

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/22/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105620	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/17/2025
NAME OF PROVIDER OR SUPPLIER HIGHLANDS LAKE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 4240 LAKELAND HIGHLANDS RD LAKELAND, FL 33813		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS A complaint survey for complaint numbers 2024016784, 2025001668, 2025001990, 2025002189, 2025002325, 2025004207, 2025004808 and 2025004505 was conducted on _____ and _____ at Highlands Lake Center. The facility was not in compliance with Code of Federal Regulations (CFR) 42, Part 483.73, Requirement for Long-Term Care Facilities. Complaint number 2024016784 had a deficiency cited at F773 and F585. Complaint number 2025001668 had a deficiency cited at F585. Complaint number 2025004207 had a deficiency cited at F585.	F 000			
F 585 SS=E	Grievances CFR(s): 483.10(j)(1)-(4) §483.10(j) Grievances. §483.10(j)(1) The resident has the right to voice grievances to the facility or other agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal. Such grievances include those with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and of other residents, and other concerns regarding their LTC facility stay. §483.10(j)(2) The resident has the right to and the facility must make prompt efforts by the facility to resolve grievances the resident may have, in accordance with this paragraph. §483.10(j)(3) The facility must make information on how to file a grievance or complaint available	F 585			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

/2025

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.

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F 585	Continued From page 1 to the resident. §483.10(j)(4) The facility must establish a grievance policy to ensure the prompt resolution of all grievances regarding the residents' rights contained in this paragraph. Upon request, the provider must give a copy of the grievance policy to the resident. The grievance policy must include: (i) Notifying resident individually or through postings in prominent locations throughout the facility of the right to file grievances orally (meaning spoken) or in writing; the right to file grievances anonymously; the contact information of the grievance official with whom a grievance can be filed, that is, his or her name, business address (mailing and email) and business phone number; a reasonable expected time frame for completing the review of the grievance; the right to obtain a written decision regarding his or her grievance; and the contact information of independent entities with whom grievances may be filed, that is, the pertinent State agency, Quality Improvement Organization, State Survey Agency and State Long-Term Care Ombudsman program or protection and advocacy system; (ii) Identifying a Grievance Official who is responsible for overseeing the grievance process, receiving and tracking grievances through to their conclusions; leading any necessary investigations by the facility; maintaining the confidentiality of all information associated with grievances, for example, the identity of the resident for those grievances submitted anonymously, issuing written grievance decisions to the resident; and coordinating with state and federal agencies as necessary in light of specific allegations; (iii) As necessary, taking immediate action to	F 585		

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F 585	<p>Continued From page 2</p> <p>prevent further potential violations of any resident right while the alleged violation is being investigated;</p> <p>() Consistent with §483.12(c)(1), immediately reporting all alleged violations involving neglect, including injuries of unknown source, and/or misappropriation of resident property, by anyone furnishing services on behalf of the provider, to the administrator of the provider; and as required by State law;</p> <p>(v) Ensuring that all written grievance decisions include the date the grievance was received, a summary statement of the resident's grievance, the steps taken to investigate the grievance, a summary of the pertinent findings or conclusions regarding the resident's concerns(s), a statement as to whether the grievance was confirmed or not confirmed, any corrective action taken or to be taken by the facility as a result of the grievance, and the date the written decision was issued;</p> <p>(vi) Taking appropriate corrective action in accordance with State law if the alleged violation of the residents' rights is confirmed by the facility or if an outside entity having jurisdiction, such as the State Survey Agency, Quality Improvement Organization, or local law enforcement agency confirms a violation for any of these residents' rights within its area of responsibility; and</p> <p>(vii) Maintaining evidence demonstrating the result of all grievances for a period of no less than 3 years from the issuance of the grievance decision.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interviews the facility failed to implement an effective grievance program related to ensuring voiced concerns are acknowledged, documented, and resolved for the attending resident council members during six</p>	F 585	<p>Preparation and/or execution of this plan does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the statement of deficiencies. This plan</p>		

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F 585	<p>Continued From page 3</p> <p>months (and) of six months reviewed.</p> <p>Findings included:</p> <p>Review of Grievance Logs for a six-month period from to revealed each month there were on-going call light concerns.</p> <p>Review of the Grievance Log for revealed a grievance for Resident #1 dated for Activities of Daily Living (ADL) care not provided, medications left at the bedside, and meds not provided in a timely manner.</p> <p>Follow up to grievance revealed: medication scheduled for as needed (prn), staff educated on ensuring that the residents receive their medications in a timely manner and as needed, and staff educated on providing ADL care in a timely manner, date resolved . Staff education in-service roster for medications should be administered timely dated .</p> <p>Review of the Grievance Log for revealed a grievance for Resident #1 dated for call light response time for care needed. Follow up to grievance revealed: unable to clarify response date due to system being down for repairs and staff educated. Date resolved .</p> <p>Review of the Resident Council Minutes dated revealed a section titled Old Business no issues/concerns were listed and a check mark in the box stating all items from previous meeting were resolved. Under the section New Business</p>	F 585	<p>of correction is prepared and/or executed solely because it is required.</p> <p>(1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>Resident #1 was discharged on .</p> <p>On , the NHA/Designee immediately re-educated the Activity Director on the components of F585 with an emphasis on ensuring the Resident Council forms are completed with accuracy and grievances from Resident Council are acknowledged, documented, and resolved.</p> <p>(2) How you will identify other residents having potential to be affected by the same practice and what corrective actions will be taken.</p> <p>On , NHA/Designee completed a quality review on grievances from Resident Council for the past six months (-) to ensure voiced concerns were acknowledged, documented, and resolved.</p> <p>(3) What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur.</p> <p>On , Vice President of Operations re-educated the management staff on the components of F585 with an</p>		

