| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 525314 | A. Building<br>B. Wing | 03/26/2025 |

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| Lake Mills Health Services | 901 Mulberry St<br>Lake Mills, WI 53551 |

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| F 0689<br><br>Level of Harm - Minimal harm or potential for 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** 47094<br><br>Based on observation, interview, and record review, the Facility did not ensure 1 (R23) of 4 residents reviewed for accidents received adequate supervision and assistance devices to prevent accidents.<br><br>R23 had a guided assist to the floor when being transferred with a gait belt and 1 staff member assist. R23 was assessed and the care plan documented R23 required a gait belt and 2 staff members assist with transfers.<br><br>Findings include:<br><br>The facility policy titled Fall Prevention and Management Guidelines revised on 7/18/2024 documents: Each resident will be assessed for fall risk and will receive care and services in accordance with their individualized plan of care to minimize the likelihood of falls or reduce the possibility/severity of injury.<br><br>Policy Explanation and Compliance Guidelines: .<br><br>4. Suggested standard interventions may include: .<br><br>c. Monitor for changes in resident's cognition, gait, ability to rise/sit, and balance.<br><br>R23 was admitted to the facility on [DATE] and has diagnoses that include transient ischemic attack (TIA) and cerebral infarction (CVA) without residual effects, history of alcohol use, depression, myocardial infarction, and congestive heart failure.<br><br>R23's admission minimum data set (MDS) dated [DATE] indicated R23 had intact cognition with a Brief Interview of Mental Status (BIMS) score of 13, and the facility assessed R23 needing moderate assist with 2 staff members for transferring. R23 did not have impairments to the upper or lower extremities.<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 |
|---|---|---|

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| F 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | R23's Care Area Assessment (CAA) for falls documents: At risk for falls . Cognition/Orientation: alert and oriented X3 (person, place, time), current BIMS is a 13 and is usually able to make needs known to staff. [R23] is working with physical therapy (PT) and occupational therapy (OT) services to improve functional status. [R23] requires assist with activities of daily living (ADL's). [R23] is at risk for falls and is non-ambulatory at this time.<br><br>R23 was assessed on 3/6/2025 to be at risk for falls with a fall risk score of 16.<br><br>R23's ADL self-care deficit related to CVA, and long-term effects of alcohol abuse care plan was initiated on 3/6/2025 with the following interventions: .<br><br>- TRANSFER: assist of two<br><br>- TRANSFER: May pivot transfer with gait belt and 2 assist but resident gets stiff and anxious making pivot transfer difficult at times, may use sit to stand lift.<br><br>R23's at risk for falls due to history of falls care plan was initiated on 3/6/2025 with the following interventions:<br><br>- Bed in low position.<br><br>- Have commonly used articles within easy reach.<br><br>- Reinforce need to call for assistance.<br><br>- Reinforce wheelchair safety as needed such as locking brakes.<br><br>- Resident has history of self-transferring, encourage to ask for assistance (initiated 3/20/2025)<br><br>On 3/19/2025, at 21:07 (9:07 PM), in the progress notes nursing documented R23 assisted back into bed from the floor sitting. post fall assessment started . frequent checks on R23, no pain or discomfort noted .<br><br>On 3/20/2025, at 14:41 (2:41 PM), in the progress notes an interdisciplinary team (IDT) noted documented review of fall at morning meeting. [R23] was accompanied by staff when lowered to the ground after attempting transfer twice. Previously [R23] stated wanting to self-transfer but decided against is after staff intervention. Post fall intervention to encourage resident to wear shoes as proper footwear was unavailable other than gripper socks.<br><br>Surveyor reviewed the fall investigation for R23's witnessed fall on 3/19/2025. In the incident description section nursing documents:<br><br>- Certified nursing assistant (CNA) came to nurse to report R23 was lowered to the floor in R23's room while transferring from the wheelchair to the bed. R23 is weak in the legs and stated that they gave out. R23 had a gait belt on and was lowered to the floor, R23 is a one times assist.<br><br>In the other information section nursing documents:<br><br>(continued on next page) |

