

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525241	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/28/2024
NAME OF PROVIDER OR SUPPLIER Edgerton Care Center, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 313 Stoughton Rd Edgerton, WI 53534	
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48623</p> <p>Based on observation, interview and policy review the facility did not ensure that each resident was treated with dignity and respect for 1 of 17 sampled residents (R347).</p> <p>R347 expressed concerns regarding LPN U (Licensed Practical Nurse) because he does not explain anything to her and LPN U does not knock on R347's door before entering.</p> <p>As evidenced by:</p> <p>The facility's policy. Resident Rights, revised 2/2021, states, in part, as follows: Copies of our resident rights are posted throughout the facility, and a copy is provided to each employee, provider and contracted staff member. In addition, staff will have appropriate in-service training on resident rights prior to having direct-care responsibilities for residents. Orientation and in- service training programs are conducted quarterly to assist our employees in understanding our resident's rights. Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to: a dignified existence; be treated with respect, kindness, and dignity; be free from abuse, neglect, misappropriation of property, and exploitation; be notified of his or her medical condition and of any changes in his or her condition; be informed of, and participate in, his or her care planning and treatment.</p> <p>R347 was admitted on [DATE] with diagnoses that include acute respiratory disease, mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes (MELAS; a rare disorder that affects the nervous system and muscles), mild vascular dementia, and epilepsy.</p> <p>R347's Minimum Data Set (MDS) dated [DATE] indicated R347's Brief Interview of Mental Status (BIMS) is 11 out of 15 which is moderately cognitively impaired.</p> <p>On 3/26/24 at 8:58 AM, During initial tour, R347 and husband expressed that a PM nurse does not explain anything he is doing with R347.</p> <p>(Of note: R347's husband relays information for R347 due to difficulties communicating)</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 525241
		If continuation sheet Page 1 of 22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525241	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/28/2024
NAME OF PROVIDER OR SUPPLIER Edgerton Care Center, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 313 Stoughton Rd Edgerton, WI 53534	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/27/24 at 3:37 PM, Surveyor observed LPN U enter R347's room without knocking or introducing himself. He asked, R347's husband where is her pain? The husband pointed to the lower back. LPN U pulled her pants down slightly and applied a Lidocaine patch to her back without a word. He took his gloves off and left the room without a word.</p> <p>On 3/28/24 at 10:00 AM, Surveyor spoke to R347 this morning. Surveyor explained to her that Surveyor observed the PM nurse putting a patch on her back Wednesday afternoon. Surveyor noticed that he did not speak to you (R347). Surveyor asked how did that make you feel? R347 replied, not good. He did not put the patch on the right spot on my back, so it did not help. I do not know if he's ever had back pain, it did not help. It did not feel good when he came in and put the patch on.</p> <p>On 3/28/24 at 3:14 PM to 3:20 PM, Surveyor interviewed NHA A (Nursing Home Administrator) regarding resident rights. Surveyor asked if they would expect a nurse to knock on the door or announce who you are before entering a resident's room? NHA A, stated yes, I always would expect them to announce themselves. Surveyor interviewed NHA A. Surveyor asked if they would expect a nurse or caregiver to explain what they are doing or what to expect during a treatment or cares. NHA A stated, yes.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525241	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/28/2024
NAME OF PROVIDER OR SUPPLIER Edgerton Care Center, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 313 Stoughton Rd Edgerton, WI 53534	
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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38882</p> <p>Based on observation and interview, the facility did not ensure prompt resolution of all grievances for 1 of 14 residents reviewed for grievances (R47).</p> <p>Resident Representative N and Resident Representative O indicated they voiced concerns regarding R47's care and stay to facility staff and the facility did not provide any feedback to them about their concerns.</p> <p>Evidenced by:</p> <p>The facility policy, entitled Grievances/Concerns/Complaints, undated, includes It is the policy of the facility that each resident has the right to voice grievances to the facility or other agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal. Such grievances include those with respect to care and treatment which has been furnished as well as that which has been not furnished, the behavior of staff, and other residents, and other concerns regarding their stay. The facility will ensure prompt resolution to all grievances, keeping the resident and resident representative informed throughout the investigation and resolution process. The facility grievance process will be overseen by the administrator, grievance official, who will be responsible for receiving and tracking grievances through their conclusion, lead necessary investigations, maintaining the confidentiality of all information associated with grievances, communicate with residents and resident representative throughout the process to resolution and coordinate with other staff and with the state or federal agencies as may be indicated by specific allegations . Procedure: The facility will promote the grievance throughout the organization. This includes: notifying residents of their rights related to grievances as well as educating all those affected by potential grievances or concerns on the facility grievances process, including but not limited to: resident . resident representative . the facility will inform residents and resident representative orally and in writing of their right to make complaints and grievances and the process to do so during admission, readmission, and the care planning process . resident right to obtain a written decision regarding his or her grievance . a grievance or concern can be expressed orally to the grievance official or facility staff or in writing using the grievance form . upon receipt of a grievance or concern the grievance official will review the grievance, determine immediately if the grievance meets a reportable complaint . the facility will strive for a prompt resolution outcome for all grievances or complaints rendered. The grievance official will complete a written response on the grievance resolution response form to the resident or resident representative which includes the date of the grievance, summary of grievance, investigation steps, findings, resolution outcome and actions taken, and date decision was issued .</p> <p>R47 admitted to the facility on [DATE] with diagnoses including: hereditary spastic paraplegia, metabolic encephalopathy, disease of spinal cord, and immobility syndrome.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525241	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/28/2024
