

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525276	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2024
NAME OF PROVIDER OR SUPPLIER Ssm Health St Mary's Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3401 Maple Grove Dr Madison, WI 53719	

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>30992</p> <p>Based on observation, interview, and record review, the facility did not ensure that each resident was treated with dignity and respect for 1 of 6 sampled residents (R1).</p> <p>R1's APOAHC (Activated Power of Attorney for Health Care) has chosen for R1 to see physicians outside of the facility. The facility failed to provide a support person to assist R1 so that she may attend medically necessary physician appointments.</p> <p>As evidenced by</p> <p>The facility's Admission Resident Rights, undated, indicates the following: The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights to be supported by the facility in the exercise of his or her rights. The resident representative has the right to exercise the resident's rights to the extent those rights are delegated to the resident representative.</p> <p>The facility has no policy and procedure regarding appointments, transportation, and supervision while at appointments.</p> <p>R1 was admitted to the facility 6/16/22 with diagnoses including, but not limited to dementia without behavioral disturbance, multiple sclerosis, fibromyalgia, polyosteoarthritis, cauda equina syndrome, muscle weakness, and optic neuritis.</p> <p>R1's Minimum Data Set (MDS) with an Assessment Reference Date of 2/12/24 indicates a Brief Interview of Mental Status score of 13 indicating she is cognitively intact. R1 was incapacitated 8/6/21 and has an APOAHC (Activated Power of Attorney for Health Care). R1's APOAHC lives out of the country.</p> <p>R1's Kardex, dated 4/9/24, states in part, as follows: Toilet use: Suprapubic catheter 16 fr (french), continent of bowel, assist as needed with peri care. Transfers: 1 assist when/if resident allows staff to assist.</p> <p>The Appointments schedule on 2/13/24 indicate the following for R1: Ophthalmology Appointment 1:40 PM and Pickup Time: 1:00 PM</p> <p>On 2/13/24 R1 had a scheduled Ophthalmology (eye) appointment at 1:40 PM.</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 2/13/2024 at 1:00 PM, R1's Progress Note indicates the following: Called to front entrance to observe resident going out the door to wait for cab. This writer attempted to redirect resident unsuccessfully. Activities aide attempted to redirect resident unsuccessfully. Resident rolled wheelchair under canopy requesting to be left alone. Activities aide sat with her for a few moments as an attempt to redirect. With each attempt to redirect by staff resident voice became louder and jaws clenched. Resident began yelling profanities, and flailing arms. Resident informed appointment was canceled because someone has to be present with her for appointments. She cursed and threw her envelope to the ground and continued to flail her arms. Assigned CNA (Certified Nursing Assistant) attempted to redirect resident. Resident continues to be upset about appointment, continued to curse, and hit wheelchair with arms and fist. Pastoral care involved and successfully redirected resident to return to building. Resident continues to voice concerns about cancellation of appointment. Return to room with assigned CNA.</p> <p>On 4/8/23 at 11:13 AM, Surveyor spoke with R1's APOAHC, FM D (Family Member). FM D stated the facility does not like that R1 goes out for medical appointments. FM D stated, They (facility) is harassing me. FM D stated, the facility has threatened to contact APS (Adult Protective Services) if she does not provide a person (supervision) to go to appointments with R1. FM D stated, this is greatly upsetting, and she wants to support R1 to the best of her ability given that she resides out of the country.</p> <p>On 3/26/24 at 11:33 AM, NHA A sent the following email to FM D, DON B (Director of Nursing), RDOO E (Regional Director of Operations) and VPCS F (Vice President of Clinical Services).</p> <p>NHA A writes: I will continue to reach out to HCPOA (Health Care Power of Attorney), FM D, to inquire what the plan is for a support person. I have removed (physician name) from this thread.</p> <p>This is not a new enforcement, and this is a service that SMCC (St. Mary's Care Center/facility) simply does not provide for any resident. All other residents families or friends, support their loved ones while out of the facility at medical appointments, should they decide to go to outside providers, should they have an activated healthcare power of attorney/are deemed incapacitated. I cannot speak to why this policy was not enforced when R1 first moved in, and I apologize for that.</p> <p>This has not been new knowledge, as we have been continually communicating with FM D, for over a month, regarding R1's need to have support while she is out of the facility. R1 has displayed an inability to safely do tasks independently, including go to medical appointments independently, as evidenced by wandering into another resident's bathroom and locking herself in a staff restroom. Therefore, we discussed this concern with FM D, who included R1's physician. Our goal is to keep R1 safe, always, and we are working very hard to act in her best interest to ensure she has someone with her while out of the facility.</p> <p>We have providers that come to the facility for PCP (Primary Care Providers), dental, audiology, therapy, optometry services, and we are glad to help get her set up on these services, as they are a great way to prevent her from having to leave the facility and require family or friends to support her while out of the facility at numerous medical appointments.</p> <p>(continued on next page)</p>		

