STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675133	A. Building B. Wing	04/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Highland Pines Nursing Home	1100 N 4th St Longview, TX 75601

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 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Provide appropriate treatment and care according to orders, resident’s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31675 Based on interview and record review the facility failed to provide care in accordance with resident's comprehensive assessment and failed to ensure resident received treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the resident's choice for 1 of 8 residents reviewed for quality of care. (Resident #1) The facility did not monitor the condition of Resident #1's feet. Resident #1 developed gangrene (Gangrene is death of body tissue due to a lack of blood flow or a serious bacterial infection.) in his right great toe. Seven days later he was admitted to the hospital and had surgery to amputate all five toes on his right foot. An Immediate Jeopardy (IJ) was identified on at 2:40 p.m. on 04/14/2022. While the IJ was removed on 04/15/2022, the facility remained out of compliance at a scope of isolation and severity level of actual harm that is not immediate jeopardy, due to the facility's need to evaluate the effectiveness of the corrective plan. These failures could place residents at risk for failing to obtain their highest practicable physical and mental well-being and place them at risk for serious harm, hospitalization , or death. Findings included: Record review of consolidated physician orders dated 02/18/2022 indicated Resident #1 was a [AGE] year-old male, admitted [DATE] with diagnoses of Disease of Circulatory System, diabetes, end stage renal failure (stage 4 Kidney disease requiring dialysis), Resident #1 was to go to dialysis three times a week on Monday, Wednesday, and Friday, and Bacteremia (The presence of viable bacteria in the circulating blood). There was no diagnosis of gangrene at the time of admission. Record Review of a MDS dated [DATE] indicated Resident #1 had a BIMS score of 15 which showed he was mentally intact and alert to person, place, and time. Resident #1 required two-person extensive physical assistance for bed mobility, transfer, and toilet use. Resident #1 required limited one-person assistance with personal hygiene and limited two-person assistance with dressing. Resident #1 was always continent to bladder and always incontinent to bowel. Record Review of a comprehensive care plan for Resident #1, dated 03/01/2022 indicated nursing staff are to inspect feet daily for open areas, sores, pressure areas, blisters, edema (swelling), or redness. Resident #1 was to go to dialysis three times a week on Monday, Wednesday, and Friday. (continued on next page)

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

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F 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Record Review of a Routine Foot Care form completed by a Podiatrist and dated 03/28/2022 indicated resident was seen at the facility. Notation on the form showed Dry gangrene noted to right first toe. No infection. The form was not provided to the facility until 4/5/22 after request by the facility. (Podiatrist office alleged a broken fax machine.) Record Review of a skin assessment on admitted d 2/18/2022 showed skin to bottom and top of bilateral feet extremely dry and cracked. Prescription lotion scheduled Q-shift. Review of other weekly skin assessments dated 02/25/2022, 3/4/2022, 03/11/2022, 03/18/2022, 03/29/2022 and 04/01/2022 showed no skin impairments. Record Review of a progress note dated 04/03/2022 at 9:00 p.m. showed LVN B was called to Resident #1's room by Resident #1 to look at his feet. LVN B assessed Resident #1's right foot and documented all the toes on Resident #1's right foot was black with necrotic tissue. Necrotic (dead cells) tissue noted on the right lateral side of the foot and the whole circumference of the bottom of the right heal was black with necrotic tissue. Pictures were taken by LVN B and sent to Medical Director, nurse practitioner and assistant director of nursing (LVN A) were notifying of the change in condition. Resident #1 notified his sister on personal cell phone. Record Review of a progress note entered by LVN C dated 04/04/2022 at 8:05 a.m. showed nurse practitioner was in the facility making rounds. Nurse Practitioner ordered STAT (Immediate) doppler scan. (A scan to assess blood flow) Facility was unable to schedule scan as ordered, so Resident #1 was transported to the hospital via ambulance for evaluation and treatment. Record Review of hospital records dated 04/04/2022 showed Resident #1 chief complaint was gangrene right foot. Resident had gangrene from the tips of digits 1 through 5 proximally to the metatarsal phalangeal (toe) joints. Resident #1 also had necrosis spanning along the lateral aspect of the foot in the heel. Resident #1 told hospital staff the foot turned black about a week ago. Record Review of hospital records dated 04/06/2022 showed Resident #1 received a partial amputation of his right foot with wound vac placement. Resident #1 was a [AGE] year-old male who comes from a nursing home with gangrenous changes to the right foot. Doctors amputated all five toes down to the phalangeal (toe) joints on Resident #1's right foot. Records showed the area of the foot which was amputated was gangrenous and mummified. According to the hospital documentation the foot was partially covered by a black-tan skin with a large amount of necrosis and mumification. During an interview on 04/13/2022 at 9:45 a.m. LVN B said the last time she saw Resident #1 was 04/01/22 during her 6:00 a.m. to 6:00 p.m. shift. LVN B said she completed a skin assessment on Resident #1 on 04/01/2022, but she did not look at his feet. LVN B said she did not know Resident #1 had gangrene on his toe. LVN B said Resident #1 goes to dialysis at noon and returned about 5:45 p.m. LVN B said the darker a person's skin the harder it is to assess changes in condition. LVN B said Resident #1 did not like for her to turn the light or open to blinds on the windows. LVN B said Resident #1 had dark skin, which made it harder to see his skin. LVN B said she had not had any specialize training on assessing darker skin. (continued on next page)