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F 585	<p>Continued From page 4</p> <p>revealed a list of upcoming activities, no mention of issues/concerns.</p> <p>Review of the Grievance Log dated _____ revealed six entries titled Resident Council all dated _____ with the following concerns:</p> <ol style="list-style-type: none"> Grievance Form dated _____ from Resident Council revealed complaint/grievance: "staff loud in hallways" on _____ & _____. The form is marked resolved dated _____, with education to the staff. Grievance Form dated _____ from Resident Council revealed complaint/grievance: "customer service in dining room". The form is marked resolved dated _____, with education to the staff. Grievance Form dated _____ from Resident Council revealed complaint/grievance: "use of phone in residents' room". The form is marked resolved dated _____, with education to the staff. Grievance Form dated _____ from Resident Council revealed complaint/grievance: "takes a long time for clean clothes personable to be returned (weeks)." The form is marked resolved dated _____, with education to the staff. Grievance Form dated _____ from Resident Council revealed complaint/grievance: "staff dragging soiled linen bags on floor." The form is marked resolved dated _____ with education to the staff. <p>Review of the Resident Council Minutes dated _____ revealed a section titled Old Business, revealed "old business reviewed - accepted -" and no check mark in the box stating all items from previous meeting were resolved. Under the section New Business revealed a list of upcoming</p>	F 585	<p>emphasis on ensuring grievances from Resident Council are acknowledged, documented, and resolved.</p> <p>Newly hired management staff will be educated by the NHA or designee on ensuring grievances from Resident Council are acknowledged, documented, and resolved.</p> <p>On _____, Resident Council meeting will increase in frequency from biweekly to weekly to ensure grievances from Resident Council are acknowledged, documented, and resolved.</p> <p>(4) How the corrective action(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put in place.</p> <p>Administrator/Designee to conduct audits weekly for 4 weeks, biweekly for 4 weeks, then monthly for 1 month to ensure the Resident Council forms are completed with accuracy and grievances from Resident Council are acknowledged, documented, and resolved.</p> <p>The findings of these quality monitoring reports are to be reported to the Quality Assurance/Performance Improvement Committee monthly until the committee determines substantial compliance has been met.</p>	

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F 585	<p>Continued From page 5</p> <p>activities, and "response times of call lights grievance wrote".</p> <p>Review of the Resident Council Minutes dated revealed a section titled Old Business, revealed "old business reviewed" and no check mark in the box stating all items from previous meeting were resolved. Under the section New Business revealed a list of upcoming activities, and no concerns/issues were noted.</p> <p>Review of the Grievance Log dated revealed two entries titled Resident Council dated for</p> <p>1. Grievance Form dated from Resident Council revealed complaint/grievance: "call light response times, staff not responding to call lights in a timely manner" on & shifts. The form is marked resolved dated , with education to the staff.</p> <p>2. Grievance Form dated from Resident Council revealed complaint/grievance: "staff wearing pods in resident areas" on all shifts. The form is marked resolved dated , with education to the staff.</p> <p>Review of the Resident Council Minutes dated revealed a section titled Old Business, revealed "We discussed call light response times. Also talked about things in facility getting fixed in all departments so that residents have what they need at all times" and a check mark in the box stating all items from previous meeting were resolved. Under the section New Business revealed "not answering call lights/turning off call lights without doing what residents need. Morning shift not working right away, items not repaired in facility. Residents not happy about their laundry not being returned/lost. Wheelchairs</p>	F 585			

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F 585	<p>Continued From page 6</p> <p>not being able to go over door that leads to gazebo."</p> <p>Review of the Resident Council Minutes dated revealed a section titled Old Business, revealed "clothes not getting returned, call lights not getting answered at timely manner. Not getting meals at feeding" and a check mark in the box stating all items from previous meeting were resolved. Under the section New Business revealed "cannot get food when they want, does not get offered after snacks. Can't get food that we needs to fit our diet."</p> <p>Review of the Grievance Log dated revealed one entry titled Resident Council dated for revealing : 1. Grievance Form dated from Resident Council revealed complaint/grievance: "not getting offered snacks". The form is marked resolved dated , with education to the staff. No mention of call lights.</p> <p>Review of the Resident Council Minutes dated revealed a section titled Old Business, revealed "cannot get food when they want, does not get offered afternoon snacks. Can't get food that we needs to fit our diet. Food is not always good. Staff taking too long to respond to call lights" and a check mark in the box stating all items from previous meeting were resolved. Under the section New Business revealed "coffee , never get what is on the food ticket, nobody gets given snacks! Not knocking on door/not introducing themselves. I don't know who CNA [Certified Nursing Assistant] is/are on weekends ..."</p> <p>Review of the Resident Council Minutes dated revealed a section titled Old Business,</p>	F 585			

