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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525088 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 06/26/2024 |
| NAME OF PROVIDER OR SUPPLIER Edgewater Haven Nursing Home | | STREET ADDRESS, CITY, STATE, ZIP CODE 1351 Wisconsin River Dr Port Edwards, WI 54469 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| <p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>45943</p> <p>Based on staff interview and record review, the facility did not ensure 1 resident (R) (R22) of 2 residents reviewed for hospitalization s received the proper notice of transfer, reason for transfer, location of transfer, and appeal rights.</p> <p>R22 was transferred to the hospital on 4/25/24 and was not provided a written transfer notice.</p> <p>Findings include:</p> <p>On 4/25/24, Surveyor reviewed R22's medical record. Documentation indicated R22 was transferred to the emergency room (ER) on 4/25/24 and returned to the facility the same day with a diagnosis of constipation. R22's medical record did not include documentation that a written transfer notice was provided to R22.</p> <p>On 6/26/24 at 12:57 PM, Surveyor interviewed Director of Nursing (DON)-B and Social Worker (SW)-F who verified the facility did not provide a written transfer notice for R22 on 4/25/24. DON-B stated the facility did not have a transfer/discharge notice form or a policy for transfer notices but needed to include a form and policy in their future process.</p> <p>On 6/26/24 at 1:20 PM, Surveyor received a document titled Appeal Process for Involuntary Discharge from SW-F who stated residents received the document on admission but the document was not provided for transfers/discharges and was not signed.</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>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50467</p> <p>Based on staff interview and record review, the facility did not ensure the resident environment remained free of accident hazards for 1 resident (R) (R17) of 1 resident reviewed for smoking.</p> <p>R17 was a known smoker. The facility did not complete a smoking assessment for R17.</p> <p>Findings include:</p> <p>The facility's Smoking-Free Policy, dated 1/14/20, indicates: Residents will agree not to smoke or use electronic cigarettes .at Edgewater Haven upon admission in the facility, or on the grounds .Residents who wish to continue to smoke must do so off the grounds by signing out with help of family or friends .</p> <p>On 6/24/24, Surveyor reviewed R17's medical record. R17 was admitted to the facility on [DATE] with diagnoses including fracture to left pubis, post traumatic stress disorder (PTSD), acute myocardial infraction (heart attack), and Takotsubo syndrome (sudden temporary weakening of the muscular portion of the heart). R17's Minimum Data Set (MDS) assessment, dated 2/16/24, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R17 had intact cognition. R17 did not have an activated Power of Attorney (POA) and made R17's own healthcare decisions.</p> <p>During the entrance conference on 6/24/24 at 9:49 AM, Nursing Home Administrator (NHA)-A stated the facility was smoke-free and there were no residents in the building who smoked.</p> <p>On 6/24/24 at 11:13 AM, Surveyor interviewed R17 who stated R17 could smoke when R17 wanted to smoke. R17 stated R17 had a flag for R17's wheelchair and had to go to the curb to smoke.</p> <p>On 6/25/24, Surveyor reviewed R17's care plan which stated, Resident will refrain from using tobacco products, e-cigarettes and vaping devices while at Edgewater Haven.</p> <p>On 6/25/24 at 2:40 PM, Surveyor interviewed Registered Nurse (RN)-C who confirmed R17 smoked independently. RN-C stated R17 needed to sign R17's self out at the nurses' station and staff provided R17's cigarettes and lighter. RN-C stated R17 smoked at the curb and returned the cigarettes and lighter to staff when R17 returned to the building.</p> <p>On 6/25/24 at 2:52 PM, Surveyor interviewed Director of Nursing (DON)-B who confirmed R17 smoked and stated R17 did not need a smoking assessment because R17 did not smoke on facility grounds. DON-B verified R17's lighter was kept at the nurses' station, but was unsure if R17's cigarettes were kept at the nurses' station. When Surveyor asked about monitoring for R17, DON-B stated R17 went to therapy to ensure R17 was safe to leave the grounds.</p> <p>(continued on next page)</p> | | |

