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 05/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edgerton Care Center, Inc	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)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41788 Based on interview and record review, the facility failed to immediately consult with a physician when needed to alter treatment for 1 resident (R2) of 4 sampled residents. During a transfer with the EZ stand, the strap/belt to the EZ stand hit R2 in the left eye causing discomfort. Physician was not notified immediately. Facility did not investigate this incident. Evidenced by: The facility policy, entitled Notification of Changes Policy, undated, states, in part: PURPOSE: The facility shall promptly notify the resident and/or the resident representative and his or her physician or delegate of changes in the resident's condition or status in order to obtain orders for appropriate treatment and monitoring and promote the resident's right to make choices about treatment and care preferences. PROCEDURE: 1. The nurse will immediately notify the resident, resident's physician and the resident representative(s) for the following . a. An accident involving the resident, which results in injury and has the potential for requiring physician intervention . 2. The nurse will notify the resident, resident's physician and the resident representative(s) for non-immediate changes of condition on the shift the change occurs unless otherwise directed by the physician. 3. Document the notification and record any new orders in the resident's medical record . The facility policy, entitled Change in a Resident's Condition or Status dated February 2021, states, in part: (continued on next page)

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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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Policy Interpretation and Implementation: 1. The nurse will notify the resident's attending physician or physician on call when there has been a(an): a. accident or incident involving the resident . 5. Except in medical emergencies, notifications will be made within twenty-four (24) hours of a change occurring in the resident's medical/mental condition or status . R2 was admitted to the facility on [DATE], and has diagnoses that include degeneration of macula, unspecified eye (a common condition that's a leading cause of vision loss in older adults), dry eye syndrome of bilateral lacrimal glands (dry eyes that occurs when tears aren't able to provide adequate moisture), type 2 diabetes mellitus (long term condition in which the body has trouble controlling blood sugar and using it for energy) with diabetic chronic kidney disease (long term condition that occurs when the kidneys are damaged and can't filter blood properly). R2's Quarterly Minimum Data Set (MDS) assessment dated [DATE] shows R2 has a Brief Interview of Mental Status (BIMS) score of 12 indicating R2 has moderate cognitive impairment. R2's Certified Nursing Assistant (CNA) Care Plan shows R2 transfers with 2 assist with an EZ stand (mechanical lift). R2's May Physician Orders dated 4/30/24, state, in part: Start Date: 3/7/23 End Date: Open Ended Refresh Tears 1-2 gtts (drops) QID (four times a day) in both eyes . [Dx (diagnosis): Dry Eye Syndrome of bilateral lacrimal glands .] Start Date: 5/17/24 End Date: 5/22/24 - Tobramycin-Dexamethasone drops, suspension; 0.3-0.1 %; amount:1 drop; ophthalmic (eye). Special Instructions: 1 drop into left eye 3 times daily due to swelling. [DX: Drusen (degenerative) of macula, unspecified eye] Start Date: 5/18/24 End Date: 5/30/24 - Maxitrol (neomycin-polmyxin b-dexameth) drops, suspension; 3.5 mg(milligrams)/mL(milliliters) - 0.1%; amount: 1 drop left eye . Special Instructions: 1 drop in left eye TID (three times a day). [DX: Secondary corneal edema, left eye] . R2's progress notes include: 5/13/24 6:53 PM - Pt (patient) states after using EZ stand, belt hit left eye, no redness, bruising, or swelling noted, skin remains intact . Pt wants daughter called to come in, VM (voicemail) left by nurse to daughter reporting resident would like to see her tonight - daughter informed of left eye incident reported by resident. Awaiting daughter's return call . 5/16/24 4:39PM - .Resident . concerned about his eyes. Resident informed that he goes to an eye appointment later today. (continued on next page)