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| F 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | - R23 is a one times assist with transfers but R23's legs gave out while R23 was standing with the CNA.<br><br>Surveyor notes per R23's care plan, R23 is to be transferred with assist of two and may use a sit to stand lift if R23 gets stiff and anxious making transfer difficult. Surveyor notes there is no documentation indicating a second staff member assisted with R23's transfer on 3/19/25.<br><br>On 3/25/2025, at 2:43 PM, Surveyor interviewed Director of Therapy/Physical Therapist (PT)-E who stated R23 required an assist of 2 with a gait belt for transfers and at the time R23 was assisted to the floor. PT-E stated R23 can be impulsive, so frequent reeducation and direction is necessary so R23 does not do things alone such as transferring.<br><br>On 3/25/2025, at 3:21 PM, Surveyor shared concern with Nursing Home Administrator (NHA)-A and Director of Nursing (DON)-B that R23 was not transferred according to their assessed need and care plan on 3/19/2025 and subsequently R23 was lowered to the ground.<br><br>On 3/25/2025, at 3:41 PM, Surveyor interviewed CNA-F. DON-B was also present during the interview. CNA-F stated CNA-F went into R23's room and R23 was sitting in the wheelchair and wanted to go to bed. R23 stated that R23 was cleared to transfer independently. CNA-F did not think that was the case and told R23 CNA-F was going to help. CNA-F put the gait belt on R23 and started to transfer but R23's legs started to buckle so CNA-F lowered R23 to the ground and notified nursing. CNA-F stated CNA-F figured R23 was an assist of one. Surveyor asked where staff would look to verify the transfer status of a resident. CNA-F stated there is a black book at the nurse's station and can also go into point click care (PCC/electronic medical record) to view what transfer status the resident is. CNA-F stated CNA-F did not look to verify what transfer status R23 was prior to transferring R23 by self. DON-B stated R23 can be impulsive and had been trying to self-transfer and when R23 goes to stand up, R23 has a tendency to propel self-up really fast out of the wheelchair.<br><br>On 3/26/2025, at 8:36 AM, Surveyor was provided a document titled, Verification of Investigation that was dated 3/20/2025 and signed by NHA-A and dated 3/21/2025 and signed by DON-B.<br><br>In the section titled Summary of factual investigative findings the following is documented: The certified nursing assistant prevented the resident from having an unassisted fall by stepping in and helping in the moment [R23] was attempting to self-transfer from the chair to the bed.<br><br>In the section titled Interview summary the following is documented: CNA-F provided a verbal statement after reenacting the fall for NHA-A, DON-B, and Director of Social Services. CNA-F reported R23 was observed attempting to self-transfer. R23 was asked not to transfer independently . CNA-F demonstrated how R23 got up quickly and CNA-F was not able to transfer R23 comfortably with the gait belt and sat R23 back down. R23 was insistent that R23's socks be taken off, with much encouragement to leave socks on CNA-F took R23's socks off and attempted to transfer R23 but R23's legs buckled, and CNA-F lowered R23 to the ground.<br><br>(continued on next page) |

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| F 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Surveyor reviewed a statement written by CNA-F. Surveyor notes the statement is not dated as to when it was written. The statement documents: I (CNA-F) came into the room and R23 was sitting in the wheelchair and wanted to go into R23's bed. R23 asked if R23 does it by self. CNA-F replied no, and CNA-F will help. R23 stated that R23 was cleared by therapy to transfer independently. CNA-F replied no and thought R23 was assist of 1. CNA-F documented that the gait belt was put on and started to transfer R23 when R23 became unsteady and was lowered to the floor.<br><br>Surveyor notes the statement written by CNA-F does not indicate R23 was attempting to self-transfer as CNA-F happened to walk in or that CNA-F took off R23's socks as documented in the verification of investigation report.<br><br>On 3/26/2025 Surveyor shared concern with NHA-A and DON-B that R23 was transferred with assist of 1 staff member which is not according to what R23's assessed needs or care plan document which is an assist of 2 staff members and the statement details do not match regarding R23's fall on 3/19/2025. |