NAME OF PROVIDER OR SUPPLIER Edgerton Care Center, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 313 Stoughton Rd Edgerton, WI 53534	

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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/25/24 at 12:24 PM, Resident Representative N indicated she has voiced concerns regarding R47's care and his room to NHA A (Nursing Home Administrator) and Nurse Manager C without any follow up. These concerns included R47's new bed, staff not repositioning and offloading R47's pressure points, staff not being competent with R47's rare diagnosis, R47 not being able to keep his door open and getting locked inside of his room, R47's Power of Attorney not being contacted when R47 has a change in condition, and the staff using too many layers under R47 and his pressure reducing cushions/mattress.</p> <p>On 3/25/24 at 3:09 PM, Resident Representative O indicated she has voiced concerns to NHA A and to Nurse Manager C regarding R47's room, his door, his call light not being in reach, and staff not turning and repositioning R47 every two hours. Resident Representative O indicated the facility does not provide follow up to her regarding her concerns in writing and sometimes not orally.</p> <p>On 3/26/24 at 9:31 AM, Nurse Manager C indicated Resident Representative O and Resident Representative N have voiced concerns to her regarding R47's door not being able to stay open and getting locked inside of his room and about his new bed and his care. Nurse Manager C indicated she did not use the facility's grievance process for Resident Representative N's and Resident Representative O's concerns, and she should have.</p> <p>On 3/27/24 at 8:41 AM, NHA A indicated Resident Representative N and Resident Representative O voiced concerns to her regarding R47's door, his bed, not being updated on his change in condition, staff not being educated regarding R47's condition, staff not turning and offloading appropriately, R47 not being able to get to his call light, and having too many layers under R47 between him and his pressure reducing mattress and cushion. Surveyor asked NHA A for these grievances. NHA A indicated she should have followed the facility's grievance policy and she has not been documenting these grievances.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525241	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/28/2024
NAME OF PROVIDER OR SUPPLIER Edgerton Care Center, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 313 Stoughton Rd Edgerton, WI 53534	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38725</p> <p>Based on interview and record review, the facility the facility did not ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, are reported immediately to the administrator of the facility and to other officials (including State Survey Agency in accordance with State law though established procedures for 4 of 5 abuse investigations (R21, R31, R17, R45) reviewed of a total sample of 17 residents.</p> <p>R21 had a resident-to-resident incident that was neither reported to NHA A (Nursing Home Administrator) nor the State Agency.</p> <p>R31 had a resident-to-resident incident that was neither reported to the NHA A nor the State Agency.</p> <p>R17 did not have the initial report submitted for a self-report the facility reported.</p> <p>On 12/4/23, the facility became aware of an allegation that R45 felt staff was rough when putting her into bed. The facility failed to report an allegation of abuse to the state agency within two hours of discovery.</p> <p>This is evidenced by:</p> <p>The Facilities Policy and Procedure entitled Abuse, Neglect, Exploitation and Misappropriation Prevention Program dated April 2021 documents the following, in part: .1. Protect residents from abuse, neglect, exploitation or misappropriation of property by anyone including, by not necessarily limited to: a. facility staff; b. other residents .9. Investigate and report any allegations within timeframes required by Federal requirements. 10. Protect residents from any further harm during investigations .</p> <p>The Facilities Policy and Procedure entitled Resident-to-Resident Altercations dated September 2022 documents the following, in part: .2. Behaviors that provoke a reaction by residents or others include: a. verbally aggressive behavior, such as screaming, cursing, bossing around/demanding, insulting to race or ethnic group, intimidating .e. wandering into others. rooms/space. Occurrences of such incidents are promptly reported to the nurse supervisor, director of nursing services, and to the administrator. The administrator will report the incident in accordance with the criteria established under Abuse, Neglect, Exploitation or Misappropriation- Reporting and Investigating .</p> <p>Example 1</p> <p>R21 is a long-term resident of the facility. Her most recent Minimum Data Set (MDS) dated [DATE] documents a score of 15 on her Brief Interview of Mental Status (BIMS) which indicates she cognitively intact.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525241	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/28/2024
NAME OF PROVIDER OR SUPPLIER Edgerton Care Center, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 313 Stoughton Rd Edgerton, WI 53534	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 3/25/24 at 12:06 PM, Surveyor interviewed R21. Surveyor asked R21 if she had any concerns with her neighbors or other residents, R21 stated if we could get rid of the guy next door and the lady in ., we'd be good. Surveyor asked R21 if she could explain the issues with these neighbors, R21 explained that the fell a next door to the right, came into her room swearing four letter words and scared the crap out of me. Surveyor asked R21 when this occurred, R21 replied a couple of weeks ago. Surveyor asked R21 if this male resident is able to get around on his own, R21 said he wanders in and out of rooms. Surveyor asked R21 how she got him to leave when he had entered her room and scared her, R21 stated the girls heard him yelling at me and came. Surveyor asked R21 if he had come into her room since this incident, R21 stated he rolls in here quite often, he has a couple of times since been in room but not as bad. Surveyor asked R21 what does she mean it not that bad, R21 said no yelling or swearing. Surveyor asked R21 if anyone has talked with her about this, R21 stated no one has talked to me about this.</p> <p>The Facility did not have a self-report for this incident.