STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365490	A. BUILDING _____ B. WING _____	06/11/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
HIGHLANDS POST-ACUTE	1578 SHERMAN AVENUE NORWOOD, OH 45212

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)
F 0689 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Some	**Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.** Based on observation, staff interview, review of facility policy and review of a Centers for Medicare & Medicaid Services (CMS) memorandum, the facility failed to ensure residents engaged in safe smoking practices. This had the potential to affect seven (#4, #5, #19, #26, #37, #40 and #49) out of seven residents observed smoking during the survey. The census was 51. Findings include: Observation of a smoke break on 06/08/20 at 11:10 A.M. with the Administrator revealed the following residents were smoking under supervision by Environmental Service Technician (EST) #100 and State tested Nursing Assistant (STNA) #200: Residents #4, #5, #19, #26, #37, #40, #49. Further observation revealed the residents were wearing paper surgical masks while they were smoking with the masks positioned just below each residents' mouth. Interview on 06/09/20 at 9:10 A.M. with the Administrator confirmed Residents #4, #5, #19, #26, #37, #40, #49 were smoking on 06/08/20 at 11:10 A.M. while wearing paper surgical masks positioned just below each residents' mouth. Further interview with the Administrator confirmed this practice could potentially be a fire hazard due to the possibility of sparks landing the resident masks, but he felt it would be an infection control risk for residents to remove their masks while smoking and also confirmed the facility did not have a policy to address wearing masks while smoking. Review of facility policy titled Smoking Policy-Employees dated May 2019 revealed the facility would ensure safe smoking practices for those who smoke. Review of CMS memorandum titled S&C: 12-04-NH: Smoking Safety in Long Term Care Facilities dated 11/10/11 revealed facilities were obligated to assess the safety of smoking areas and provision of emergency equipment in the designated smoking areas. This deficiency substantiates Complaint Number OH 161
F 0755 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, observation, staff interview and review of facility policy, the facility failed to ensure one resident's medication was properly discontinued after physician ordered the medication to be discontinued. The affected one (#30) of the four residents reviewed during medication administration. The facility census was 48. Findings include: Review of the medical record for the Resident #30, revealed the resident was admitted on [DATE]. [DIAGNOSES REDACTED]. Review of the most recent Minimum Data Set (MDS) assessment dated [DATE], revealed the resident was cognitively intact, required two-person physical assist and was dependent or required extensive assistance with activities of daily living. Review of plan of care for Resident #30 dated 08/10/20 revealed resident received a [MEDICAL CONDITION] medication and is at risk for side effects. Interventions included give medication as ordered. Further review of physician's orders [REDACTED].M. for depression. Review of June 2020 MAR indicated [REDACTED]. Review of July 2020 MAR indicated [REDACTED]. Review of August 2020 MAR indicated [REDACTED]. Further review of MAR for 08/24/20, revealed resident received a dose of [MEDICATION NAME] ([MEDICATION NAME]) 50 mg at 9:00 P.M. after LPN #30 verified it should have discontinued on 06/11/20. Review of nurse's progress notes for Resident #30 dated June, July or August 2020 revealed no documentation regarding any indication [MEDICATION NAME] ([MEDICATION NAME]) 50 mg was discontinued. Review of current physician orders [REDACTED].M. revealed the orders for [MEDICATION NAME] 50 mg were still active. Observation of Resident #30's paper chart at the nurse's desk with Licensed Practical Nurse (LPN) #30 on 08/24/20 at 11:50 A.M. revealed a monthly pharmacy note dated 06/10/20 which recommended a gradual dose reduction (GDR) for [MEDICATION NAME] since resident was also on Duloxetine ([MEDICATION NAME]) (for depression) and [MEDICATION NAME] ([MEDICATION NAME]) (for depression). The monthly pharmacy review note was reviewed by Physician #15 and [MEDICATION NAME] 50 mg was ordered to be discontinued on 06/11/20. Interview with LPN #30 on 08/24/20 at 11:51 A.M. stated Resident #30's ([MEDICATION NAME]) [MEDICATION NAME] 50 mg should have also been discontinued per physician orders [REDACTED].#30 verified there were active orders for [MEDICATION NAME] ([MEDICATION NAME]) 50 mg in the electronic health records and resident continued to receive [MEDICATION NAME] ([MEDICATION NAME]) after it was discontinued on 06/11/20. Interview with DON on 08/25/20 at 10:43 A.M. verified Resident #30's [MEDICATION NAME] ([MEDICATION NAME]) should have discontinued on 06/11/20. DON also verified Resident #30 received a dose of [MEDICATION NAME] ([MEDICATION NAME]) 50 mg on 08/24/20 at 9:00 P.M. despite it being verified by LPN #30 that medication should have discontinued per physician's orders [REDACTED]. Interview with DON on 08/26/20 at 3:40 P.M. verified the orders for Resident #30's [MEDICATION NAME] ([MEDICATION NAME]) 50 mg were still active in the electronic health record for Resident #30. Review of a facility policy titled Administering Medications dated 04/01/29 revealed medications will administered in a safe timely manner and as prescribed. Policy also indicated medications will be administered in accordance with prescriber orders, including any required time frame.
