| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 525276 | A. Building<br>B. Wing | 10/21/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Ssm Health St Mary's Care Center | 3401 Maple Grove Dr<br>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) |
|---|---|
| F 0689<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41788<br><br>Based on observation, interview, and record review, the facility did not ensure each resident receives adequate supervision and assistance devices to prevent accidents for 1 of 3 residents (R5) reviewed for supervision and accidents.<br><br>R5 was served coffee while in his bed and dropped the coffee cup in the bed on his right side which pooled up against him. R5 sustained superficial partial thickness burns to right flank and right buttocks, estimated approximately 7% Total Body Surface Area (TBSA). Facility had no process in place regarding safety to residents with hot liquid temping or any type of safety assessment. After the incident occurred, coffee brewers were temped at 185 Fahrenheit.<br><br>Evidenced by:<br><br>The facility policy titled Food Safety: Preventing Burns dated 2021, states, in part:<br><br>Policy: Hot food and beverages will be served at a safe temperature that prevents burns.<br><br>Procedure:<br><br>1. Staff will monitor hot food and beverage temperatures at the point of service .<br><br>5. Appropriate supervision to obtain hot beverages and/or reheat foods in a microwave will be provided to any individual demonstrating decreased safety awareness and/or anyone who is at risk for burns or scalds based on clinical assessments .<br><br>The chart below shows the estimated time for persons to receive second and third degree burns at various temperatures.<br><br>Water Temperature Time to Receive 2nd Degree Burn Time to Receive 3rd Degree Burn<br><br>120 F 8 minutes 10 minutes<br><br>124 F 2 minutes 4.2 minutes<br><br>131 F 17 seconds 30 seconds<br><br>(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 |
|---|---|---|

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 525276 | A. Building<br>B. Wing | 10/21/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Ssm Health St Mary's Care Center | 3401 Maple Grove Dr<br>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) |
|---|---|
| F 0689<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | 140 F 3 seconds 5 seconds .<br><br>R5 was admitted to the facility on [DATE], and has diagnoses that include traumatic shock, major depressive disorder, and metabolic encephalopathy (a brain dysfunction caused by a chemical imbalance in the blood that affects the brain).<br><br>R5's Quarterly Minimum Data Set (MDS) Assessment, dated 8/9/24, shows that R5 has a Brief Interview of Mental Status (BIMS) score of 15, indicating R5 is cognitively intact. Section GG shows that R5 uses a wheelchair for mobility and R5 has no impairment to upper extremities with range of motion and has impairment with range of motion on both lower extremities. R5 requires substantial/maximal assistance with showering/bathing and upper body dressing. R5 is dependent on staff for toileting, transfers, and dressing lower body.<br><br>R5's Care Plan, dated 11/2/23, states, in part:<br><br>Focus: Nutrition/Hydration - At risk/and/or Potential for Complications with Nutrition/Hydration d/t (due to) ESRD (End Stage Renal Disease), Lymphedema, quadriplegia and obesity . Date Initiated: 11/2/23. Revision on: 8/1/24 .<br><br>Interventions:<br><br>Fluid- Thin/Regular Liquids .<br><br>Set-up meal per resident request. Honor food requests as able. Date Initiated: 11/2/23. Revision on: 6/21/24 .<br><br>Focus: Safety/Hot Liquids: Actual/Potential for injury related to spillage of hot liquids. Date Initiated: 10/15/24. Revision on: 10/17/24.<br><br>Goal: Resolved: Resident will remain free of serious injury related to handling of hot liquids. Date Initiated: 10/15/24. Revision on: 10/17/24. Target Date: 11/1/24. Resolved Date: 10/17/24.<br><br>Resident will remain free of serious injury related to handling of hot liquids. Date Initiated: 10/13/24. Revision on: 10/17/24. Target Date: 11/1/24.<br><br>Interventions:<br><br>- Resolved: Evaluate for the presence of risk factors for spills and potential of injury from hot liquids on admission/readmission/quarterly and/or significant change. Date Initiated: 10/15/24. Revision on: 10/17/24. Resolved Date: 10/17/24.<br><br>- Evaluate for the presence of risk factors for spills and potential of injury from hot liquids on admission/readmission/quarterly and/or significant change. Date Initiated:10/17/24 .<br><br>-Resolved: Staff to assist with pouring/serving hot liquids. Date Initiated: 10/15/24. Revision on: 10/17/24. Resolved Date: 10/17/24.<br><br>-Need to utilize cup with Coban added for texture to assist with grip. Date Initiated: 10/17/24 .<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 525276 | A. Building<br>B. Wing | 10/21/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Ssm Health St Mary's Care Center | 3401 Maple Grove Dr<br>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) |
|---|---|