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F 585	<p>Continued From page 7</p> <p>revealed "cannot get food when they want, does not get offered afternoon snacks. Can't get food that we needs to fit our diet. Staff taking too long to respond to call lights" and a check mark in the box stating all items from previous meeting were resolved. Under the section New Business revealed "Not enough CNAs during the night shift. Not getting changed throughout the night time. Staff needs more teamwork! (Getting to luncheon for new hires) Needs longer with reach showers are too nobody wants to shower. (Trees)(Roaches) getting washers and dryers fixed ASAP. List of snacks. Smokers don't need to smoke in outside area."</p> <p>Review of the Grievance Log dated revealed two entries titled Resident Council dated for</p> <ol style="list-style-type: none"> 1. Grievance Form dated from Resident Council revealed complaint/grievance: "residents not getting changed timely on overnight shift". The form is marked resolved dated , with education to the staff. 2. Grievance Form dated from Resident Council revealed complaint/grievance: "laundry is taking too long to come to the residents". The form is marked resolved dated 3. Grievance Form dated from Resident Council revealed complaint/grievance: "not getting changed throughout the night." The form is marked resolved dated <p>Review of the Resident Council Minutes dated revealed a section titled Old Business, revealed "Not enough CNAs during the night shift. Needs longer shower heads in shower. It is always in shower room. not getting offered snacks. Roaches in rooms/bathrooms. Getting washers and dryers worked on" and a check</p>	F 585		

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F 585	<p>Continued From page 8</p> <p>mark in the box stating all items from previous meeting were resolved. Under the section New Business revealed "Still not getting offered snacks ... CNAs are acting lazy ... not taking time to properly clean residents. ... CNAs on phones or at nurse station talking and laughing not checking on residents."</p> <p>Review of the Grievance Log dated , revealed five entries titled Resident Council dated for .</p> <p>1. Grievance Form dated from Resident Council revealed complaint/grievance: "CNAs on phones or at nurse station talking loud". The form is marked resolved dated , with education to the staff.</p> <p>2. Grievance Form dated from Resident Council revealed complaint/grievance: "not making up beds right away after striping them". The form is marked resolved dated , with education to the staff.</p> <p>3. Grievance Form dated from Resident Council revealed complaint/grievance: "Still not getting offered snacks". The form is marked resolved dated , with education to the staff.</p> <p>During an interview on at 10:56 AM with a resident who participates in resident council stated the council has not had resolution on the call light response time especially on the evening and weekend shifts.</p> <p>During an interview on at 11:51 AM with the Activities Director (AD). The AD stated being responsible for planning and overseeing the recreational needs of the building. Part of the duties include assisting resident council if requested and is usually requested to take the</p>	F 585			

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F 585	<p>Continued From page 9</p> <p>minutes. The AD explained the resident council form includes attendees, old business and new business. Explaining the check boxes on the form are for the activity staff to ensure they review the items from prior meeting, not necessarily the item was resolved completely. The residents do have concerns that are continuing, especially call lights.</p> <p>During an interview on _____ at 2:56 PM with the Social Service Director SSD and the NHA. The SSD explained the grievance process. Anyone can complete a grievance for a resident, the concern/grievance form is turned into the SSD. The SSD logs the grievance and takes the grievance to the management meeting, that is held every morning for review. The grievance is given to the respective department for follow-up. The department manager completes the follow up and turns the completed grievance form into the SSD for completion. The NHA stated the facility had noted an increase in grievances and put a performance improvement plan in place on _____.</p> <p>Review of the audit and plan revealed a plan for audits on day shift. The plan did not include any audits for evening, night and weekend shifts confirming concerns related to unresolved resident grievances.</p> <p>Review of the facility's policies and procedures titled Standards and Guidelines: Grievances - Resident Rights, with a revision date of revealed Guideline: The Administrator and staff will make prompt efforts to resolve grievances to the satisfaction of the resident and/or representative. Procedure: ... 10. The Grievance Officer, Administrator and Staff will take immediate action to prevent further potential violations of resident rights while the alleged</p>	F 585			

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F 585	Continued From page 10 violation is being investigated. 11. The Administrator will review the findings with the Grievance Officer to determine what corrective actions, if any, need to be taken.	F 585			
F 773 SS=D	Lab Svcs Physician Order/Notify of Results CFR(s): 483.50(a)(2)(i)(ii) §483.50(a)(2) The facility must- (i) Provide or obtain laboratory services only when ordered by a physician; physician assistant; nurse practitioner or clinical nurse in accordance with State law, including scope of practice laws. (ii) Promptly notify the ordering physician, physician assistant, nurse practitioner, or clinical nurse of laboratory results that outside of clinical reference ranges in accordance with facility policies and procedures for notification of a practitioner or per the ordering physician's orders. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to obtain physician ordered cultures in a timely manner for two (#1 and #4) of three sampled residents. Findings included: 1. Review of Resident #1's admission record revealed an admission date of for short term rehabilitation with diagnoses to include myoneural, acute failure with hypercapnia, and other co- Review of Resident #1's medical nurse	F 773	Preparation and/or execution of this plan does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the statement of deficiencies. This plan of correction is prepared and/or executed solely because it is required. (1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Resident #1 was discharged on		