F 0760 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Ensure that residents are free from significant medication errors.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, observations, staff interviews, and facility policy review, the facility failed to ensure a resident's insulin was administered as physician order [REDACTED]. This affected one (#20) of the four residents observed for medication administration. Facility census was 48. Findings include: Review of the medical record for the Resident #20, revealed the resident was admitted on [DATE] with [DIAGNOSES REDACTED]. Review of the most current Minimum Data Set (MDS) assessment, revealed the resident was cognitively intact and required supervision with activities of daily living. Review of Resident #20's plan of care dated [DATE] indicated resident has [DIAGNOSES REDACTED]. Interventions included administer medications as ordered and monitor/document for side effects and effectiveness. Review of Resident #20's physician orders [REDACTED].M., 12:00 P.M. and 5:00 P.M. as a subcutaneous injection per sliding scale (,[DATE] = two units, ,[DATE] = four units, ,[DATE] = six units, ,[DATE] = eight units, and greater than 400 = 10 units and call physician). Review of MAR for Resident #20 dated [DATE], revealed the 8:00 A.M. and 12:00 P.M. doses of [MEDICATION NAME] was recorded with a five, which indicated hold/see nurses notes. Review of nurse's progress notes for Resident #20 dated [DATE] at 10:46 A.M. revealed residents [MEDICATION NAME]was unavailable and pharmacy was called to send a STAT order. Review of he nurses progress notes dated [DATE] at 3:06 P.M. indicated residents [MEDICATION NAME]was unavailable and pharmacy was going to make a STAT delivery of medication. Observation of morning medication administration pass with Licensed Practical Nurse (LPN) #30 on [DATE] from 10:43 A.M. through 11:20 A.M. revealed Resident #20's finger stick blood glucose (FSBG) was noted to be 353 mg/deciliter (dL) at 10:55 A.M. Observation revealed LPN #30 removed [MEDICATION NAME] from the cart and started to draw up [MEDICATION NAME](fast acting insulin) in a syringe. LPN #30 noted the Resident #20's [MEDICATION NAME] vial was recorded as being opened on [DATE] and expired on [DATE]. The [MEDICATION NAME] vial expired 28 days after opening. Observation

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

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 0760 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	(continued... from page 1) also revealed Resident #20 did not receive his 8:00 A.M. (breakfast) dose of [MEDICATION NAME] as ordered. Interview with LPN #30 on [DATE] at 11:21 A.M. stated she was late administering morning medications due to being an agency nurse and didn't arrive in facility until 8:45 A.M. LPN #30 stated Resident #20 should have received [MEDICATION NAME]per sliding scale (according to FSBG results) before his breakfast around 8:00 A.M. LPN #30 indicated the resident was scheduled to receive eight units of [MEDICATION NAME] according to the sliding scale but did not receive any [MEDICATION NAME] due to medication being outdated. LPN #30 contacted the Director of Nursing (DON) to search the central supply storage refrigerator but the DON reported she could not find any stock [MEDICATION NAME] for Resident #20. LPN #30 verified Resident #20 did not receive his scheduled eight units of [MEDICATION NAME] as ordered for FSBG of 353 mg/dL. Observation of the afternoon medication administration round with LPN #30 on [DATE] at 11:55 A.M. revealed Resident #20's FSBG was noted to be 353 mg/dL. Observation also revealed there was no [MEDICATION NAME] on hand for Resident #20 to receive for his FSBG reading. Interview with LPN #30 on [DATE] at 12:00 P.M. indicated resident was scheduled to receive six units of [MEDICATION NAME] according to the sliding scale with a FSBG of 353 mg/dL. LPN #30 verified she did not administer Resident #20's 12:00 P.M. [MEDICATION NAME] coverage due to not having any insulin on hand. LPN #30 stated she called the pharmacy and created a STAT (emergency) order and noted there was a four-hour delivery timeframe. Interview with Resident #20 on [DATE] at 2:44 P.M. stated his medications are often late but rarely misses doses. Interview with LPN #30 on [DATE] at 2:52 P.M. indicated she was entering Resident #20's room to recheck his blood sugar. Observation at same time indicated Resident #20's FSBG was noted to be 341 mg/dL. Observation also revealed resident denying any symptoms of [MEDICAL CONDITION] (elevated blood sugar). LPN #30 stated the pharmacy called and stated Resident's [MEDICATION NAME] was en route to facility. Review of a facility policy titled Administering Medications dated [DATE] revealed medications will administered in a safe timely manner and as prescribed. Policy also indicated medications will be administered in accordance with prescriber orders, including any required time frame.
F 0761 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interview and record and policy review, the facility failed to discard outdated insulin vials located in the south medication cart. This affected two (#20 and #45) out of four residents reviewed for medications. Facility census was 48. Findings include: Observation of medication administration pass with Licensed Practical Nurse (LPN) #30 on [DATE] from 10:06 A.M. through 11:55 A.M. revealed the south medication cart contained two outdated vials of insulin. Observation revealed a bottle of [MEDICATION NAME] Insulin ordered for Resident #20 was recorded to be opened on [DATE] and expired on [DATE]. The [MEDICATION NAME] vial indicated it expired 28 days after opening. Further observation revealed a bottle of [MEDICATION NAME] ordered for Resident #45 was recorded to be opened on [DATE] and expired on [DATE]. The [MEDICATION NAME] vial indicated it expired 28 days after opening. Interview with LPN #30 on [DATE] at 11:56 A.M. verified Resident #20's [MEDICATION NAME] was outdated and remained in the medication cart. LPN #30 also verified Resident #45's [MEDICATION NAME] was outdated and remained in the medication cart. LPN #30 stated the vials should have been discarded after 28 days of being opened. Review of a facility policy titled Storage of Medications [DATE] revealed the facility stores all drugs and biologicals in a safe, secure and orderly manner.