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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	5/16/24 5:55 pm - R2 back from (eye dr office name) general visit with eye dr., NNO (no new orders). Next visit 5/22/24 at 2:45 PM . Note: The facility did not notify MD of the belt hitting R2's eye until 5/16/24 eye appointment. R2's office visit note from (eye dr appointment) dated 5/30/24, states, in part: Reason for Visit: Red Eye - Got hit in the left eye 3 nights ago by accident, like a heavy rubber with a small ball attached to it, was being transferred - left eye itchy - no pain - pain - 0 - said it doesn't feel right, like the lid wants to close . Ordered Prescriptions: tobramycin-dexamethasone (TOBRADEX) 0.3-0.1% Ophthalmic drops, suspension. Indications: ocular inflammation Place 1 drop in left eye 3 times daily . Start Date: 5/16/24 . HPI (history of present illness): he is here today due to being hit in the left eye with a heavy rubber stop with a rubber ball attached to it, it is attached to the instrument that was used to transfer him, a caregiver was pulling on it to transfer him and it snapped back and hit him, it did not hurt it felt numb, had some redness the next day, he wants to keep his eye closed but denies pain, no vision changed, no veil or curtain no flashes of light . Impression: 1. Nonexudative age-related macular degeneration, bilateral, early dry stage. 2. Corneal edema of left eye . On 5/30/24 at 9:25 AM, Surveyor interviewed R2. R2 indicated approximately three weeks ago during a transfer with the EZ stand the cord got caught under the wheel. The cord got pulled loose and it struck him in the left eye. R2 indicated he requested to go to the hospital four (4) times, but it fell on deaf ears. R2 indicated he was told the facility could not get a hold of daughter. R2 indicated he did not see the physician until three days after the incident occurred. On 5/30/24 at 10:20AM, Surveyor interviewed RD C (R2's daughter). RD C indicated facility left a message at 7:30 PM on 5/13/24 regarding the incident with the strap hitting R2 in the left eye. RD C did not get the message until 11:45 PM. RD C indicated the next day, 5/14/24, RD C spoke with the appointment scheduler and requested an eye appointment be scheduled. RD C indicated R2's eye was swollen. RD C indicated R2 should have been sent to the hospital right when it happened. On 5/16/24, R2 saw the eye doctor and was ordered antibiotic eye drops with a numbing agent to help with the pain. RD C indicated R2 had requested to go to the hospital at the time of the incident but was not sent. (continued on next page)

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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 5/30/24 at 1:40 PM, Surveyor interviewed LPN D (Licensed Practical Nurse) and asked LPN D what she knew regarding an incident with R2, the EZ stand transfer, and being hit in the eye with the EZ stand belt. LPN D indicated R2 told her about the incident some time after it occurred. R2 reported the EZ stand belt had clipped his left eye while being transferred back into the wheelchair. LPN D indicated R2 reported left eye was irritated. LPN D indicated she left a message for RD C (Resident Daughter) regarding the incident. Surveyor asked if the physician was notified, and LPN D indicated no because she was waiting for RD C to phone back. Surveyor asked LPN D what the process is when an incident like this occurs. LPN D indicated an incident report should be completed and family and physician should be updated. Surveyor asked LPN D if she completed an incident report and LPN D indicated no and she should have. Surveyor asked LPN D if physician should have been updated with the incident that evening and LPN D indicated yes. Surveyor asked if LPN D reported the incident to DON B (Director of Nursing,) Nurse Manager, or NHA A (Nursing Home Administrator,) and LPN D indicated no. On 5/30/24 at 5:04 PM, Surveyor interviewed DON B (Director of Nursing) and asked if she was aware of an incident that occurred on 5/13/24 with R2, the EZ stand belt and R2 being struck in the left eye with the belt. DON B indicated no. DON B indicated the Assistant Director of Nursing notified her at some time, but she could not recall when. Surveyor asked DON B what is the process for when an incident like this occurs. DON B indicated an incident report is to be completed, physician notification, family notification, and RN in charge notification. Surveyor asked DON B if all had been completed with R2's incident on 5/13/24 and DON B indicated no. DON B indicated that is her expectation. Surveyor asked if the physician should have been notified on 5/13/24 when the incident occurred, and DON B indicated yes. Surveyor asked if seeing an eye doctor three days after the incident is acceptable for physician notification and DON B indicated no. DON B indicated the primary physician was not notified at all. Surveyor asked if education was given to staff on transfers and DON B indicated, No, I did not follow up on this one. Surveyor asked if education was provided to nurses on incident reporting and DON B indicated no.

