STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525317	A. Building B. Wing	01/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Clare Care and Rehab Center	1414 Jefferson St Baraboo, WI 53913

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 0700 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30992 Based on observation, interview, and record review, the facility failed to ensure other alternatives were tried prior to installing/utilizing side rails. The facility failed to identify and recognize that the use of side rails with an air mattress increases the risk for entrapment for 12 of 12 residents in the facility (R1, R2, R3, R4, R5, R6, R7, R8, R9, R10, R11, R12) who use a side rail and an air mattress. On [DATE], the facility implemented the use of a side rail for R1. The facility failed to ensure other alternatives were tried prior to installing/utilizing side rails/enabler device for R1. On [DATE], the facility changed R1's mattress to a Panacea Convertible Mattress with powered alternating-pressure therapy (a pump); the facility failed to complete an assessment for entrapment at this time. On [DATE], R1 became entrapped in the siderail resulting in the following three (3) fractures: 1. Left proximal humerus fracture (broken arm), 2. Right periprosthetic distal femur fracture (a break in the thigh bone just above the knee) and 3. Left prosthetic distal femur fracture (a break in the thigh bone just above the knee). R1 expired the next day. The facility currently has 11 residents (R2, R3, R4, R5, R6, R7, R8, R9, R10, R11, R12) utilizing a Panacea Convertible Mattress with powered alternating-pressure therapy (a pump) together with side rails/enabler devices. The facility did not evaluate alternatives prior to installing the side rails The facility did not provide new risks and benefits to R2, R4, R5, R8, and R12 or their Health Care Power of Attorney when the facility changed their mattress and added an alternating air mattress to their bed with side rails. The facility's Bed System Measurement Device for measuring gaps caused by the use of bed rails is not recommended to be used with alternating air mattresses for R2, R3, R4, R5, R6, R7, R8, R9, R10, R11, R12 and these forms did not specify a date, a bed identification, or a resident name on them. Director of Maintenance F did not complete quarterly bed/side rail measurement tests per facility policy and procedure. (continued on next page)

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

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F 0700 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	The facility failed to ensure other alternatives were tried prior to installing/utilizing side rails/enabler device. The facility failed to identify that the use of side rails with an air mattress increases the risk of entrapment and failed to ensure a risk and benefit is discussed with the resident or their responsible party when risks/benefits change such as adding an air mattress. The facility failed to properly assess the gaps created by the combination of an air mattress with a side rail. These failures created a finding of immediate jeopardy that began on [DATE]. Surveyor notified the facility of the finding of immediate jeopardy on [DATE] at 2:30 PM. The Immediate jeopardy was removed on [DATE]; however, the deficient practice continues at a severity/scope of E (potential for more than minimal harm/pattern) as the facility continues to implement its action plan. This is evidenced by The Center for Devices and Radiological Health Guidance for Industry and FDA (Food and Drug Administration) Staff, Hospital Bed System Dimensional and Assessment to Reduce Entrapment, dated [DATE], documents, in part, as follows: Pressure Reduction Therapeutic Products Framed flotation therapy beds, powered air mattress replacements, and similar pressure reduction products that have therapeutic benefits such as reducing pressure on skin are easily compressed by the weight of a patient and may pose an additional risk of entrapment when used with conventional hospital bed systems. When these types of mattresses compress, the space between the mattress and the bedrail may increase and pose an additional risk of entrapment. While entrapments have occurred with the use of framed flotation therapy beds (specialty air beds built into a hospital bed frame) and air mattress replacements, these products are excluded from the dimensional limit recommendations, except for those spaces within the perimeter of the rail. This partial exemption is due to the highly compressible nature of these mattresses, which poses technical difficulties with measuring certain dimensional gaps in these types of products. We will continue to work with the IEC (The International Electrotechnical Commission issues standards for the safety and performance of