

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525292	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/25/2024
NAME OF PROVIDER OR SUPPLIER Monroe Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 516 26th Ave Monroe, WI 53566	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39849</p> <p>Based on interview and record review, the facility did not immediately consult with the resident's physician when there was a need to alter treatment for 1 of 3 residents (R1) reviewed for physician notification.</p> <p>R1's provider was not notified of abnormal lab results.</p> <p>This is evidenced by:</p> <p>The facility policy titled, Change in Condition of the Resident, reviewed/revised 9/20/22, indicates, in part: Policy: A facility should immediately inform the resident; consult with the resident's physician .when there is . a need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment) .3. Notify resident's physician - Use Interact Change in condition: When to report to the MD/NP/PA (Medical Doctor/Nurse Practitioner/Physician Assistant) as a guideline .</p> <p>The facility Interact Version 4.5 Tool - Change in Condition: When to report to the MD/NP/PA, indicates, in part, the following lab results should be reported immediately: .Chemistry: Blood/Urea/Nitrogen (BUN) >60mg/dl .</p> <p>R1 was admitted to the facility on [DATE] with diagnoses that include, in part: Chronic Kidney Disease, Stage 4 (Severe), Anemia in Chronic Kidney Disease, Malignant Neoplasm of Overlapping Sites of Left Female Breast, Type 2 Diabetes, Chronic Heart Failure and Metabolic Encephalopathy (when the brain is not functioning properly because of an imbalance in the body's chemicals).</p> <p>R1's most recent MDS (Minimum Data Set), dated 10/29/24, indicates a BIMS (Brief Interview for Mental Status) score of 9, indicating R1's cognitive status is moderately impaired.</p> <p>R1's physician orders indicate the following:</p> <p>BMP (Basic Metabolic Panel) and CBC (Complete Blood Count) without diff one time only for Lab Monitoring until 10/28/24.</p> <p>Order date: 10/26/24. Start Date: 10/28/24.</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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Surveyors reviewed the lab results from 10/28/24, which included, in part:</p> <p>--BUN: 83 (Blood Urea Nitrogen)</p> <p>Normal Range: 7-19mg/dl</p> <p>--Creatinine: 4.17</p> <p>Normal Range: 0.57 - 1.11 mg/dl</p> <p>--GFR: 10 (Glomerular Filtration Rate -- a measure of how well your kidneys are working)</p> <p>Normal Range: >=60 ml/min/1.73m2)</p> <p>Of note, surveyors could not find evidence in R1's medical record that the lab results were called to nor reviewed by a provider.</p> <p>On 11/25/24 at 3:00 PM, Surveyor interviewed NP (Nurse Practitioner) C who indicated she saw R1 once, on the day of admission 10/23/24. NP C indicated she ordered labs for 10/28/24 and that they were completed. NP C indicated her notes show that there was not a provider who reviewed the results. NP C indicated she was on vacation and there was another NP taking her calls. NP C indicated if the facility would have notified her or the on-call provider of the lab results they would have discussed options of sending to the hospital versus remaining at the facility. NP C reviewed with Surveyor R1's previous labs and noted that they were trending down prior to admission.</p> <p>On 11/25/24 at 3:12 PM, Surveyor interviewed DON B who indicated that when an order is received for labs it is put into the system and put into a file box at the nurse's station. DON B indicated usually he, ADON E (Assistant Director of Nursing), or the lab will come and complete the draw and take the sample(s) to the hospital. DON B indicated, usually UM D (Unit Manager) pulls up the lab results and either her or the nurse call the provider or NP C. If NP C is not at the facility then we contact (Physician Name) or whoever is on call. DON B indicated they do not have an exact timeframe for how long they wait to check for lab results and that there are always outliers but would expect within that day.</p> <p>On 11/25/24 at 3:30 PM, Surveyor interviewed UM (Unit Manager) D who indicated she is responsible for ensuring orders are completed for labs and that the results are taken off the fax and follow up occurs. UM D indicated she will make sure NP C reviews the results because NP C is often in the building. UM D indicated she does not recall R1's labs for 10/28/24. UM D indicated she would look into the follow up for R1's labs on 10/28/24. It is important to note no further documentation was provided by UM D.</p> <p>On 11/25/24 at 3:40 PM, DON (Director of Nursing) B indicated if UM D is not in facility any of the nurses can take lab results off of the fax machine. DON B indicated staff know if they take something off the printer they should give it to the nurse or the DON. DON B indicated he does not see anything in the documentation regarding results for R1's labs on 10/28/24. DON B indicated he would expect someone at the facility to follow up with the provider once the lab results are received. DON B indicated if the lab results were not received he would expect someone at the facility to follow up.</p> <p>(continued on next page)</p>		

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R1's provider was not contacted regarding R1's Lab results from 10/28/24.</p>