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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Through these numerous discussions, we have involved many parties who care for and provide service to R1, including managed care organization, physician, legal, State of Wisconsin Ombudsman, Wisconsin Medicaid Consortium and DHS (Department of Health Services), all of whom agree that R1 should have support when out of the facility.</p> <p>She needs to have a support person provided by her HCPOA by 5/1/2024. (Note, this date is in bold.)</p> <p>I have been instructed that a case with APS (Adult Protective Services) will be opened if there is not a plan in place. (Note, this sentence is in bold.)</p> <p>On 3/26/24 at 12:00 PM, R1's Physician documented the following notes during a telephone visit: . The patient (R1) needs a support person who is in charge of her safety The Physician added, in my opinion the person needs to be able to help transport a patient from one point to another and be aware enough to help seek help when needed. A family member or any lay person that the HCPOA trusts should be able to do this with these requirements. It is basically a person who can be an adult sitter to monitor R1 and make sure that if she does have something happen (fall out of her wheelchair) that they can seek help to get her back in. Not necessarily that they have to get her in it. If she states she has chest pain or needs to go the bathroom that they can seek out help to get that for her. Someone to be in charge of her to ensure she gets to where she is going. Medical background is not needed.</p> <p>On 4/9/24 at 1:45 PM, Surveyor spoke with NHA A (Nursing Home Administrator). Surveyor asked NHA A, how does the facility determine when resident needs a support person to go with them to appointments. NHA A stated, the facility looks at the resident's cognition, activation status, and history of wandering. Surveyor asked NHA A, does R1 require supervision while out at appointments. NHA A stated, yes, after a recent situation somebody needs to go with R1 to appointments. Surveyor asked NHA A, what situation occurred. NHA A stated, R1 went into the public restroom and was yelling at staff outside the door. NHA A stated, we told R1 her appointment was canceled when she was in the bathroom. NHA A stated, R1 continued to go outside. NHA A stated R1 said she was waiting (outside) to go to her appointment. Surveyor asked NHA A, who goes to R1's appointments with her. NHA A stated, we've been having to send staff because her family does not go with her. NHA A stated, she told FM D as of 5/1/24 the facility cannot provide someone to go with R1. NHA A stated, R1 is not safe to go alone, and she hasn't given us someone to go with her. Surveyor asked NHA A, have facility staff accompanied R1 to appointments before. NHA A stated, No, because it's not done with anyone else. Surveyor asked NHA A, do any other residents/families have concerns regarding having to provide a support person for appointments. NHA A stated, no. NHA A stated, R1's MCO (Managed Care Organization) stated R1 does not have that benefit (support person) under her plan. Surveyor asked NHA A, if the family is communicating, they are unable to go to appointments with R1, are you aware it is the facility's responsibility to ensure R1 is able to go to her appointments. NHA A stated, she was not aware. Surveyor shared with NHA A, the facility is ultimately responsible for R1's safety whether she is at the facility or out an appointment. If R1's family is unable to provide a support person to go with R1, the facility is ultimately responsible to honor the wishes of R1 and FM D in their choice of physicians and to ensure R1's safety while she out of the facility.</p>		