medical electrical equipment including air mattresses) to develop and refine test methods to address the risk of entrapment in bed systems using these products. Additional caution should be taken when using these products to ensure a tight fit of the mattress to the bed system. If a powered air mattress is replacing a mattress on a bed system that meets the recommendations in the guidance with the original mattress, the resulting bed system with the new air mattress may still pose a risk of entrapment. When these products are used, we recommend that steps are taken to ensure that the therapeutic benefit outweighs the risk of entrapment. NOTE: FDA continues to recommend the dimensional limits in this guidance for bed systems using mattress overlays. We recommend that steps be taken to assess the therapeutic benefit to the patient when applying a mattress overlay to a bed system that does not meet the recommended dimensional limits. The clinical benefit should outweigh the risk of entrapment presented by use of such a system. Potential Zones of Entrapment This guidance describes seven zones in the hospital bed system where there is a potential for patient entrapment. Entrapment may occur in flat or articulated bed positions, with the rails fully raised or in intermediate positions. The seven areas in the bed system where there is a potential for entrapment are . Zone 1: Within the Rail Zone 2: Under the Rail, Between the (continued on next page)

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F 0700 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Rail Supports or Next to a Single Rail Support Zone 3: Between the Rail and the Mattress Zone 4: Under the Rail, at the Ends of the Rail Zone 5: Between Split bedrails Zone 6: Between the End of the Rail and the Side Edge of the Head or Foot Board Zone 7: Between the Head or Foot Board and the Mattress End Entrapment at the Bed Deck or Frame Many of the entrapment event reports FDA received involved entrapment between the rail and the bed ' s frame. It is unclear from the event descriptions whether this refers to the mattress deck, the bed frame, or even the hardware attaching the bedrail to the bed system. While this guidance does not recommend dimensional limits on the space at the deck or frame locations, FDA believes that meeting the other recommended dimensional limits would reduce the possibility of entrapment at the deck or frame locations. The manufacturer guidelines for the Panacea Convertible Mattress with powered alternating-pressure therapy, documents, in part, the following: Alternating-Pressure cycle - provides 10-minute loading and unloading cycles designed to relieve peak interface pressures. Warnings: Failure to comply with all directions and warnings may result in injury or death; use only as directed. Note - This product is designed to assist in the prevention and treatment of pressure ulcers and may require other equipment. This may include but is not limited to bedrails for repositioning and fall prevention. Note - This product is only one element of care in the prevention and treatment of pressure ulcers by medical professionals and skilled caregivers to assist in the treatment and prevention of up to Stage IV (4) decubitus ulcers (pressure injuries) for residents under their care. This product is not designed to and cannot replace good care giving practices and treatment, including but not limited to: .Adequate training for a precaution by staff personnel for bed entrapment. (continued on next page)

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F 0700 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	The facility policy, Devices and Device Assessment, reviewed ,d+[DATE], documents, in part, as follows: Due to risk of injury related to the use of physical devices, such devices will only be used after an assessment has been completed to determine the risks and benefits of this use. The resident/responsible party will be educated regarding the risk and benefits of physical devices. Physical devices will be reviewed for safety and used according to manufacturer's recommendations. Continued use of physical devices will be assessed at least every 90 days or with significant change to determine if the device is still needed to enhance the resident's safety and/or bed mobility. Devices will be installed as appropriate for the type of bed: For hospital beds: Device will be installed per FDA (Food and Drug Administration) guidelines. For non-hospital beds: Devices will be installed according to the device manufacturer's instructions. Documentation will be entered in the resident's record to include Results of the assessment; Discussion with resident/responsible party regarding risks and benefits and alternatives considered/recommended; Decision made/outcome of discussion. Information from FDA Regarding Side