</p> <p>On 3/27/24 at 11:17 AM, Surveyor interviewed CNA F (Certified Nursing Assistant). Surveyor asked CNA F what do you do if a resident wanders into another residents room and is swearing at them. CNA F stated remove the resident that entered the room, explain to the resident that entered the room this isn't their room, explain to the resident whose room was entered that he/she wanders. Surveyor asked CNA F if she would report that incident to anyone; CNA F said report to the nurse.</p> <p>On 3/27/24 at 11:26 AM, Surveyor interviewed LPN G (Licensed Practical Nurse). Surveyor asked LPN G what do you do if a resident wanders into another residents room and is swearing at them; LPN G said see what the situation is an attempt to deescalate, then apologize to the resident for the other resident wandering in, remind the CNA's to monitor for further wandering. Surveyor asked LPN G if he would report this incident to anyone, LPN G stated I'd make a progress note for sure in both residents' records and report to management.</p> <p>On 3/27/24 at 11:38 AM, Surveyor interviewed CNA H. Surveyor asked CNA H what do you do if a resident wanders into another residents room and is swearing at them, CNA H stated I'd go in, remove the resident that doesn't belong there, apologize to the resident that was imposed upon, and report to my nurse.</p> <p>On 3/27/24 at 12:29 PM, Surveyor interviewed SSD I (Social Service Director). Surveyor asked SSD I if she was aware of this incident with R21 and a male resident, SSD I stated no, I was unaware.</p> <p>On 3/27/24 at 1:20 PM, Surveyor interviewed NHA A (Nursing Home Administrator). Surveyor asked NHA A if there was an investigation into this incident, NHA A stated there is not an investigation into this situation.</p> <p>On 3/28/24 at 8:23 AM, Surveyor interviewed NHA A. Surveyor asked NHA A what she would expect her staff to do in this instance, NHA A stated I'd expect staff to alert me and SSD I. Surveyor asked NHA A if this situation is one that could be self-reported, NHA A said yes, self-reportable.</p> <p>Example 2</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525241	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/28/2024
NAME OF PROVIDER OR SUPPLIER Edgerton Care Center, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 313 Stoughton Rd Edgerton, WI 53534	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R31 is a long-term resident of the facility. Her most recent Minimum Data Set (MDS) dated [DATE] documents a score of 15 on her Brief Interview of Mental Status (BIMS) which indicates she cognitively intact.</p> <p>On 3/25/24 at 11:42 AM, Surveyor interviewed R31. Surveyor asked R31 if she had any concerns with her neighbors or other residents, R31 stated a couple of weeks ago when I was at bingo, a female resident was making fun of me because of my weight. Surveyor asked R31 if she knew who this female resident is/was, R31 said she'd seen her before on this floor, but she wasn't sure of her name. Surveyor asked R31 if she told somebody about this, R31 said I told somebody. Surveyor asked R31 who she told, R31 replied the administrator and activities. Surveyor asked R31 what she was told after she reported this, R31 said she was told this particular resident has done this a lot lately.</p> <p>On 3/26/24 at 2:54 PM, Surveyor interviewed R31. Surveyor asked R31 how did that resident make you feel when she talked negatively to you, R31 explained she was sitting at a table doing my latch hook kit, I always have my shirt tucked in, well it must have rode up in back, she said, Your flab is showing. I tried to ignore her, but she said it again and louder this time so everyone could hear it; I felt humiliated, angry, and it stressed me. Surveyor asked R31 if anyone came to talk with her about this incident, R31 said she talked with the Activities Director.</p> <p>The Facility did not have a self-report for this incident.</p> <p>On 3/27/24 at 11:17 AM, Surveyor interviewed CNA F. Surveyor asked CNA F what do you do if a resident says a negative/hurtful comment to another resident, CNA F stated report it to the nurse.</p> <p>On 3/27/24 at 11:26 AM, Surveyor interviewed LPN G. Surveyor asked LPN G what do you do if a resident says a negative/hurtful comment to another resident; LPN G said attempt to find out the details of the situation and report to SSD I. Surveyor asked LPN G if this would require an investigation, LPN G said not that I know of.</p> <p>On 3/27/24 at 11:38 AM, Surveyor interviewed CNA H. Surveyor asked CNA H what do you do if a resident says a negative/hurtful comment to another resident, CNA H said re-arrange activities and lunch placement to avoid further issues. Surveyor asked CNA H if she would report to this to someone, CNA H said I'd report to my nurse.</p> <p>On 3/27/24 at 12:05 PM, Surveyor interviewed AD J (Activity Director). Surveyor asked AD J to tell me what she recalls about a recent incident at bingo with R31 and a female resident; AD J explained we were getting ready for bingo, R31 was doing a knitting thing, another woman (R23) came up to the side and said something about her fat roll sticking out and to stick it back in. Surveyor asked AD J if this behavior was normal for R23, AD J said R23 seemed irritated with R31. Surveyor asked AD J if she reported this to anyone, AD J said no I didn't.</p> <p>On 3/27/24 at 12:29 PM, Surveyor interviewed SSD I (Social Service Director). Surveyor asked SSD I if she was aware of an incident at bingo recently with R31 and a female resident; SSD I explained that R31 did tell me that verbally this occurred, we talked through-did some counseling. Surveyor asked SSD I if she reported this to NHA A, SSD I said no.</p> <p>On 3/27/24 at 1:20 PM, Surveyor interviewed NHA A. Surveyor asked NHA A if there was an investigation into this incident, NHA A stated there is not an investigation into this situation.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525241	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/28/2024
NAME OF PROVIDER OR SUPPLIER Edgerton Care Center, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 313 Stoughton Rd Edgerton, WI 53534	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 3/28/24 at 8:23 AM, Surveyor interviewed NHA A. Surveyor asked NHA A what she would expect her staff to do in this instance, NHA A stated I'd expect staff to alert me and SSD I. Surveyor asked NHA A if this situation is one that could be self-reported, NHA A said yes, self-reportable.</p> <p>Example 3</p> <p>R17 has a thorough investigation into her missing property.</p> <p>R17 does not have the initial report submitted to the State Agency.</p> <p>The Initial report for this incident was not submitted to the State Agency (verified by the Facility Reported Incident; FRI) Intake Coordinator.</p> <p>On 3/28/24 at 8:57 AM, Surveyor interviewed NHA A (Nursing Home Administrator). Surveyor asked NHA A if this investigation should have had the initial report submitted, NHA A said yes.</p> <p>39849</p> <p>Example 4</p> <p>On 12/4/23 the facility became aware of an allegation that R45 felt staff was rough when putting her into bed. The facility failed to report an allegation of abuse to the state agency within two hours of discovery.