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<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>30992</p> <p>Based on interview and record review, the facility did not make prompt efforts to resolve resident grievances for 1 resident (R1) out of 7 residents reviewed for grievances, out of a total sample of 24 Residents.</p> <p>R1's APOAHC (Activated Power of Attorney for Healthcare) expressed concerns to the previous DON (Director of Nursing) regarding the way CNA C (Certified Nursing Assistant) treated R1. The facility did not record details regarding the grievance, has no documentation that the grievance was investigated, or any details regarding the allegation.</p> <p>This is evidenced by:</p> <p>The facility Policy and Procedure, Grievance Process, with a revised date of 11/2022, includes, in part: Residents have the right to voice grievances to the community 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 not been furnished, the behavior of staff and of other residents and other concerns regarding their stay in the community.</p> <p>The community will make prompt efforts to resolve grievances the resident may have. The community will take immediate action to prevent further potential violations of any resident right while the alleged violation is being investigated.</p> <p>The Executive Director (Also known as the Nursing Home Administrator) is the grievance officer and responsible for overseeing the grievance process, receiving, and tracking grievances through to their conclusion, leading investigations by the community including written grievance decisions to the resident if requested, and coordinating when applicable state and federal agencies.</p> <p>Grievance record including evidence demonstrating the results of all grievances will be maintained for three years from the issuance of the grievance decision.</p> <p>It is the policy to support each resident's right to voice grievances and to assure that after receiving a complaint or grievance to seek a resolution and keep the resident apprised of progress.</p> <p>Surveyor reviewed the facility's Grievance Log. Surveyor observed there was no grievance documented regarding R1 for the month of October 2023. The facility did not record details regarding the grievance, has no documentation that the grievance was investigated, or any details regarding the allegation.</p> <p>R1 was admitted to the facility 6/16/22 with diagnoses including, but not limited to dementia without behavioral disturbance, multiple sclerosis, fibromyalgia, polyosteoarthritis, cauda equina syndrome, muscle weakness, and optic neuritis.</p> <p>(continued on next page)</p>		

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R1's Minimum Data Set (MDS) with an Assessment Reference Date of 2/12/24 indicates a Brief Interview of Mental Status score of 13 indicating she is cognitively intact. R1 was incapacitated 8/6/21 and has an APOAHC (Activated Power of Attorney for Health Care).</p> <p>On 10/6/23 at 4:11 PM, R1's Progress Notes documented by the previous DON (Director of Nursing) indicate the following: Late entry for 10/5/23 at 10:30 AM. Res family member, FM D (Family Member), called me and wanted to follow up on the investigation I had completed looking into a staffing/care concern for this resident. She also wanted a complete copy of my findings. I explained to FM G that staff had been spoken with, statements collected, and the investigation completed. She presented follow up questions that were discussed and documented. I told FM G I would get back to her later in the day with my results and new findings. (Note, R1 was experiencing UTI (urinary tract infection) symptoms that day and no further information or detail is documented.)</p> <p>The accused CNA (Certified Nursing Assistant) is no longer employed at the facility.</p> <p>On 4/10/24 an approximately 1:30 PM, Surveyor spoke with RN M (Registered Nurse) who was working at the time of the allegation. RN M did not recall any grievance or allegation.</p> <p>On 4/9/24 at 10:35 AM, Surveyor spoke with R1. R1 does not recall any concern.</p> <p>On 4/10 at 2:10 PM, Surveyor spoke with NHA A (Nursing Home Administrator). Surveyor shared the R1's Progress Notes for 10/6/23. Surveyor asked NHA A if the facility was able to locate the grievance, investigation, statements, or any documentation regarding this grievance. NHA A stated they have been looking for information for most of the day and were unable to find any investigation, statements or documentation related to this complaint. Surveyor asked NHA A, should this grievance regarding staffing/care concern have been documented and thoroughly investigated. NHA A stated, yes.</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>30992</p> <p>Based on observation, interview, and record review, the facility did not ensure care plans were reviewed and revised for 1 (R1) of 20 sampled residents.</p> <p>Facility staff did not revise R1's care plan to address her need for a support person while out of the facility at appointments.</p> <p>Findings include:</p> <p>R1 was admitted to the facility 6/16/22 with diagnoses including, but not limited to dementia without behavioral disturbance, multiple sclerosis, fibromyalgia, polyosteoarthritis, cauda equina syndrome, muscle weakness, and optic neuritis.</p> <p>R1's Minimum Data Set (MDS) with an Assessment Reference Date of 2/12/24 indicates a Brief Interview of Mental Status score of 13 indicating she is cognitively intact. R1 was incapacitated 8/6/21 and has an APOAHC (Activated Power of Attorney for Health Care). R1's APOAHC lives out of the country.