Rails: In 2006 the Food and Drug Administration (FDA) released its recommendations for reducing entrapments. The FDA identified seven zones of entrapment and recommended maximum dimensions for four of the zones. Zone 1: Within the Rail (4.75); Zone 2: Under the Rail, Between the Rail Supports or Next to a Single Rail Support (4.75); Zone 3: Between the Rail and the Mattress (4.75) 1.R1 was admitted to the facility on [DATE] with diagnoses including, dementia-severe without behavioral disturbance (an advanced stage of cognitive decline where significant impairment in memory, language, reasoning and daily functioning occurs), reduced mobility (reduced ability to move), osteoporosis (a condition in which bones become weak and brittle), cerebrovascular disease (a condition that impacts the brain's blood vessels and blood supply). R1 was incapacitated on [DATE]. R1's has an APOAHC (Activated Power of Attorney). On [DATE] R1's initial APOAHC signed Half Side Rail/Bed Bar Informed Consent that document as follows: An assessment was conducted to determine the appropriateness and need of either a half side rail or bed bar for you. A half side rail or bed bar is a metal or plastic bar that is attached to the side of the bed. A half side rail is approximately one quarter of the length of the bed and a bed bar is approximately one eighth of the length of the bed. Potential benefits of a half side rail or bed bar includes Facilitates turning and repositioning within the bed; Facilitates access to bed controls and personal care items. In some instances, half side rails or bed bars present an inherent safety risk. Potential risk include: *Strangulation, suffocation, entrapment or death when a resident or part of his/her body is caught between the bedrail or between the bedrails and the mattress and the opening of the rails *Serious bodily injury from falls if a resident climbs over the half side rail or bed bar; *Bruising, abrasions, contusions, skin tears; and (continued on next page)

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F 0700 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	*Negative psychological effects and altered resident self-esteem There was no evaluation of alternatives to the use of a side rail at this time. R1's Minimum Data Set with an ARD (Assessment Reference Date) of [DATE], documents a BIMS (Brief Interview of Mental Status) score of 3, indicating R1 is severely cognitively impaired. R1 is totally dependent on staff for ambulation, transferring, bathing, dressing, and toileting. Section P, Restraints, documents R1 does not use a bedrail. R1's comprehensive care plan, dated [DATE], documents the following: Focus: Devices - Safety/Mobility: At risk for injuries/complications R/T (related to) use of ,d+[DATE] Side Enabler Bar on Top; Both sides; to help promote independence with bed mobility and to aid in holding sitting position at side of bed. (Date Initiated: [DATE]; Date Revised: [DATE]) Goal: Will be free of serious injuries/complications r/t device use through next review. (Date Initiated: [DATE]; Revised [DATE]) Intervention: Device Assessment upon application/admission, quarterly, SCC (Significant Change) and/or PRN (as needed); Monitor/Observe/Document application of device, device use, behavior r/t (related to) device and review observations/concerns with MD (Medical Doctor).; IDT (Interdisciplinary Team) review of Device placement for continued appropriateness per facility protocol. (Date Initiated [DATE]). The facility has a Resolved Care Plan entry: Uses upper ,d+[DATE] rail to enable bed mobility. (Date Initiated: [DATE]; Revision on: [DATE]; Resolved Date: [DATE]). Note, it is unknown why the facility discontinued the comprehensive care plan entry of ,d+[DATE] siderails to R1's bed on [DATE] when the side rails were still in place at the time of the entrapment. R1's comprehensive care plan, dated [DATE], documents as follows: Actual/At Risk/and/or Potential for Complications with OR fall R/T (related to) current medical/physical status. Has med's/[NAME] (medications/diagnosis) that can/may affect fall risk. Resident transfers with EZ lift (Note, staff confirmed EZ Lift is total body lift) (Date Initiated: [DATE]; Goal: Will be free of falls, but if does, will be free of serious injuries r/t falls through next review date. (Date Initiated: [DATE], Target Date: [DATE]); Interventions: Bed in low position; Call light positioned for easy access; Check for unmet needs: pain, toileting, hunger, thirst, temperature; Ensure environment is free of clutter On [DATE] the facility put a Panacea Convertible Mattress with an optional alternating-pressure pump in use for R1. It is important to note, this is the same air mattress and pump the facility puts in place for all residents that require an air mattress. The facility failed to identify that the use of side rails with an air mattress increases the risk of entrapment; subsequently, the facility did not complete a new assessment at the time a powered alternating-pressure air mattress was utilized for R1. The side rail in use since R1's admission is Invacare Model IHCSRLAS. This side rail has three (3) vertical bars and two (2) horizontal bars. On [DATE], facility staff (this staff member has since retired) completed Bionix Safety Technologies (Food and Drug Administration Approved) for R1's air mattress and bedrail in use together. On [DATE] the inspection documents the air mattress with a pump together with a bedrail Passed safety inspection. (continued on next page)