</p> <p>R45 was admitted to the facility on [DATE] with diagnoses that include, in part: Fracture of unspecified part of neck of left femur, Muscle wasting and atrophy, and Other Viral Pneumonia.</p> <p>R45's Admission MDS assessment, with a target date of 12/1/23, indicates a BIM's score of 12, indicating, moderate cognitive impairment.</p> <p>On 3/28/24 at 8:57AM Surveyor interviewed NHA A (Nursing Home Administrator) and asked if R45 or her family had brought any concerns forward about staff being rough when taking care of her. NHA A indicated on 12/4/23 around 10:30PM to 11:00PM staff made her aware that R45 was going to the ER (emergency room). NHA A indicated she was informed that R45 couldn't walk on her leg but had an extensive therapy day, and that potentially someone had been rough putting her into bed. NHA A indicated that when everything came back negative from the ER it didn't collaborate with me it was reportable. NHA A indicated when she reached out to her Director of Operations, she was told it was reportable. NHA A indicated by the time she found out it was reportable; they had already missed their reporting window. NHA A indicated they completed the investigation and provided documentation of this to surveyors, however, did not report the allegation to the state agency. NHA A indicated, at the time this allegation occurred, she did not realize that allegations could be submitted late to the state agency, but that she now understands she should submit regardless.</p> <p>The facility failed to report an allegation of abuse to the state agency.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525241	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/28/2024
NAME OF PROVIDER OR SUPPLIER Edgerton Care Center, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 313 Stoughton Rd Edgerton, WI 53534	
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** 38725</p> <p>Based on interview and record review the facility did not ensure that all alleged violations involving abuse, neglect, exploitation, or mistreatment, are thoroughly investigated for 2 of 5 abuse investigations (R21, R31) reviewed of a total sample of 17 residents.</p> <p>R21 had a resident-to-resident incident that was not investigated.</p> <p>R31 had a resident-to-resident incident that was not investigated.</p> <p>This is evidenced by:</p> <p>The facility's policy and procedure entitled Abuse, Neglect, Exploitation and Misappropriation Prevention Program dated April 2021 documents the following, in part: .1. Protect residents from abuse, neglect, exploitation, or misappropriation of property by anyone including, by not necessarily limited to a. facility staff; b. other residents .8. Identify and investigate all possible incidents of abuse, neglect, mistreatment, or misappropriation of resident property. 9. Investigate and report any allegations within time frames required by Federal requirements. 10. Protect residents from any further harm during investigations .</p> <p>The facility's policy and procedure entitled Resident-to-Resident Altercations dated September 2022 documents the following, in part: .2. Behaviors that provoke a reaction by residents or others include a. verbally aggressive behavior, such as screaming, cursing, bossing around/demanding, insulting to race or ethnic group, intimidating .e. wandering into others. rooms/space .The administrator will report the incident in accordance with the criteria established under Abuse, Neglect, Exploitation or Misappropriation- Reporting and Investigating .4. If two residents are involved in an altercation staff .b. identify what happened, including what might have led to aggressive conduct on the part of the one or more of the individuals involved in the altercation; c. notify each resident's representative and attending physician of the incident .f. make any necessary changes in the care plan approaches to any or all of the involved individuals .j. report incidents, findings, and corrective measures to appropriate agencies as outlined in Abuse, Neglect, Exploitation or Misappropriation- Reporting and Investigating .5. Inquiries concerning resident-to-resident altercations are referred to the director of nursing services or to the administrator.</p> <p>Example 1</p> <p>R21 is a long-term resident of the facility. Her most recent Minimum Data Set (MDS) dated [DATE] documents a score of 15 on her Brief Interview of Mental Status) which indicates she cognitively intact.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525241	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/28/2024
NAME OF PROVIDER OR SUPPLIER Edgerton Care Center, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 313 Stoughton Rd Edgerton, WI 53534	
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>On 3/25/24 at 12:06 PM, Surveyor interviewed R21. Surveyor asked R21 if she had any concerns with her neighbors or other residents, R21 stated if we could get rid of the guy next door and the lady in ., we would be good. Surveyor asked R21 if she could explain the issues with these neighbors, R21 explained that the man next door, came into her room swearing four letter words and scared me. Surveyor asked R21 when this occurred, R21 replied a couple of weeks ago. Surveyor asked R21 if this male resident is able to get around on his own, R21 said he wanders in and out of rooms. Surveyor asked R21 how she got him to leave when he had entered her room and scared her, R21 stated the girls heard him yelling at me and came. Surveyor asked R21 if he had come into her room since this incident, R21 stated he rolls in here quite often, he has a couple of times since been in my room but not that bad. Surveyor asked R21 what she means it not that bad, R21 said no yelling or swearing. Surveyor asked R21 if anyone has talked with her about this, R21 stated no one has talked to me about this.</p> <p>The facility did not have an investigation or self-report for this incident.</p> <p>On 3/27/24 at 12:29 PM, Surveyor interviewed SSD I (Social Service Director). Surveyor asked SSD I if she was aware of this incident with R21 and a male resident, SSD I stated no, I was unaware. Surveyor asked SSD I if this should have been investigated, SSD I said yes.</p> <p>On 3/27/24 at 1:20 PM, Surveyor interviewed NHA A (Nursing Home Administrator). Surveyor asked NHA A if there was an investigation into this incident, NHA A stated there is not an investigation into this situation.</p> <p>On 3/28/24 at 8:23 AM, Surveyor interviewed NHA A. Surveyor asked NHA A what she would expect her staff to do in this instance, NHA A stated I'd expect staff to alert me and SSD I. Surveyor asked NHA A if this situation is one that could be self-reported, NHA A stated yes, self-reportable. Surveyor asked NHA A if this should have been investigated, NHA A stated yes.</p> <p>Example 2</p> <p>R31 is a long-term resident of the facility. Her most recent Minimum Data Set (MDS) dated [DATE] documents a score of 15 on her Brief Interview of Mental Status (BIMS) which indicates she cognitively intact.