| F 0689<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | R5's Incident Report dated 10/13/24, at 7:00AM, states, in part: .<br><br>Incident Location: Resident's Room .<br><br>Incident Description:<br><br>Nursing Description: I was walking out of the resident in (Resident Room Number) room when CNA (Certified Nursing Assistant) was walking out of the clean linen closet. She yelled for me to come to the resident in (R5's Room Number) room right away. When I entered the resident's room CNA had the resident out of his clothing and in a brief and was changing the bedding. I asked the resident what happened (see resident's description for response). I observed the resident's skin and saw a reddened area and blisters extending from the resident's right thigh to the right abdomen up to the ribcage. I took the resident's vitals and completed a pain assessment. Resident stated he was trying to change hands from the left hand to the right hand holding his coffee thermos when it spilled.<br><br>Immediate Action Taken: All the bedding and clothing was removed from the resident and bed. After the resident was cared for the coffee pot was emptied and the appropriate people were notified including the on-call physician who gave the order to send the resident to the ER (emergency room ) for evaluation .<br><br>Injuries Observed at Time of Incident:<br><br>Injury Type: Injury Location:<br><br>Burn 19) Right iliac crest (front)<br><br>Burn 21) Right iliac crest (rear)<br><br>Burn 31) Right Buttock<br><br>Burn 64) Other (Describe)<br><br>Level of Pain:<br><br>Numerical: 0<br><br>Level of Consciousness: Alert Mobility: Wheelchair bound.<br><br>Mental Status:<br><br>-Baseline for individual<br><br>-Oriented to Place<br><br>-Oriented to Time<br><br>-Oriented to Person<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 525276 | A. Building<br>B. Wing | 10/21/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Ssm Health St Mary's Care Center | 3401 Maple Grove Dr<br>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) |
|---|---|
| F 0689<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | Predisposing Environmental Factors:<br><br>-None<br><br>Predisposing Physiological Factors:<br><br>-None<br><br>Predisposing Situation Factors:<br><br>-None .<br><br>Email to Medical Director from DON B (Director of Nursing), dated 10/13/24, at 3:54 PM, states, in part: .<br><br>Updating you that early this morning R5 sustained a significant burn to parts on his torso and buttock after dropped his coffee while in bed. R5 was sent to the ER and has returned with new treatment orders and an order for oxy prn (Oxycodone as needed, A pain medication) . Per R5, he was attempting to transfer his coffee from his good hand (L) to his bad hand (R) when the mug fell . R5 states he will only use his left hand when handling hot beverages from here on out. We are also looking over our process around serving hot beverages/checking temps, and updating for safety .<br><br>R5's Progress Note dated 10/13/24, at 8:12AM, states, in part:<br><br>Note Text: At 7 AM writer called to resident's room by CNA. Resident stated he was switching hands he was holding his coffee thermos cup with and spilled. Assessed resident's skin to find reddened area with fluid filled blisters on resident's right upper thigh to right lower abdomen and on resident's back. Resident denied any pain. Vitals taken. Charge nurse notified and On-Call provider notified. Order to send resident to ER (emergency room ) .<br><br>R5's Progress Note dated 10/13/24, at 3:01 PM, states: Returned from hospital. New orders received: Oxycodone 5 mg (milligrams) take one tab every 6 hours as needed for pain. Wound Care: Wash wound daily with Dial soap and water. Use a washcloth to scrub the area, cover with bacitracin and place cuticerin on top, cover with dry gauze, wear compression t-shirt to hold dressing in place. Follow up in 1 week.<br><br>R5's Progress Note dated 10/16/24, at 2:31PM, states, in part: .<br><br>Late Entry: Note Text: Wound Observation Completed .<br><br>Wound Location & Description:<br><br>Type of Wound: Other superficial partial thickness burn (2nd degree) .<br><br>Wound Base/Bed: Granulation Slough:<br><br>% Granulation- 50% Slough: 50<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 525276 | A. Building<br>B. Wing | 10/21/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Ssm Health St Mary's Care Center | 3401 Maple Grove Dr<br>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) |
|---|---|
| F 0689<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | Drainage Amount: Heavy Right side of back/buttock 24 x 30 x 0.1cm (centimeters)<br><br>Right Breast 10 x 8 cm<br><br>Burn surface is a mixture of yellowish white slough and pink tissue.<br><br>Drainage Color: Serous<br><br>Surrounding Tissue: Intact .<br><br>Pain Associated with wound: Yes, Pain noted with treatment .<br><br>Treatments: Current Treatment/Dressing: Yes Bacitracin, cuticerin, gauze .<br><br>R5's Dietary Progress Note dated 10/17/24, at 2:14 PM, states, in part: . Notified by RN (Registered Nurse) that R5 is having fluid losses from his burns. The TBSA is 7%. Due to wounds, he receives Vitamin C 500 mg, ZnSo4 (zinc sulfate) 220 mg, Juven bid (twice a day) to support healing .<br><br>Hospital Discharge, dated 10/13/24, states, in part: .<br><br>Date of Service: 10/13/24 9:17AM .<br><br>S: accidentally spilled coffee on self this morning; does not feel pain, history of cervical injury, also history of poor wound healing on legs requiring VAC and at a skilled nursing facility.<br><br>O: see picture of approximately 7% TBSA superficial partial thickness to right flank/buttock<br><br>A/P: 2nd degree thermal burn and patient was history of cervical injury and ongoing wound care concerns and transferred to burn center for debridement and follow-up wound care after discussion with them. Tetanus updated here.<br><br>Chief Complaint: Burn (coming from (Skilled Nursing Facility Name). Alert and Oriented (A&O) x 4. Spilled coffee on his abdomen, to his back, right upper thigh. Reddened areas and fluid filled blisters .<br><br>Physical Exam: .<br><br>Skin: Warm and dry. Superficial partial thickness burn present to right flank and right buttocks approximately 7% TBSA.<br><br>Neuro: Awake. A&O x 3. Quadriplegic .<br><br>Medical Decision Making, ED (Emergency Department) Course & Medical Complexity: .<br><br>Patient with associated superficial partial thickness burn to right flank, right buttocks estimated approximately 7% TBSA .<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 525276 | A. Building<br>B. Wing | 10/21/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Ssm Health St Mary's Care Center | 3401 Maple Grove Dr<br>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) |