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| F 0851<br><br>Level of Harm - Potential for minimal harm<br><br>Residents Affected - Many | Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.<br><br>16584<br><br>Based upon interview and record review, the facility did not ensure the mandatory staffing data, submitted for the fourth quarter of 2024 (July 1st-September), was accurate.<br><br>During review of the payroll-based-journal (PBJ) staffing data for the facility, the facility was triggered for low weekend staffing. This had the potential to affect all 27 residents.<br><br>Findings include:<br><br>Review of the facility PBJ data, as part of the survey offsite process, indicates during the fourth quarter of the federal fiscal year 2024 (July 1st - September 30th) the facility was triggered for excessively low weekend staffing.<br><br>Surveyor did conduct a review of the daily staff schedules from July 1, 2024, to September 30, 2024. Surveyor noted both licensed nurses and certified nursing assistants present on each shift and for each unit. When call-ins happened, it was indicated on the schedule and it also was documented who placed the call-in, if applicable.<br><br>On 03/25/25, at 03:05 PM, Surveyor interviewed Nursing Home Administrator (NHA)- A and [NAME] President of Success (VP of Success)- C regarding the PB& J staffing report indicating excessively low staffing on the weekends for quarter #4. NHA- A stated that although she was not the Administrator at the time, she was made aware of the report. NHA- A stated the facility identified that sometimes Scheduler- D will fill in as a Certified Nursing Assistant on the weekends but not clocked-in as such. Her time punches would still identify her as Medical Records/Scheduler. VP of Success- C stated around the time in question (July- September 2024) the corporation started to use a new payroll system. They identified the use agency staff was not always reflected on the staffing report because they were not punching in on the same time clock, so those hours were also not recorded. VP of Success- C stated the facility rarely uses agency staff but when they do, they have fixed the time entries for the payroll/staffing report.<br><br>On 03/26/25, at 09:33 AM, Surveyor interviewed Scheduler- D regarding staffing on the weekends and the payroll-based reporting. Scheduler- C stated she usually does not have a problem with staffing including on the weekends. She will get an occasional call-in and if she is unable to fill the spot she will help-out as a CNA. Scheduler- C stated she was slightly familiar with the PB& J reporting and was made aware there were concerns about not accurately reporting the hours. Scheduler- C stated she had not been clocking in as a CNA if she helped on the floor but that has changed, and she now enters her time for the work performed as a CNA. Scheduler- D also stated that they have changed the way agency staff clocks -in and this is now reflected in the staffing report. |

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide and implement an infection prevention and control program.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47094<br><br>Based on observation, interview, and record review the facility did not maintain an infection prevention and control program designed to reduce the transmission of disease and infection for 2 (R7 and R23) of 6 residents reviewed.<br><br>Registered Nurse Unit Manager (RN UM)-H and RN-G did not wear appropriate personal protective equipment (PPE) during a treatment observation for R7. RN UM-H and RN-G were not aware of where PPE is kept for residents requiring enhanced barrier precautions.<br><br>There was not an enhanced barrier precaution (EBP) sign on R23's door consistent with other residents identified as requiring EBP. Registered Nurse (RN)-I did not wear appropriate personal protective equipment (PPE) during a treatment observation for R23. R23 has a stage 4 pressure injury to the left outer ankle requiring a dressing and did have light serous drainage on 3/25/2025.<br><br>Findings include:<br><br>The facility policy titled Enhanced Barrier Precaution reviewed/revised on 8/8/2024 documents: It is the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multidrug resistant organisms (MDROs). Definitions: Enhanced barrier precautions (EBP) refer to an infection control intervention designed to reduce transmission of multidrug-resistance organisms that employs targeted gown and glove use during high contact resident care activities.<br><br>Policy Explanation and Compliance Guidelines: .<br><br>2. Initiation of EBP: .<br><br>b. An order for EBP (in accordance with physician-approved standing orders) will be initiated for the residents with any of the following:<br><br>i. Wounds (e.g. chronic wounds such as pressure ulcers, .) . even if the resident is not known to be infected or colonized with a MDRO.<br><br>3. Implementation of EBP:<br><br>a. Make gowns and gloves available immediately near or outside of the resident's room.<br><br>4. High-contact resident care activities include: .<br><br>h. Wound care: any chronic skin opening requiring a dressing.<br><br>CDC (Centers for Disease Control and Prevention), Consideration for Use of Enhanced Barrier Precautions in Skilled Nursing Facilities, dated June 2021 documents: .<br><br>23. The guidance describes that all residents with wounds would meet the criteria for Enhanced Barrier Precautions. What is the definition of a wound in relation to this guidance?<br><br>(continued on next page) |