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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>On 6/25/24 at 2:55 PM, Surveyor interviewed NHA-A who stated R17 was R17's own person and did what R17 wanted. NHA-A confirmed R17 used an orange flag provided by therapy when R17 left the facility and stated R17 was assessed by therapy as safe to leave the building. NHA-A stated staff can smoke on facility property, however, residents are not permitted to smoke on facility property. NHA-A stated R17 signed a non-smoking consent prior to admission and said R17 is the only resident who smokes.</p> <p>On 6/26/24, Surveyor reviewed a discharge status and recommendation therapy note for R17, dated 3/6/24. The therapy note did not include information related to R17's ability to safely smoke or leave facility property.</p> | | |

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| <p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45943</p> <p>Based on staff interview and record review, the facility did not ensure monitoring for adverse reactions of high risk medications for 2 residents (R) (R9 and R22) of 5 residents reviewed for unnecessary medications.</p> <p>R9 was prescribed bumetanide (a diuretic medication) for congestive heart failure (CHF) and chronic kidney disease (CKD). The facility did not monitor R9 for adverse reactions or side effects of bumetanide.</p> <p>R22 was prescribed furosemide (a diuretic medication) for hypertension. The facility did not monitor R22 for adverse reactions or side effects of furosemide.</p> <p>Findings include:</p> <p>The facility did not provide a Medication Monitoring/Medication Management Policy.</p> <p>1. On 6/26/26, Surveyor reviewed R9's medical record. R9 was admitted to the facility on [DATE] with diagnoses including respiratory failure, CHF, diabetes, and CKD. R9's Admission Minimum Data Set (MDS) assessment, dated 9/15/23, indicated R9 received diuretic medication.</p> <p>R9's medical record indicated R9 was prescribed bumetanide 4 mg (milligrams) twice daily on 6/7/24 for CHF and CKD. Surveyor noted R9's plan of care contained interventions for daily weights, to call cardiology with a weight gain of 5 pounds in a week, a fluid restriction, lab monitoring, and hydration monitoring; however, R9's plan of care did not contain monitoring interventions for adverse reactions or side effects of bumetanide.</p> <p>On 6/26/23 at 10:28 AM, Surveyor interviewed Director of Nursing (DON)-B who verified side effects of bumetanide include orthostatic hypotension, hyponatremia (low blood sodium), hypokalemia (low potassium level), chest pain, cramp, dizziness, weakness, and confusion. DON-B verified although some interventions were in place there were no specific monitoring interventions for adverse reactions or side effects of bumetanide in R9's orders or care plan.</p> <p>2. On 6/26/24, Surveyor reviewed R22's medical record. R22 was admitted to the facility on [DATE] with diagnoses including dementia, lupus, CKD, and hypertension. R22's Annual MDS assessment, dated 11/10/23, indicated R22 was prescribed diuretic medication.</p> <p>R22's medical record indicated R22 was prescribed furosemide 40 mg once daily for hypertension on 8/29/23. Surveyor noted R22's plan of care did not contain monitoring interventions for adverse reactions or side effects of furosemide.</p> <p>(continued on next page)</p> | | |

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| <p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>On 6/26/24 at 11:54 AM, Surveyor interviewed DON-B who verified R22's plan of care did not contain monitoring for adverse reactions or side effects of furosemide. DON-B verified the side effects of furosemide include orthostatic hypotension, hyponatremia, hypokalemia, blurred vision, skin photosensitivity, anorexia, headache, cramps, drowsiness, dizziness, and muscle spasms. DON-B stated staff do nursing assessments, but the assessments do not indicate they are completed for diuretic monitoring.</p> | | |

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| <p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>42423</p> <p>Based on staff interview and record review, the facility did not have qualified staff onsite to supervise kitchen operations. This had the potential to affect all 47 residents residing in the facility.</p> <p>Dietary Manager (DM)-D did not have a qualified certification to manage the kitchen. DM-D stated DM-D had access to a contracted Registered Dietician (RD) who worked remotely and was not onsite for supervision.</p> <p>Findings include:</p> <p>On 6/24/24 at 11:48 AM, Surveyor interviewed DM-D who stated DM-D worked as the Dietary Manager for a little over one year and was in the process of taking a ServeSafe course and another unknown course that was assigned by the facility's food service vendor. DM-D confirmed DM-D was not certified as a Dietary Manger. DM-D stated DM-D had access to an RD via phone and email, but the RD did not work onsite due to COVID-19. DM-D stated the RD came to the facility last month for training, but that was the first time DM-D saw the RD.</p> <p>On 6/24/24 at 2:45 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A who stated NHA-A would contact their food service vendor to find out what training DM-D was enrolled in.</p> <p>On 6/26/24 at 2:16 PM, NHA-A stated DM-D was enrolled in a ServeSafe course of 3/19/24, but was not enrolled in another course. NHA-A confirmed DM-D was hired on 3/22/23 and verified DM-D had not completed the ServeSafe course or any further coursework to gain certification as a Dietary Manager. NHA-A provided Surveyor with proof of enrollment in an approved Dietary Manager course which DM-D was enrolled in as of 6/25/24.</p> | | |