|---|---|
| F 0689<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | Patient declining any pain, additionally non-sensate to region given chronic quadriplegia. Care discussed with burn consult doctor with recommendations for ED transfer for formal burn consult/local wound debridement. Given no local burn consult, care at (Skilled Nursing Facility Name) will require transfer for higher burn consult. Per burn team, likely need for local wound debridement and discharged home with continued care at patient's current care facility with further burn follow-up without likely need for admission or other complicated cares .<br><br>Diagnosis: Superficial partial thickness burns of abdominal wall .<br><br>Emergency Department Notes, dated, 10/13/24, state, in part: .<br><br>ED: 10/13/24 .<br><br>Date of Service: 10/13/24<br><br>Chief Complaint: Patient presents with Burn.<br><br>History:<br><br>Patient with a history of tetraplegia (medical condition that causes partial or total loss of function in the arms, hands, trunk, legs, and pelvic organs) of from previous spinal cord injury who presents to the Emergency Department via EMS (Emergency Medical Services) for evaluation of burn injury. Patient states that earlier this morning he accidentally spilled hot coffee on his right lower flank and lateral hip area. Initially seen at (Hospital Name) Emergency Department where his tetanus status was updated, and the burn surgery team was consulted who recommended transfer to . Emergency Department for further wound evaluation .<br><br>Physical Exam:<br><br>Skin: . Findings: Burn present. Superficial partial-thickness burn with blister formation noted over the right lower flank and lateral hip/buttock. No obvious involvement of the inguinal region or penis/scrotum. TBSA about 5% .<br><br>Medical Decision Making: .<br><br>On exam he has a superficial partial thickness burn with blister formation noted over the right lower flank and lateral hip/buttock without obvious involvement of the inguinal region or penis/scrotum. TBSA about 5% .<br><br>Burn surgery resident was consulted and evaluated patient at bedside, wound care was performed while in the ED. The following wound care recommendations were provided:<br><br>-Pain control with Tylenol and PRN (as needed) ibuprofen.<br><br>-Premedicate with 5 mg (milligrams) oxycodone.<br><br>-Wash wound with soap and water.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 525276 | A. Building<br>B. Wing | 10/21/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Ssm Health St Mary's Care Center | 3401 Maple Grove Dr<br>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) |
|---|---|
| F 0689<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | -Wound cares with bacitracin and cuticerin.<br><br>-Wear a compression t-shirt.<br><br>Post-discharge wound care:<br><br>-Wash wound daily with Dial soap and water.<br><br>-Use a washcloth to scrub the area.<br><br>-Cover with bacitracin and place cuticerin on top.<br><br>-Cover with dry gauze.<br><br>-Wear a compression t-shirt to hold dressings in place.<br><br>-Follow-up in clinic in 1 week .<br><br>Impression:<br><br>-Superficial partial thickness burn of abdominal wall (primary encounter diagnosis)<br><br>-Superficial partial thickness burn of buttock, initial encounter .<br><br>R5's Hot Liquids Safety Assessment, dated 10/13/24, at 10:09AM, states, in part: .<br><br>-R5 has no memory problems and/or mental function.<br><br>-R5's mood does not vary over course of day/easily agitated.<br><br>-R5 does not have frequent impulsive acts/short tempered.<br><br>-R5 does not have tremors in upper extremities.<br><br>-R5 does have contractures in fingers/hands/wrists/elbows/shoulders.<br><br>-R5 does have weakness/paresis in upper extremities.<br><br>-R5 does not have loss of mobility/reduced movement in upper extremities.<br><br>Care Plan-Hot Liquid Risk: R5 is at risk for hot liquid injury .<br><br>R5's Hot Liquids Safety Assessment, dated 10/15/24, at 1:26PM, states, in part: .<br><br>-R5 has no memory problems and/or mental function.<br><br>-R5's mood does not vary over course of day/easily agitated.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 525276 | A. Building<br>B. Wing | 10/21/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Ssm Health St Mary's Care Center | 3401 Maple Grove Dr<br>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) |
|---|---|
| F 0689<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | -R5 does not have frequent impulsive acts/short tempered.<br><br>-R5 does not have tremors in upper extremities.<br><br>-R5 does have contractures in fingers/hands/wrists/elbows/shoulders.<br><br>-R5 does have weakness/paresis in upper extremities.<br><br>-R5 does have loss of mobility/reduced movement in upper extremities.<br><br>Care Plan-Hot Liquid Risk: R5 is at risk for hot liquid injury .<br><br>Kitchen cart log for hot liquids dated 10/17/24 shows:<br><br>10/17/24- breakfast coffee temp - 135*<br><br>10/17/24- lunch coffee temp - 132*<br><br>On 10/17/24 at 10:10 , Surveyor interviewed PT E (Physical Therapist). PT E indicated R5 has quadriparesis (a condition that causes muscle weakness in all four limbs.) R5 can use both arms and legs to propel in wheelchair. R5's sensation is intact. R5 is currently working with OT (occupational therapy) on standing tolerance, sitting balance, shoulder strength, grip strength, shoulder range of motion, and wheelchair propulsion. R5 is currently working with PT (physical therapy) on transfers, ambulation, pain management, and bed mobility. PT E indicated R5 has chronic muscular pain in bilateral thighs.