

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 08/10/2020
NAME OF PROVIDER OF SUPPLIER HIGHLAND HOUSE REHABILITATION AND HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP 1700 PAMALEE DRIVE FAYETTEVILLE, NC 28301	
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 0580 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on record reviews, responsible party and staff interviews, the facility failed to notify the resident's responsible party of a resident's 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 [DATE] and last admitted [DATE] after hospitalization. The significant change Minimum (MDS) data set [DATE] 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 [REDACTED]. #1 was tested for his progressive cough and was negative for COVID-19. He was replaced on droplet precautions per physician orders [REDACTED]. #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 [DATE] prior to the facility receiving the results. 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 [REDACTED]. #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. 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 [DATE]. 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. 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.</p>		
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.