scored a 13 on the Brief Interview for Mental Status (BIMS) assessment, which indicated she was cognitively intact and had a feeding tube. Review of the Physician's Order dated 10/10/2025, revealed Nutren 2.0 (tube feeding formula used for supplemental nutrition) to run at 60 milliliters per hour (ml/hour). Turn on at 6:00 AM and off at 6:00 PM. May give Jevity 1. 5 (tube feeding formula used for supplemental nutrition). Observation on the 100 Hall on 10/13/2025 at 11:07 AM, revealed Resident #9 was in a geriatric recliner in the sitting area. LPN A raised Resident #9's shirt to access her peg tube site, moved resident's peg tube with her barehand to assess the insertion site, donned gloves, and attached the tube feeding to the resident's peg tube. LPN A removed the gloves and performed hand hygiene. LPN A failed to use appropriate PPE prior to the use of Resident #9's peg tube. 3. Review of the medical record revealed Resident #10 was admitted to the facility on [DATE], with diagnoses including Metabolic Encephalopathy (a condition that affects the function of the brain), Asthma, Malignant Neoplasm of Bladder, and Diabetes. Review of the Physician's Order dated 9/16/2025, revealed catheter care every shift. Review of the admission MDS dated [DATE], revealed Resident #10 scored a 15 on the BIMS assessment, which indicated he was cognitively intact. Resident #10 had a feeding tube and an indwelling catheter. Observation in Resident #10's room on 10/14/2025 at 9:42 AM, CNA C performed hand hygiene, donned gown and gloves, raised the resident's bed, obtained wet wipes placed on side of resident's bed without a barrier, removed the resident's brief, placed 2 trash bags on top of the resident's bed, performed catheter care, removed gloves, discarded the trash bags into the resident's trash, and donned gloves without performing hand hygiene. CNA C failed to place wet wipes on a barrier and failed to perform hand hygiene after removing gloves. 4. Review of the medical record revealed Resident #13 was admitted to the facility on [DATE], with diagnoses including Multiple Sclerosis, Dementia, Depression, and Failure to Thrive. Review of the quarterly MDS dated [DATE], revealed Resident #13 scored a 15 on the BIMS assessment, which indicated she was cognitively intact. Review of the Physician's Order dated 7/25/2025, revealed clean left ankle with wound cleanser (used when performing wound care), apply calcium alginate (used in wound care for absorbing drainage) to wound bed, pat dry with 4 by 4 (4x4) gauze and cover with protective dressing every other day. During an observation and interview on 10/13/2025 at 2:00 PM, LPN B entered Resident # 13's room to perform wound care. The treatment cart was in the resident's room with supplies on a barrier on the top of the treatment cart. LPN B removed the soiled dressing from the resident's left ankle and cleansed the wound with gauze moistened with wound cleanser. LPN B removed gloves, performed hand hygiene</p>		