<br><br>On 10/17/24 at 10:20 AM, Surveyor interviewed R5. R5 indicated every day he drinks coffee in bed with the head of the bed up. CNAs bring coffee in every morning in R5's thermos cup/insulated coffee cup. R5 uses left hand to hold coffee but on 10/13/24, R5 indicated he got cocky and switched coffee to right hand, which is his bad hand. R5 dropped the coffee on the right side of bed alongside of him and the coffee pooled there, and he received burns to right side, back, and his butt. R5 indicated the cup he uses is his personal cup. It is a thermos cup with no handle but has a lid. R5 indicated the lid stayed on when he dropped the cup and the coffee poured out of the drinking area. R5 indicated he yelled out AHHHH!!! and CNA D (Certified Nursing Assistant) entered his room immediately and turned R5 and cleaned him up. RN G (Registered Nurse) came in right away with a couple other nurses. They sent me to the hospital. R5 indicated the burn lady told him he has 2nd degree burns. Surveyor asked R5 approximately how long after he received the coffee did he drop the cup into his bed and R5 indicated maybe 10 minutes after receiving the coffee.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 525276 | A. Building<br>B. Wing | 10/21/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Ssm Health St Mary's Care Center | 3401 Maple Grove Dr<br>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) |
|---|---|
| F 0689<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | On 10/17/24 at 10:35, Surveyor interviewed RN G. Surveyor asked RN G if she could tell Surveyor about the morning R5 spilled his coffee in bed. RN G indicated around 6:55 AM - 7:00 AM, CNA D called for RN G to come to R5's room. When RN G arrived R5 just had a brief on. CNA D removed R5's pants and t-shirt and removed brief and had put a new one on R5. CNA D was in process of changing R5's bedding. R5 indicated he switched from holding his thermos cup of coffee from left hand to his right hand. R5's right hand does not work as well as the left hand. R5 dropped his thermos cup onto the right side of the bed. RN G indicated the thermos cup had a lid on it and the coffee had come out of the drinking portion of the cup and spilled onto R5's right side. R5 was rolled and skin was reddened. The on-call physician was called and R5 was sent to the ER. Surveyor asked how R5 typically gets his coffee and RN G indicated the CNAs get the coffee every morning for R5 in his personal thermos cup. Surveyor asked if R5 was care planned to receive coffee in his room unsupervised and RN G indicated previously no and RN G did not know if R5 was now care planned since incident. Surveyor asked if residents are assessed for safety regarding hot liquids and RN G indicated just meal tickets, but no indication for hot liquid safety for residents. Surveyor asked how would staff know if it is safe for residents to receive hot coffee unsupervised and RN G indicated the staff knows what residents need assistance with meals and if a resident drinks from a sippy cup, we would not give hot liquids unsupervised. Surveyor asked what the process is for serving hot liquids to residents and RN G indicated if residents are independent with meals staff will just give coffee or hot fluids with no assessments.<br><br>On 10/17/24 at 10:55 AM, Surveyor interviewed LPN C (Licensed Practical Nurse) and asked what the process is for serving residents hot liquids unsupervised. LPN C indicated by the MDS section GG, looking at residents' movements and whether they can move their upper body. Surveyor asked if there were assessments completed for residents to determine safety with hot liquids and LPN C indicated this week we started completing them for all residents. Surveyor asked LPN C how staff know if it is safe to give residents hot fluids in their rooms and LPN C indicated the CNA Kardex lists the diet orders, but she is not sure.<br><br>On 10/17/24 at 11:06 AM, Surveyor interviewed CNA H and asked how staff know if a resident is safe to be served hot liquids in their room unsupervised and CNA H indicated if a resident drinks out of a normal cup, we just give it to them. Surveyor asked what the process was prior to incident on 10/13/24 to administer hot liquids/coffee to residents. CNA H indicated prior to 10/13/24 staff would make coffee in the kitchenettes and just pour the coffee in a cup and take it to residents. CNA H indicated now staff must get the coffee from the main kitchen and the kitchen temps the coffee prior to getting it to staff on the floor. CNA H indicated coffee cannot be over 130 degrees Fahrenheit. CNA H indicated some residents want their coffee warmed in microwave and staff can use the microwave, but staff must temp the coffee to be sure it does not exceed 130 degrees.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 525276 | A. Building<br>B. Wing | 10/21/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Ssm Health St Mary's Care Center | 3401 Maple Grove Dr<br>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) |
|---|---|