</p> <p>On 2/13/2024 at 1:00 PM, R1's Progress Note indicates the following: Called to front entrance to observe resident going out the door to wait for cab. This writer attempted to redirect resident unsuccessfully. Activities aide attempted to redirect resident unsuccessfully. Resident rolled wheelchair under canopy requesting to be left alone. Activities aide sat with her for a few moments as an attempt to redirect. Resident continues to be upset about appointment, continued to curse, and hit wheelchair with arms and fist. Pastoral care involved and successfully redirected resident to return to building. Resident continues to voice concerns about cancellation of appointment. Return to room with assigned CNA.</p> <p>The facility has determined that R1 needs a support person when going out of the facility or appointments. R1's care plan was not updated to include the need for a support person.</p> <p>On 4/10/24 at 2:10 PM, Surveyor spoke with NHA A (Nursing Home Administrator). Surveyor asked NHA A, when did the facility determine R1 needs a support person when she goes out for appointments. NHA A stated on 2/13/23. Note, R1 has been incapacitated since 8/6/21 and a resident at the facility since 6/16/22. Surveyor asked NHA A, should R1's care plan include her need for a support person when out of the facility at appointment. NHA A stated, yes.</p> <p>Cross Reference F550</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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** 41788</p> <p>Based on observation, interview, and record review, the facility did not ensure that residents who are unable to carry out Activities of Daily Living (ADLs) received the necessary services for assistance with incontinent cares for 3 of 6 residents (R16, R23, & R24) reviewed for ADLs.</p> <p>R16 indicates she has double briefs on almost every night due to being a heavy wetter.</p> <p>R23 indicated she has a blue liner and a pullup on due to being a heavy wetter. Surveyor observed a blue liner and pullup placed on R23 during am cares.</p> <p>R24 indicates she gets double briefed at times due to being a heavy wetter.</p> <p>This is evidenced by:</p> <p>Facility unable to provide policy on incontinence products.</p> <p>Example 1</p> <p>R16 was admitted to the facility on [DATE], and has diagnoses that include hemiplegia (paralysis of one side of the body) and hemiparesis (another term for hemiplegia), urinary incontinence (loss of bladder control), history of urinary tract infections (an illness in any part of the urinary tract, usually starts when bacteria get into the tube through which urine leaves the body, the urethra) and overactive bladder (a problem with bladder function that causes the sudden need to urinate).</p> <p>R16's Minimum Data Set (MDS) Quarterly Assessment, dated 1/29/24, shows R16 has a Brief Interview of Mental Status (BIMS) score of 15 indicating R16 is cognitively intact.</p> <p>R16's certified nursing assistant (CNA) Kardex, dated 4/10/24, states, in part: .</p> <p>ADL: Toilet Use- 2 person EZ stand (Mechanical Lift)</p> <p>Toileting- Raised toilet seat with handles.</p> <p>Bladder/Bowel: Toilet upon arising, between meals, at Hour of Sleep (HS) and as needed. She will ask for care as well .</p> <p>R16's Care Plan, dated 3/22/23, states, in part: .</p> <p>Focus: Skin Integrity- At risk/ and/or Potential for Complications with impaired skin integrity including skin tears, bruising and/or pressure related to (r/t) current medical/physical status. Has meds/diagnoses (dx) that can/may affect skin integrity. Date Initiated: 3/22/23 Revision: 2/8/24.</p> <p>Goal: Will be free of serious complications r/t current skin status through next review date. Date Initiated: 7/26/23 Target Date: 5/8/24.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interventions: .</p> <p>-Incontinence care with incontinent brief changes. Date Initiated: 3/22/23.</p> <p>-Observe skin care with AM/PM cares and with toileting for redness, rashes, open areas, pain, swelling and report them to team leader .Date Initiated: 3/22/23 .</p> <p>On 4/10/24, at 9:05AM, Surveyor interviewed R16 and asked R16 if staff ever uses double incontinence briefs on her and R16 indicated yes. R16 indicated every night she has double incontinence briefs on due to being a heavy wetter. R16 indicated she had double briefs on last night.</p> <p>Example 2</p> <p>R23 was admitted to the facility on [DATE], and has diagnoses that include functional urinary incontinence (can't get to or use a toilet in time to urinate) and urge incontinence (loss of bladder control, varying from a slight loss of urine after sneezing, coughing, or laughing to complete inability to control urination).</p> <p>R23's MDS Quarterly Assessment, dated 1/29/24, shows R16 has a BIMS score of 15 indicating R16 is cognitively intact.</p> <p>R23's CNA Kardex, dated 4/10/24, states, in part: .</p> <p>ADL: .</p> <p>-Toilet Use- 1 assist Wears overnight briefs at bedtime .</p> <p>Toileting:</p> <p>-Check and change every 2 hours at night (NOC) and as needed (PRN)</p> <p>-Incontinence Supplies include: Small/Medium pull up during daytime. Large brief at NOC.</p> <p>Bladder/Bowel:</p> <p>-Toilet upon rising, between meals, at HS and as needed .