STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525316	A. Building B. Wing	10/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Manawa Com Nur Ctr	400 East 4th St Manawa, WI 54949

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. 38793 Based on staff interview and record review, the facility did not ensure an allegation of potential neglect was thoroughly investigated for 1 resident (R) (R3) of 5 sampled residents. On 8/19/24, Certified Nursing Assistant (CNA)-E transferred R3 without a gait belt. R3 fell and incurred a forehead laceration and hematoma. The facility did not complete the investigation or provide education to CNA-E before CNA-E returned to work on 8/24/24. Findings include: The facility's undated Abuse, Neglect, Mistreatment, and Misappropriation of Resident Property policy indicates: Staff will receive education about resident mistreatment and neglect .that an alleged perpetrator of abuse or neglect will immediately be removed and will remain removed pending the results of a thorough investigation .If the investigation shows maltreatment occurred, reporting to the appropriate agencies and education will be provided to all parties as needed. On 10/16/24, Surveyor reviewed a facility-reported incident (FRI) that was submitted to the State Agency (SA) on 8/19/24. The report stated CNA-E was accused of transferring R3 without a gait belt as care planned. As a result, R3 fell and sustained a 4 centimeter laceration to the forehead and a hematoma. CNA-E was suspended on 8/19/24 pending a thorough investigation. It was determined through interviews that the allegation of neglect was substantiated. Upon review of the investigation, Surveyor noted CNA-E returned to work on 8/24/24. A statement from Licensed Practical Nurse (LPN)-G indicated CNA-E transferred R5 (who required a sit-to-stand lift for all transfers) from R5's bed to wheelchair without a sit-to-stand lift or a gait belt on 8/24/24. On 10/16/24 at 1:14 PM, Surveyor interviewed Director of Nursing (DON)-B who verified staff were educated about falls and following care plan interventions beginning on 8/26/24. DON-B verified CNA-E was not provided education prior to returning to work on 8/24/24. DON-B also verified the facility's final investigation was not completed or submitted to the SA until 8/26/24.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety 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 interview and record review, the facility did not ensure adequate assistance to prevent falls was provided for 2 residents (R) (R3 and R5) of 5 sampled residents. On 8/19/24, Certified Nursing Assistant (CNA)-E transferred R3 without a gait belt which was required per R3's plan of care. R3 fell and sustained a 4 centimeter (cm) forehead laceration and a subdural hematoma that required steri-strips and neurological monitoring. CNA-E was not provided education prior to returning to work on 8/24/24 (which was before the facility's investigation was completed.) On 8/24/24, CNA-E was observed transferring R5 without a mechanical lift which was required per R5's plan of care. The facility's failure to ensure a staff who transferred a resident incorrectly which resulted in a fall with injury was educated prior to returning to work and transferring another resident incorrectly created a reasonable likelihood for serious harm which led to a finding of immediate jeopardy that began on 8/19/24. Nursing Home Administrator (NHA)-A was notified of the immediate jeopardy on 10/17/24 at 8:22 AM. The immediate jeopardy was removed on 8/26/24, however, the deficient practice continues at a scope/severity level D (potential for more than minimal harm/isolated) as the facility continues to implement its action plan. Findings include: The facility's undated Abuse, Neglect, Mistreatment, and Misappropriation policy indicates residents will be kept safe during an investigation and staff will be educated as necessary pending a full investigation. The facility's undated Transfer/Lift policy indicates staff are responsible to use the gait belt with any resident who is not independent with transfers and/or ambulation or use an assisted mechanical device (i.e., sit-to-stand and full body lift (Hoyer)) and that transfer status will be detailed in the resident's care plan. On 10/16/24, Surveyor reviewed R3's medical record. R3 was admitted to the facility on [DATE] with diagnoses including Alzheimer's disease, anxiety, delusional disorder, arthritis, and chronic pain. R3's most recent Minimum Data Set (MDS) assessment, dated 8/8/24, had a Brief Interview for Mental Status (BIMS) score of 0 out of 15 which indicated R3 had severe cognitive impairment. R3's care plan, revised 8/8/24, indicated R3 required a gait belt and the assistance of one staff for transfers. On 10/16/24, Surveyor reviewed R5's medical record. R5 was admitted to the facility on [DATE] with diagnoses including dementia, depression, and chronic kidney disease. R5's most recent MDS assessment, dated 8/8/24, had a BIMS score of 0 out of 15 which indicated R5 had severe cognitive impairment. R5's care plan, implemented 11/30/23, indicated R5 required a mechanical sit-to-stand lift and the assistance of one staff for transfers. (continued on next page)

