

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525321	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/16/2024
NAME OF PROVIDER OR SUPPLIER  Riverdale Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1000 N Wisconsin Ave Muscodia, WI 53573	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50285</p> <p>Based on interview and record review, the facility failed to ensure 1 of 5 residents (R1) reviewed was free from abuse/exploitation by a Certified Nursing Assistant (CNA).</p> <p>CNA C took humiliating and exploitative pictures on her phone of R1 and other unidentified residents without their knowledge or consent and sent or showed them to other staff members. Using the reasonable person concept a resident would feel humiliated and dehumanized to have someone take embarrassing and degrading pictures of them and send or show them to another staff member.</p> <p>According to the Social Security Act [Sections SS1819(c)(1)(A)(ii) and 1919(c)(1)(A)(ii)], every resident has the right to be free from mental or physical abuse. A reasonable person would not expect that they would be harmed in his/her own home or a health care facility and would experience a negative psychosocial outcome (e.g. fear, anxiety, anger, humiliation, a decline from former social patterns).</p> <p>According to the Psychosocial Outcome Severity Guide located in the State Operations Manual, describes that to apply the reasonable person concept, the survey team should determine the severity of the psychosocial outcome or potential outcome the deficiency may have had on a reasonable person in the resident's position (i.e., what degree of actual or potential harm would one expect a reasonable person in the resident's similar situation to suffer as a result of the noncompliance). Generally, when applying the reasonable person concept, the survey team should consider the following as it determines the outcome to the resident, which include, but is not limited to:</p> <ul style="list-style-type: none"> <li>-The resident may consider the facility to be their home, where there is an expectation that he/she is safe, has privacy, and will be treated with respect and dignity.</li> <li>-The resident trusts and relies on facility staff to meet his/her needs.</li> </ul> <p>The resident may be frail and vulnerable.</p> <p>Evidenced by:</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Facility policy entitled Abuse, neglect, and Exploitation, dated 10/1/2022, states, in part: .It is the policy of this facility to provide protections for the health, welfare and rights of each resident . to prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property . Definitions: 1. Abuse: means the willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain, or mental anguish . It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology . Willful: means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm . Mental Abuse: includes, but is not limited to, humiliation, harassment, threats of punishment or deprivation. Mental abuse also includes abuse that is facilitated or caused by nursing home staff taking or using photographs or recording in any manner that would demean or humiliate a resident(s) . Exploitation: means taking advantage of a resident . Mistreatment means inappropriate treatment or exploitation of a resident . II. Employee Training. A. New employees will be educated on abuse, neglect, exploitation, and misappropriation of resident property . C. Training topics will include . 2. Identifying what constitutes abuse, neglect, exploitation, and misappropriation of resident property . IV. Identification of Abuse, Neglect and Exploitation. A. The facility will have written procedures to assist staff in identifying the different types of abuse - mental/verbal abuse, sexual abuse, physical abuse, and the deprivation of an individual of goods and services. This includes staff to resident abuse . B. Possible indicators of abuse include but are not limited to. 9. Evidence of photographs or videos of a resident that are demeaning or humiliating in nature, regardless of whether the resident provided consent and regardless of the resident's cognitive status . VI. Protection of Resident. The facility will make efforts to ensure all residents are protected from physical and psychosocial harm, as well as additional abuse, during and after the investigation. Examples include but are not limited to: A. Responding immediately to protect the alleged victim and integrity of the investigation; . F. Providing emotional support and counseling to the resident during and after the investigation, as needed .</p> <p>R1 was admitted to the facility on [DATE]. Her most recent Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 10/29/24, indicates R1 has a Brief Interview of Mental Status (BIMS) of 5 out of 15, indicating R1 has severe cognitive impairment. R1's diagnosis include in part: (Idiopathic) Normal Pressure Hydrocephalus (a condition where too much cerebrospinal fluid builds up on the brain), Depression unspecified, and Alzheimer's disease unspecified.