</p> <p>On 3/25/24 at 11:42 AM, Surveyor interviewed R31. Surveyor asked R31 if she had any concerns with her neighbors or other residents, R31 stated a couple of weeks ago when I was at bingo, a female resident was making fun of me because of my weight. Surveyor asked R31 if she knew who this female resident was, R31 said she had seen her before on this floor, but she wasn't sure of her name. Surveyor asked R31 if she told somebody about this, R31 said I told somebody. Surveyor asked R31 who she told, R31 replied the administrator and activities staff. Survey asked R31 what she was told after she reported this, R31 said she was told this particular resident has done this a lot lately.</p> <p>On 3/26/24 at 2:54 PM, Surveyor interviewed R31. Surveyor asked R31 how did that resident make you feel when she talked negatively to you, R31 explained she was sitting at a table doing my latch hook kit, I always have my shirt tucked in, well it must have rode up in back, she said, Your flab is showing. I tried to ignore her, but she said it again and louder this time so everyone could hear it; I felt humiliated, angry, and it made me feel stressed. Surveyor asked R31 if anyone came to talk with her about this incident, R31 said she talked with the Activities Director.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525241	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/28/2024
NAME OF PROVIDER OR SUPPLIER Edgerton Care Center, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 313 Stoughton Rd Edgerton, WI 53534	

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>The Facility did not have an investigation or self-report for this incident.</p> <p>On 3/27/24 at 12:29 PM, Surveyor interviewed SSD I (Social Service Director). Surveyor asked SSD I if she was aware of an incident at bingo recently with R31 and a female resident; SSD I explained that R31 did tell me that verbally this occurred, we talked through the situation, and I did some counseling. Surveyor asked SSD I if she reported this to NHA A, SSD I said no. Surveyor asked SSD I if this incident should have been investigated, SSD I said I guess I kind of did. Surveyor asked SSD I if there was documentation of this, SSD I replied no.</p> <p>On 3/27/24 at 1:20 PM, Surveyor interviewed NHA A. Surveyor asked NHA A if there was an investigation into this incident, NHA A stated there is not an investigation into this situation.</p> <p>On 3/28/24 at 8:23 AM, Surveyor interviewed NHA A. Surveyor asked NHA A what she would expect her staff to do in this instance, NHA A stated I'd expect staff to alert me and SSD I. Surveyor asked NHA A if this situation is one that could be self-reported, NHA A said yes, self-reportable.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525241	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/28/2024
NAME OF PROVIDER OR SUPPLIER Edgerton Care Center, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 313 Stoughton Rd Edgerton, WI 53534	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38725</p> <p>Based on interview and record review the facility did not ensure that a resident that is unable to carry out activities of daily living (ADL's) receives the necessary services to maintain personal hygiene for 4 of 6 reviewed for ADL's (R17, R21, R31, R23) of a core sample 12 residents.</p> <p>R17 is not receiving showers per schedule.</p> <p>R21 is not receiving showers per schedule.</p> <p>R31 is not receiving showers per schedule.</p> <p>R23 admitted to the facility on [DATE] and did not receive shower until 1/25/24. R23 went 7 weeks without a shower or bath.</p> <p>This is evidenced by:</p> <p>On 3/27/24 at 11:42 AM, Surveyor interviewed NHA A (Nursing Home Administrator). Surveyor asked NHA A for a Policy and Procedure for showers, NHA A stated they don't have a Policy and Procedure for showers. NHA A went on to say that their shower sheet lays out her expectations of showers- they are to approach twice and document if the resident doesn't comply.</p> <p>Example 1</p> <p>R17's shower day per the shower schedule is Saturday.</p> <p>R17 has the following dates documented for bathing:</p> <p>Bed bath- 1/27/24</p> <p>Whirlpool- 2/3/24</p> <p>Shower- 2/10/24, 2/17/24</p> <p>R17 is missing bathing for: January- 3 weeks, February- 1 week, and March 4 weeks.</p> <p>No hospitalization s during this time to account for missing showers.</p> <p>Example 2</p> <p>R21's shower day per the shower schedule is Friday.</p> <p>R21 has the following dates documented for bathing:</p> <p>Bed bath- 2/17/24</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525241	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/28/2024
NAME OF PROVIDER OR SUPPLIER Edgerton Care Center, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 313 Stoughton Rd Edgerton, WI 53534	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Shower- 2/9/24</p> <p>Sink bath- 1/12/24.</p> <p>Refused- 3/1/24.</p> <p>R21 is missing bathing for: January- 3 weeks, February- 2 weeks, and March 3 weeks.</p> <p>No hospitalization s during this time to account for missing showers.</p> <p>Example 3</p> <p>R31's shower days per the shower schedule are Monday and Thursday.</p> <p>R31 has the following dates documented for bathing:</p> <p>Shower- 1/8/24, 1/25/24, 2/12/24, 2/21/24, 3/4/24, 3/11/24</p> <p>Bed bath- 2/5/24, 3/13/24</p> <p>R31 is missing bathing for: January- 8 bathing opportunities (3 weeks with no bathing, 2 weeks with 1 bath per week), February- 5 bathing opportunities (2 weeks with no bathing, 3 weeks with 1 bath per week), and March- 3 bathing opportunities (1 week with no bathing, 1 week with 1 bath per week)</p> <p>No hospitalization s during this time to account for missing showers.</p> <p>On 3/27/24 at 11:17 AM, Surveyor interviewed CNA F (Certified Nursing Assistant). Surveyor asked CNA F do you have enough staff to meet the resident's needs, CNA F stated no. Surveyor asked CNA F what types of things are hard to get done when there isn't enough staff, CNA F said there's a delay in being able to feed residents, just spending time with the residents, cutting their nails, providing their showers. Surveyor asked CNA F what you do if you can't complete a shower, CNA F said I give a complete bed bath.</p> <p>On 3/27/24 at 11:26 AM, Surveyor interviewed LPN G (Licensed Practical Nurse). Surveyor asked LPN G do you have enough staff to meet the resident's needs, LPN G replied some days we do but when call ins happen, they aren't helpful; I feel we are adequately staffed on my weekend. Surveyor asked LPN G what types of things are hard to get done when there isn't enough staff, LPN G explained my stuff gets done by staying later; for the CNA's it'd be the showers, and they do pass on to the next shift to get done. Surveyor asked LPN G what should happen if a CNA isn't able to complete a shower, LPN G they should report to me, and I pass on to next nurse.</p> <p>On 3/27/24 at 11:38 AM, Surveyor interviewed CNA H. Surveyor asked CNA H do you have enough staff to meet the resident's needs, CNA H stated no. Surveyor asked CNA H what types of things are hard to get done when there isn't enough staff, CNA H said showers. Surveyor asked CNA H what you do if you can't complete a shower, CNA H replied report to my nurse, report to next shift, and try to do a bed bath instead.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525241	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/28/2024