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(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 - Immediate jeopardy to resident health or safety Residents Affected - Few	On 10/16/24, Surveyor reviewed a facility-reported incident (FRI) submitted to the SA on 8/19/24 that indicated CNA-E transferred R3 without a gait belt which resulted in a fall. The investigation indicated: ~ CNA-E confirmed CNA-E did not use a gait belt when CNA-E transferred R3. ~ Registered Nurse (RN)-F indicated CNA-E asked several times if CNA-E would get fired after the incident. RN-F indicated CNA-E was known to transfer residents without a gait belt. ~ RN-F's assessment indicated R3 sustained a 4 cm forehead laceration, a depression to the forehead, and a hematoma. ~ Licensed Practical Nurse (LPN)-G indicated CNA-E returned to work on 8/24/24 and was observed transferring R5 without a mechanical lift or gait belt by a CNA in training. On 10/16/24 at 10:39 AM, Surveyor interviewed RN-F regarding the incident on 8/19/24. RN-F indicated RN-F thought R3 needed stitches, however, Hospice staff declined to send R3 to the hospital. RN-F stated Hospice staff applied steri-strips and a foam border dressing to the wound and completed neurological checks. RN-F verified RN-F worked with CNA-E for a couple years and knew to watch out for CNA-E completing unsafe transfers. RN-F indicated management was told in the past that CNA-E completed unsafe transfers, however, RN-F was not sure if anything was done. On 10/16/24 at 1:13 PM, Surveyor interviewed LPN-G regarding the incident on 8/24/24. LPN-G was aware that something occurred with CNA-E and R3 on 8/19/24 but was not sure what. LPN-G stated LPN-G heard CNA-E was known to not follow care plan interventions related to transfers. LPN-G assigned a CNA in training to work with CNA-E during the 8/24/24 AM shift. LPN-G was not aware if CNA-E received education prior to returning to work. LPN-G indicated the CNA in training reported that CNA-E transferred R5 without a mechanical lift or gait belt. LPN-G notified administration immediately. On 10/16/24 at 2:45 PM, Surveyor interviewed Director of Nursing (DON)-B regarding the incident on 8/19/24. DON-B verified CNA-E confirmed CNA-E did not use a gait belt when transferring R3 on 8/19/24. DON-B instructed RN-F to send R3 to the hospital, however, R3's Hospice agency declined to do so and chose to assess and provide care at the facility. DON-B verified CNA-E was not provided education related to following care plan interventions prior to returning to work on 8/24/24 because it was the weekend and administrative staff were not available to provide the education. On 10/16/24, Surveyor reviewed CNA-E's personnel file and noted the following: ~ CNA-E was provided transfer education during orientation on 8/5/24. ~ A Coaching/Counseling Plan, dated 7/18/23, indicated CNA-E was involved in an incident in which a resident incurred an ankle fracture during a transfer with a sit-to-stand lift. The Plan of Action indicated CNA-E would alert nursing staff immediately if an injury occurred during a transfer and would ensure residents' care plans were followed. The document indicated a 6 month review would be completed in 2024. (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	On 10/16/24 at 2:45 PM, Surveyor interviewed DON-B regarding CNA-E's Coaching/Counseling Plan from 7/18/23. DON-B could not recall details of the incident or why the note about following the care plan was documented. DON-B verified CNA-E's 6 month follow-up related to the incident did not occur. The failure to educate CNA-E on following a resident's care plan during a transfer (which resulted in a fall with injury) and allowing CNA-E to return to work without education and transfer another resident incorrectly created a reasonable likelihood for serious harm which led to a finding of immediate jeopardy. The facility removed the jeopardy on 8/26/24 when it completed the following: 1. Educated direct care/nursing staff on following care cards/care plan interventions related to transfer status. 2. Updated a binder to be kept at the nurses' station with care cards and individual service plans for residents. 3. Conducted audits to ensure accuracy of transfer status.

