

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525219	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/18/2024
NAME OF PROVIDER OR SUPPLIER  Edenbrook of Platteville		STREET ADDRESS, CITY, STATE, ZIP CODE  1300 N Water St Platteville, WI 53818	

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> 49434</p> <p>Based on observation, interview, and record review, the facility did not ensure each resident received adequate supervision to prevent accidents for 1 of 3 sampled residents (R2).</p> <p>R2 is at risk for falls and was left unsupervised in a bathroom, still connected to a mechanical lift, and experienced a fall while unsupervised.</p> <p>R2 was also observed to not have an anti-rollback device installed on his wheelchair as stated in his care plan.</p> <p>This is evidenced by:</p> <p>The facility policy entitled, Sit-to-Stand Mechanical Lift-SNF, dated 8/22/23, states, in part: . Purpose: To assist residents with transfers who are able to bear weight with some assistance. Employees will use the sit to stand mechanical lift per policy to ensure safety for the resident and the employee. Procedure: 1. Sit to stand mechanical lift will be used with two caregivers .8. Transfer according to manufacture direction guidelines .</p> <p>The mechanical lift used in the transfer has manufacturer recommendations that state, in part: Intended use . [Product Name] shall always be handled by a trained caregiver, continuously attending to the resident .</p> <p>R2 admitted to the facility on [DATE] with diagnoses that include Parkinson's disease (brain disorder that causes problems with movement, balance, and coordination), type 2 diabetes mellitus, Crohn's disease (inflammatory bowel disorder), irritable bowel syndrome, dementia, polyneuropathy (peripheral nerve damage causing pain, decreased sensation, and weakness), unsteadiness on feet, and muscle wasting and atrophy. R2 has an activated Healthcare Power of Attorney.</p> <p>R2's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date of 8/21/24, indicates R2 has a Brief Interview of Mental Status (BIMS) score of 6 indicating severe cognitive impairment. Section GG indicates R2 is dependent on staff for toileting hygiene, toilet transfers, chair/bed-to-chair transfers, and to move from sitting to standing. Section GG also indicates that the facility could not attempt to assess R2 walking 10 feet due to a concern for resident safety.</p> <p>R2's Comprehensive Care Plan, states, in part: .</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>Focus: The resident has an ADL (Activities of Daily Living) self-care performance deficit r/t (related to) Parkinson's, DM2 (Diabetes mellitus type 2), Crohn's disease, GERD (gastroesophageal reflux disease), MDD (Major Depressive Disorder), IBS (irritable bowel syndrome), rhabdomyolysis. Date Initiated: 5/20/24.</p> <p>Interventions: . Dressing assist - two person assist . toilet use assist- [Mechanical Lift Product Name] .</p> <p>Focus: The resident has limited physical mobility r/t Parkinson's. Date initiated: 5/20/24.</p> <p>Interventions/Tasks: AMBULATION/LOCOMOTION- WHEELCHAIR-MANUAL. AMBULATION/LOCOMTION- [Mechanical Lift Product Name]. AMBULATION/LOCOMTION ASSIST-FRONT WHEELED WALKER . TRANSFER ASSIST- Two person assist with transfers.</p> <p>Focus: The resident has impaired cognitive function or impaired through processes r/t Parkinson's diagnosis. Date Initiated: 5/20/24.</p> <p>Interventions/Tasks: Ask yes/no questions in order to determine resident's needs. COMMUNICATION: Use the resident preferred name. Identify yourself at each interaction. Face the resident when speaking and make eye contact. Reduce any distraction-turn off TV, radio, close door etc. The resident understands consistent, simple, directive sentences. Provide the resident with necessary cues- stop and return if agitated. Cue, reorient and supervise as needed . Present just one thought, idea, question or command at a time.</p> <p>Focus: The resident is HIGH risk for falls r/t Parkinson's disease, poor safety awareness. 4/6/24, 5/22/24, 5/24/24, 6/10/24, 6/20/24, 6/23/24, 7/8/2024, 7/13/24, 8/23/24, 8/25/24, 8/31/24, 9/2/24. Date initiated: 5/20/2024. Revision on: 9/4/2024</p> <p>Interventions/Tasks: 4/8/24 anti-rollbacks added to w/c (wheelchair). 5/24/24 have up in w/c when anxious and place in dining area for more observation of patient. 6/10/24- Intervention is to put resident into recliner following meals and after toileting. 8/23/24- Do not leave unattended on the toilet. 8/31/24- scheduled toileting for 2100 (9:00 PM). 9/2/24- Room changed to room [ROOM NUMBER]. Assist R2 up in wheelchair before breakfast and provide a snack as needed 6/23/24. Day shift to check on R2 at the beginning of the 6 am shift 7/15/24. Get resident up to the bathroom x1 on NOC (night shift) at 0200 (2:00 AM) to try to have a BM (bowel movement) (7/8/2024). Intervention is to put in bed between 7-7:30 pm to assure no attempts to put self in bed. Q 1-hour checks. Scheduled toileting program (Q 2 hours). Provide/offer snacks in between meals and/or with signs of restlessness. PT/OT (Physical therapy/Occupational Therapy) to evaluate and treat. Low bed. Gripper socks on when up (4/7/24). Skid Resistant shoes.