NAME OF PROVIDER OR SUPPLIER Edgerton Care Center, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 313 Stoughton Rd Edgerton, WI 53534	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 3/28/24 at 8:23 AM, Surveyor interviewed NHA A. Surveyor asked NHA A do you expect staff to shower residents, NHA A stated yes, resident have got to be getting their showers. NHA A went on to state she is aware of the shower issues and is working on it.</p> <p>41788</p> <p>Example 14</p> <p>R23 was admitted to the facility on [DATE], and has diagnoses that include chronic systolic heart failure (occurs when the left ventricle can't pump blood efficiently), anxiety disorder (a mental health disorder characterized by feelings of worry, anxiety, or fear that are strong enough to interfere with one's daily activities), repeated falls, and muscle wasting and atrophy (decrease in size and wasting of muscle tissue).</p> <p>R23's Quarterly Minimum Data Set (MDS) Assessment, dated 3/8/24, shows R23 has a Brief Interview of Mental Status (BIMS) score of 10 indicating R23 has moderate cognitive impairment. Section GG shows R23 is dependent on staff for toileting and showering/bathing.</p> <p>R23's Care Plan dated 12/01/23, states, in part: .</p> <p>Problem: Problem Start Date: 12/01/23.</p> <p>Resident: admitted to (specify) for (skilled, Long-Term Care, other) care. I require a Baseline Care Plan identifying care needs, risks, strengths and goals within the first 48 hours.</p> <p>Goal: Long Term Goal Target Date: 6/12/24</p> <p>Initial goal is to (discharge to community, remain in Long Term Care, or other). I will have access to necessary services to promote adjustment to my new living environment and or post discharge from facility.</p> <p>Approach: .</p> <p>-Approach Start Date: 12/1/23. Activities of Daily Living: I will need assist with daily cares as therapy directs. Staff will support me to be as independent as possible to regain strength and activity tolerance .</p> <p>Discipline: Nursing .</p> <p>Shower/bathing documentation includes:</p> <p>-1/25/24- shower by hospice</p> <p>-1/26/24- shower by hospice</p> <p>-2/1/24- shower by hospice</p> <p>-2/10/24- shower by hospice</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525241	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/28/2024
NAME OF PROVIDER OR SUPPLIER Edgerton Care Center, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 313 Stoughton Rd Edgerton, WI 53534	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-2/16/24- shower by hospice</p> <p>-2/22/24- R23 refused shower by hospice</p> <p>-2/26/24- shower by hospice</p> <p>-2/28/24- R23 refused shower by hospice</p> <p>-3/8/24- shower by hospice</p> <p>-3/12/24- R23 refused shower by hospice</p> <p>-3/15/24- shower by hospice</p> <p>-3/18/24- R23 refused shower by hospice</p> <p>-3/24/24- shower by hospice</p> <p>On 3/27/24 at 1:30 PM, Surveyor interviewed EDH E (Executive Director of Hospice) and asked if EDH E could explain the hospice narrative. EDH E indicated under the care plan summary, those items listed under Performed were completed on that visit and those items listed under Not Applicable were not completed on that visit. EDH E indicated it is hospice goal for one shower a week. EDH E indicated hospice is a supplemental service in addition to the facility cares. EDH E indicated the facility should still be providing basic cares to hospice patients.</p> <p>On 3/27/24 at 2:36 PM, NHA A (Nursing Home Administrator) indicated all the shower/bathing documentation was provided to Surveyor. NHA A indicated the facility does not have shower/bathing documentation or refusal documentation for R23 from 11/30/23 through December.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525241	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/28/2024
NAME OF PROVIDER OR SUPPLIER Edgerton Care Center, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 313 Stoughton Rd Edgerton, WI 53534	
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 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>38882</p> <p>Based on observation, interview, and record review, the facility did not store, prepare, distribute, and serve food in accordance with professional standards for food service safety. This has the potential to affect all 40 residents.</p> <p>Cook Q did not allow the thermometer to air dry after sanitizing and before temping resident food.</p> <p>Surveyor observed Cook L's personal lunch to be stored in the facility's walk-in refrigerator with resident food.</p> <p>Surveyor observed undated and unmarked food in the unit refrigerator.</p> <p>Surveyor observed facility's mixer to be stored with food particles on it.</p> <p>Surveyor observed facility's ice machine to have a black and a white build up on the piping and the top inside of the ice cube storage compartment.</p> <p>Surveyor observed two (2) dented cans in circulation.</p> <p>Evidenced by:</p> <p>Example- thermometer/Quat</p> <p>Quaternary Sanitizer Safety Data Sheet, issued 4/24/2015, includes Acute oral toxicity equals 4. Harmful if swallowed. If swallowed, contact a physician immediately and allow advice from medical professional . Ingestion: obtain medical attention.</p> <p>Facility policy, entitled Food Preparation Temperatures, source approval 3/10, includes: procedure- . remove thermometer from disinfectant, insert tip through loop, using case as handle. Rinse before using . Replace thermometer in disinfectant bath .</p> <p>On 3/27/24 at 4:03 PM, Surveyor observed Cook Q pull a thermometer out of a disinfectant bath and insert it into hot food to measure the internal temperature. Cook Q did this five (5) more times. Cook Q and DM K indicated Cook Q did not allow the thermometer to air dry before inserting it into food.</p> <p>Example- staff food/resident food</p> <p>On 3/25/24 at 9:27 AM, during initial tour of the facility's kitchen, Surveyor observed Cook L's lunch to be stored in the facility's walk-in refrigerator and among food being prepared for residents. DM K indicated Cook L should store his lunch in the employee breakroom.</p> <p>Example- undated/unmarked food</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525241	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/28/2024
