

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525209	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2024
NAME OF PROVIDER OR SUPPLIER Mulder Health Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 713 Leonard St N West Salem, WI 54669	

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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41945</p> <p>Based on interview and record review, the facility did not ensure all incidents involving potential abuse were thoroughly investigated for 1 of 4 residents (R) 6.</p> <p>R6 swung arm out and hit R5 in the chest as R5 came by in R5's wheelchair. Facility did not interview other residents in the facility for potential abuse.</p> <p>Findings include:</p> <p>The facility's Abuse Prevention Program Policy and Procedure, revised 06/2023, states:</p> <p>Intent:</p> <p>Each resident has the right to be free from abuse, neglect, and corporal punishment of any type by staff or anyone. The facility will provide a safe resident environment and protect residents from abuse.</p> <p>Resident-to-Resident Abuse</p> <p>A resident-to-resident altercation should be reviewed as a potential situation of abuse. The facility Administrator and/or Director of Nursing will initiate an investigation of a potential allegation of abuse between residents.</p> <p>V. Investigation:</p> <p>1. The Administer and/or Director of Nursing are to initiate and coordinate completion of a thorough investigation. The investigation must include but not limited to:</p> <p>Identify and interview (witness statements) all involved persons, including the alleged victim, alleged perpetrator, witnesses, and others who might have knowledge of the allegation(s) such as roommate.</p> <p>Findings include:</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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 07/24/24 at 10:10 a.m., Surveyor reviewed R6's record. Documentation on 07/05/24 at 2:54 p.m., R6 was propelling self in the wheelchair, yelling out Where is my mother, and Find me my mother. R6 was redirected by staff and given a scheduled medication. R6 continued to propel self in wheelchair. R5 wheeled by R6 in R5's wheelchair. R6 became upset and slapped R5 on the left side of R5's chest with an open hand. Incident was witnessed by staff and R5 and R6 were immediately separated. R6 was offered alternative activities, which R6 declined. Staff attempted 1:1 with R6, which increased agitation. R6 was sitting in facility entrance out of reach of other residents.</p> <p>R6 was admitted to the facility on [DATE] with diagnoses including unspecified dementia-moderate mood disturbances, visual hallucinations, and wandering in -diseases classified elsewhere-nighttime.</p> <p>R6's Minimum Data Set (MDS) dated [DATE] documents R6's Brief Interview for Mental Status (BIMS) score is 2 out of 15, which indicates severe cognitive impairment. R6 is independent after set-up with eating, requires partial/moderate assistance with toilet hygiene, shower/bathe, dressing, is independent with rolling left to right in bed, supervision or touch assist with sit to lying, sit to stand, chair-bed-chair, toilet transfer, tub/shower transfer, walking 10 feet, and uses manual wheelchair.</p> <p>Facility documentation states investigation immediately started after incident. The residents were separated. R6 was placed on 1:1 supervision until 07/06/24, then facility had R6 within eyesight of staff when R6 was out of R6's room. Facility notified the police. Facility notified R6's representative and physician, and R6's care plan was updated. Behavioral health saw R6 and ordered changes in medications. Facility interviewed staff present during the altercation between R5 and R6. Facility interviewed R5 and R6, but neither resident remembered the incident.</p> <p>On 07/24/24 at 1:24 p.m., Surveyor interviewed Nursing Home Administrator (NHA) A about the incident of R6 hitting R5 and asked how all the staff were informed of the supervision requirement for R6. NHA A stated staff was informed through shift reports, and abuse in-service was conducted for all staff. Surveyor asked NHA A why the facility did not conduct other resident interviews to determine if abuse had occurred to others. NHA A stated the incident was discussed with the facility regional director and because it was an isolated incident and only involved R5 and R6, it was deemed not necessary to conduct further interviews.</p> <p>On 07/24/24 at 1:45 p.m., Surveyor interviewed Assistant Director of Nursing (ADON) G and asked why the facility did not conduct any other resident interviews. ADON G stated it was felt they were not necessary because it only involved R5 and R6.</p>		