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F 773	<p>Continued From page 11</p> <p>practitioner progress note dated revealed: Resident #1 has been having increased episodes of _____, with recommendations to obtain a _____ sample.</p> <p>Review of Resident #1's order summary report revealed a physician order dated _____ and _____ obtain _____ sample.</p> <p>Review of Resident #1's nursing note dated _____ revealed collected _____ sample for lab.</p> <p>Review of Resident #1's order summary report revealed a physician order dated _____ obtain _____ (UA) for _____ during _____. The laboratory results for the UA revealed the lab received the UA on _____ at 10:26 a.m. and reported on _____ at 2:25 p.m. The lab results revealed: cloudy appearance, _____ level 250, protein 15-30, _____ positive, _____ 500; the microscopic UA revealed _____ (_____) TNTC (Too Many To Count), _____ 26-50, _____ 1+ (few), _____ cells _____ few.</p> <p>Review of Resident #1's nurses progress notes dated _____ at 7:29 p.m. revealed notification to provider of UA results and provider wants to wait on the _____, prior to ordering a treatment.</p> <p>Review of Resident #1's rehabilitation nurse practitioner progress note dated _____ revealed the resident was having _____ and _____ cramping earlier.</p> <p>Review of Resident #1's order summary report revealed an order for UA C/S (culture/sensitivity) for _____ (painful and uncomfortable) dated _____ and _____. The laboratory results for</p>	F 773	<p>Resident #4 was discharged on _____.</p> <p>On _____, Regional Nurse Consultant re-educated the Director of Nursing on the components of F773 with an emphasis on ensuring physician-ordered cultures are obtained in a timely manner.</p> <p>(2) How you will identify other residents having potential to be affected by the same practice and what corrective actions will be taken;</p> <p>On _____, DON/Designee completed a quality review of current residents on ensuring physician-ordered cultures are obtained in a timely manner.</p> <p>(3) What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur;</p> <p>By _____, DON/Designee provided education to the licensed nurses on the components of F773 with an emphasis on ensuring physician-ordered cultures are obtained in a timely manner.</p> <p>Newly hired licensed nurses will be educated by Director of Nurses/Designee on ensuring physician-ordered cultures are obtained in a timely manner.</p> <p>(4) How the corrective action(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put in place:</p>		

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F 773	<p>Continued From page 12</p> <p>the UA revealed the lab received the UA on at 9:00 and reported at 12:19.</p> <p>Review of Resident #1's rehabilitation nurse practitioner progress note dated at 7:46 p.m. revealed: Resident concern is wanting to get the results of her sample and sample. The resident was told the results were in but has not been informed. Medical NP (nurse practitioner) was notified and asked to order medication to treat her (, ,).</p> <p>Review of Resident #1's order summary revealed an order for tablet 500 MG for for 7 days dated .</p> <p>Review of Resident #1's medical nurse practitioner progress noted note dated revealed no results available in chart, will have staff contact lab. Recent UA done without culture, therefore repeat UA with culture was ordered and awaiting the culture report.</p> <p>Review of Resident #1's record on revealed there was no record of sample results for Resident #1.</p> <p>2. Review of Resident #4's admission record revealed an admission date of for short term rehabilitation with the diagnoses including: lymphedema, (severe) , disc , and other co-</p> <p>Review of Resident #4's rehabilitation nurse practitioner progress note dated revealed: Resident is unable to turn herself. Resident reports upon the slightest touch or turn. Resident is obese and definitely</p>	F 773	<p>The Director of Nursing/Designee to conduct audits of 5 residents 2x a week for 4 weeks, then 1x a week for 4 weeks and then monthly for 1 month to ensure physician-ordered cultures are obtained in a timely manner.</p> <p>The findings of these quality monitoring's to be reported to the Quality Assurance/Performance Improvement Committee monthly until committee determines substantial compliance has been met.</p>	

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F 773	<p>Continued From page 13</p> <p>needs to improve her . . . progress. "I noted a large hematoma to her R (right) . . . and I ordered an US (. . .) for that" . . .Resident had . . . OOB (out of bed) when being turned for cleaning the previous day.</p> <p>Review of Resident #4's order summary report did not reveal an order for an . . .</p> <p>During an interview on . . . at 12:22 p.m. with the rehabilitation nurse practitioner. The rehabilitation nurse practitioner stated if documentation in the note reveals an . . . was ordered, then the order needed to be completed.</p> <p>During an interview on . . . at 9:14 a.m. the Director of Nursing (DON) confirmed Resident #1's record did not contain information regarding the . . . sample results, nor notification to the physician. The DON stated not knowing what happened with the UA. The DON stated the expectation would be for the orders to be followed, and the physician to be notified of results when they were received from the laboratory.</p> <p>Review of the facility's policy and procedures revised . . . titled Standards and Guidelines showed - Change in Resident Condition or Status - Resident Rights - Standard: Facility shall notify the resident, his or her Attending Physician, and representative of changes in the resident's medical/mental condition and/or status (e.g., changes in level of care, billing/payments, resident rights, etc.). Guideline: To ensure the facility provides timely notification in accordance with State and Federal Regulations as it pertains to residents' rights. Procedure: 1. The nurse will</p>	F 773			