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F 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	During an interview on 04/13/2022 at 9:45 a.m. the DON said LVN B did not follow facility protocol when completing the skin assessment for Resident #1. The DON said any changes in the color of skin should been documented on the weekly skin assessment and the doctor notified of the change in condition. The DON said a skin assessment should be head-to-toe and LVN B should have looked at all areas of Resident #1's body, which included both feet. During an Interview on 04/08/2022 at 11:55 a.m., Resident #1's family member said Resident #1 was brought to the facility on [DATE] for rehabilitation services. She said Resident #1 told her that the podiatrist had seen him a week before he went to the hospital and trimmed his toenails. She said when he was admitted to the facility, he was on the first floor. She said the facility moved him to the second floor and she did not think they were providing adequate care, because when he was sent to the hospital on 04/04/2022 he arrived dirty, and it was obvious he had not been bathed. She said Resident #1 will not be returning to the facility and she would find another facility that will provide better care. During an interview on 04/08/2022 at 12:50 p.m. the Social Worker said on 04/04/2022 Resident #1's family member complained about the facility not taking good care of Resident #1. The Social Worker said she discussed the complaint with the Administrator. The Social Worker said the family member said the facility was not giving Resident #1 showers as needed. During a telephone interview on 4/11/22 at 4:28 p.m. with the Medical Assistant for the Podiatrist for Resident #1. She said there was not treatment needed on 03/28/22 because there was no sign of injection. She said the gangrene was dry and no treatment was needed at the time. (Podiatrist unavailable) During a telephone interview on 04/13/2022 at 10:46 a.m. Resident #1 said he had been released from the hospital and now was in another facility and receiving good care. Resident #1 said he was not pleased with the care provided when at the facility and the quality of care was very poor. Resident #1 said he normally wore socks on his feet which were changed every other day when he went to dialysis. He said staff had to help him change his socks because he could not do it without help. Resident #1 said he did not notice his feet turning black until after the podiatrist saw him. Resident #1 said he told CNA B a couple days after the podiatrist left about his foot turning black. Resident #1 said CNA B said she would tell the nurse, but the nurse did not come. Resident #1 said a couple days later he told CNA B again about his foot turning black. Resident #1 said after he told the CNA B the second time the nurse came and looked at his foot. Resident #1 said the nurse told him the doctor would look at his foot the next day. Resident #1 said the next morning the doctor looked at his foot and he was sent to the hospital and all the toes and part of his right foot were amputated. Resident #1 said it hurts him physically and emotionally to lose his toes and is afraid losing part of his foot will hinder him from being able to walk again. During an interview on 04/14/2022 at 10:27 a.m. CNA B said she worked the morning shift and would help Resident #1 to get ready to go to dialysis. CNA B said Resident #1 insisted on keeping his socks on and did not say anything about his feet being sore. CNA B said on the day before Resident #1 went to the hospital, she saw his foot and it looked dead. CNA B said she reported it to LVN C. CNA B said, Since he (resident #1) was a diabetic, we are supposed to look for things like that. (continued on next page)