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F 0700 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	It should be noted based on the FDA Staff, Hospital Bed System Dimensional and Assessment to Reduce Entrapment, Pressure Reduction Therapeutic Products Framed flotation therapy beds, powered air mattress replacements, and similar pressure reduction products that have therapeutic benefits such as reducing pressure on skin are easily compressed by the weight of a patient and may pose an additional risk of entrapment when used with conventional hospital bed systems. When these types of mattresses compress, the space between the mattress and the bedrail may increase and pose an additional risk of entrapment. While entrapments have occurred with the use of framed flotation therapy beds (specialty air beds built into a hospital bed frame) and air mattress replacements, these products are excluded from the dimensional limit recommendations, except for those spaces within the perimeter of the rail. This partial exemption is due to the highly compressible nature of these mattresses, which poses technical difficulties with measuring certain dimensional gaps in these types of products. On [DATE] R1's Fall Risk Screening documents: R1 is at Slight risk due to intermittent confusion On [DATE] R1's Enabler/Safety Device Use Tool documents the following: Reason for review: Quarterly Type of Device: Rails Reason for use: Safety Status -Cognitive Status: Confusion -Behavioral Status: Other -Additional Information: No behaviors -IDT (Interdisciplinary Team) Potential Benefits: Increased feeling of safety Potential Risks: Increased-Falls Device Use - Is the device considered a restraint: No *Device Use - Considered beneficial to individual: No IDT (Interdisciplinary Team) Discussion: Uses the side rail for bed mobility Of note, R1's most recent fall prior to the entrapment (below) was in [DATE]. No injuries. (continued on next page)

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F 0700 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	On [DATE] around 4:07 AM, R1's Progress Notes document the following: CNA C (Certified Nursing Assistant) heard yelling from R1's room. R1 was yelling as she was on the ground. Her roommate was yelling because she heard R1 yelling. Upon entering their room, CNA C found R1 on the floor on her fall mat. R1 was facing the wall. Her right arm was holding onto the assist bar, while her left arm was between the mattress and the assist bar. (Note, R1's left arm that was entrapped sustained a left proximal humerus fracture.) Her legs were under her on the mat. R1 had her foam boots on. Her blankets were on the floor and her arm protectors were off. It was also noted there was blood on the floor near her nightstand. CNA C immediately called for the nurse on duty. LPN D (Licensed Practical Nurse) assessed R1 and noted, that R1 had a large mole on her right upper arm that was ,d+[DATE] off and bleeding. It was also noted that there was bruising on the top of her left hand. LPN D then called for an ambulance to send R1 to the emergency room for further evaluation. R1's family member (name) and NP (Nurse Practitioner name) were notified. X-rays were completed at the hospital indicating a nondisplaced proximal left humerus fracture, a slightly displaced fracture of the right distal femoral metaphysis and a significantly displaced fracture of the left distal femoral metaphysis. R1 reported, I was trying to get up. I've been laying in this bed since 10:00 PM and I want to go home. Immediate Action Taken: Call placed to family member. Resident sent to ER (emergency room) for further evaluation and treatment. Resident taken to hospital: Y (Yes) Injuries Observed at Time of Incident Fracture Right thigh (front) Fracture Left thigh (front) Fracture Left Upper Arm Hematoma Left hand (palm) Skin Tear (Right Upper Arm Level of Pain: 1 Level of Consciousness: Alert Mobility: Wheelchair bound Mental Status: Baseline for Individual emergency room Visit/hospitalization Notes: Has a large mole on her right outer arm that is ,d+[DATE] off and is bleeding. Bruising on the top of her left hand. Resident is unable to tell pain. Injuries Reported Post Incident: Other: Right antecubital (continued on next page)