| F 0689<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | On 10/17/24 at 11:20 AM, Surveyor interviewed VPC F (Vice President of Culinary). Surveyor asked to see the coffee temp log that was on the cart about to leave kitchen going to unit. VPC F had a dietary aide temp it and Surveyor observed temp at 138.7 degrees F. Surveyor asked when temping hot liquids started and VPC F indicated right after the incident with R5 spilling coffee. VPC F indicated prior to the incident the brewers on the units were not being temped. VPC F indicated right after the incident the brewers on the floor were temped and all were at 185 degrees Fahrenheit. VPC F indicated the facility brought in a technician for the brewers to see if they could bring the temperatures down on the brewers. The technician indicated the temps could not be brought down below 185 degrees due to a sanitation issue. VPC F indicated the facility cools the coffee down to 140 degrees or under by adding ice. The brewers upstairs on the units are not being used anymore and the facility is working on getting new brewers. Surveyor asked if residents could get coffee when the kitchen is not open and VPC F indicated the facility does not offer coffee during the night, only when the kitchen is open now. VPC F indicated prior to incident we were not temping the brewers/coffee but now the facility is which started 10/13/24 the day of the incident.<br><br>On 10/17/24 at 1:00 PM, Surveyor interviewed CNA D and asked CNA D to tell Surveyor about the morning R5 spilled his coffee in bed. CNA D indicated she had taken R5 his coffee in his personal cup with a screw-on lid at 6:50 AM. CNA D indicated she placed the coffee cup in R5's left hand and left room. CNA D got to another room and heard R5 moaning and went back into R5's room. R5 indicated to CNA D that he had spilled his coffee. CNA D indicated telling RN G that R5 spilled coffee and then removed R5's clothes immediately and changed the bedding. CNA D indicated the whole right side of R5 was red and started blistering. R5 indicated to CNA D that he went to put coffee cup into his right hand and spilled the coffee in bed. CNA D indicated R5 is left hand dominant and does better with left hand. CNA D indicated it is normal for R5 to have coffee in his personal cup in his bed in the mornings. Surveyor asked what the process is for staff to serve coffee to residents. CNA D indicated staff gets the coffee from the coffee pot in the kitchenette. CNA or staff on the floor makes the coffee. CNA D indicated staff has never had to temp coffee, it was never a thing. When staff take R5 his coffee we put it in his left hand. Surveyor asked how staff know if a resident is deemed safe for hot liquids and CNA D indicated she assumed the facility coffee pots are safe to give to residents temp wise. Surveyor asked CNA D if care plans indicate safe for hot liquids in rooms unsupervised and CNA D indicated no. CNA D indicated any resident that can have thin liquids she would just give it to them. CNA D indicated the process has changed since the incident. The temps on the coffee pots in the kitchenettes were checked immediately after the incident of R5 spilling his coffee and found to be hotter than they were supposed to be and are now marked out of order. If a resident requests coffee now the kitchen temps it and brings it up for staff on the floor to administer the coffee. CNA D indicated the kitchen now sends pots of coffee up with the meals or if a resident requests a cup and temps it.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 525276 | A. Building<br>B. Wing | 10/21/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Ssm Health St Mary's Care Center | 3401 Maple Grove Dr<br>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) |
|---|---|
| F 0689<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | On 10/17/24 at 1:41 PM, Surveyor interviewed DON B (Director of Nursing). Surveyor asked DON B about the incident on 10/13/24. DON B indicated R5 is a partial quadriplegic. When DON B met with R5, R5 indicated to DON B that he tried to hold his personal coffee cup in his right hand, which is his weaker hand. R5 indicated to DON B that he got cocky and tried to switch hands from left hand to right hand and dropped the coffee cup into his bed on his right side where the fluid pooled alongside him. DON B indicated it was R5's personal insulated coffee cup with no handle, but had a lid. Surveyor asked DON B what the process is for staff to serve coffee to residents in their rooms and DON B indicated with general services if a resident with no precautions such as, no supervision with meals or swallowing difficulties they could have hot fluids in rooms. The facility had nothing in place regarding safety with hot liquids. Unless a resident had something stating they could not have coffee or hot liquids unsupervised they could. Surveyor asked if this were something you would care plan and DON B indicated we have never had hot liquid assessments before but since incident we should have. DON B indicated hot liquids and coffee should be temped for safety. DON B indicated since incident with R5 the facility immediately halted service of hot liquids/soups that day. When hot liquids/soups resumed they were to be in temperature parameters of 140 degrees or below. Thermometers are on the units now. 1:1 on liquid temperatures with nursing staff and dietary and a reminder was put on dashboard in PCC (Point Click Care; the electronic health record). Dietary staff are now responsible to temp hot liquids and bring hot liquids/coffee up from the kitchen to the floor. The brewers upstairs are not in use. DON B indicated after the incident, therapy assessed R5 and ordered a U-drink adaptable holder that goes around cup and hand straps in so if resident lets go of cup it won't slip out of hand. DON B indicated if residents request coffee during times the kitchen is not open, we tell them we are working on it. They are not able to get coffee outside of kitchen hours currently. Surveyor asked DON B about the education and DON B indicated she would get back to Surveyor.