NAME OF PROVIDER OR SUPPLIER Edgerton Care Center, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 313 Stoughton Rd Edgerton, WI 53534	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Facility policy, entitled Dating and Storage, reviewed 7/11, includes: All . food . will be labeled and dated for storage .</p> <p>On 3/25/24 at 11:19 AM, Surveyor observed a to go container with baked chicken and vegetables inside. The container was not dated or marked with a resident or staff name.</p> <p>On 3/25/24 at 11:25 AM, CNA P (Certified Nursing Assistant) indicated it is everyone's responsibility to maintain the refrigerator and to label everything brought in and mark it when opened. CNA P was not sure who the to go container belonged to or when it was placed in the refrigerator.</p> <p>On 3/26/24 at 9:15 AM, DM K (Dietary Manager) indicated food in the kitchenette is to be labeled with a resident's name and dated with an opened date. DM K indicated she was unsure if the to go container belonged to staff or a resident, but staff are not to store personal food with resident food.</p> <p>Example - Mixer</p> <p>On 3/25/24 at 9:27 AM, Surveyor and DM K observed the facility's mixer to have food particles spattered on the undercarriage. DM K indicated it was used the prior day and should have been cleaned.</p> <p>Example - Ice Machine</p> <p>Facility policy, entitled Ice Machine, reviewed 3/10, includes: Ice Machine shall be cleaned as often as necessary to prevent build up .</p> <p>On 3/25/24 at 9:27 AM, Surveyor and DM K observed the facility's ice machine to have a white substance and a black substance on the piping and the inside top of the ice cube storage container. DM K indicated she would be sure it was cleaned right away.</p> <p>Example - dented cans</p> <p>On 3/25/24 at 9:27 AM Surveyor observed two (2) dented cans on the shelf in the facility's dry storage area. DM K indicated the facility won't use the cans if they are dented on a seam or the top or the bottom, but they would use a can if it were dented in the middle.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525241	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/28/2024
NAME OF PROVIDER OR SUPPLIER Edgerton Care Center, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 313 Stoughton Rd Edgerton, WI 53534	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39849</p> <p>Based on observation, interview, and record review, the facility has not established an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. This has the potential to affect all 71 residents (R) in the facility.</p> <p>The facility failed to identify a COVID-19 outbreak when DA R (Dietary Aide) tested positive for COVID-19.</p> <p>The facility failed to test and/or exclude staff (Driver S and Housekeeping T) when they were displaying symptoms consistent with COVID-19.</p> <p>This is evidenced by:</p> <p>The facility policy titled COVID-19 Policy, dated September 2023, indicates in part:</p> <p>.Facility staff, regardless of vaccination status, must report any of the following criteria to point of contact designated by the facility so they can be properly managed: A positive viral test for SARS-CoV-2. Symptoms of COVID-19 .</p> <p>Outbreak investigation: An outbreak investigation is initiated when a single new case of COVID-19 occurs among residents or staff to determine if others have been exposed .Upon identification of a single new case of COVID-19 infection, in any staff or residents, testing should begin 24 hours after known exposure confirmed via positive test. Facility has the option to perform outbreak testing through two approaches, contact tracing, or broad based (i.e., facility-wide) testing .</p> <p>The current CDC (Centers for Disease Control and Prevention) Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2, updated September 23, 2022, indicates, in part:</p> <p>.Evaluating Healthcare Personnel with Symptoms of SARS-CoV-2 Infection. HCP (Health Care Personnel) with even mild symptoms of COVID-19 should be prioritized for viral testing with nucleic acid or antigen detection assays .</p> <p>Example 1:</p> <p>On 3/26/24 and 3/27/24, Surveyor reviewed Infection Control Line lists for the facility.</p> <p>The January line lists indicated, in part, the following for DA R (Dietary Aide):</p> <p>*Last date worked of 1/9/24,</p> <p>*Called into the facility on [DATE] with a symptom on set date of 1/10/24.</p> <p>*Symptoms Calling in with: Cough, SOB (Shortness of Breath), congestion, and lethargy.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525241	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/28/2024
NAME OF PROVIDER OR SUPPLIER Edgerton Care Center, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 313 Stoughton Rd Edgerton, WI 53534	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>*Follow up with Employee: tested positive when went to Dr. appointment.</p> <p>On 3/7/24 at 9:06 AM, Surveyor interviewed NM C (Nurse Manager), who indicated she is also the Infection Preventionist (IP) for the facility. NM C indicated the following:</p> <p>DA R last worked 1/9/24 and symptoms started on 1/10/24 but she didn't call into the facility until 1/11/24 and reported a positive test at a doctor's appointment. The facility policy states they must report symptoms but doesn't give a timeframe. DA R was not wearing a mask while working on 1/9/24. Outbreak protocol should have been followed as she had worked within 48 hours of a positive test, and it was not.</p> <p>Example 2:</p> <p>On 3/26/24 and 3/27/24, Surveyor reviewed a COVID-19 Outbreak Summary for 11/6/23 to 12/16/23 along with the related line lists.</p> <p>The COVID outbreak summary indicated in part:</p> <p>*On 11/6/23 Driver S called to report signs and symptoms and a positive COVID-19 home test. Driver S worked two hours that morning with a mask due to cough. Last day worked prior is 11/4 with a mask as well.</p> <p>Of note, despite Driver S having a cough he was not immediately tested or excluded from work.</p> <p>The November line list indicates, in part:</p> <p>*Symptom onset date: 11/4/23.</p> <p>*Symptoms: body aches, sweating, and cough.</p> <p>*Date of Collection: 11/6/23.</p> <p>*Results: Detected</p> <p>*Notes: Worked 2 hours with mask due to cough. At home that night developed body aches and sweating. Took home test.</p> <p>On 3/7/24 at 9:06 AM, Surveyor interviewed NM C who indicated the following:</p> <p>Driver S had symptom onset on 11/4 for cough only. On 11/6, he worked for two hours and transported one resident to an appointment and then went home. The resident and Driver S both wore surgical masks. Driver S developed further symptoms that night and took a home test that night that was positive and that's when he called. We had Driver S come to the facility and performed outside testing x 3 and all three were positive. The resident was not tested as they were both wearing source control with the surgical masks. The resident was monitored for symptoms as we were still doing this for all residents every shift at that time.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525241	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/28/2024