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F 773	Continued From page 14 notify the resident's Attending Physician or physician on call when there has been a(an): a. accident or incident involving the resident. b. discovery of injuries of an unknown source. c. adverse reaction to medication. d. significant change in the resident's physical/emotional/mental condition. e. need to alter the resident's medical treatment significantly. f. refusal of treatments or medications of 3 or more consecutive times g. need to transfer the resident to a hospital/treatment center. h. discharge without proper medical authority; and/or i. specific instruction to notify the Physician of changes in the resident's condition. 2. A "significant change" of condition is a major decline or improvement in the resident's status that: a. Will not normally resolve itself without intervention by staff or by implementing standard -related clinical interventions (is not "self-limiting"). b. Impacts more than one area of the resident's health status. c. Requires interdisciplinary review and/or revision to the care plan; and d. Ultimately is based on the judgment of the clinical staff and the guidelines outlined in the Resident Assessment Instrument. 3. Unless otherwise instructed by the resident, a nurse will notify the resident's representative when: a. The resident is involved in any accident or incident that results in an injury including injuries of an unknown source. b. There is a significant change in the resident's physical, mental, or _____ status.	F 773			

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F 773	Continued From page 15 c. There is a need to change the resident's room assignment. d. A decision has been made to discharge the resident from the facility; and/or e. It is necessary to transfer the resident to a hospital/treatment center. 4. Regardless of the resident's current mental or physical condition, a nurse or healthcare provider will inform the resident of any changes in his/her medical care or nursing treatments. 5. The nurse will record in the resident's medical record information relative to changes in the resident's medical/mental condition or status.	F 773			

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N 000	INITIAL COMMENTS A complaint survey for complaint numbers 2024016784, 2025001668, 2025001990, 2025002189, 2025002325, 2025004207, 2025004808 and 2025004505 was conducted on and at Highlands Lake Center. Deficiencies were identified at the time of survey. Complaint number 2024016784 had a deficiency cited at N0042 and N0201 Complaint number 2025001668 had a deficiency cited at N0042 Complaint number 2025004207 had a deficiency cited at N0042	N 000			
N 042 SS=E	400.1183 FS Resident Grievances and Complaints (1) Every nursing home must have a grievance procedure available to its residents and their families. The grievance procedure must include: (a) An explanation of how to pursue redress of a grievance. (b) The names, job titles, and telephone numbers of the employees responsible for implementing the facility's grievance procedure. The list must include the address and the toll-free telephone numbers of the ombudsman and the agency. (c) A simple description of the process through which a resident may, at any time, contact the toll-free telephone hotline of the ombudsman or the agency to report the unresolved grievance. (d) A procedure for providing assistance to residents who cannot prepare a written grievance without help. (2) Each nursing home facility shall maintain records of all grievances and a report, subject to agency inspection, of the total number of grievances handled, a categorization of the cases	N 042			

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

Electronically Signed

/25

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N 042	<p>Continued From page 1</p> <p>underlying the grievances, and the final disposition of the grievances. (3) Each facility must respond to the grievance within a reasonable time after its submission. (4) The agency may investigate any grievance at any time.</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and interviews the facility failed to implement an effective grievance program related to ensuring voiced concerns are acknowledged, documented, and resolved for the attending resident council members during six months (. . . and . . .) of six months reviewed.</p> <p>Findings included:</p> <p>Review of Grievance Logs for a six-month period from . . . to . . . revealed each month there were on-going call light concerns.</p> <p>Review of the Grievance Log for revealed a grievance for Resident #1 dated . . . for Activities of Daily Living (ADL) care not provided, medications left at the bedside, and . . . meds not provided in a timely manner. Follow up to grievance revealed: . . . medication scheduled for as needed (prn), staff educated on ensuring that the residents receive their medications in a timely manner and as needed, and staff educated on providing ADL care in a timely manner, date resolved . . . Staff education in-service roster for medications should be administered timely dated . . .</p> <p>Review of the Grievance Log for . . . revealed a grievance for Resident #1 dated . . .</p>	N 042	<p>Preparation and/or execution of this plan does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the statement of deficiencies. This plan of correction is prepared and/or executed solely because it is required.</p> <p>(1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>Resident #1 was discharged on . . .</p> <p>On . . . , the NHA/Designee provided immediately re-educated to the Activity Director on the components of N042 with an emphasis on ensuring the Resident Council forms are completed with accuracy and grievances from Resident Council are acknowledged, documented, and resolved.</p> <p>(2) How you will identify other residents having potential to be affected by the same practice and what corrective actions will be taken.</p> <p>On . . . , NHA/Designee completed a quality review on grievances from . . .</p>		