</p> <p>R23's Care Plan, dated 3/22/23, states, in part: .</p> <p>Focus: Skin Integrity- At risk/ and/or Potential for Complications with impaired skin integrity including skin tears, bruising and/or pressure r/t current medical/physical status. Has meds/dx that can/may affect skin integrity. Date Initiated: 3/22/23 Revision: 6/20/23.</p> <p>Goal: Will have clean, dry, intact skin through next review date. Date Initiated: 3/22/23 Revision: 2/14/24 Target Date: 5/20/24.</p> <p>Interventions:</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- Incontinence care with incontinent brief changes. Date Initiated: 3/22/23.</p> <p>-Observe skin care with AM/PM cares and with toileting for redness, rashes, open areas, pain, swelling and report them to team leader .Date Initiated: 3/22/23 .</p> <p>Focus: Bowel/Bladder Actual/At Risk and/or Potential for Complications with B&B (Bowel & Bladder) r/t current medical/physical status.</p> <p>Goal: Will be clean and dry with incontinence cares provided as needed through review date. Date Initiated: 3/22/23.</p> <p>Interventions: .</p> <p>-Incontinence supplies include: small/medium pull up during daytime. Large brief at NOC. Date Initiated: 3/22/23 Revision: 3/31/23 .</p> <p>-Toilet upon arising, between meals, at HS and as needed. Date Initiated: 3/22/23.</p> <p>-Check and change every two hours at NOC and as needed. Date Initiated: 3/22/23.</p> <p>On 4/10/24, at 8:15 AM, Surveyor observed CNA G perform AM cares on R23. CNA G placed big blue liner inside a pull up on R23. CNA G indicated to Surveyor most residents that are heavy wetters like to have a blue liner and pullup on at the same time. Surveyor asked CNA G if R23 was care planned for two incontinence products and CNA G indicated no. CNA G indicated the staff are told not to use two incontinence products at the same time, but residents request them. Surveyor asked the reason for using two incontinence products at the same time and CNA G indicated heavy wetters. R23 indicated staff will put two incontinence products on her and R23 wants and likes two on her or she leaks urine.</p> <p>Example 3</p> <p>R24 was admitted to the facility on [DATE], and has diagnoses that include urge incontinence and dementia (a condition characterized by progressive or persistent loss of intellectual functioning, especially with impairment of memory and abstract thinking, and often with personality change, resulting from organic disease of the brain).</p> <p>R24's MDS Quarterly Assessment, dated 2/20/24, shows R16 has a BIMS score of 14 indicating R24 is cognitively intact.</p> <p>R24's Care Plan, dated 2/14/23, states, in part: .</p> <p>Focus: Bowel/Bladder: Focus: Actual/At Risk and/or Potential for Complications with B&B (Bowel & Bladder) r/t current medical/physical status. Has meds/dx that can/may affect B&B status. Date Initiated: 2/14/23 Revision: 3/30/23.</p> <p>Goal: Will be clean and dry with incontinence cares provided as needed through review date. Date Initiated: 2/14/23 Revision on: 1/12/24 Target Date: 5/20/24.</p> <p>Interventions:</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Ssm Health St Mary's Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3401 Maple Grove Dr Madison, WI 53719	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Incontinence supplies include: Large brief Date Initiated: 2/14/23 Revision on: 3/30/23</p> <p>-Toileting upon arising, between meals, at HS and as needed. Date Initiated: 2/14/23.</p> <p>-Check and change every 2 hours at NOC and PRN. Date Initiated: 2/14/23 Revision on: 1/12/24 .</p> <p>On 4/10/24, at 8:37 AM, Surveyor interviewed R24 at time of AM cares and R24 indicated she requests for double briefs because she is a heavy wetter, and staff will put them on her. CNA H indicated staff are not supposed to put double briefs on but if the residents request some do put double briefs on. CNA H indicated she will not double brief.</p> <p>On 4/9/24, at 4:30 PM, Surveyor interviewed CNA I who indicated he has seen double briefs on residents R23 and R24.</p> <p>On 4/9/24, at 4:31, Surveyor interviewed CNA J and asked if staff ever uses double briefs on residents and CNA J indicated yes. Surveyor asked CNA J who staff will double brief and CNA J indicated R16 per resident request. CNA J indicated yesterday they double briefed R16. Surveyor asked the reason for double briefing and CNA J indicated because resident is a heavy wetter. Surveyor asked if resident is care planned for a double brief and CNA J indicated no.</p> <p>On 4/9/24, at 4:36 PM, Surveyor interviewed CNA K and asked if staff uses double briefs on residents. CNA K indicated yes, she has seen double briefs on residents and R24 is one she can recall. CNA K indicated some staff will use double briefs on residents that are heavy wetters and that request double briefs. CNA K indicated the double briefs are usually applied on residents for the night shift. Surveyor asked if residents are care planned for double briefs and CNA K indicated not knowing.