

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345353	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/14/2023
NAME OF PROVIDER OR SUPPLIER HIGHLAND HOUSE REHABILITATION AND HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 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	
F 000	INITIAL COMMENTS A complaint investigation was conducted from 06/13/2023 through 06/14/2023. Event ID#W1XJ11. The following intakes were investigated NC00201940, NC00202553, NC00203008, NC00203192, and NC00203441. 22 of the 22 complaint allegations did not result in deficiency.	F 000			
F 808 SS=D	Therapeutic Diet Prescribed by Physician CFR(s): 483.60(e)(1)(2) §483.60(e) Therapeutic Diets §483.60(e)(1) Therapeutic diets must be prescribed by the attending physician. §483.60(e)(2) The attending physician may delegate to a registered or licensed dietitian the task of prescribing a resident's diet, including a therapeutic diet, to the extent allowed by State law. This REQUIREMENT is not met as evidenced by: Based on observation, record review, resident and staff interview the facility failed to ensure double portions were provided as ordered by the physician for 1 of 1 resident reviewed for nutrition (Resident #1). The findings included: Resident #1 was readmitted to the facility on 04/15/2023 with diagnosis including diabetes and renal failure. The quarterly Minimum Data Set (MDS) dated 04/21/2023 identified Resident #1 as cognitively intact and was able to communicate needs. The resident was on a regular diet.	F 808	The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies. To remain in compliance with all federal and state regulations the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated. Facility failed to provide double portions for resident JM during lunch on 6/14/23. 1. Corrective action	6/30/23	

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

TITLE

(X6) DATE

Electronically Signed

06/30/2023

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 808	<p>Continued From page 1</p> <p>A review of the diet order dated 11/03/2022 revealed a regular order with double portions.</p> <p>A review of the dietary menu for the week of 06/11/2023 revealed Resident #1 was to receive a regular diet with double portions. The 06/14/2023, planned lunch menu listed 2 cups of cheese ravioli with marinara sauce, 2 cups of Caesar salad, 1 cup mandarin oranges, 1 dinner roll, sweet tea, and water.</p> <p>During an observation of the lunch meal on 06/14/2023 at 12:14 PM, revealed Resident #1 received 1 cup of cheese ravioli with marinara sauce, 2 cups of Caesar salad, 1 cup mandarin oranges, 1 dinner roll, sweet tea, and water.</p> <p>An interview with Resident #1 was conducted on 06/14/2023 at 12:15 PM. The resident stated he was not surprised that they gave him the wrong portions and had not noticed the portions were not doubled.</p> <p>An interview with the Dietary Manager (DM) was conducted on 06/14/2023 at 12:22 PM. The DM entered the resident's room and stated Resident #1 was supposed to receive double portions of his entrées and there was only one portion on the resident's plate. The double portion was missed due to an oversight in the kitchen, during the tray line and she will get him another portion right away.</p> <p>A telephone interview with the Registered Dietician (RD) was conducted on 06/14/2023 at 2:37 PM. The RD stated Resident #1 did have an order for double portions for entrees and expected the facility staff ensured he received the</p>	F 808	<p>Dietary manager made immediate corrective action by adding double portion.</p> <p>2. Corrective action for residents with the potential to be affected by the alleged deficient practice. All residents have the potential to be affected by the alleged deficient practice. On 6/14/23 the Administrator initiated staff in-service regarding accuracy of meals served. On 6/14/23 the dietary manager or designee initiated audit to include Tray preparation to ensure the completed meal tray matches orders on tray cards for the next 3 shifts to be completed by 6/15/23. Test Tray completed 6/19/2023; no concerns identified. Diet order audit completed 6/29/2023; all diet discrepancies corrected by compliance diet of 6/30.</p> <p>3. Systemic changes In-service education was provided to all full time, part time, and as needed staff by the Dietary Services Director on 6/14/23. Topics included: <ul style="list-style-type: none"> ↳ Tray Accuracy Education to include Double portion ↳ Diet Consistency and Accuracy Policies ↳ Meal Service Policies ↳ Meal Selection Program Process <p>This information has been integrated into the standard orientation training and in the required in-service refresher courses for all staff and will be reviewed by the Quality Assurance process to verify that the change has been sustained.</p> </p>		

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F 808	Continued From page 2 correct order. The RD also stated the resident did not have any weight loss since returning to the facility in April 2023 and was ordered double portions of entrees due to his request. An interview with the Director of Nursing was conducted on 06/14/2023 at 2:44 PM. The DON stated Resident #1 was supposed to receive double portions for his entrees and it was missed in the kitchen. The DON also stated the resident is very hands on with his care and the staff usually double checks his meal trays, but it was an oversight.	F 808	Traycard to be reviewed and modified on admissions, quarterly, and as needed by Dietary Service Director. Menus to be reviewed daily and modified per diet preferences as needed by Dietary Service Director. 4. Quality Assurance monitoring procedure. The Dietary Services Director will monitor accuracy of completed trays served to residents per Dietary Meal QA Audit weekly x 2 and then monthly x 3. Tray card will be audited monthly and test trays completed monthly per policy by the Dietary Service Director. The consultant dietitian will complete quarterly diet orders. Reports will be presented to the weekly Quality Assurance committee by the Dietary Service Director and/or Dietitian. Compliance will be monitored by the Ambassador Program daily and reviewed at the weekly Quality Assurance Meeting. The QA Meeting is attended by the Administrator, Director of Nursing, MDS Coordinator, Therapy, Health Information Manager, and the Dietary Services Director.		