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50285 Based on interview and record review, the facility did not ensure the provision of pharmaceutical services including procedures that assure that accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals to meet the needs of each resident for 1 out of 4 sampled residents (R2). R2 did not receive his Tobramycin-dexamethasone eye drops as scheduled on 5/16/24, 5/17/24, and 5/18/24. R2 did not receive his Maxitrol eye drops as scheduled on 5/18/24 and on 5/19/24. Evidenced by: The facility policy, entitled Medication Pass Protocol, dated 01/2018 states in part . 9. Check all medications against the MAR (medication administration record) prior to administration. 10. Ensure medications that are being administered have a physician's order, medications are administered as ordered . 11. Sign out all medications immediately after administration. R2 was admitted to the facility on [DATE] and has diagnoses that include Type 2 Diabetes Mellitus (a long-term condition in which the body has trouble controlling blood sugar and using it for energy), Macular Degeneration unspecified eye (an eye disease that can blur your central vision), and Secondary Corneal Edema left eye (swelling of the cornea that can happen after an injury or infection). R2's Minimum Data Set (MDS) Assessment, dated 4/29/24, shows R2 has a Brief Interview of Mental Status (BIMS) score of 12 indicating R2 is moderately cognitively impaired. R2's Physician Order with start date of 5/16/2024 and no end date indicates: -Tobramycin-dexamethasone (Tobradex) 0.3 - 0.1% Ophthalmic drops, suspension for ocular inflammation. Place 1 drop in left eye three times a day. R2's Physician Order with start date of 5/18/2024 and end date of 5/30/24 indicates: -Maxitrol (neomycin-polymyxin b-dexameth) drops, suspension: 3.5 mg/mL - 10,000 unit/mL - 0.1%; amount: 1 drop left eye, ophthalmic (eye) for secondary corneal edema, left eye. Frequency: three times a day. R2's Medication Administration Record (MAR) for May 2024 shows: (continued on next page)

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Tobramycin-dexamethasone drops, suspension; 0.3 - 0.1%; amount to administer 1 drop; ophthalmic (eye). Instructions to administer 1 drop into left eye 3 times daily due to swelling. Frequency: three times a day after meals. -Date: 5/16/24 medication not administered. -Date: 5/17/24 at 8:00 AM and 12:00 PM administered. -Date: 5/18/24 medication not administered. Of Note: This medication was on backorder from pharmacy and never received in house per DON B (Director of Nursing). -Maxitrol (neomycin-polymyxin b-dexameth) drops, suspension: 3.5 mg/mL - 10,000 unit/mL - 0.1%; amount to administer: 1 drop left eye, ophthalmic (eye). Frequency: three times a day. -Date: 5/18/24 12:31 PM: Not administered: Drug/Item Unavailable. -Date: 5/18/24 7:16 PM: Not administered: Drug/Item Unavailable. -Date: 5/19/24 12:16 PM: Not administered: Drug/Item Unavailable. Of Note: The 5/18/24 10:29 AM dose, prior to the dates listed above as Drug/Item Unavailable was indicated as given. On 5/18/2024, Resident Progress Note states: Received fax from pharmacy that new eye drop tobradex is on manufacturer backorder. Writer coordinated with pharmacy and (Pharmacy Name) on call to find alternative, maxitrol. Order placed for 1 drop in left eye TID (three times per day). DON B supplied an emailed statement from ADON E (Assistant Director of Nursing) dated 5/30/24 stating in part: an order was placed for Tobradex eye drops 3 times a day to left eye. On 5/17 R2's daughter . mentioned that she had R2's new eye drops sent to the wrong pharmacy. I called and got the prescription transferred to our pharmacy that day. On 5/18 we were informed by the pharmacy that the eye drop, Tobradex, was on back order. I called the eye doctor and asked for an alternative. They were going to call the on-call provider and call me back within an hour. After an hour I heard nothing back and called the pharmacy instead to see if the pharmacist would have an alternative recommendation. He did and Maxitrol was sent that day. On 5/22/24, R2 had a follow-up eye doctor appointment and the eye drops were discontinued . (continued on next page)

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 5/30/24 at 5:07 PM, Surveyor interviewed DON B (Director of Nursing) who indicated that the Tobradex was ordered by the eye doctor on 5/16/24 but never received, and that the Maxitrol was ordered and received on 5/18/24. Surveyor asked why Tobradex had been signed off as given by staff if it was never received by the facility. DON B again confirmed that Tobradex was never received by the facility and replied that maybe staff got confused with different eye drops that R2 had ordered. Surveyor asked DON B how Maxitrol was signed off as given by staff then later marked in the MAR as being unavailable. DON B replied maybe the staff misplaced it and it couldn't be given, then found it again and gave it. Surveyor asked DON B if it was her expectation that staff follow their policy to check all medications against the MAR and are being given according to physician's order. DON B indicated yes that was her expectation. DON B denied there had any staff education regarding this incident, and indicated she should have completed staff education.