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N 042	<p>Continued From page 2</p> <p>for call light response time for care needed. Follow up to grievance revealed: unable to clarify response date due to system being down for repairs and staff educated. Date resolved</p> <p>Review of the Resident Council Minutes dated revealed a section titled Old Business no issues/concerns were listed and a check mark in the box stating all items from previous meeting were resolved. Under the section New Business revealed a list of upcoming activities, no mention of issues/concerns.</p> <p>Review of the Grievance Log dated revealed six entries titled Resident Council all dated with the following concerns:</p> <ol style="list-style-type: none"> Grievance Form dated from Resident Council revealed complaint/grievance: "staff loud in hallways" on & . The form is marked resolved dated , with education to the staff. Grievance Form dated from Resident Council revealed complaint/grievance: "customer service in dining room". The form is marked resolved dated , with education to the staff. Grievance Form dated from Resident Council revealed complaint/grievance: "use of phone in residents' room". The form is marked resolved dated , with education to the staff. Grievance Form dated from Resident Council revealed complaint/grievance: "takes a long time for clean clothes personable to be returned (weeks)." The form is marked resolved dated , with education to the staff. Grievance Form dated from Resident Council revealed complaint/grievance: "staff dragging soiled linen bags on floor." The form is 	N 042	<p>Resident Council for the past six months (- ,) to ensure voiced concerns were acknowledged, documented, and resolved.</p> <p>(3) What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur.</p> <p>On , Vice President of Operations re-educated the management staff on the components of N042 with an emphasis on ensuring grievances from Resident Council are acknowledged, documented, and resolved.</p> <p>Newly hired management staff will be educated by the NHA or designee on ensuring grievances from Resident Council are acknowledged, documented, and resolved.</p> <p>On , Resident Council meeting will increase in frequency from biweekly to weekly to ensure grievances from Resident Council are acknowledged, documented, and resolved.</p> <p>(4) How the corrective action(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put in place.</p> <p>Administrator/Designee to conduct audits weekly for 4 weeks, biweekly for 4 weeks, then monthly for 1 month to ensure the Resident Council forms are completed with accuracy and grievances from Resident Council are acknowledged, documented, and resolved.</p>		

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N 042	<p>Continued From page 3</p> <p>marked resolved dated _____ with education to the staff.</p> <p>Review of the Resident Council Minutes dated _____ revealed a section titled Old Business, revealed "old business reviewed - accepted -" and no check mark in the box stating all items from previous meeting were resolved. Under the section New Business revealed a list of upcoming activities, and "response times of call lights grievance wrote".</p> <p>Review of the Resident Council Minutes dated _____ revealed a section titled Old Business, revealed "old business reviewed" and no check mark in the box stating all items from previous meeting were resolved. Under the section New Business revealed a list of upcoming activities, and no concerns/issues were noted.</p> <p>Review of the Grievance Log dated _____ revealed two entries titled Resident Council dated for _____</p> <p>1. Grievance Form dated _____ from Resident Council revealed complaint/grievance: "call light response times, staff not responding to call lights in a timely manner" on _____ & _____ shifts. The form is marked resolved dated _____, with education to the staff.</p> <p>2. Grievance Form dated _____ from Resident Council revealed complaint/grievance: "staff wearing _____ pods in resident areas" on all shifts. The form is marked resolved dated _____, with education to the staff.</p> <p>Review of the Resident Council Minutes dated _____ revealed a section titled Old Business, revealed "We discussed call light response times. Also talked about things in facility getting fixed in</p>	N 042	<p>The findings of these quality monitoring reports are to be reported to the Quality Assurance/Performance Improvement Committee monthly until the committee determines substantial compliance has been met.</p>	