</p> <p>On 4/10/24 at 11:20AM, Surveyor interviewed DON B (Director of Nursing) and asked what the facility policy indicates about double briefing and DON B indicated it is not allowed. Surveyor informed DON B about the observation with R23 with blue liner and pullup being placed this am and about staff and resident interviews that double briefing is occurring. Surveyor asked what DON B's expectation is regarding incontinence products and double briefing. DON B indicated if residents are requesting for double briefs staff are to come to DON B and she will educate residents and care plan after doing a risk and benefit. DON B indicated using double briefs are not standard of practice. Surveyor asked DON B if a resident is considered a heavy wetter would she expect those residents to be toileted more often and care planned such and DON B indicated yes. Surveyor asked DON B if it is acceptable to double brief and DON B indicated no.</p>

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36253</p> <p>Based on interview and record review the facility did not provide pharmaceutical services to meet the needs of each resident for 6 of 15 (R4, R5, R7, R13, R18 and R21) residents reviewed for medications.</p> <p>R4, R7, R18 and R21 did not receive their medications as ordered.</p> <p>R5 did not receive her scheduled Lasix on 2/28/24.</p> <p>R13 did not receive her scheduled Tylenol Claritin, melatonin, and trazodone on 2/21/24. R13 did not receive her scheduled calcium on 3/2/24 and 3/5/24. R13 did not receive her scheduled magnesium on 3/25/24, 3/26/24, and 3/30/24.</p> <p>R21 did not receive scheduled Seroquel on 3/4/24 and did not receive scheduled lamotrigine on 3/8/24.</p> <p>Evidenced by:</p> <p>Findings include:</p> <p>The facility policy entitled, Medication Administration, dated 1/23, states, in part: .</p> <p>Policy: Medications are administered as prescribed in accordance with manufacturers' specifications, good nursing principles and practices and only by persons legally authorized to do so. Personnel authorized to administer medications do so only after they have familiarized themselves with the medication.</p> <p>Procedures:</p> <p>Medication Preparation: .</p> <p>3. Prior to administration, review and confirm medication orders for each individual resident on the Medication Administration Record .</p> <p>Medication Administration:</p> <p>1. Medications are administered in accordance with written orders of the prescriber .</p> <p>Documentation: .</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. If a dose of regularly scheduled medication is withheld, refused, or given at other than the scheduled time (for example, the resident is not in the nursing care center at scheduled dose time, or a starter dose of antibiotic is needed), the space provided on the front of the MAR for that dosage administration is initiated and circled .If two consecutive doses of a vital medication are withheld or refused, the physician is notified .</p> <p>Example 1</p> <p>R4 was admitted to the facility on [DATE]. On 3/11/24, R4 was given orders for Cefprozil 500 mg twice daily for 2 days for COVID-19. According to R4's MAR (Medication Administration Report), this medication was not given once on 3/12/24.</p> <p>Example 2</p> <p>R7 was admitted to facility on 11/29/23. He has orders that include Simethicone 180 mg four times daily. This order was made on 11/29/23. It was not given to R7 for any of the four doses on 2/29/24. Additionally, R7 has orders, dated 11/30/23, for Calcium Carbonate once daily. This was not given on 2/28/24. Documentation states these medications were unavailable.</p> <p>Example 3</p> <p>R18 was admitted to the facility on [DATE] and has orders, dated 2/1/23, for Senna 8.6 mg twice daily. This was not given once on 2/28/24. Facility documentation states, med not here.</p> <p>On 4/10/24 at 11:05 AM, VPCS F (Vice President of Clinical Services) stated that the facility was transitioning from an in house pharmacy to an outside pharmacy on 2/28/24 and there was to be a stock of over-the-counter (OTC) medications available, however, there was a misunderstanding and none of the OTC medications were available for medication passes on 2/28/24 and 2/29/24. According to VPCS F, facility attempted to go to a local drug store for the OTC medications, but they were unable to get them in a timely manner. VPCS F also stated that the facility identified this failure to get the medications but did not follow-up with residents or their families. In the case of R4, VPCS F stated she was not sure why the medication was not given and did not have any documentation as to why it was not given or documented on.</p> <p>On 4/10/24 at 11:30 AM, DON B (Director of Nursing) stated to Surveyors that she did not consider the undispensed medications to be a medication error and that the facility has multiple channels to ensure any medications not in house are received and given in a timely manner, however, these channels did not come through on 2/28/24 and 2/29/24.