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F 0700 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Level of Pain: Blank (R1 is unable to voice) Level of Consciousness: Alert Mobility: Wheelchair bound Mental Status: Oriented to Place, Oriented to person Predisposing Environmental Factors: None Predisposing Physiological Factors: Confused, Gait imbalance, Impaired Memory Predisposing Situation Factors: Ambulating with Assist; Side Rails up Other Info: Staff are unaware of why or how she got out of bed as she has not self-ambulated in multiple years. Agencies/People Notified: Family Member and Nurse Practitioner R1's hospital ED (Emergency Department) report documents, in part, as follows: R1 arrived to the hospital at 4:51 AM. Skilled nursing facility resident who sustained an unwitnessed fall at her skilled nursing facility. The patient was found to have rolled out of bed, and she was propped between the bed and her nightstand. (Note, NHA A, stated, per staff interviews, this information is incorrect.) The patient was brought to the ED for evaluation. Imaging studies were obtained, which indicated a right periprosthetic distal femur fracture, a left periprosthetic distal femur fracture (a break in the thigh bone just above the knee), and a left proximal humerus fracture (broken arm). Orthopedic Surgery was consulted for further evaluation and treatment of the patient. The patient is currently noncommunicative due to neurocognitive disorder. No other problems are reported. Assessment: 1. Left proximal humerus fracture 2. Right periprosthetic distal femur fracture 3. Left prosthetic distal femur fracture Plan: R1 is a skilled nursing facility resident who sustained an unwitnessed fall with resultant bilateral periprosthetic distal femur fractures and a nondisplaced left proximal humerus fracture. Per report, the patient is relatively bedbound. In addition, the patient has very significant neurocognitive disability. After discussion with the patient's family member, who is also the patient's power of attorney, the family wishes to pursue nonoperative intervention for the patient's lower extremity fractures and provide comfort measures only. Given the patient's overall medical condition, this is completely acceptable. Both lower extremities will remain in knee immobilizers, and left upper extremity will remain in a sling. Comfort measures will be provided. On [DATE] at 11:35 AM, R1 was discharged back to the facility. (continued on next page)

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F 0700 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	On [DATE] (after the incident), the facility completed Bionix Safety Technologies testing for R1's air mattress and bedrail in use together. On [DATE] the inspection documents the air mattress with a pump together with a bedrail Passed safety inspection. However, the facility made the decision to remove the side rail from R1's bed upon her return from the hospital ED. On [DATE] at 6:00 AM, LPN D (Licensed Practical Nurse) documented the following Progress Note: CNA had turned her at 4:20 AM. Night CNA asked day to help turn her and they walked in her room. They called nursing to her room as she had no pulse, no BP (blood pressure). On [DATE] at 6:30 AM, LPN D (Licensed Practical Nurse) documented the following Progress Note: Situation: Found with no BP or pulse Background: Had a fall 24 hours ago and came back comfort care On [DATE] at 6:10 AM, LPN D (Licensed Practical Nurse) documented the following Progress Note: R1's family members were called and told about her passing away. The daughter wants us to hold off calling funeral home until she processes all of this. On [DATE], Physician/Medical Director E documented the following information to NHA A (Nursing Home Administrator) via email: Case Review 2025.01 Sources: Epic; references; PCC (Point Click Care/Electronic Health Record) chart inaccessible- *The fracture was pathologic (significantly due to osteoporosis) *The fracture was traumatic (significantly due to a fall from bed height) *The fracture had other causes (there were no signs the resident asked for help) *The fracture was a cause of death (were it not for the fracture .) *The fracture was not the only cause of death (were it not for the dementia and frailty .) *The alarm, mats, and side rail did not clearly contribute to the fracture. *Opinions expressed are to a reasonable degree of medical certainty and subject to revision if additional information becomes available. (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 0700 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	On [DATE] at 11:15 AM, Surveyor spoke with CNA C (Certified Nursing Assistant). CNA C stated she was completing rounds at approximately 4:,d+[DATE]:20 