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N 042	<p>Continued From page 4</p> <p>all departments so that residents have what they need at all times" and a check mark in the box stating all items from previous meeting were resolved. Under the section New Business revealed "not answering call lights/turning off call lights without doing what residents need. Morning shift not working right away, items not repaired in facility. Residents not happy about their laundry not being returned/lost. Wheelchairs not being able to go over door that leads to gazebo."</p> <p>Review of the Resident Council Minutes dated revealed a section titled Old Business, revealed "clothes not getting returned, call lights not getting answered at timely manner. Not getting meals at feeding" and a check mark in the box stating all items from previous meeting were resolved. Under the section New Business revealed "cannot get food when they want, does not get offered after snacks. Can't get food that we needs to fit our diet."</p> <p>Review of the Grievance Log dated revealed one entry titled Resident Council dated for revealing ; 1. Grievance Form dated from Resident Council revealed complaint/grievance: "not getting offered snacks". The form is marked resolved dated , with education to the staff. No mention of call lights.</p> <p>Review of the Resident Council Minutes dated revealed a section titled Old Business, revealed "cannot get food when they want, does not get offered afternoon snacks. Can't get food that we needs to fit our diet. Food is not always good. Staff taking too long to respond to call lights" and a check mark in the box stating all items from previous meeting were resolved. Under the section New Business revealed "coffee</p>	N 042		
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N 042	<p>Continued From page 5</p> <p>, never get what is on the food ticket, nobody gets given snacks! Not knocking on door/not introducing themselves. I don't know who CNA [Certified Nursing Assistant] is/are on weekends ..."</p> <p>Review of the Resident Council Minutes dated _____ revealed a section titled Old Business, revealed "cannot get food when they want, does not get offered afternoon snacks. Can't get food that we needs to fit our diet. Staff taking too long to respond to call lights" and a check mark in the box stating all items from previous meeting were resolved. Under the section New Business revealed "Not enough CNAs during the night shift. Not getting changed throughout the night time. Staff needs more teamwork! (Getting to luncheon for new hires) Needs longer with reach showers are too nobody wants to shower. (Trees)(Roaches) getting washers and dryers fixed ASAP. List of snacks. Smokers don't need to smoke in outside area."</p> <p>Review of the Grievance Log dated _____ revealed two entries titled Resident Council dated for _____</p> <p>1. Grievance Form dated _____ from Resident Council revealed complaint/grievance: "residents not getting changed timely on overnight shift". The form is marked resolved dated _____, with education to the staff.</p> <p>2. Grievance Form dated _____ from Resident Council revealed complaint/grievance: "laundry is taking too long to come to the residents". The form is marked resolved dated _____.</p> <p>3. Grievance Form dated _____ from Resident Council revealed complaint/grievance: "not getting changed throughout the night." The form is marked resolved dated _____.</p>	N 042		
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N 042	<p>Continued From page 6</p> <p>Review of the Resident Council Minutes dated revealed a section titled Old Business, revealed "Not enough CNAs during the night shift. Needs longer shower heads in shower. It is always in shower room. not getting offered snacks. Roaches in rooms/bathrooms. Getting washers and dryers worked on" and a check mark in the box stating all items from previous meeting were resolved. Under the section New Business revealed "Still not getting offered snacks ... CNAs are acting lazy ... not taking time to properly clean residents. ... CNAs on phones or at nurse station talking and laughing not checking on residents."</p> <p>Review of the Grievance Log dated revealed five entries titled Resident Council dated for</p> <ol style="list-style-type: none"> Grievance Form dated from Resident Council revealed complaint/grievance: "CNAs on phones or at nurse station talking loud". The form is marked resolved dated , with education to the staff. Grievance Form dated from Resident Council revealed complaint/grievance: "not making up beds right away after stripping them". The form is marked resolved dated , with education to the staff. Grievance Form dated from Resident Council revealed complaint/grievance: "Still not getting offered snacks". The form is marked resolved dated , with education to the staff. <p>During an interview on at 10:56 AM with a resident who participates in resident council stated the council has not had resolution on the call light response time especially on the evening and weekend shifts.</p>	N 042		
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NAME OF PROVIDER OR SUPPLIER HIGHLANDS LAKE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 4240 LAKELAND HIGHLANDS RD LAKELAND, FL 33813
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N 042	<p>Continued From page 7</p> <p>During an interview on _____ at 11:51 AM with the Activities Director (AD). The AD stated being responsible for planning and overseeing the recreational needs of the building. Part of the duties include assisting resident council if requested and is usually requested to take the minutes. The AD explained the resident council form includes attendees, old business and new business. Explaining the check boxes on the form are for the activity staff to ensure they review the items from prior meeting, not necessarily the item was resolved completely. The residents do have concerns that are continuing, especially call lights.</p> <p>During an interview on _____ at 2:56 PM with the Social Service Director SSD and the NHA. The SSD explained the grievance process. Anyone can complete a grievance for a resident, the concern/grievance form is turned into the SSD. The SSD logs the grievance and takes the grievance to the management meeting, that is held every morning for review. The grievance is given to the respective department for follow-up. The department manager completes the follow up and turns the completed grievance form into the SSD for completion. The NHA stated the facility had noted an increase in grievances and put a performance improvement plan in place on _____. Review of the audit and plan revealed a plan for audits on day shift. The plan did not include any audits for evening, night and weekend shifts confirming concerns related to unresolved resident grievances.</p> <p>Class III</p>	N 042		
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N 201 N 201 SS=D	Continued From page 8 400.022(1)(f), FS Right to Adequate and Appropriate Health Care (f) The right to receive adequate and appropriate health care and protective and support services, including social services; mental health services, if available; planned recreational activities; and therapeutic and rehabilitative services consistent with the resident care plan, with established and recognized practice standards within the community, and with rules as adopted by the agency. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to obtain physician ordered cultures in a timely manner for two (#1 and #4) of three sampled residents. Findings Included: Review of the facility's policy and procedures revised, titled Standards and Guidelines showed - Change in Resident Condition or Status - Resident Rights - Standard: Facility shall notify the resident, his or her Attending Physician, and representative of changes in the resident's medical/mental condition and/or status (e.g., changes in level of care, billing/payments, resident rights, etc.). Guideline: To ensure the facility provides timely notification in accordance with State and Federal Regulations as it pertains to residents' rights. Procedure: 1. The nurse will notify the resident's Attending Physician or physician on call when there has been a(an): a. accident or incident involving the resident. b. discovery of injuries of an unknown source. c. adverse reaction to medication. d. significant change in the resident's	N 201 N 201	Preparation and/or execution of this plan does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the statement of deficiencies. This plan of correction is prepared and/or executed solely because it is required. (1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Resident #1 was discharged on Resident #4 was discharged on On _____, Regional Nurse Consultant re-educated the Director of Nursing on the components of N201 with an emphasis on ensuring physician-ordered cultures are obtained in a timely manner. (2) How you will identify other residents		

