STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345353	A. BUILDING _____ B. WING _____	C 08/10/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGHLAND HOUSE REHABILITATION AND HEALTHCARE	1700 PAMALEE DRIVE FAYETTEVILLE, NC 28301

(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
E 000	Initial Comments An unannounced COVID-19 Focused Survey was conducted on 08/06/2020 through 08/10/20. The facility was found in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID#8EST11.	E 000		
F 000	INITIAL COMMENTS An unannounced COVID-19 Focused Infection Control Survey and complaint investigation was conducted on 08/06/2020 through 08/10/2020. The facility was found in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Event ID# 8EST11. 1 of the 1 complaint allegation was not substantiated.	F 000		
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);	F 580		9/6/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 08/28/2020

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 580	Continued From page 1 (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on record reviews, responsible party and staff interviews, the facility failed to notify the resident's responsible party of a resident's	F 580	The statements included are not an admission and do not constitute agreement with the allege deficiencies	

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F 580	Continued From page 2 treatment resulting from a significant change in condition (Residents #1) for 1 of 3 residents reviewed for notification. The findings included: Resident #1 was initially admitted to the facility on 2/4/2010 and last admitted 6/28/2020 after hospitalization. The significant change Minimum Data Set dated 7/5/2020 coded Resident #1 with severely impaired cognition. COVID-19 laboratory test collected on 5/22/20 with results reported on 5/23/20 revealed that Resident #1 was tested for suspected exposure and was negative for COVID-19. He was placed on droplet precautions per physician orders dated 5/23/20. COVID-19 laboratory test collected on 6/23/20 with results reported on 6/24/20 revealed that Resident #1 was tested for his progressive cough and was negative for COVID-19. He was replaced on droplet precautions per physician orders dated 6/24/20. COVID-19 laboratory test collected on 6/30/20 with results reported on 7/01/20 revealed that Resident #1 was tested for worsening cough and was negative for COVID-19. He remained on droplet precautions until 7/10/20 then restarted on 7/17/20. COVID-19 laboratory test collected on 7/21/20 with results reported on 7/23/20 revealed that Resident #1 tested for suspected exposure and was positive for COVID-19. Resident #1 had been discharged to the hospital on 7/23/20 prior to the facility receiving the results.	F 580	herein. The plan of correction is completed in the compliance of state and federal regulations as outlined. To remain in compliance with all federal and state regulations the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be completed by the dates indicated. How corrective action will be accomplished for each resident found to have been affected by the deficient practice – Director of nursing and/or unit coordinator will conduct chart audit for resident #1 to identify any potential changes in condition, report to RP, and document in the medical record accordingly. How corrective action will be accomplished for those residents having the potential to be affected by the same deficient practice – Director of nursing and/or unit coordinators will complete a random chart audit for at least 25% of current residents on each unit of potential changes in condition over the past 30 days. Changes in condition will be reported to the resident/RP as appropriate and documented in the medical record by the nursing unit coordinator or charge nurse.	

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F 580	Continued From page 3 Review of the correspondence from the Administrator dated 5/21/2020, 5/25/2020, 5/28/2020, 6/2/2020, 6/5/2020, 6/15/2020, 6/24/2020, 7/1/2020, 7/8/2020 and 7/15/2020 stated "we will contact you directly if your loved one experiences a significant change in condition or is suspected or diagnosed with COVID-19 results." The Nursing Progress Notes dated 5/1/20 to 7/20/20 did not include any documentation Resident #1's Responsible Party (RP) was notified of COVID-19 testing or COVID-19 results. Record review indicated Resident #1 named a family member as his RP. A review of Resident #1's care plan, last updated 7/25/20, indicated he was positive for COVID-19. Interventions included observe and report changes. In an interview with the Infection Control Nurse on 8/6/20 at 10:25 AM, she stated Resident #1 was placed on droplet precautions and monitored after he had a possible exposure on 5/22/20. The nurse explained he had been tested four times and became positive on the last testing. She stated he had been transferred to the hospital for other health reasons on 7/25/20 before the COVID-19 test was received. The nurse indicated the hospital was notified immediately once the facility received the positive results. She expressed she had not notified Resident #1's Responsible Party of any of his testing or results. She continued all suspected encounters are placed on droplet precautions and screened.	F 580	Measures to be put in place or systemic changes made to ensure practice will not re-occur - Licensed Nursing Staff will be in-serviced on change in condition and RP notification, including diagnostic testing. In-services will continue as nurses report for their next scheduled shift. Director of nursing and/or unit coordinators/MDS nurse will complete change in condition audit to include resident/RP notification daily Monday through Friday for 4 weeks. Changes in condition will be reviewed in morning clinical meeting Monday through Friday. How facility will monitor corrective action(s) to ensure deficient practice will not re-occur - The director of nursing and/or unit coordinators will complete change in condition audit to include resident/RP notification on each unit weekly for 4 weeks, then every other week for 4 weeks, then monthly for 2 months. Results will be reviewed and discussed in QAPI/QA monthly. The QAPI/QA committee will modify the plan of correction as needed to ensure continued compliance.	

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F 580	Continued From page 4	F 580		

On 8/6/20 at 3:14 PM an interview with the Unit Manager for Resident #1 was conducted. She explained she had not given any results to the Responsible Party for Resident #1's four COVID-19 tests. The Unit Manager expressed the Infection Control Nurse had all the testing data and further explained Resident #1 had been transferred out of the facility for other medical conditions and not for COVID-19. She confirmed he had been on Droplet Precautions and was monitored for symptoms since 5/22/20 from his suspected exposure until he went to the hospital on 7/25/20. The Unit Manager acknowledged Resident #1 never transferred to the facility's COVID-19 Unit.

A phone interview was conducted with Resident #1's RP on 8/7/20 at 12:28 PM. The RP reported the facility had routinely contacted her whenever Resident #1 had been hospitalized. She indicated that on 7/25/20 she had been informed of Resident #1's positive COVID-19 test results, after his 7/25/20 hospitalization. The RP indicated she had no knowledge of any of the tests being done prior to 7/25/20. She expressed no knowledge of him being on droplet precautions or having been exposed to someone that tested positive. The RP confirmed she received the facility's correspondence regarding COVID-19 in the facility as a general acknowledgement of what was happening in the facility and the letters explained she would be notified of a resident's COVID-19 status however, notification had not been sent regarding Resident #1 when he had been exposed to COVID-19 or had tested positive for COVID-19. The RP stated after the hospitalization she had spoken to someone at the facility and they mentioned he had tested positive.

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F 580	Continued From page 5 A phone interview was conducted with the Director of Nursing (DON) on 8/7/20 at 1:24 PM. She acknowledged the four tests were done; but did not provide any information regarding notification to the RP. The DON explained the Unit Manager or Staff Nurse would have notified the RP of the room change to the COVID-19 Unit. She expressed the nursing staff would document the notification of testing and results to the RP when testing was done as is done with all laboratory studies. On 8/10/20 at 4:08 PM, the Administrator was interviewed via phone. She stated she presumed Resident #1's RP knew he had been tested. The Administrator acknowledged the facility should have followed the regulations regarding notification for the significant change of resident's status for testing and reporting COVID-19 results.	F 580		