

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/13/2024
NAME OF PROVIDER OR SUPPLIER  Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  110 Belmont Rd Madison, WI 53714	

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)
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49436</p> <p>Based on interview and record review the facility failed to ensure adequate supervision, monitoring, and evaluation for 2 of 4 sampled residents (R2 and R3) after the residents had a fall.</p> <p>R2 had a fall on 11/1/24 at 1:00 PM (day shift). The facility did not document post-fall clinical findings or new fall intervention effectiveness after R2's fall.</p> <p>R3 had a fall on 10/28/24 at 4:55 PM (evening shift). The facility did not document relevant post-fall clinical findings or new fall intervention effectiveness after R3's fall.</p> <p>This is evidenced by:</p> <p>The facility policy titled Accidents and Supervision dated 12/29/22, states, in part: .Each resident will receive adequate supervision and assistive devices to prevent accidents . Monitoring for effectiveness and modifying interventions when necessary . Ensuring the interventions are put into action . Monitoring and Modification - Monitoring is the process of evaluating the effectiveness of care plan interventions. Modification is the process of adjusting interventions as needed to make them more effective in addressing hazards and risks. Monitoring and modification processes include: a. Ensuring that interventions are implemented correctly and consistently b. Evaluating the effectiveness of interventions c. Modifying or replacing interventions as needed d. Evaluating the effectiveness of new interventions .Supervision - Supervision is an intervention and a means of mitigating accident risk. The facility will provide adequate supervision to prevent accidents.</p> <p>On 11/13/24 at 4:54 PM, Surveyor requested from DON B (Director of Nursing) a more specific policy and procedure related to falls. DON B indicated the above policy is what is used. DON B stated the facility follows standards of practice as it relates to falls.</p> <p>American Medical Directors Association (AMDA) Falls and Fall Risk Clinical Practice Guideline states, in part: . Staff should document relevant post-fall clinical findings, such as vital signs, pain, swelling, bruising, and changes in function or cognitive status, in the patient's record. It is also desirable to note the absence of such significant findings (so-called pertinent negatives) to demonstrate that the patient is being monitored appropriately. Routine, ongoing clinical assessment should continue with increased awareness that the patient has recently fallen, and any signs and symptoms should be evaluated as associated with a fall.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Example 1</p> <p>R2 admitted to the facility on [DATE] with diagnoses including Parkinson's disease, anxiety disorder, dementia, muscle weakness, and polyneuropathy.</p> <p>R2's 9/7/24 Brief Interview for Mental Status (BIMS) has a score of 12, indicating R2 has moderate cognitive impairment.</p> <p>R2 had an unwitnessed fall on 11/1/24 at 1:00 PM. The facility did not document post-fall clinical findings or address R2's care planned fall interventions for appropriateness or if there was a need to revise R2's fall care plan.</p> <p>Example 2</p> <p>R3 admitted to the facility on [DATE] with diagnoses that include encephalopathy, type 2 diabetes, and anxiety.</p> <p>R3's 9/2/24 Brief Interview for Mental Status has a score of 14, indicating R3 is cognitively intact.</p> <p>R3 had an unwitnessed fall on 10/28/24 at 4:55 PM. The facility did not document post-fall clinical findings or address R3's care planned fall interventions for appropriateness or if there was a need to revise R3's fall care plan.</p> <p>On 11/13/24 at 12:16 PM, Surveyor interviewed LPN C (Licensed Practical Nurse) regarding the facility's post-fall procedure. LPN C indicated if a resident has an unwitnessed fall, the facility should evaluate and document for 72 hours. LPN C indicated the evaluation should include a neurological function evaluation for 72 hours along with range of motion, pain, and immediate interventions to prevent recurring falls. LPN C indicated this should be done for at least 72 hours and a nurse progress note should be documented in the resident's chart every shift. LPN C indicated R2 and R3 should have progress notes in their medical record every shift for at least 72 hours.</p> <p>On 11/13/24 at 12:29 PM, Surveyor interviewed LPN D regarding the facility's post-fall procedure. LPN D indicated if a resident has an unwitnessed fall, the facility should complete neuro checks for 72 hours. LPN D indicated the facility would monitor the resident's vital signs, range of motion, and if there are any injuries. LPN D indicated the facility would document in the nurse progress notes what they monitored. LPN D indicated the facility would do this for 72 hours or more if required.</p> <p>On 11/13/24 at 4:54 PM, Surveyor interviewed DON B (Director of Nursing). DON B indicated she would expect the nurses to monitor and document in the nurse progress notes relevant post-fall clinical findings after a resident has a fall. DON B indicated she would expect progress notes for R2 and R3 for 72 hours. Surveyor requested R2 and R3's post-fall monitoring from DON B. DON B was unable to provide R2 and R3's post-fall monitoring.</p>		