</p> <p>41788</p> <p>Example 4</p> <p>R5 was admitted to the facility on [DATE], and has diagnoses that include diastolic (congestive) heart failure (a condition in which your heart's main pumping chamber (left ventricle) becomes stiff and unable to fill properly) and hypertensive heart (refers to heart problems that occur because of high blood pressure that is present over a long time) and chronic kidney disease with heart failure (heart has to pump harder to get blood to the kidneys and can lead to heart disease).</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R5's Medication Administration Record (MAR) for February 2024 for Furosemide Oral Tablet 20 milligrams (mg)- Give 1 tablet by mouth one time a day for give in addition to 40 mg. Total dose= 60 mg daily for 3 days. Start Date: 2/27/24 8:00AM shows on 2/28/24 R5 did not receive the ordered dose by showing an empty box where the medication should have been signed out it that it was administered.</p> <p>R5's Care Plan shows:</p> <p>Focus- Heart Circulation: Actual/At Risk/ and/or Potential for Complications with Heart/Circulation. Concern of- Atrial Fibrillation Congested Heart Failure Date Initiated: 4/10/24 (printed date)</p> <p>Goal: Will be free of serious complications related to (r/t) diagnosis and/or medication use through next review date.</p> <p>Interventions: Meds/Labs/Treatments as ordered/accepted.</p> <p>Example 5</p> <p>R13 was admitted to the facility on [DATE], and has diagnoses that include hypomagnesemia (a condition in which the amount of magnesium in the blood is lower than normal), insomnia (a sleep disorder where you may have trouble falling asleep, staying asleep, or getting good quality sleep), and osteoporosis (a condition in which bones become weak and brittle).</p> <p>R13's February 2024 MAR shows for:</p> <ul style="list-style-type: none"> - Acetaminophen Oral Tablet 325 mg Give 2 tablets by mouth one time a day for pain. Take at the end of PM shift Start Date: 2/1/24 8:30PM- was not administered on 2/21/24 indicated by an empty box where the medication should have been signed out that it was administered. - Claritin Oral Tablet 10 mg (Loratadine) Give 1 tablet by mouth at bedtime for allergies SIDE EFFECTS: Somnolence Start Date: 2/1/23 8:30PM- was not administered on 2/21/24 indicated by an empty box where the medication should have been signed out that it was administered. - Melatonin Oral Tablet (Melatonin) Give 7 mg by mouth at bedtime related to INSOMNIA, UNSPECIFIED (G47.00) Start Date: 2/1/23 8:30PM- was not administered on 2/21/24 indicated by an empty box where the medication should have been signed out that it was administered. - Trazodone Hydrochloride (HCl) 100 mg Give 1 tablet by mouth at bedtime every Tue, Wed, Thu, Fri, Sat, Sun r/t INSOMNIA, UNSPECIFIED (G47.00); DEPRESSION, UNSPECIFIED (F32.A) .Start Date: 11/21/23 8:30PM- was not administered on 2/21/24 indicated by an empty box where the medication should have been signed out that it was administered. <p>R13's March 2024 MAR shows for:</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Calcium Carbonate- Vitamin D Oral Tablet 500-5 mg-mcg (micrograms) (Calcium Carbonate-Vitamin D) Give 1 tablet by mouth two times a day related to Age-Related Osteoporosis without current pathological fracture . Start Date: 2/1/23 7:30AM Discontinue (D/C) 3/5/24 11:44AM- was not administered on 3/2/24 by indicating a (9-Other/See Nurse Notes) in the box to be signed the medication was administered and on 3/5/24 by indicating a (13-Med Not Available) in the box to be signed the medication was administered.</p> <p>Of Note: No indication in the nurse progress notes why medication was not administered and what was done in attempt to administer the medications.</p> <p>-Magnesium Oxide Oral Tablet 400 mg Give 1 tablet by mouth three times a day relayed to HYPOMAGNESEMI . Start Date: 2/1/23 7:30AM- was not administered on 3/25/24 by indicating a (13-Med Not Available) in the box to be signed the medication was administered, on 3/26/24 by indicating a (9-Other/See Nurse Notes) in the box to be signed the medication was administered, and on 3/30/24 by indicating a (13-Med Not Available) in the box to be signed the medication was administered.</p> <p>Of Note: No indication in the nurse progress notes why medication was not administered and what was done in attempt to administer the medications.</p> <p>Example 6</p> <p>R21 was admitted to the facility on [DATE] and has diagnoses that include bipolar disorder (a disorder associated with episodes of mood swings ranging from depressive lows to manic highs).</p> <p>R21's March 2024 MAR shows for:</p> <p>-lamotrigine oral tablet Give 100 mg by mouth in the morning for Manic-Depression Start Date: 2/24/24 7:30AM- was not administered on 3/8/24 by indicating a (9-Other/See Nurse Notes) in the box to be signed the medication was administered.</p> <p>Of Note: No indication in the nurse progress notes why medication was not administered and what was done in attempt to administer the medications.</p> <p>-Quetiapine Fumarate Oral Tablet Give 200 mg by mouth at bedtime for Manic- Depression Start Date:2/23/24 8:30PM D/C Date: 3/8/24 10:44AM- was not administered on 3/4/24 by indicating a (13-Med Not Available) in the box to be signed the medication was administered.