

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 12/05/2024
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48794</p> <p>Based on resident and staff interview and record review, the facility did not provide pharmaceutical services to meet the needs of 1 resident (R) (R1) of 6 sampled residents.</p> <p>R1 was admitted to the facility on [DATE] and had an order for Vyvanse. The facility did not provide R1 with prescribed medication from 11/9/24 through 11/11/24.</p> <p>Findings include:</p> <p>The facility's Admission Criteria Policy, dated October 2012, states the facility will admit only those residents whose medical and nursing care needs can be met .1. The objectives of the policy are to: .b. Admit residents who can be cared for adequately by the facility; .e. Assure the facility receives appropriate medical and financial records prior to or upon a resident's admission .2. Prior to or at the time of admission, a resident's attending physician must provide the facility with information needed for the immediate care of the resident, including orders covering at least: b. Medication orders.</p> <p>On 12/5/24, Surveyor reviewed R1's medical record. R1 was admitted to the facility on [DATE] and had diagnoses including spinal stenosis, lumbar region without neurogenic claudication, major depressive disorder, anxiety disorder, bipolar disorder, and anorexia nervosa, binge eating/purging type. R1's Minimum Data Set (MDS) assessment, dated 11/12/24, had a Brief Interview for Mental Status (BIMS) score of 14 out of 15 which indicated R1 was not cognitively impaired. R1 was responsible for R1's healthcare decisions and discharged from the facility against medical advice (AMA) on 11/12/24.</p> <p>On 12/5/24, Surveyor reviewed a grievance submitted to the facility from R1 that indicated R1 did not receive a prescribed medication after the prescriber received an error message during the submission of a Vyvanse order to the pharmacy on 11/8/24 (Friday). The prescriber then sent a script to the pharmacy on 11/11/24 (Monday). The grievance indicated staff should have contacted the provider and the pharmacy to obtain the medication. Staff education was provided on contacting the pharmacy to assure medications were received.</p> <p>Surveyor reviewed R1's physician orders and noted an order for lisdexamfetamine dimesylate (Vyvanse) 70 mg (milligrams) 1 capsule by mouth in the morning for attention-deficit/hyperactivity disorder (ADHD).</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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 12/5/24 at 1:39 PM, Surveyor interviewed R1 via phone. R1 confirmed R1 was admitted to the facility on [DATE]. R1 stated R1 had anxiety medication (Vyvanse) that R1 was supposed to take, however, staff did not provide the medication to R1 over the weekend because the medication was not obtained from the pharmacy. R1 stated R1 was upset and anxious when R1 did not receive the medication.</p> <p>On 12/5/24 at 1:40 PM, Surveyor interviewed Registered Nurse (RN)-E who stated RN-E assisted with R1's admission. RN-E stated the hospital provided two scripts for R1 at the time of admission but did not provide one for Vyvanse. RN-E stated a message was sent to the provider who confirmed a Vyvanse script would be sent. RN-E stated RN-E returned to the facility on [DATE] and noted the facility still did not have R1's Vyvanse. RN-E verified R1 discharged AMA on 11/12/24. RN-E could not confirm that RN-E received education related to the incident.</p> <p>On 12/5/24 at 2:07 PM, Surveyor interviewed RN-F who stated R1's family brought R1's Vyvanse from home on 11/9/24 (Saturday), however, the medication was not in the original container and staff could not administer the medication. RN-F stated a Vyvanse script was sent to the pharmacy, however, it was a weekend and the pharmacy did not send the medication. RN-F did not recall receiving education related to the incident.</p> <p>On 12/5/24 at 3:30 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A who stated the provider did not inform the facility that R1's Vyvanse script did not go through. NHA-A spoke with the provider's office and the pharmacy regarding the concern. NHA-A stated the pharmacy completed audits and developed a system to ensure the concern did not happen again. NHA-A stated verbal education was done with nursing staff on the need to follow-up and ensure medications were received. NHA-A was unable to provide documentation of the education. Staff interviews (as noted above) did not indicate staff recalled receiving education.</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>47248</p> <p>Based on observation, staff interview, and record review, the facility did not ensure nutritional needs were met for 1 resident (R) (R3) of 1 resident who had an order for double entree portions at all meals.</p> <p>R3's diet order included double entrees at all meals for wound healing. R3 did not receive a double entree during the lunch meal on 12/5/24.</p> <p>Findings include:</p> <p>The facility's Therapeutic Diets policy, revised November 2015, indicates: Therapeutic diets shall be prescribed by the attending physician. The facility will strive for the fewest possible dietary restrictions .Diet will be determined in accordance with the resident's informed choices, preferences, treatment goals and wishes. Diagnoses alone will not determine whether the resident is prescribed a therapeutic diet .A therapeutic diet must be prescribed by the resident's attending physician. The physician's diet order should match the terminology used by food services .The clinical dietitian, nursing staff, and attending physician will review, along with other orders, the need for and resident's acceptance of a prescribed therapeutic diet . Routine menus are planned by the Food Services Manager and approved by a Registered Dietitian for nutritional adequacy. The Food Services Manager will establish and use a tray identification system to ensure that each resident receives his or her diet as ordered.</p> <p>On 12/5/24, Surveyor reviewed R3's medical record. R3 had diagnoses including dementia, laceration without foreign body of left great toe without damage to nail, and a stage 3 pressure ulcer. R3's Minimum Data Set (MDS) assessment, dated 10/20/24, had a Brief Interview for Mental Status (BIMS) score of 9 out of 15 which indicated R3 had moderately impaired cognition.</p> <p>R3's medical record contained an order for double entrees at all meals and increased protein needs for wound healing.</p> <p>During an observation of the lunch meal on 12/5/24 at 12:05 PM, Surveyor observed Dietary Aide (DA)-D plate R3's lunch tray with one entree. Surveyor noted R3's meal ticket indicated R3 should receive a double entree. Surveyor interviewed DA-D who was unsure why R3 was not served a double entree.</p> <p>On 12/5/24 at 1:53 PM, Surveyor interviewed Food Safety Manager (FSM)-C who indicated there was a need for training and FSM-C initiated talks with managers. FSM-C confirmed R3 should receive double entrees at all meals per R3's meal ticket and stated residents should receive therapeutic diets as ordered.</p>		