<br><br>On 10/17/24 at 2:30 PM, Surveyor interviewed NHA A (Nursing Home Administrator). Surveyor asked NHA A what facility has done to ensure what happened with R5 does not happen to another resident. NHA A indicated that the brewers on the units are marked Not in Service, and the facility has spoken with the manufacturer of the brewers to find the brewers can't be turned down in temperature because they would be susceptible to bacteria growth. The facility diverted coffee service to the kitchen and the kitchen will be temping coffee temperatures. The kitchen is using the same coffee dispensers but now add ice to the coffee to bring the temperatures down. Dietary staff is now responsible for temping the coffee/hot water or hot chocolate. Surveyor asked if residents request coffee like on night shift or at a time the kitchen is not open could they get coffee. NHA A indicated there has been no formal request for coffee on the night shift, but the assumption would be for nursing to go to the kitchen and make coffee or the staff could get coffee in the break room and whoever brings the coffee to the resident would be responsible to temp the coffee. NHA A indicated education has been started and was focused on identifying residents for hot liquid risk. NHA A indicated residents have had a hot liquid assessment. Surveyor asked if all residents have had the assessment completed and NHA A indicated (the corporate group) is working on them he would get back to Surveyor. OT (Occupational Therapy) evals on any residents deemed at risk for hot liquids completed. Clothing protectors have been ordered. The facility is not sure how to implement those yet. The facility is ordering special coffee lids for facility coffee cups. Surveyor asked NHA A if he would have expected hot liquids to have been temped prior to incident and NHA A indicated yes, he believed they were.<br><br>The facility failed to ensure they were monitoring temperatures of hot liquids including coffee. R5 was served hot coffee and received secondary burns requiring emergency treatment at the burn unit.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 525276 | A. Building<br>B. Wing | 10/21/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Ssm Health St Mary's Care Center | 3401 Maple Grove Dr<br>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) |
|---|---|
| F 0689<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | As a result of the incident with R5 the facility began education with staff, implemented a new procedure for dietary staff to bring coffee to the units and to temp the coffee/hot liquids. Additionally, the facility completed hot liquid assessments on all residents. At the time of survey not all staff received education and were educated on 10/18/24 after survey had begun. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 525276 | A. Building<br>B. Wing | 10/21/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Ssm Health St Mary's Care Center | 3401 Maple Grove Dr<br>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) |
|---|---|
| F 0758<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50285<br><br>Based on interview and record review, the facility did not ensure residents (R) receiving a psychotropic medication, were free from unnecessary medications for 1 of 1 residents (R1).<br><br>R1 receives psychotropic and antipsychotic medications. The facility is not tracking quantitative measurements during behavior tracking, which is required to measure efficacy of medication therapy, nor are side effects of psychotropic medications being adequately monitored. R1 does not have an appropriate diagnosis for antipsychotic medication.<br><br>This is evidenced by:<br><br>Facility policy entitled Unnecessary Medication - Psychotropic Medication, Dated April 1, 2008, with last revision date September 22, 2017, states in part: .A. 2. Antipsychotic drugs should not be used unless the resident's medical record clearly indicates that the resident has one of more of the following specific conditions: . i. Demented illnesses with associated behavioral symptoms . 3. A. Criteria: Since diagnoses alone do not warrant the use of antipsychotic medications, the clinical condition must also meet at least one of the following criteria: . ii. Behavioral symptoms present a danger to the resident or to others . 4. Antipsychotic drugs should not be used if one of more of the following is/are the only indications: . a. Wandering . l. Uncooperativeness . m. Verbal expressions or behaviors that are not listed under indicators which do not represent danger to the resident or others . C. 1. If the resident is admitted or readmitted to the facility with psychotropic medication, the following must be completed: a. Appropriate diagnosis made that meets the criteria for the use of a psychotropic; b. Target behaviors documented for the continued use . D. 4. All target behaviors must be quantitatively and objectively documented in the resident's medical record and/or on the medication administrative record, to monitor the effectiveness or the side effects of the psychotropic medication .<br><br>Facility policy titled Behavioral Health, dated 11/2016 with last revision date of 10/2022, states in part: . residents who display, or are diagnosed with, dementia will receive appropriate treatment and services to attain or maintain his/her highest practicable, physical, mental, and psychosocial well-being . 5. Residents with behaviors and those on any psychotropic medication will have their behaviors monitored daily. This will be documented on the behavior tracking tool .<br><br>R1 was admitted on [DATE] with diagnoses that include Alzheimer's Disease, unspecified, Alzheimer's Disease with early onset, Generalized Anxiety Disorder, and Restlessness and Agitation.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 525276 | A. Building<br>B. Wing | 10/21/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Ssm Health St Mary's Care Center | 3401 Maple Grove Dr<br>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) |
