STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525306	A. Building B. Wing	01/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sturgeon Bay Health Services	200 N Seventh Ave Sturgeon Bay, WI 54235

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 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38793 Based on staff and resident interview and record review, the facility did not ensure 1 resident (R) (R1) of 4 sampled residents was transferred safely with a mechanical lift. On several instances between 12/10/24 and 12/20/24, therapy and nursing staff documented R1 was unable to safely transfer with a sit-to-stand lift. On 12/18/24, therapy staff determined R1 should be transferred with a full body (Hoyer) lift for safety. R1's care plan and Certified Nursing Assistant (CNA) Kardex (an abbreviated care plan used by nursing staff) were not updated with the changes and staff continued to transfer R1 with a sit-to-stand lift. On 12/18/24, staff observed significant bruising on R1's left upper arm, shoulder, and torso. On 12/20/24, lab results indicated R1 was experiencing severe acute anemia. R1 was hospitalized from 12/20/24 to 12/23/24 and required a blood transfusion. Findings include: The facility's High Risk Medications Anticoagulant Policy, dated 8/30/23, indicates anticoagulant medications are associated with greater risks of adverse consequences than other medications. The resident's plan of care shall alert staff to monitor for adverse consequences. Risks associated with anticoagulants include, but are not limited to: bleeding, unusual bruising, blood in urine/stool, lower blood pressure, and fall in hematocrit or hemoglobin. On 1/22/25, Surveyor requested the facility's mechanical lift policy. Nursing Home Administrator (NHA)-A provided Surveyor with a staff lift competency evaluation form that indicated staff should be able to locate a resident's care plan to validate transfer status and sling size/type. On 1/22/25, Surveyor reviewed R1's medical record. R1 was admitted to the facility on [DATE] and had diagnoses including spondylosis (spinal arthritis), weakness, spinal stenosis (narrowing of the spinal column causing compression on the nerves and vessels), rheumatoid arthritis, and long-term use of an anticoagulant (blood thinning) medication. R1's most recent Minimum Data Set (MDS) assessment, dated 12/30/24, had a Brief Interview for Mental Status (BIMS) score of 13 out of 15 which indicated R1 was not cognitively impaired. R1 was R1's own decision maker. (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
	525306	A. Building B. Wing	01/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sturgeon Bay Health Services	200 N Seventh Ave Sturgeon Bay, WI 54235

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 Level of Harm - Actual harm Residents Affected - Few	R1's admission care plan (initiated 12/4/24) stated R1 was a pivot transfer with the assistance of two staff and a gait belt. The care plan contained an intervention to monitor and report adverse effects such as bruising due to anticoagulation therapy. R1's CNA Kardex indicated R1 required two staff to pivot assist with a gait belt as of 12/20/24. R1's care plan was revised on 12/24/24 and stated R1 transferred with the assist of two staff and a Hoyer lift with a large sling An admission assessment, dated 12/4/24, indicated R1's skin was intact. A progress note, dated 12/5/24, indicated R1 was a pivot transfer with the assistance of two staff and a gait belt. A therapy evaluation, dated 12/9/24, indicated R1 should be transferred with a sit-to-stand lift. A skin assessment, dated 12/10/24, indicated R1 had a bruise on the chest. (There was no additional documentation and the physician was not notified.) A therapy note, dated 12/10/24, indicated R1 had exponential difficulty with sit-to-stand transfers and therapy recommended further strengthening. A therapy note, dated 12/12/24, indicated staff attempted to transfer R1 with a sit-to-stand lift but R1 had poor quad activation leading to safety hazard with sling slide and poor ascend capabilities. A therapy note, dated 12/13/24, indicated staff attempted a sit-to-stand transfer, however, R1 was not able to get R1's hips off the wheelchair seat with maximum assistance of pulling up on bars/pushing up on wheelchair arm rests. A therapy note, dated 12/16/24, indicated R1 continued to use a sit-to-stand lift but the lift was hard on R1's shoulders due to weakness and both hands for gripping. A progress note, date 12/17/24, indicated R1 was transferred from a recliner to the toilet. A CNA statement indicated R1 did not transfer well, did not hold onto the sit-to-stand well, and did not bear weight well. The note indicated R1's elbows floated up like chicken arms and R1 obtained a skin tear on the left elbow. The physician was notified and a treatment was ordered. A therapy communication form, dated 12/17/24 and completed by Licensed Practical Nurse (LPN)-D, indicated R1 had an unsafe sit-to-stand transfer on the PM shift. A progress note, dated 12/18/24, indicated R1 transferred with a sit-to-stand lift with two staff which left bruising on R1's skin. A therapy note, dated 12/18/24, indicated staff used a sit-to-stand lift to raise R1 from a recliner but R1 was not able to get R1's hips off the surface and hung in the lift in a chair position. In response to caregivers' concerns about lift safety, weakness, and left shoulder pain, a functional maintenance plan (FMP) was written for the use of a Hoyer lift until R1 got stronger and R1's shoulder pain subsided. The FMP, dated 12/18/24, indicated R1 was safer with a Hoyer lift due to shoulder discomfort. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525306	A. Building B. Wing	01/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sturgeon Bay Health Services	200 N Seventh Ave Sturgeon Bay, WI 54235