</p> <p>Of Note: No indication in the nurse progress notes why medication was not administered and what was done in attempt to administer the medications.</p> <p>R21's Care Plan, dated 2/23/24, states, in part: .</p> <p>Focus: Mood/Behavior: Actual Complications with Mood/Behavior. Date Initiated: 2/23/24 Revision: 3/5/24.</p> <p>Goal: Mood/Behavior will not interfere with activities of daily living (ADL) status through next review. Date Initiated: 2/23/24 Target Date: 5/23/24.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interventions: .</p> <p>-Meds/Labs/Treatments as Ordered Date Initiated: 2/23/24 .</p> <p>Focus: Psychotropic Drug Use: At risk for complications r/t use of alprazolam, divalproex, lamotrigine, quetiapine, venlafaxine ER .</p> <p>Goal: Will be free of serious complications r/t psychotropic medication use through next review date. Date Initiated: 2/23/24 Target Date: 5/23/24.</p> <p>Interventions:</p> <p>- Meds/Labs/Treatments as ordered/accepted. Date initiated: 2/23/24.</p> <p>- Monitor/Observe/Document medication effectiveness- symptoms of mood/behavior improvement or decline. Observe for lethargy, need for med reduction. Review observations with MD. Date Initiated: 2/23/24 .</p> <p>On 4/10/24, at 10:48AM, Surveyor interviewed VPCS F (Vice President of Clinical Services) and asked what the expectation is if a medication is not available, and VPCS F indicated the nurse is to go to contingency first and check for the medication there. If medication is not there the nurse is to call the pharmacy, and then call the physician and responsible party.</p> <p>On 4/10/24, at 11:20AM, Surveyor interviewed DON B (Director of Nursing) and asked what the process is if a medication is not available and DON B indicated the nurse is to check the contingency for the medication, and if not there call the pharmacy. DON B indicated there is two back up pharmacies the facility uses for medications when not available. DON B indicated if those fail the nurse is to call the physician for a hold order for that medication not available. Surveyor asked is marking a medication unavailable acceptable to not administer a medication and DON B indicated if the process is followed the medication should be administered.</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41788</p> <p>Based on observation, interview, and record review, the facility did not ensure that it was free of medication error rates of 5% or greater. There was 1 error in 12 opportunities that affected 1 out of 2 residents (R21) included in the medication pass task, which resulted in an error rate of 8.3%.</p> <p>R21 received the wrong dose of Venlafaxine.</p> <p>This is evidenced by:</p> <p>The facility policy entitled, Medication Administration, dated 1/23, states, in part: .</p> <p>Policy: Medications are administered as prescribed in accordance with manufacturers' specifications, good nursing principles and practices and only by persons legally authorized to do so. Personnel authorized to administer medications do so only after they have familiarized themselves with the medication.</p> <p>Procedures:</p> <p>Medication Preparation: .</p> <p>3. Prior to administration, review and confirm medication orders for each individual resident on the Medication Administration Record (MAR). Compare the medication and dosage schedule on the resident's MAR with the medication label .</p> <p>Medication Administration:</p> <p>1. Medications are administered in accordance with written orders of the prescriber .</p> <p>R21 was admitted to the facility on [DATE] and has diagnoses that include bipolar disorder (A disorder associated with episodes of mood swings ranging from depressive lows to manic highs).</p> <p>R21's Minimum Data Set (MDS) Admission assessment dated [DATE], shows R21 has a Brief Interview of Mental Status (BIMS) score of 14 indicating R21 is cognitively intact.</p> <p>R21's Physician's Orders dated 4/10/24, states, in part Venlafaxine Hydrochloride (HCl) Extended-Release 24- Give 300 milligrams (mg) by mouth in the morning for Major Depressive Disorder . Order Date: 2/23/24 Start Date: 2/23/24 .</p> <p>R21's Medication Administration Record (MAR) for 4/1/24 - 4/30/24, states, in part: .</p> <p>Venlafaxine HCl ER Oral Tablet Extended Release 24 Hour (Venlafaxine HCl) Give 300 mg by mouth in the morning for Major Depressive Disorder Start Date: 2/24/24 7:30 AM .</p> <p>On 4/9/24, at 8:25 AM, Surveyor observed MA L (Medication Aide) administer Venlafaxine HCl ER 150 mg 1 tablet to R21. R21 should have received two tablets to equal 300 mgs.</p> <p>(continued on next page)</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/9/24, at 2:00 PM, Surveyor interviewed MA L and DON B (Director of Nursing). Surveyor asked MA L to pull up R21's Venlafaxine order. Surveyor, MA L and DON B observed the order was for 300 mg. Surveyor then asked MA L to pull Venlafaxine card from drawer and MA L then indicated she gave 150 mg this morning and it was an error. MA L indicated the order is for 300 mg and she administered 150 mg. Surveyor asked DON B if this was a medication error and DON B indicated yes.</p>		