|---|---|
| F 0758<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | R1's Quarterly Minimum Data Set (MDS) dated [DATE] indicates R1 has a Brief Interview of Mental Status (BIMS) of 0 out of 15, indicating R1 is severely cognitively impaired. Section B indicates R1 hears with minimal difficulty, has clear speech, usually makes self-understood, and usually understands others. Section E indicates that R1 has not had physical, verbal, or other behavioral symptoms, or rejection of cares in the last 7 days. Impact to Resident and other residents is blank. Section GG indicates R1 is completely dependent on staff for toileting needs, and substantial/maximum assistance with dressing, bathing, and personal hygiene. R1 is completely dependent upon staff for all transfers, and substantial/maximum assist for turning, sitting, and bed mobility.<br><br>R1's Care Plan states in part: . Mood/Behavior: Actual/At Risk and/or Potential for Complications with Mood/Behavior. Patient experiences episodes of agitation, as evidenced by yelling out. He wanders the unit by self-propelling in his Broda and can become agitated upon redirection. Date initiated: 3/22/23. Revision on: 6/26/24 Interventions: Observe/Monitor/Document behaviors/mood and notify supervisor, SW (Social Worker), and/or MD (Medical Director) as needed. 1. Exit seeking; 2. Wandering; 3.<br><br>Repetitive questions; 4. Exhibits s/s (signs and symptoms) of depression. Date Initiated: 2/15/25 . Elopement: At risk and/or Potential for Complications with elopement requiring placement on secured unit due to Behavioral Symptoms/Wandering/Elopement Concerns. Date Initiated: 3/22/23. Revision on: 4/12/23 . Interventions: Observe/Monitor/Document behaviors/mood/exit seeking concerns and notify supervisor, SW, and/or MD as needed . Date Initiated: 2/15/23. Revision on: 3/2/23 . Psychotropic Drug Use: At risk for complications R/T (related to) use of Seroquel and Ativan. Date Initiated: 2/15/23. Revision on: 9/26/26 . Interventions: Monitor/Observe/Document medication effectiveness - s/s of mood/behavior/improvement or decline. Observe for lethargy, need for med reduction. Review observations with MD. Date Initiated: 4/12/23 .<br><br>R1's October 2024 Physician orders indicate:<br><br>Lorazepam Oral Tablet 0.5 mg Give 0.5 mg by mouth one time a day for Anxiety at bedtime (start date 10/7/24).<br><br>Lorazepam Oral Tablet 0.5 mg Give 0.5 mg by mouth one time a day for Anxiety at 2:00 PM (start date 10/8/24).<br><br>Seroquel Oral Tablet 25 mg Give 1 tablet by mouth two times a day for dementia with behaviors of aggression/agitation (start date 3/8/24).<br><br>R1's most recent informed consent for Seroquel, dated 9/16/24 indicates in part . Reason for Use of Psychotropic Medication and Benefits Expected . Dementia with Behaviors .<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 525276 | A. Building<br>B. Wing | 10/21/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Ssm Health St Mary's Care Center | 3401 Maple Grove Dr<br>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) |
|---|---|
| F 0758<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | R1's Treatment Administration Record (TAR) indicates in part: . Anti-Psychotic Monitor for Behavior - Repetitive questions, wandering, exit seeking, s/s (signs and symptoms) of depression. Document 'Y' if behavior is noted during the shift, every shift. Document 'N' if NO behavior noted during the shift . Document TOTAL # of episodes per shift, Non-Pharmacological Interventions. Start Date: 3/2/23 . Side Effect: Monitor for Dry Mouth, Constipation, Blurred Vision, Disorientation/Confusion, Difficulty Urinating, Increased Agitation, Disturbed Gait, Restlessness, EPS (extrapyramidal) Symptoms (tremors, involuntary movement, etc.) Document 'Y' if S/E (side effects) IS noted during the shift 'N' if NO S/E noted during the shift . Start Date: 4/18/23 . Mood: Monitor resident for any changes in mood; 1 - Crying, 2- withdrawn, 3- agitation, 4- hitting, 5- Cursing, 6- Fidgeting, 7- Other every shift for mood monitoring. Start Date: 9/30/24 .<br><br>R1's Behavior Monitoring in August on the Treatment Administration Record (TAR) indicates an X instead of a number of episodes of behaviors for 72 of 93 observations (once per shift), and N/A (not applicable) was marked twice. R1's TAR indicated an X instead of a Y or N for Behaviors Observed for 73 of 93 observations charted. R1's TAR indicated an X instead of a Y or N for non-pharmacological interventions attempted for 73 of 93 observations charted, and N/A was charted 9 times. R1's TAR indicated an X for outcome for 73 of 93 observations charted, and N/A was charted 9 times.<br><br>R1's Side Effect Monitoring in August on the TAR indicates a check mark instead of Y' or N 91 of 93 times (once per shift). It not known what the check indicates.<br><br>R1's Behavior Monitoring in September on the TAR indicates an X instead of a number of episodes of behaviors for 69 of 90 observations (once per shift), and one instance was left blank (not documented). R1's TAR indicated an X instead of a Y or N for Behaviors Observed for 69 of 90 observations charted, and one instance was left blank. R1's TAR indicated an X instead of a Y or N for non-pharmacological interventions attempted for 69 of 90 observations charted, N/A was charted 6 times, and one instance was left blank. R1's TAR indicated an X for outcome for 69 of 90 observations charted, N/A was charted 7 times, and one instance was left blank.