

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525165	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/16/2024
NAME OF PROVIDER OR SUPPLIER  Samaritan Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  531 E Washington St West Bend, WI 53095	

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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38793</p> <p>Based on staff interview and record review, the facility did not ensure the resident environment remained free of abuse for 1 resident (R) (R1) of 6 sampled residents.</p> <p>During the night (NOC) shift on 9/24/24-9/25/24, Licensed Practical Nurse (LPN)-D observed R2 touch R6's leg and try to kiss R6. LPN-D immediately separated R2 and R6 and documented the incident in R2's medical record. Following the incident, no interventions were put in place to ensure the safety of R6 or other residents. On 9/25/24 at approximately 11:00 AM, Registered Nurse (RN)-C observed R1 and R2 in the lounge. R2 had one arm around R1's shoulders and the other hand inside R1's brief. R2 moved R2's hand back and forth while R1 attempted to push R2's hand away. RN-C separated the residents, placed R2 on 1:1 supervision, and notified supervisory staff.</p> <p>The facility's failure to implement interventions to supervise a resident with previous sexually inappropriate behavior and keep residents safe from further abuse created a finding of immediate jeopardy that began on 9/25/24. Nursing Home Administrator (NHA)-A was notified of the immediate jeopardy on 10/8/24 at 3:13 PM. The immediate jeopardy was removed on 10/9/24, however, the deficient practice continues at a scope/severity level D (potential for more than minimal harm/isolated) as the facility continues to implement its action plan.</p> <p>Findings include:</p> <p>The facility's Abuse, Neglect, and Exploitation policy, revised 1/5/24, indicates in part: Sexual abuse is non-consensual sexual contact of any type with a resident .III. Prevention of Abuse, Neglect, and Exploitation: A. Establishing a safe environment by establishing policies and protocols for preventing sexual abuse, such as identifying when, how, and by whom determinations of capacity to consent to sexual contact will be made .D. The identification, ongoing assessment, care planning for appropriate interventions, and monitoring of resident needs and behaviors which might lead to conflict .</p> <p>On 10/8/24, Surveyor reviewed R2's medical record. R2 was admitted to the facility on [DATE] with diagnoses including dementia, anxiety, stroke, and encephalopathy (brain dysfunction). R2's most recent Minimum Data Set (MDS) assessment, dated 9/16/24, had a Brief Interview for Mental Status (BIMS) score of 6 out of 15 which indicated R2 had severe cognitive impairment. R2 had an activated Power of Attorney for Healthcare (POAHC).</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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Nursing notes, dated 9/11/24 and 9/19/24, indicated R2 made sexually inappropriate comments to staff.</p> <p>A nursing note, dated 9/20/24, indicated R2 inappropriately touched staff.</p> <p>A nursing note written by LPN-D, dated 9/24/24, indicated R2 made sexually inappropriate comments to staff and attempted to kiss a resident (R6) and had to be pulled away. (R6 has diagnoses including Alzheimer's disease, dementia with behavioral disturbance, anxiety, and depression. R6's most recent MDS assessment, dated 8/29/24, had a BIMS score of 1 out of 15 which indicated R6 had severe cognitive impairment. R6 had an activated POAHC.)</p> <p>On 10/8/24, Surveyor reviewed a facility-reported incident (FRI) that was submitted to the State Agency (SA) on 10/2/24. The FRI indicated: On 9/25/24 at approximately 11:00 AM, RN-C observed R1 and R2 in the lounge on the third floor. RN-C observed R2 with R2's left arm around R1's shoulders and R2's right hand moving back and forth inside R1's brief. RN-C observed R1 push down and away on R2's right hand. RN-C removed R1 from the lounge and notified RN-C's supervisor. (R1 has diagnoses including Alzheimer's disease, dementia with behaviors, and depression. R1's most recent MDS assessment, dated 8/16/24, had a BIMS score of 0 out of 15 which indicated R1 had severe cognitive impairment. R1 had a legal guardian to assist with healthcare decisions.)</p> <p>NHA-A and Director of Nursing (DON)-B submitted an initial report to the SA on 9/25/24 and initiated an investigation. The investigation indicated a skin check was completed for R1. R2 was placed on continuous 1:1 supervision. R2's room was moved to a different hallway. R1 and R2 were provided with psychiatric follow-up. R1 and R2's physicians, representatives, and local law enforcement were notified. R1 and R2's care plans were updated. Other residents were interviewed regarding potential abuse.</p> <p>R2's care plan was updated on 9/26/24 to address R2's sexually inappropriate behavior toward residents and staff.</p> <p>On 10/8/24 at 2:39 PM, Surveyor interviewed LPN-D regarding R2's behavior during the 9/24/24-9/25/24 NOC shift. LPN-D verified LPN-D observed R2 touch R6's knee and ask R6 multiple times to kiss R2. LPN-D observed R2 lean in and try to kiss R6 before LPN-D intervened. LPN-D verified R6 was cognitively impaired and could not consent to a sexual relationship. LPN-D stated LPN-D documented the behavior in R2's medical record and notified the oncoming AM shift nurse about the incident. LPN-D verified R2 was not placed on 1:1 supervision until later in the day on 9/25/24 after the incident between R1 and R2.</p> <p>On 10/8/24 at 12:38 PM, Surveyor interviewed NHA-A and DON-B regarding R2's sexually inappropriate behavior. NHA-A and DON-B were not aware that R2 was sexually inappropriate toward R6 prior to the incident between R1 and R2 on 9/25/24. DON-B verified R2 was not placed on increased supervision until after 11:00 AM on 9/25/24. NHA-A stated R1 was offered a head-to-toe exam by RN-C but confirmed R1 and R1's representative were not offered a Sexual Assault Nurse Exam (SANE). When Surveyor asked NHA-A for proof of staff education, NHA-A stated staff were educated on the incident between R1 and R2 and R2's 1:1 supervision during huddles and the education was not documented.</p> <p>(continued on next page)</p>		

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