</p> <p>Focus: Vulnerability: Resident being dependent on staff for cares and transfers. Initiated on 05/20/2024.</p> <p>Interventions/Tasks: . Provide safe environment .</p> <p>R2's Fall Report, dated 8/23/24 at 14:20 (2:20 PM), states, in part: .</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>Nursing Description: CNA (Certified Nursing Assistant) alerted this nurse that Pt (Patient) had a change of plane while sitting on [Mechanical Lift] in bathroom. Arrived at patients room. Pt was sitting on left side of toilet, his bottom was not on the floor, as it was on the sling of the EZ stand. PT also had his left arm on his sink bracing himself along with right arm holding onto handle bar.</p> <p>Resident Description: Resident Unable to give Description.</p> <p>Was this incident witnessed: N</p> <p>Immediate Action Taken: Description: New intervention will be to not leave patient unattended in [Mechanical Lift] while in bathroom.</p> <p>Mental Status: Baseline for individual, Oriented to Time, Oriented to Person .</p> <p>Predisposing Physiological Factors: Gait imbalance, Weakness/Fainted, Impaired Memory.</p> <p>On 9/18/24 at 12:15 PM, Surveyor observed R2 seated in a mechanical wheelchair in the dining room. The mechanical wheelchair was not equipped with an anti-rollback device as stated in the comprehensive care plan.</p> <p>On 9/17/24 at 2:15 PM, Surveyor interviewed CNA C. CNA C was the CNA who reported R2's fall on 8/23/24. CNA C described the incident. As CNA C started her shift and got report, she was told that R2 was in the bathroom on the mechanical lift. CNA C went in to check on R2 who told CNA C he needed more time. CNA C left the room to assist a different resident who needed help. When CNA C returned to R2 to see how he was doing, R2 was half-off the toilet and holding on to the sink and one of the lift handles to try to hold himself up. CNA C got the nurses attention without leaving the resident and he was assisted off the toilet. CNA C stated that when she found R2 after the fall, he was still connected to the mechanical lift. Surveyor asked CNA C what she believed to be the root cause for R2's fall. CNA C stated that R2 tried to stand while he was still connected to the sling and the sling slipped so that it was no longer supporting R2. Surveyor asked CNA C if she normally leaves R2 alone in the bathroom. CNA C stated she normally stays within his line of sight so that she can ensure his safety, but at this time she was called away to assist another resident. Surveyor asked CNA C if R2 is supposed to have an anti-rollback device installed on his wheelchair. CNA C stated, Absolutely.</p> <p>On 9/17/24 at 2:19 PM, Surveyor asked CNA C to identify which lift was being utilized the day of the fall. CNA C identified the EZ stand lift.</p> <p>On 9/17/24 at 2:25 PM, Surveyor interviewed CNA D. CNA D described the appropriate transfer procedure utilizing a mechanical lift and states that staff always needed 2 people to transfer a resident. Surveyor asked CNA D if residents could be left alone in the bathroom while connected to a lift. CNA D stated that it depends on the resident; some residents who are cognitively impaired or have poor safety awareness should be supervised more closely while in the bathroom.</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 9/17/24 at 2:48 PM, Surveyor interviewed DON B (Director of Nursing). Surveyor asked DON B what her expectation is for staff while transferring residents with a mechanical lift. DON B stated that there needs to be two (2) staff present while the mechanical lift is in motion. Surveyor asked DON B what her expectation is for staff supervising residents while connected to a mechanical lift. DON B stated that it depends on the resident, and that this information should be included in the care plan if they are safe to be left alone in the bathroom or not. Surveyor asked DON B if R2 was able to be left unsupervised while connected to a lift. DON B stated he is not anymore. After the fall on 8/23/24, it was decided that he was not able to be left in the bathroom unsupervised. Surveyor asked DON B if she had completed any staff education regarding mechanical lift procedure, fall prevention, or supervision after R2's fall. DON B stated she did not because prior to the fall, R2 had not had any incidents while being unsupervised in the bathroom, so an intervention was just added to the care plan after the fall. Surveyor asked DON B if R2 is supposed to have an anti-rollback device on his wheelchair. DON B stated if it is on the care plan, it should be on his wheelchair.</p> <p>On 9/17/24 at 3:04 PM, DON B returned after consulting with staff to inform Surveyor that R2 is supposed to have an anti-rollback device on his wheelchair; however, when R2 had his shower day yesterday (9/16/24) he was accidentally returned to the wrong wheelchair.</p>		