<br><br>R1's Side Effect Monitoring in September on the TAR indicates a check mark instead of Y' or N 82 of 90 times (once per shift), and one instance was left blank (not documented).<br><br>R1's Behavior Monitoring in October on the TAR indicates an X instead of a number of episodes of behaviors for 48 of 61 observations (once per shift), and N/A was charted once. R1's TAR indicated an X instead of a Y or N for Behaviors Observed for 48 of 61 observations charted. R1's TAR indicated an X instead of a Y or N for non-pharmacological interventions attempted for 48 of 61 observations charted, N/A was charted 9 times. R1's TAR indicated an X for outcome for 48 of 61 observations charted, N/A was charted 9 times, and one instance was left blank.<br><br>R1's Side Effect Monitoring in October on the TAR indicates a check mark instead of Y' or N 58 of 61 times (once per shift).<br><br>R1's Mood Monitoring in October on the TAR indicates an X instead of a number for 18 of 61 times (once per shift).<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 525276 | A. Building<br>B. Wing | 10/21/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Ssm Health St Mary's Care Center | 3401 Maple Grove Dr<br>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) |
|---|---|
| F 0758<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On 10/1/24, R1's Behavior Monitoring and Interventions report shows R1 was marked as having the following behaviors: Hitting others, kicking others, Pushing others, and Physically Aggressive towards others. There is no documentation of how many times R1 experienced or exhibited these behaviors or how long the behaviors lasted.<br><br>On 10/3/24, R1's Behavior Monitoring and Interventions report shows R1 was marked as having the following behaviors: Physically Aggressive Towards Others. There is no documentation of how many times R1 experienced or exhibited these behaviors or how long the behaviors lasted. A Progress Note at 8:23 PM indicates No behaviors this shift.<br><br>On 10/6/24 at 5:47 PM, R1's Progress note states in part: .Monitoring behaviors, resident sitting at dining room table during dinner yelling out, cursing SOB, and tapping on table with both hands, and pushing table . There is no documentation of how long R1 experienced or exhibited these behaviors or what interventions were attempted.<br><br>On 10/20/24, R1's Behavior Monitoring and Interventions report shows R1 was marked as having the following behaviors: Elopement and Exit Seeking. There is no documentation of how many times R1 experienced or exhibited these behaviors or how long the behaviors lasted.<br><br>On 10/17/24 at 9:57 AM, Surveyor interviewed RN I (Registered Nurse) who indicated she had not seen R1 be physically aggressive but that he could be verbally aggressive. RN I stated that R1's behaviors were not harmful to himself or others.<br><br>On 10/21/24 at 8:23 AM, Surveyor interviewed CNA J (Certified Nursing Assistant) who indicated R1 can get verbally aggressive sometimes, mainly yelling, and that R1's behavior was not harmful to himself or others. CNA J stated that R1 was just confused, and not aggressive at all if approached in a calm manner.<br><br>On 10/21/24 at 8:25 AM, Surveyor interviewed LPN K (Licensed Practical Nurse) who indicated that R1 does sundown (a neurological phenomenon characterized by a group of symptoms people with Alzheimer's or dementia get in the late afternoon that includes increased confusion, restlessness, and wandering). LPN K stated that R1 is mostly vocal in his aggression. LPN K stated that R1's behaviors are not harmful to himself or others.<br><br>On 10/21/24 at 8:35 AM, Surveyor interviewed CNA L, who indicated that she had never seen R1 get physically aggressive. CNA L stated that R1 gets confused and frustrated at times, and sometimes yells. CNA L stated that R1's behaviors were not harmful.<br><br>On 10/21/24 at 9:06 AM, Surveyor interviewed DON B (Director of Nursing) regarding R1's medications and behaviors. DON B indicated R1 does not normally have a lot of behaviors, that he can get agitated by noise and if other residents become too boisterous. DON B stated that R1 can be easily redirected and does well with re-approach. DON B indicated that R1's behaviors were not persistent, and they were not harmful to R1 or others. Surveyor asked DON B if dementia was an appropriate diagnosis for antipsychotic medications. DON B replied no but that R1's behavioral disturbance added to it.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 525276 | A. Building<br>B. Wing | 10/21/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Ssm Health St Mary's Care Center | 3401 Maple Grove Dr<br>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) |
|---|---|
| F 0758<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On 10/21/24 at 12:17 PM, Surveyor interviewed DON B (regarding R1's behavior charting.) DON B indicated that an X on the TAR meant that staff did not document the number of occurrences of the behaviors. DON B stated that the Behaviors Observed section of the TAR should have a Y or N, not an X or N/A. DON B indicated that an X was not appropriate charting for non-pharmacological interventions or outcome. DON B stated, I see a lot of X's. This should not be charted this way. This is an area where education needs to be done.<br><br>R1's behaviors are not being quantitatively reviewed to show how many episodes of each behavior R1 experienced in one given shift, day, or week to know if R1's medication or care plan interventions are effective. R1 does not have an appropriate diagnosis for antipsychotic medication, nor are the medication side effects being adequately monitored. There is no documentation to indicate that R1's behaviors are persistent or harmful to himself or others. |