F 0880 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Some	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observation, staff interview, and review of facility policy, the facility failed to ensure social distancing was maintained between residents and to properly utilize face masks to prevent the spread of Coronavirus Disease 2019 (COVID 19). This had the potential to affect seven (#4, #5, #19, #26, #37, #40 and #49) out of seven residents observed in a supervised smoking break. The census was 51. Findings include: 1. Review of the record for Resident #4 revealed an admission date of [DATE] with a [DIAGNOSES REDACTED]. Review of the Minimum Data Set (MDS) for Resident #4 dated 05/06/20 revealed resident was cognitively impaired, was coded for the presence of physical behavioral symptoms affecting others and required extensive assistance with activities of daily living (ADLs). Review of the care plan for Resident #4 dated 06/06/18 revealed resident had a history of [REDACTED]. Interventions included the following: Intervene as needed to protect the rights & safety of others, approach in a calm manner, divert attention, remove from situation and take to another location as needed, supervise resident during group activities. Review of the care plan for Resident #4 dated 09/07/18 revealed resident was a supervised smoker due to facility guidelines. Interventions included the following: smoking materials to be kept in box in locked room, resident to not share smoking materials with others, orient and review smoking policies, supervise resident when smoking. Review of the smoking assessment for Resident #4 dated 04/23/20 revealed resident was permitted to smoke with staff supervision. Review of the record for Resident #5 revealed an admission date of [DATE] with a [DIAGNOSES REDACTED]. Review of the Minimum Data Set (MDS) for Resident #5 dated 04/03/20 revealed resident was cognitively intact and required limited assistance with activities of daily living. Review of the care plan for Resident #5 dated 04/23/20 revealed resident required supervision with smoking and COVID 19 precautions to be maintained during smoke breaks with a care plan goal of enjoying tobacco safely in accordance with guidelines. Interventions included the following: smoking materials to be kept in box in locked room, resident to not share smoking materials with others, orient and review smoking policies, smoking assessment quarterly. Review of smoking assessment for Resident #5 dated 04/23/20 revealed resident was permitted to smoke with staff supervision. Observation on 06/08/20 at 11:10 A.M. revealed the smoke break was in progress in the designated smoking area with Environmental Service Technician (EST) #100 and Scheduler/State tested Nursing Assistant (STNA) #200 providing supervision. Residents #4 and #5 were smoking and were seated next to one another approximately two feet apart and were using the same ashtray. Further observation revealed the Administrator separated Residents #4 and #5 and advised the residents to maintain social distancing (six feet or more) from one another to prevent the spread of COVID 19. Interview on 06/08/20 at 11:15 A.M. with EST #100 and at 11:16 A.M. with STNA #200 confirmed staff were aware Residents #4 and #5 were not appropriately distanced. Further interview confirmed it was difficult to get Resident #4 to maintain social distancing due to her behavioral problems. STNA #200 confirmed she had planned to talk to the Administrator about having a separate smoking time for Resident #4 because she wouldn't maintain an appropriate distance from the other residents. Interview on 06/08/20 at 11:20 A.M. with the Administrator confirmed all residents were to be supervised while smoking due to COVID 19 concerns and staff were expected to ensure residents maintained social distancing while smoking. 2. Observation of the smoke break in progress on 06/08/20 at 11:10 A.M. revealed EST #100 was not wearing a facemask and STNA #200 had her mask pulled down below her mouth while they supervised the smoke break. During the observation of the supervised smoking break there were seven (#4, #5, #19, #26, #37, #40 and #49) in the area being supervised. Interview on 06/08/20 at 11:15 A.M. with EST #100 confirmed he did not have his mask on during the smoke break and he didn't think he needed to wear a mask because he was outside. Interview on 06/08/20 at 11:16 A.M. with STNA #200 confirmed her mask was pulled down below her mouth during the supervised smoke break. STNA #200 confirmed her mask was pulled down because she was smoking a cigarette during the break; however, STNA #200 was not observed smoking during the supervised resident smoking break. Interview on 06/08/20 at 11:20 A.M. with the Administrator confirmed all staff were expected to wear masks in the facility and resident care areas. The Administrator stated staff are not permitted to smoking during supervised resident smoking break. Review of facility policy titled Smoking Policy-Employees dated May 2019 revealed the facility would ensure safe smoking practices for those who smoke. Review of facility policy titled Smoking Policy-Resident dated May 2017 revealed the facility would maintain safe resident smoking practices and would determine the residents' ability to smoke safely and the need for staff supervision would be noted on the care plan and all personnel caring for the resident would be alerted to those issues. Further review of the policy revealed during the COVID 19 outbreak social distancing was required to minimize risk of exposure when a resident was taking his/her smoke break and a minimum of six feet between any two residents and with no more than 10 residents on the smoke break at one time would be maintained. Review of facility policy titled COVID 19 Infection Prevention and Control Measures dated April 2020, revealed anyone entering the facility including staff was required to wear a facemask to address asymptomatic and pre-symptomatic transmission of COVID 19.