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 Level of Harm - Actual harm Residents Affected - Few	A skin assessment, dated 12/19/24, indicated R1 had bruising on the left upper arm, chest, side, and back. (There was no additional documentation and the physician was not notified.) A therapy note, dated 12/20/24, indicated R1 reported that staff transfer R1 with a sit-to-stand lift and don't listen when R1 is raised in the lift and states R1's shoulder is sore. A progress note, dated 12/20/24, indicated R1's lab results showed a low hemoglobin and R1 was sent to the Emergency Department (ED) for evaluation. Nursing staff agreed to change R1 to a Hoyer lift for safety precautions. ED staff notified the facility that R1 was admitted and had extensive bruising on the upper torso. An ED note, dated 12/20/24 at 6:08 PM, indicated R1 was seen for evaluation due to anemia, hyphenate (low blood sodium level), and low carbon dioxide (CO2) levels. R1 had a significant hematoma on the bilateral chest that was worse on the left torso/chest and left upper arm. There were concerns regarding the hematoma and R1's decreased blood pressure. R1 reported discomfort to the chest and abdomen, denied any falls, and indicated R1 received Eliquis (anticoagulant medication) daily. Lab results indicated R1's hemoglobin was 9.6 (down from 15.4 one month prior). A computed tomography (CT) scan of R1's chest, abdomen, and pelvis indicated a significant hematoma of the left pectoral muscle that measured 11 centimeters (cm) at the widest point. R1's blood pressure was 90/58 millimeters of mercury (mmHg) (normal blood pressure is 120/80 mmHg) with dizziness noted. A Hospitalist visit note, dated 12/20/24, indicated R1 was admitted with acute blood loss anemia due to traumatic hematoma of the chest wall. R1 had severe pain while lifted in a sit-to-stand lift at the nursing home. R1 had diffuse ecchymosis (skin discoloration/bruising) throughout the chest wall and back. R1 reported dizziness and lightheadedness and was hypotensive. R1 responded to intravenous (IV) fluids and transfusion with 1 unit of packed red blood cells. A progress note, dated 12/21/24, indicated R1 was admitted for acute anemia and a hematoma on the left armpit into the left chest and down to the ribs and left lower back. R1's Eliquis was being held and R1 would remain at the hospital until at least 12/23/24. A Discharge Summary, dated 12/23/24, indicated R1 had acute blood loss anemia due to traumatic hematomas of the thorax likely related to a lifting device. On 1/22/25 at 10:11 AM, Surveyor interviewed Physical Therapist (PT)-C who verified R1 was initially a pivot transfer but was changed to a sit-to-stand lift on 12/9/24. PT-C stated R1 had some issues with the sit-to-stand lift (including increased pain when the sling slid up into R1's shoulders) and indicated R1 could only handle approximately 20-30 seconds of weight bearing. PT-C indicated R1 stated on multiple occasions that it would be nice to have staff who were trained to use the lift. PT-C verified nursing staff were able to go from pivot transfer to sit-to-stand lift or sit-to-stand lift to Hoyer lift if they felt it was safer for a resident, however, nursing staff were not allowed to go the opposite way for safety reasons. PT-C stated if there are changes in a resident's transfer status, therapy staff complete an FMP that is given to nursing staff to update the resident's care plan and CNA Kardex. PT-C verified R1 was compliant with therapy exercises. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525306	A. Building B. Wing	01/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sturgeon Bay Health Services	200 N Seventh Ave Sturgeon Bay, WI 54235