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F 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	During an interview on 04/14/2022 at 2:11 p.m. LVN C said on 04/03/2022 around the end of her shift at 6:00 p.m., CNA B asked her to look at Resident #1's feet. LVN C said she was not aware of any skin issues with Resident #1. LVN C said she was not familiar with Resident skin issues and asked LVN B to look at Resident #1's feet when she came to work at 6:00 p.m. LVN C said Resident #1 said he could not feel anything in his right foot. During an interview on 04/14/2022 at 9:44 a.m. LVN B said she was the charge nurse on 04/03/2022 during the evening shift. LVN B said when she arrived at work at 6:00 p.m., LVN C asked her to look at Resident #1 feet. LVN B said when she looked at Resident #1's feet, she noticed all the toes on his right foot were black in color and there was necrotic tissue from his pinky toe all the way down to his heel. LVN said she took pictures of Resident #1's feet and sent to the medical director, NP and LVN A. LVN B said Resident #1 always wore socks on his feet. LVN B said Resident #1 needed help to put on his socks. LVN B said CNAs did not report any change in the condition of Resident #1's feet to her. LVN B said the first time she noticed a change in the condition of Resident #1's foot was on 04/03/2022. During an interview on 04/14/2022 at 1:25 p.m. the nurse practitioner (NP) said he saw Resident #1 on 03/14/2022 and Resident #1 did not have any skin issues. The NP said the last time he saw Resident #1 was 04/04/2022. The NP said he was told the issue with Resident #1's foot started a day or two ago. The NP said the issue with Resident #1's feet could have progressed in one or two days, but the main thing was to receive a doppler and restore circulation to his leg. The NP said the doppler was needed ASAP to prevent amputation. During an interview on 04/14/2022 at 9:00 a.m. CNA A said she provided care to Resident #1. CNA A said she would give Resident #1 a bed bath, and get ready to go to dialysis on Monday, Wednesday, and Friday. CNA A said she rubbed lotion on his feet, and he told her the bottom of his feet were tender. CNA A said one of Resident #1's feet were darker than the other. CNA A said she reported Resident #1's complaint of a tender feet to LVN A. CNA A said all the CNAs and nurses knew about Resident #1's feet. Record review of a wound care management policy dated 06/2020 showed .A resident who has a wound will receive necessary treatment and services to promote healing, prevent infection and prevent new pressure injuries from developing. Definitions: Arterial Ulcer-an ulceration that occurs as the result of arterial occlusive disease when no pressure related disruption or blockage of the arterial blood flow to an area causes tissue necrosis .usually occurs in the distal portion of the lower extremity and may be over the ankle or boney areas of the foot. A licensed nurse will perform a skin assessment upon admission, readmission, weekly and as needed for each resident.D. Licensed nurse will document effectiveness of current treatment in the resident's medical record on a weekly basis .E. Document notifications following a change in the resident's skin condition. F. Update the resident's care plan as necessary. The Administrator was notified on 4/14/2022 at 2:40 p.m. that an Immediate Jeopardy situation was identified due to the above failures. The Administrator was provided the Immediate Jeopardy template on 4/14/2022 at 2:40 p.m. The facility's Plan of Removal was accepted on 4/15/2022 at 10:10 a.m. and included: (continued on next page)

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F 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Quality of Care. The facility failed to provide care and services for a resident which led to amputation. Identify residents who could be affected. All Residents have the potential to be affected. Identify responsible staff/what action taken. *Regional Nurse Consultant and Director of Nursing initiated in-service for all licensed nurses (Registered Nurses and Licensed Vocational Nurses) on following: i. Policy and procedure regarding skin assessment: Skill assessment to be completed on admission, re-admission, weekly and as needed. ii. Following resident care plan for residents with skin impairment or risk for skin impairment. iii. Education on how to assess dark pigmented and complicated skin. iv. Education/notes immediately after assessment/visits. * Skin assessments completed on 04/13/2022 for 104 residents with no adverse effects or issues noted. * Skin assessments completed including a head-to-toe assessment with emphasis on residents with dark pigmented and complicated skin. * CNA's will be in-serviced on identification of skin issues while providing ADL care including peri care and bathing. Negative findings will be documented on the Stop and Watch form and/or shower sheets and reported to charge nurse. Charge nurse will report findings to Director of Nursing. * The administrator communicated/educated the podiatrist on 04/13/2022 to ensure that after every resident visit/assessment, findings from the visit is communicated to the staff immediately. In-Service conducted Regional Nurse Consultant and Director of Nursing initiated in-service on: I. Policy and procedure regarding skin assessment: Skin assessment to be completed on admission, readmission, weekly and as needed. II. Following resident's care plan. III. Education on how to assess dark pigmented and complicated skin. IV. Education/training with nursing staff and podiatrist to obtain podiatry assessment/notes immediately after assessment/visits. * Resident skin assessment will be completed upon admission, readmission and as needed thereafter, Skin assessments will consist of head-to-toe assessment that will check for normal or any skin impairment. * Competing weekly skin assessments as designated on all residents and ensuring that residents with dark pigmented and complicated skin are provided necessary care and services to precent skin injury. Findings of weekly skin assessments will be documented in PCC. (continued on next page)