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | In the guidance, wound care is included as a high-contact resident care activity and is generally defined as the care of any skin opening requiring a dressing. However, the intent of Enhanced Barrier Precautions is to focus on residents with a higher risk of acquiring an MDRO over a prolonged period of time. This generally includes residents with chronic wounds, and not those with only shorter-lasting wounds, such as skin breaks or skin tears covered with a Band-aid or similar dressing. Examples of chronic wounds include, but are not limited to, pressure ulcers, diabetic foot ulcers, and chronic venous stasis ulcers. Ostomies, such as colostomies or ileostomies, are not defined as a wound for Enhanced Barrier Precautions.<br><br>CDC Long-Term Care Facilities, Frequently Asked Questions about Enhanced Barrier Precautions in Nursing Homes, dated June 28, 2024, documents .<br><br>13. If a resident does not have a history of a MDRO but does have an indwelling medical device or wound, should they still be placed on Enhanced Barrier Precautions?<br><br>Yes. Enhanced Barrier Precautions are recommended for residents with indwelling medical devices or wounds, who do not otherwise meet the criteria for Contact Precautions, even if they have no history of MDRO colonization or infection and regardless of whether others in the facility are known to have MDRO colonization. This is because devices and wounds are risk factors that place these residents at higher risk for carrying or acquiring a MDRO and many residents colonized with a MDRO are asymptomatic or not presently known to be colonized.<br><br>1) R7 was admitted to the facility on [DATE] and has diagnoses that include wedge compression to the first lumbar vertebra, history of alcohol use, dementia, left femur fracture, severe protein-calcium malnutrition, delusional disorder, anxiety disorder, and depression.<br><br>On 3/24/2025, at 10:05 AM, Surveyor observed R7 sitting in a wheelchair with a green pillow boot on the left foot and an EBP sign outside of R7's bedroom door. Surveyor did not notice personal protective equipment (PPE) available outside of R7's bedroom door or inside R7's bedroom.<br><br>R7's physician orders included an order for EBP due to wound to left heel every shift.<br><br>On 3/25/2025, at 8:46 AM, Surveyor interviewed certified nursing assistant (CNA)-J who stated PPE is located in the resident's room in one of their dresser drawers.<br><br>On 3/25/2025, at 1:35 PM, surveyor observed R7's left heel wound treatment. RN UM-H washed RN UM-H hands and put on gloves and assisted in holding R7's leg up. RN-G washed RN-G's hands, put on gloves and performed the treatment to R7's left heel. Surveyor noted RN UM-H and RN-G did not put on a gown for R7's wound treatment. Surveyor asked where PPE is kept for residents that are on EBP. RN UM-H replied RN UM-H was not sure where the PPE is kept, PPE used to be in carts by the residents' doors, but not sure where it is anymore. RN-G did not respond to Surveyor. Surveyor asked if a resident is on EBP, what kind of PPE is needed during high contact interventions such as wound care treatment. RN UM-H stated that RN UM-H does what they tell us to do. RN-G did not reply to Surveyor. RN UM-H stated RN UM-H will find out where the PPE is kept for Surveyors knowledge.<br><br>On 3/25/2025, at 1:45 PM, RN UM-H notified Surveyor that PPE is kept in the resident's room in a dresser drawer.<br><br>(continued on next page) |