NAME OF PROVIDER OR SUPPLIER Edgerton Care Center, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 313 Stoughton Rd Edgerton, WI 53534	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>NM C indicated that corporate made changes after the memo that came out last May and instructed her not to test or exclude staff unless they had at least 3 symptoms. Therefore, Driver S was not tested or excluded when he had reported only a cough.</p> <p>Surveyor asked NM C if she had any documentation in a policy or in CDC guidance that indicates not to test or exclude employees unless they have at least three (3) symptoms. NM C indicated she could not find this and discussed this with the previous NHA and DON, but they indicated their expectation of her was not to test or exclude unless staff had at least three (3) symptoms. Due to this she ensured that if there was a staff member with symptoms, they were to wear a surgical mask.</p> <p>COVID outbreak summary continued, in part:</p> <p>*On 12/2/23: Housekeeping T completed testing x 3 on site due to multiple signs and symptoms; positive. Contact tracing initiated and she is home on isolation .Housekeeping T worked 4 hours on 12/2 with cough and headache and wore a mask; later at home developed body aches, chills, and back pain .</p> <p>The December line list indicates, in part:</p> <p>*Symptom onset date: 12/1/23.</p> <p>*Symptoms: cough, headache. 12/2 developed body aches, chills.</p> <p>*Date of Collection: 12/2/23 and 12/4/23.</p> <p>*Results: Detected</p> <p>*Notes: Blank</p> <p>On 3/7/24 at 9:06AM, Surveyor interviewed NM C who indicated the following:</p> <p>Housekeeping T worked on 12/1/23 with a cough and headache and wore a surgical mask. She was not tested . On 12/2/23 she developed body aches, chills, and sore throat. Line list notes she was tested on [DATE] and 12/4/23 and was COVID positive. NM C indicated, again, Housekeeping T was not excluded or tested with symptom onset as she did not have 3 or more symptoms per the guidance from the previous NHA and DON.</p> <p>Despite Housekeeping T having signs and symptoms of COVID-19, Housekeeping T was not immediately tested or excluded from work.</p> <p>On 3/28/24 at 12:09 PM, Surveyor reviewed the above information with NHA A and asked if she had any documentation or evidence the facility was in contingency or crisis staffing during these times. NHA A indicated they were not.</p> <p>The facility was not following CDC recommendations to test Health Care Personnel (HCP) with even mild symptoms of COVID-19 should be prioritized for viral testing with nucleic acid or antigen detection assays .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525241	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/28/2024
NAME OF PROVIDER OR SUPPLIER Edgerton Care Center, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 313 Stoughton Rd Edgerton, WI 53534	
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 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39849</p> <p>Based on interview and record review, the facility must develop policies and procedures to ensure that residents and/or the resident's responsible party receives education regarding the benefits and potential side effects of the immunization prior to offering the immunization and documentation is noted in the medical record on whether the resident received or declined the immunization. This affected 2 of 5 residents (R37 and R41) reviewed for influenza immunizations.</p> <p>R37's medical record did not show evidence of a declination, consent, or administration for the 2023 to 2024 seasonal influenza vaccine.</p> <p>R41's medical record did not show evidence of a declination, consent, or administration for the 2023 to 2024 seasonal influenza vaccine.</p> <p>This evidenced by:</p> <p>The facility policy, titled Influenza Vaccine, revised August 2023, indicates, in part:</p> <p>Policy Statement: All residents .who have no medical contraindications to the vaccine will be offered the influenza vaccine annually .</p> <p>Policy Interpretation and Implementation: 1. Between October 1st and March 31st each year, the influenza vaccine shall be offered to residents ., unless the vaccine is medically contraindicated or the resident .has already been immunized. 2.residents admitted between October 1st and March 31st shall be offered the vaccine within five (5) working days of the resident's admission to the facility .6. A resident's refusal of the vaccine shall be documented on the informed consent for influenza vaccine and placed in the resident's medical record .</p> <p>Example 1</p> <p>R37 was admitted to the facility on [DATE] with diagnoses that include, in part: asthma, malignant neoplasm of prostate, type II diabetes, and heart failure.</p> <p>On 3/27/24, Surveyor reviewed the immunization history in R37's electronic medical record as part of the infection control task. R37's preventative health documentation notes an influenza administration last dose of 11/15/21.</p> <p>On 3/27/24, at 10:00 AM Surveyor interviewed NM C (Nurse Manager), who indicated she is also the Infection Preventionist (IP) for the facility and requested any documentation regarding R37 being offered this season's influenza vaccine.</p> <p>On 3/27/24 at approximately 4:30 PM, NM C provided surveyor with a Consent to Administer Vaccine form for R37. The influenza vaccine is checked as well as I consent to receive this vaccine, and the form is signed by R37 and dated 3/27/24.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525241	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/28/2024
NAME OF PROVIDER OR SUPPLIER Edgerton Care Center, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 313 Stoughton Rd Edgerton, WI 53534	
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 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/28/24 at 7:40 AM, Surveyor interviewed NM C who indicated she thought R37 had received the vaccine during one of the pharmacy clinics at the end of November or middle of December, however, it must have been missed. NM C indicated they have a plan for R37 to receive the influenza vaccine now that they have the consent.</p> <p>Example 2</p> <p>R41 was admitted to the facility on [DATE] with diagnoses that include, in part: malignant neoplasm of uterus, malignant neoplasm of ascending colon, type II diabetes, and antineoplastic chemotherapy.</p> <p>On 3/27/24 Surveyor reviewed the immunization history in R41's electronic medical record as part of the infection control task. R41's preventative health documentation notes an influenza administration last dose of 1/2023.</p> <p>On 3/27/24 at 10:00 AM, Surveyor interviewed NM C (Nurse Manager), who indicated she is also the Infection Preventionist (IP) for the facility and requested any documentation regarding R41 being offered this season's influenza vaccine.</p> <p>On 3/27/24 at 12:29 PM, Surveyor interviewed NM C who indicated the expectation for obtaining consent/declination and/or administering vaccines to new admissions is within five days. R41 was admitted on [DATE] and NM C indicated her influenza vaccine consent/declination/administration should have been completed by now and was not.</p> <p>On 3/27/24 at approximately 4:30 PM, NM C provided surveyor with a Consent to Administer Vaccine form for R41. The influenza vaccine is checked as well as I decline to receive this vaccine, and the form is signed by R41's HCPOA (Health Care Power of Attorney) and dated 3/27/24.</p> <p>The facility did not have evidence of documentation in R37 or R41's electronic health records regarding being offered or declining the influenza vaccine prior to Surveyor's inquiry.</p>		