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F 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	* Expected completion date will be 04/15/2022. * Staff who have not been trained on I. Policy and procedure regarding skin assessment: Skin assessment to be completed on admission, readmission, weekly and as needed. II. Following resident's care plan. III. Education on how to assess dark pigmented and complicated skin. IV. Education/training with nursing staff and podiatrist to obtain podiatry assessment/notes immediately after assessment/visits will not be allowed to work until they have undergone training. The staff that will be trained are the Licensed nursing staff: Licensed vocational nurse, Registered nurses, and certified nursing assistants. A comprehensive list of all the licensed nurses and certified nursing assistants that work in the facility will be used to ensure that they are trained. Implementation of Changes Director of Nursing will round weekly with charge nurse and/or treatment nurse and review wound care physician progress notes/Podiatry notes to verify any new recommendations. Upon identification of a new or worsening wound, physician will be notified to promptly obtain an appropriate treatment. Resident representative will be notified. Rehabilitation will be consulted for pressure related devices. Resident care plan will be updated based on dietary, rehabilitation and physician recommendations and updated as needed. Nursing will initiate treatment per physician orders, implement nutritional and pressure relieving recommendations. Monitoring * Director of Nursing, Assistant Director of Nursing, and charge nurse and/or treatment nurse will review and verify skin assessments for all new admissions, readmissions, and new findings from weekly skin sweeps. * Regional Nurse Consultant will review weekly pressure injuries and non-pressure injury report and round one time monthly with Director of Nursing and charge nurse and/or treatment nurse. * Any negative outcomes will be reported to QAPI committee. Involvement of Medical Director The Medical Director as notified about the immediate jeopardy on 04/14/2022. Involvement of QA An ad hoc QAPI meeting will be held with the Medical Director, facility administrator, director of nursing, and social services director to review plan of removal on 04/14/2022. Who is responsible for implementation of Process? The Director of Nursing will be responsible for implementation of new process. The process/system will be started on 04/14/2022. (continued on next page)

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F 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Please accept this letter as our plan of removal for the determination of revised immediate jeopardy issued on 04/14/2022. During an interview on 04/15/2022 the administrator said the issue of the Immediate Jeopardy and the quality-of-care issues were reported and addressed by the special called QAPI committee on 04/14/2022 and these issues will continue to be monitored by the QAPI to ensure the facility provides the best possible care to residents. Those in attendance included: Medical Director, DON, Administrator and Social Work. Interviews on 4/15/2022 between 11:50 a.m. to 3:30 p.m. with nursing staff (4-nurses on the 06:00 a.m. -06:00 p.m. shift; 2 -nurses on the 6:00 p.m. to 6:00 a.m. shift, 3-CNAs on the 08:00 a.m.-02:00 p.m. shift; 2-CNAs on the 02:00 p.m.-10:00 p.m. shift were performed. The staff were able to express understanding of the in-services provided by the facility. Record Review of training sign-in sheets dated 04/14/2022 and 04/15/2022 showed nursing staff including nurse and CNAs had received training on skin assessments, reporting change in condition and monitoring darker-pigmented skin on all shifts. Record Review of an email dated 04/13/2022 from the podiatrist to the DON stated, Yes, we will recommit to update you on all patients we see at your nursing facility on the same day we see them. On 4/15/2022 at 3:30 p.m., the Administrator was informed the IJ was removed, while the IJ was removed on 4/15/2022, the facility remained out of compliance at a scope of isolation and severity level of actual harm that is not immediate jeopardy, due to the facility's need to evaluate the effectiveness of the corrective systems.