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On 3/25/2025, at 3:00 PM, Surveyor shared concern with Nursing Home Administrator (NHA)-A, Director of Nursing (DON)-B, and [NAME] President of Success (VP Success)-C of Surveyors observations of RN UM-H and RN-G not donning a gown during R7's wound treatment and RN UM-H was not aware where PPE is kept in the facility. DON-B stated she was aware of the observation and has already provided reeducation to the staff on the expectations of when to put on PPE and where PPE is located.<br><br>2) R23 was admitted to the facility on [DATE] and has diagnoses that include transient ischemic attack (TIA) and cerebral infarction (CVA) without residual effects, history of alcohol use, depression, myocardial infarction, congestive heart failure, and stage 2 and stage 4 pressure injuries.<br><br>On 3/24/2025, at 12:59 PM, Surveyor observed R23 sitting in a wheelchair eating lunch. R23 was ok to talk with Surveyor at this time. R23 stated R23 fell at home and was on the ground for awhile and had some open areas when they came to the facility. R23 stated most of the open areas are closed and could not remember if staff were doing treatments anymore.<br><br>Surveyor noted R23 did not have an enhanced barrier precaution (EBP) sign outside of R23's door and no personal protective equipment (PPE) outside of R23's door or in R23's room.<br><br>R23's weekly pressure injury tracker dated 3/25/2025 documented:<br><br>- Left outer ankle, pressure injury stage 4, present on admission.<br><br>- 2 cm (centimeters) X 2 cm X 0.3 cm (length X width X depth), 60% granulation tissue, 40% slough.<br><br>- Light serous drainage, no odor or infection noted.<br><br>Surveyor did not find a physician order for EBP.<br><br>On 3/26/2025, at 11:28 AM, Surveyor observed wound treatment to R23's left outer ankle performed by registered nurse (RN)-I. Surveyor noted there was not an EBP sign outside of R23's door. RN-I washed RN-I's hands and put on gloves. RN-I performed R23's treatment as ordered. Surveyor notes RN-I did not don a gown during R23's left ankle wound treatment. RN-I and Surveyor walked out into the hallway together, RN-I stated to Surveyor, I'm (RN-I) just going to say right now I did not put on a gown. Surveyor asked RN-I if a gown should have been put on. RN-I replied yes.<br><br>On 3/26/2025, at 11:37 AM, Surveyor interviewed Director of Nursing (DON)-B. Surveyor asked if R23 should be on EBP. DON-B stated R23 is not on EBP because R23's left ankle wound is not chronic and there is no drainage.<br><br>Surveyor reviewed the QSO-24-08-NH memo that was issued 3/20/2024. The memorandum Summary Documents: .<br><br>- EBP recommendations now include use of EBP for residents with chronic wounds .<br><br>Guidance: .<br><br>(continued on next page) |

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | - EBP are used in conjunction with standard precautions and expand the use of PPE to donning (putting on) of gown and gloves during high-contact resident care activities that provide opportunities for transfer of multidrug resistant organisms (MDROs)to staff hands and clothing.<br><br>EBP are indicated for residents with any of the following: .<br><br>-Wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with a MDRO.<br><br>- Wounds generally include chronic wounds, not shorter-lasting wounds, such as skin breaks or skin tears covered with an adhesive bandage (Band-Aid).<br><br>- Examples of chronic wounds include, but are not limited to, pressure ulcers .<br><br>On 3/26/2025, at 11:49 AM, Surveyor interviewed Nursing Home Administrator (NHA)-A and DON-B. Surveyor asked what standards of practice the facility based their criteria for EBP on. DON-B stated the facility based the EBP policy off of CMS recommendations. NHA-A showed Surveyor the QSO-24-08-NH memo from 3/20/2024. Surveyor asked how the facility defines a chronic wound. DON-B stated DON-B would think it was a wound that did not heal within 6 months. Surveyor noted there was no date range indicating what a chronic wound was, but the memo does state that chronic wound example does state pressure injuries and R23 has a stage 4 pressure injury to the left outer ankle requiring a dressing and did have documented light serous drainage on 3/25/2025. DON-B and NHA-A stated they would review the policy so they could educate staff appropriately. Surveyor shared concern R23 does not have EBP initiated for having a wound and RN-I did not wear gown during R23's treatment to R23's left ankle wound. |