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N 201	<p>Continued From page 9</p> <p>physical/emotional/mental condition.</p> <p>e. need to alter the resident's medical treatment significantly.</p> <p>f. refusal of treatments or medications of 3 or more consecutive times</p> <p>g. need to transfer the resident to a hospital/treatment center.</p> <p>h. discharge without proper medical authority; and/or</p> <p>i. specific instruction to notify the Physician of changes in the resident's condition.</p> <p>2. A "significant change" of condition is a major decline or improvement in the resident's status that:</p> <p>a. Will not normally resolve itself without intervention by staff or by implementing standard -related clinical interventions (is not "self-limiting").</p> <p>b. Impacts more than one area of the resident's health status.</p> <p>c. Requires interdisciplinary review and/or revision to the care plan; and</p> <p>d. Ultimately is based on the judgment of the clinical staff and the guidelines outlined in the Resident Assessment Instrument.</p> <p>3. Unless otherwise instructed by the resident, a nurse will notify the resident's representative when:</p> <p>a. The resident is involved in any accident or incident that results in an injury including injuries of an unknown source.</p> <p>b. There is a significant change in the resident's physical, mental, or _____ status.</p> <p>c. There is a need to change the resident's room assignment.</p> <p>d. A decision has been made to discharge the resident from the facility; and/or</p> <p>e. It is necessary to transfer the resident to a hospital/treatment center.</p> <p>4. Regardless of the resident's current mental or</p>	N 201	<p>having potential to be affected by the same practice and what corrective actions will be taken;</p> <p>On _____, DON/Designee completed a quality review of current residents on ensuring physician-ordered cultures are obtained in a timely manner.</p> <p>(3) What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur;</p> <p>By _____, DON/Designee provided education to the licensed nurses on the components of N201 with an emphasis on ensuring physician-ordered cultures are obtained in a timely manner.</p> <p>Newly hired licensed nurses will be educated by Director of Nurses/Designee on ensuring physician-ordered cultures are obtained in a timely manner.</p> <p>(4) How the corrective action(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put in place:</p> <p>The Director of Nursing/Designee to conduct audits of 5 residents 2x a week for 4 weeks, then 1x a week for 4 weeks and then monthly for 1 month to ensure physician-ordered cultures are obtained in a timely manner.</p> <p>The findings of these quality monitoring's to be reported to the Quality Assurance/Performance Improvement Committee monthly until committee</p>	
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N 201	<p>Continued From page 10</p> <p>physical condition, a nurse or healthcare provider will inform the resident of any changes in his/her medical care or nursing treatments.</p> <p>5. The nurse will record in the resident's medical record information relative to changes in the resident's medical/mental condition or status.</p> <p>1. Review of Resident #1's admission record revealed an admission date of _____ for short term rehabilitation with diagnoses to include myoneural _____, acute _____, failure with hypercapnia, _____, and other co- _____.</p> <p>Review of Resident #1's medical nurse practitioner progress note dated _____ revealed: Resident #1 has been having increased episodes of _____, with recommendations to obtain a _____ sample.</p> <p>Review of Resident #1's order summary report revealed a physician order dated _____ and _____ - obtain _____ sample.</p> <p>Review of Resident #1's nursing note dated _____ revealed collected _____ sample for lab.</p> <p>Review of Resident #1's order summary report revealed a physician order dated _____ obtain _____ (UA) for _____ during _____. The laboratory results for the UA revealed the lab received the UA on _____ at 10:26 a.m. and reported on _____ at 2:25 p.m. The lab results revealed: cloudy appearance, _____ level 250, protein 15-30, _____ positive, _____ 500; the microscopic UA revealed _____ (_____) TNTC (Too Many To Count), _____ 26-50, 1+ (few), _____ cells, _____ few.</p> <p>Review of Resident #1's nurses progress notes</p>	N 201	determines substantial compliance has been met.	
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N 201	<p>Continued From page 11</p> <p>dated at 7:29 p.m. revealed notification to provider of UA results and provider wants to wait on the , prior to ordering a treatment.</p> <p>Review of Resident #1's rehabilitation nurse practitioner progress note dated revealed the resident was having and cramping earlier.</p> <p>Review of Resident #1's order summary report revealed an order for UA C/S (culture/sensitivity) for (painful and uncomfortable) dated and . The laboratory results for the UA revealed the lab received the UA on at 9:00 and reported at 12:19.</p> <p>Review of Resident #1's rehabilitation nurse practitioner progress note dated at 7:46 p.m. revealed: Resident concern is wanting to get the results of her sample and sample. The resident was told the results were in but has not been informed. Medical NP (nurse practitioner) was notified and asked to order medication to treat her ().</p> <p>Review of Resident #1's order summary revealed an order for tablet 500 MG for for 7 days dated .</p> <p>Review of Resident #1's medical nurse practitioner progress noted note dated revealed no results available in chart, will have staff contact lab. Recent UA done without culture, therefore repeat UA with culture was ordered and awaiting the culture report.</p> <p>Review of Resident #1's record on revealed there was no record of sample</p>	N 201		

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N 201	<p>Continued From page 12</p> <p>results for Resident #1.</p> <p>2. Review of Resident #4's admission record revealed an admission date of _____ for short term rehabilitation with the diagnoses including: lymphedema, _____ (severe) _____ disc _____, and other co- _____.</p> <p>Review of Resident #4's rehabilitation nurse practitioner progress note dated _____ revealed: Resident is unable to turn herself. Resident reports _____ upon the slightest touch or turn. Resident is _____ obese and definitely needs to improve her _____ progress. "I noted a large hematoma to her R (right) _____, and I ordered an US (_____) for that" ...Resident had _____ OOB (out of bed) when being turned for cleaning the previous day.</p> <p>Review of Resident #4's order summary report did not reveal an order for an _____.</p> <p>During an interview on _____ at 12:22 p.m. with the rehabilitation nurse practitioner. The rehabilitation nurse practitioner stated if documentation in the note reveals an _____ was ordered, then the order needed to be completed.</p> <p>During an interview on _____ at 9:14 a.m. the Director of Nursing (DON) confirmed Resident #1's record did not contain information regarding the _____ sample results, nor notification to the physician. The DON stated not knowing what happened with the UA. The DON stated the expectation would be for the orders to be followed, and the physician to be notified of results when they were received from the laboratory.</p>	N 201		

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N 201	Continued From page 13 Class III	N 201		