AM when she heard R1 hollering, and she immediately went to check on R1. CNA C stated, she observed R1 on the red floor mat next to her bed with her legs under her. CNA C added, R1 was facing the wall (in front of her) with one arm stuck (entrapped) in the railing and the other arm was holding onto the railing. CNA C stated, she cannot recall which arm was tangled (entrapped). CNA C stated, she hollered for LPN D (Licensed Practical Nurse). CNA C stated, LPN D came to R1's room right away. CNA C stated, we got a pillow and laid R1 down on the mat. CNA C stated, R1 was crying in pain, stated she was hungry wanted to get up out of bed because she has been in bed since 10:00 PM. CNA C stated, the facility put the fall mat intervention in place in ,d+[DATE] when R1 last fell . Surveyor asked CNA C, is R1 able to make movement on her own. CNA C stated, no, not for a long time since she last fell on ,d+[DATE], and we put the fall mat in place as an intervention. Surveyor asked CNA C if she had noticed R1 acting differently recently over the past week or so. CNA C stated, no. CNA C stated, R1 would use siderails when staff would check and change her. On [DATE] at 1:15 PM, Surveyor spoke with LPN D (Licensed Practical Nurse). Surveyor asked LPN D to describe what happened when R1 was found on the floor on [DATE]. LPN D stated, CNA C (Certified Nursing Assistant) had just finished rounds on 1 wing when LPN D and CNA C both heard R1 start calling out. LPN D stated, CNA C immediately responded to R1 calling out. LPN D stated, it is not uncommon for R1 to yell out that she wants to go home or to go see her mother. LPN D stated, CNA C found R1 on the floor mat on her knees and called out for LPN D. LPN D stated, R1's left arm was stuck down about 1 inch in between the siderail and the mattress with her right arm in front of her holding onto the side rail. LPN D stated the side rail was in the up and correct position. LPN D stated, she needed to move the bed up (as it was in the lowest position) in order to disengage the side rail. Emphasis Intended. LPN D stated, she was then able to get R1's arm out from being entrapped in between the mattress and side rail. LPN D stated, when she asked R1 if she has any pain. R1 pointed to her left shoulder. LPN D stated, R1 looked like she had a little pain. LPN D stated, she and CNA C laid R1 down on the mat to assess. LPN D stated, a different nurse contacted R1's APOAHC (Activated Power of Attorney for Health Care) while she stayed with R1. LPN D stated, R1 was then immediately sent to the hospital ED (emergency department). LPN D stated, she heard R1 yell when the EMT's (Emergency Medical Technicians) put her on the stretcher. LPN D stated, all of R1's care plan interventions were in place at the time of this accident. LPN D stated, she observed R1 to be sleeping when she passed water just a short time before the fall. LPN D was also working at the time R1 passed away on [DATE], 24 hours after the entrapment and fall with fractures. LPN D stated, on [DATE] R1 was found pulseless and not breathing. LPN D stated, this experience has been very traumatic for her as well. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525317	A. Building B. Wing	01/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Clare Care and Rehab Center	1414 Jefferson St Baraboo, WI 53913

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 0700 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	On [DATE] at 4:45 PM and 5:00 PM, Surveyor spoke with NHA A (Nursing Home Administrator) and DON B (Director of Nursing). Surveyor asked NHA A, what date was R1's side rails put in place. NHA A stated, R1's side rails were likely in place since admission to the facility. NHA A added, the facility previously did not remove side rails when residents discharged . Therefore, any newly admitted residents automatically have a side rail(s) that was in place for the previous resident. The facility identified this as a deficient practice and is addressing it in QAPI (Quality Assurance Process Improvement). Surveyor asked NHA A and DON B, what alternatives were attempted prior to utilizing a bedrail. NHA A stated, the facility has no prior alternatives documented. NHA A stated, alternatives attempted should have been documented and the facility is working to correct this for other residents via the Therapy Department. NHA A stated the Therapy Department is about ,d+[DATE]rds of the way through screening all 48 residents. Surveyor asked NHA A and DON B, when the air mattress was put in place on [DATE], should an assessment have been completed at that time. (Note, the assessment was not completed until [DATE].) NHA A stated, yes. 2. R2 admitted to the facility on [DATE] with the following diagnoses: malignant neoplasm of the prostate, encounter for palliative care, age related osteoporosis, and