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 Level of Harm - Actual harm Residents Affected - Few	On 1/22/25 at 12:14 PM, Surveyor interviewed Licensed Practical Nurse (LPN)-D who verified there was an incident on 12/17/24 when a CNA told LPN-D that R1 did not safely transfer with the sit-to-stand lift. LPN-D filled out a therapy communication form on 12/17/24 and indicated R1 had difficulty transferring with the lift which resulted in a skin tear on the elbow. LPN-D assessed R1's bruising on 12/19/24 and verified R1's physician was not updated. LPN-D verified staff used a sit-to-stand lift with R1 until after R1 returned from the hospital on 12/23/24. On 1/22/25 at 1:04 PM, Surveyor interviewed R1 who verified R1 told multiple staff the sit-to-stand lift was too difficult to use and R1 experienced pain during most transfers. R1 stated R1 did not notice the bruising until staff noticed it on 12/18/24. R1 stated R1's left shoulder was painful and rated the pain at level 7 out of 10 before R1 went to the hospital. R1 verified staff used the sit-to-stand lift for transfers until R1's hospitalization on [DATE]. R1 stated staff currently use a Hoyer lift to transfer R1. On 1/22/25 at 1:34 PM, Surveyor interviewed CNA-E who verified R1 transferred with a sit-to-stand lift until R1's hospitalization on [DATE]. CNA-E verified therapy staff write an FMP when a resident's transfer status changes and stated CNA-E follows interventions on a resident's Kardex or care plan. CNA-E verified R1 had difficulty using the sit-to-stand lift at times due to not being able to bear weight. On 1/22/25 at 1:38 PM, Surveyor interviewed LPN-H who indicated therapy staff put FMPs in a communication binder. LPN-H indicated nursing staff are responsible for updating residents' care plans and Kardexes as well as Director of Nursing (DON)-B and floor staff. On 1/22/25 at 2:01 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A who verified R1 changed from a pivot transfer to a sit-to-stand lift on 12/9/24 and to a Hoyer lift on 12/18/24 per therapy instructions. NHA-A verified R1's care plan and Kardex were not updated to reflect the changes until 12/24/24. On 1/22/25 at 2:13 PM, Surveyor interviewed CNA-F who verified R1 transferred with a sit-to-stand lift until R1's hospitalization on [DATE]. CNA-F stated R1's extensive bruising was not present prior to 12/16/24. CNA-F stated R1 sometimes had difficulty supporting R1's body weight during transfers with a sit-to-stand lift and complained of shoulder pain at times. On 1/22/25 at 2:37 PM, Surveyor interviewed CNA-G who stated R1 was initially a pivot transfer and was changed to a sit-to-stand transfer until R1's hospitalization on [DATE]. CNA-G observed R1's torso bruising when CNA-G changed R1's shirt on the 12/18/24 PM shift. When CNA-G asked R1 where the bruising came from, R1 stated the bruising was probably from the lift sling. CNA-G informed LPN-I. CNA-G worked the following day and noted the bruising had spread which CNA-G communicated to nursing staff. CNA-G stated R1 struggled with the sit-to-stand lift at times and CNA-G stopped raising R1 when R1 asked. CNA-G indicated therapy staff are responsible for determining a resident's transfer status and changes are communicated through FMPs. CNA-G thought DON-B or the Assistant Director of Nursing (ADON) was responsible for updating residents' care plans and Kardexes. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525306	A. Building B. Wing	01/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sturgeon Bay Health Services	200 N Seventh Ave Sturgeon Bay, WI 54235

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 Level of Harm - Actual harm Residents Affected - Few	On 1/22/25, NHA-A provided Surveyor with an improvement plan, dated 12/23/24 to 12/26/24, related to skin assessments, nurse/physician notification of skin concerns, skin monitoring for residents on anticoagulant medication, and abuse/neglect. NHA-A verified staff were not educated on updating care plans or Kardexes or on safe transfers since the incident with R1 was identified. Per the facility's investigation, CNA-G reported to LPN-I that R1 had bruising on R1's chest, back, and under arm on the 12/18/24 PM shift. LPN-I did not assess R1's new bruising and passed the information to night (NOC) shift Registered Nurse (RN)-J. RN-J did not assess R1's bruising and passed the information to AM shift LPN-D.