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F 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician. 47248 Based on staff interview and record review, the facility did not designate a person to serve as the director of food and nutrition services who was a certified dietary manager, a certified food service manager, had a national certification for food service management and safety from a national certifying body, or who had an associate's or higher-level degree in food service management or hospitality. This had the potential to affect all 23 residents residing in the facility. Dietary Manager (DM)-D did not complete an approved dietary manager or food service manager certification course or other related education. Findings include: The facility provided a staff roster that indicated DM-D was a lead cook and was hired on 3/26/24. On 10/16/24 at 8:13 AM, Surveyor entered the kitchen and spoke with DM-D who was the Dietary Manager. DM-D indicated a Registered Dietitian came to the facility roughly monthly and was in contact with DM-D on a regular basis. DM-D indicated DM-D started as the DM around April of 2024. During a continuous kitchen observation that started at 11:50 AM on 10/16/24, DM-D indicated DM-D was ServSafe certified and was going to enroll in a Certified Dietary Manager (CDM) program soon. On 10/16/24 at 12:24 PM, Surveyor interviewed Director of Nursing (DON)-B who indicated DM-D was the Dietary Manager and was going to enroll in the training program. DON-B indicated DM-D was previously employed by the facility but left employment when the facility hired a new Dietary Manager. The previous Dietary Manager left employment and DM-D was rehired in April of 2024. DON-B confirmed DM-D was hired in April of 2024 to be the Dietary Manager and the facility was not currently looking for a Dietary Manager. DON-B indicated DM-D was going to complete the CDM course. On 10/16/24 at 12:34 PM, Surveyor interviewed Business Office Manager (BOM)-C who indicated DM-D was going to take the Dietary Manager certification course but had to leave employment. When DM-D was rehired, DM-D was going to take the course but had not started it yet. BOM-C indicated DM-D was going to take the course but confirmed DM-D was not currently enrolled in the course and had not been enrolled since DM-D was rehired in April of 2024.

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43361 Based on staff interview and record review, the facility did not ensure medical records contained complete information for 4 residents (R) (R3, R5, R6, and R8) of 5 sampled residents. Physician visit notes were not readily accessible and available in R3, R5, R6, and R8's medical records. Findings include: The facility's undated Long Term Facilities Retention Plan indicates medical records should be kept 7 years after discharge. On 10/22/24, Surveyor reviewed R3's medical record. R3 was admitted to the facility on [DATE] with diagnoses including Alzheimer's disease, dementia, and hypertension. On 10/22/24, Surveyor reviewed R5's medical record. R5 was admitted to the facility on [DATE] with diagnoses including dementia. On 10/22/24, Surveyor reviewed R6's medical record. R6 was admitted to the facility on [DATE] with diagnoses including Alzheimer's disease, anxiety, and hypertension. On 10/22/24, Surveyor reviewed R8's medical record. R8 was admitted to the facility on [DATE] with diagnoses including hypothyroidism, arthritis, and hypertension. Surveyor noted physician visit notes were missing from R3, R5, R6, and R8's medical records and requested the notes from Director of Nursing (DON)-B. On 10/22/24 at 3:30 PM, Surveyor had not received the physician visit notes and interviewed DON-B who indicated the facility contacted the physician's office and was waiting for the notes to be sent. DON-B indicated the facility switched providers around December of 2023 and said the facility had access to physician visit notes through the previous provider's electronic portal system. DON-B indicated the facility did not have access to medical records through the current provider's portal because the portal had not been set up. DON-B confirmed physician visit notes should be part of residents' medical records and should be easily accessible. On 10/24/24 at 8:43 AM, Surveyor interviewed Assistant Director of Nursing (ADON)-H via phone who indicated the physician's office had sent all but R5's physician visit notes. On 10/24/24 at 9:08 AM, Surveyor received an email with physician visit notes for R3, R6, and R8 and noted there was 1 physician visit note for R3, 3 physician visit notes for R6, and 1 physician visit note for R8. On 10/24/24 at 1:48 PM, Surveyor received an email which contained 2 of R5's physician visit notes.

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F 0944 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Conduct mandatory training, for all staff, on the facility's Quality Assurance and Performance Improvement Program. 43361 Based on staff interview and record review, the facility did not ensure 2 staff (Certified Nursing Assistance (CNA)-I and CNA-J) of 5 staff reviewed for education requirements received Quality Assurance and Performance Improvement (QAPI) training. CNA-I and CNA-J did not receive QAPI training. Findings include: On 10/22/24, the facility provided a list of trainings that new employees receive on their first day of employment. Onboarding Training Day 1 was handwritten on the form. QAPI was listed as a training that new employees should receive. Surveyor noted CNA-I was hired by the facility on 5/16/17 and CNA-J was hired by the facility on 7/22/15. On 10/22/24, Surveyor reviewed one year of electronic and paper training records for CNA-I and CNA-J which did not include QAPI training. Surveyor requested CNA-I and CNA-J's QAPI training documents. On 10/22/24 at 2:00 PM, Business Office Manager (BOM)-C indicated BOM-C was responsible for training and onboarding but could not locate CNA-I and CNA-J's QAPI training records. BOM-C indicated staff are trained on QAPI during orientation. BOM-C confirmed the facility should have a record of QAPI training for CNA-I and CNA-J.