polyneuropathy. R2's most recent MDS (Minimum Data Set) with ARD (Assessment Reference Date) of [DATE] indicates R2's cognition is moderately impaired with a BIMS (Brief Interview for Mental Status) score of 10 out of 15. R2's MDS also indicates he is dependent on staff to meet his needs in toileting, rolling from left to right, going from lying to sitting, going from sitting to lying, and transfer bed to chair or chair to bed. R2's informed consent for bed rails, signed [DATE], includes potential benefits of a half side rail . in some instances half side rails or bed bars present an inherent safety risk. Potential risks include strangulation, suffocation, entrapment, or death when a resident or part of his or her body is caught between the bed rail or between the bed rails and the mattress and the opening of the rails . serious bodily injury from falls if a resident climbs over the half side rail or bed bar . Bruising, abrasions, contusions, skin tears, and negative psychological effects . and altered resident self-esteem . (It is important to note the facility did not provide evidence of alternative interventions being tried prior to the installation of the bed rails.) R2's Comprehensive Care Plan, includes revision date [DATE] bed mobility- independent, assist of 1 to 2 if weak . R2's Medical Record indicated an alternating air mattress was added to R2's bed on [DATE]. (It is important to note adding an alternating air mattress to a bed with side rails changes the risks and a new informed consent form describing the new risks and benefits of using the side rails with the alternating air mattress was not given to R2 or his activated Health Care Power of Attorney.) R2's Bed System Measurement Device Test Results Worksheet, undated, includes Bed ID: (blank) . Bed make- (blank) . Model-(blank) . Barcode- (blank) . Mattress make- (blank) . Mattress Model- (blank) . Left zone 4- pass, zone 2 pass, zone 4 pass . Right zone 4 pass, zone 2 pass, zone 4 pass . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525317	A. Building B. Wing	01/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Clare Care and Rehab Center	1414 Jefferson St Baraboo, WI 53913

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 0700 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	(It is important to note there is no resident name, no bed identification and no date on this form. It is also important to note this system of testing is not recommended to be used with alternating mattresses as the air in the cells shifts when weight is applied.) On [DATE] at 8:43 AM Surveyor observed R2's room including his bed. R2's bed had an alternating air mattress and bedrails that reached ,d+[DATE] of the way down his bed. 3. R3 admitted to the facility on [DATE] with the following diagnoses: unspecified dementia, abnormality of gait, open wound . R3's informed consent for bed rails, signed [DATE], includes potential benefits of a half side rail . in some instances half side rails or bed bars present an inherent safety risk. Potential risks include strangulation, suffocation, entrapment, or death when a resident or part of his or her body is caught between the bed rail or between the bed rails and the mattress and the opening of the rails . serious bodily injury from falls if a resident climbs over the half side rail or bed bar . Bruising, abrasions, contusions, skin tears, and negative psychological effects . and altered resident self-esteem . (It is important to note the facility did not provide evidence of alternative interventions being tried prior to the installation of the bed rails.) R3's Medical Record indicates an alternating air mattress was added to her bed on [DATE] (on admission). Bed System Measurement Device Test Results Worksheet, undated, includes Bed ID: 251 . Bed make-(blank) . Model-(blank) . Barcode- (blank) . Mattress make- (blank) . Mattress Model- (blank) . Left zone 4-pass, zone 2 pass, zone 4 pass . Right zone 4 pass, zone 2 pass, zone 4 pass . (It is important to note there is no resident name and no date on this form. It is also important to note this system of testing is not recommended to be used with alternating mattresses as the air in the cells shifts when weight is applied.) R3's most recent MDS with ARD of [DATE] indicates R3's cognition is severely impaired with a BIMS score of 7 out of 15. On [DATE] at 8:48 AM Surveyor observed R3's room including her bed. R3's bed had an alternating air mattress and bedrails that reached ,d+[DATE] of the way down her bed. 4. R4 admitted to the facility on [DATE] with the following diagnoses: Type 2 Diabetes Mellitus and unspecified mental disorder. R4's most recent MDS with ARD [DATE] indicates R4's cognition is severely impaired, and he never or rarely makes decisions. R4's informed consent for bed rails, signed [DATE], includes potential benefits