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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>42423</p> <p>Based on observation, staff interview, and record review, the facility did not ensure food was stored in accordance with professional standards for food service safety. This practice had the potential to affect all 47 residents residing in the facility.</p> <p>Boxes containing food intended for resident use were stored on the floor in the freezer.</p> <p>Raw meats were stored over pre-cooked food in a reach-in cooler.</p> <p>Findings include:</p> <p>The Wisconsin Food Code documents at Preventing Contamination from the Premises 3-305.11 Food Storage:</p> <p>(A) Except as specified in (B) and (C) of this section, food shall be protected from contamination by storing the food: (1) In a clean, dry location; (2) Where it is not exposed to splash, dust, or other contamination; and (3) At least 15 centimeters (6 inches) above the floor. (B) Food in packages and working containers may be stored less than 15 cm (6 inches) above the floor on case lot handling equipment as specified under S 4-204.122.</p> <p>The Wisconsin Food Code documents at Preventing Food and Ingredient Contamination 3-302.11 Packaged and Unpackaged Food-Separation, Packaging, and Segregation: (A) Food shall be protected from cross contamination by: .separating raw animal foods during storage, preparation, holding, and display from: (a) Raw ready-to-eat foods including other raw animal food such as fish .or other raw ready-to-eat foods such as vegetables, and (b) Cooked ready-to-eat foods .(2) Except when combined as ingredients, separating types of raw animal foods from each other such as beef, fish, lamb, pork, and poultry during storage, preparation, holding, and display by: (a) Using separate equipment for each type, or (b) Arranging each type of food in equipment so that cross contamination of one type with another is prevented, and (c) Preparing each type of food at different times or in separate areas .(4) .storing the food in packages, covered containers, or wrappings.</p> <p>The facility's Safe Food Handling policy, dated 4/4/24, indicates: .8. Food must be stored at least 18 inches above the floor. 9. Uncooked food may not be stored over cooked food.</p> <p>On 6/24/24 at 11:45 AM, Surveyor conducted a tour of the kitchen with Dietary Manager (DM)-D who stated the facility followed the Wisconsin Food Code. Surveyor observed a walk-in freezer with 16 boxes stacked on the floor. DM-D stated, We just got a shipment in so I will put those up (on shelves). Surveyor noted hand-written dates of 6/20 on the outside of some of the boxes. DM-D stated the hand-written dates indicated the date the boxes were delivered. DM-D confirmed some of the boxes had not just arrived and stated the boxes should be put on shelves.</p> <p>On 6/24/24 at 12:10 PM, Surveyor and DM-D observed a reach-in cooler that had food items stored on wire rack shelving in the following order from top to bottom:</p> <p>(continued on next page)</p> | | |

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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>Top shelf: Beverages, pre-made eggs, and cooked pancakes</p> <p>Second shelf: Cooked ham and smoked bacon</p> <p>Third shelf: A tray of glazed pork wrapped with bacon and a cardboard box labeled Uncooked Chicken Breasts. DM-D confirmed the pork and chicken were raw/uncooked.</p> <p>Bottom shelf: A container of raw fish, raw ground beef loaves, and a container of cooked ham. DM-D confirmed the ham was fully cooked and the fish and beef were raw/uncooked.</p> <p>Following the observation, Surveyor interviewed [NAME] (CK)-E who stated raw meat should be stored on the bottom shelf but there was no room. DM-D rearranged the items and put the cooked food items above the raw meats and the uncooked chicken breasts on the bottom shelf. DM-D then instructed CK-E to place a pan under the box of uncooked chicken breasts.</p> <p>On 6/24/24 at 12:12 PM, Surveyor interviewed DM-D who confirmed raw meats should not be stored above cooked food.</p> |