</p> <p>On 11/21/24 at 10:45 AM, CNA H wrote a statement for the facility investigation that included in part: On 11/20/24 at the end of PM shift . reporting was being done between shifts . CNA C came out of (a resident's) room . she described things about conditions of residents, their rooms . she stated, 'I took photos if you'd like to see'? She began to show me the photos . of a resident's peritoneal area. It viewed an undergarment (brief) laid flat underneath (R1) . and extended out from her genital area . (CNA C) then said, 'As you see here on (R1) . the outside of the brief' . I said, 'I've seen enough' .</p> <p>On 11/22/24, CNA C wrote a statement for the facility investigation that included in part: I'm sorry I took photos for the proof of miscare {SIC} of residents and made sure not to include faces or private material. You're always telling us you need proof . It is my understanding as long as no face or private areas identifying markers are in the picture, for instance the resident's neck was to show the hazard of laying down eating chips could choke, and this resident is unable to sit up or turn over on their own. Took picture of resident's bed rail . with only resident's leg showing .</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 11/27/24 at 4:16 PM, NHA A (Nursing Home Administrator) submitted a Misconduct Incident Report, which included in part: . On November 21, 2024, (CNA H) came to the administrator's office at approximately 10:30 AM, claiming there was a sexual assault. CNA H described that another employee, (CNA C) had taken several photos she was showing CNA H. CNA H mistakenly assumed a photo of a chin was a woman's peri (genital) area .</p> <p>Please note: The pictures reviewed by Surveyor did not include any genitalia. However, the side of R1's buttock is observed, along with her outer thigh, on top of the wet brief.</p> <p>On 12/3/24 at 2:50 PM, Surveyor interviewed former CNA L (Certified Nursing Assistant), who said he was working the night shift on 11/21/24 when another staff member, CNA C showed him photographs she had taken on her phone of residents and their rooms. CNA L stated several of the photographs had resident arms and legs in the pictures. CNA L stated that CNA C had taken the pictures of the residents while they slept. CNA L stated he told CNA C that it was a crime to take pictures of the residents, and that he didn't want to see anymore. CNA L indicated he went to see NHA A (Nursing Home Administrator) and DON B (Director of Nursing) the next day to report the abuse.</p> <p>On 12/3/24 at 3:06 PM, Surveyor interviewed RN D (Registered Nurse), who had been working at the time of the incident on 11/21/24. RN D stated that CNA C sent her pictures that she had taken on her phone of residents and their rooms. RN D indicated this was not the first time that CNA C had shown her pictures of residents or their rooms. RN D indicated she notified DON B the next day about the pictures. Surveyor asked RN D if this could be considered abuse. RN D replied that she knew they were not supposed to take pictures of the residents, but she did not consider this abuse.</p> <p>On 12/3/24 at 4:48 PM, Surveyor interviewed LPN E (Licensed Practical Nurse). LPN E stated that she wasn't working the night of 11/21/24 but she heard that a staff member had taken pictures of the residents. LPN E indicated she did not think taking photos of the residents was appropriate, as that was a violation of their rights.</p> <p>On 12/3/24 at 4:53 PM, Surveyor interviewed CNA F who stated she had heard of staff taking pictures of residents with no clothes on and wet diapers (adult undergarments) on them. Surveyor asked CNA F if she would consider that abuse. CNA F stated yes, she would consider that abuse.</p> <p>On 12/4/24 at 7:48 AM, Surveyor interviewed CNA C who confirmed that she worked the night of 11/21/24. CNA C stated that she took the pictures as proof for management of poor resident care on the previous shift. CNA C said she took pictures of residents that were soaked with urine in their beds, a picture of a resident with chips all over their neck in bed, a pillow on the floor, and an overflowing garbage can. CNA C said the pictures were of R1, but they only showed her leg and neck. CNA C stated she showed the pictures to former CNA L and RN D, as well as sending them to NHA A. Surveyor asked CNA C if she had taken pictures of residents or their rooms previously. CNA C replied that she had taken pictures before and sent them to management, but only of overflowing garbage cans and food on a desk in a resident's room.</p> <p>On 12/4/24 at 10:05 AM, Surveyor interviewed CNA G, who indicated she had knowledge of the pictures taken by CNA C but had not seen them. CNA G stated she heard from a co-worker that management had advised night shift to take pictures of things not being done as proof because it was happening a lot. CNA G said she would consider taking pictures of residents without their permission as a violation of their privacy and abuse.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 12/4/24 at 10:17 AM, Surveyor interviewed CNA H, who stated she had heard of staff taking pictures of residents and their rooms. CNA H stated she had not seen the pictures herself, but that DON B (Director of Nursing) had talked about pictures of residents wearing soaked briefs (adult undergarments) at a staff meeting.</p> <p>On 12/4/24 at 10:27 AM, Surveyor interviewed CNA I, who stated she would consider abuse anything that harmed the resident rather than helping them. CNA I indicated she was not aware of the pictures, but that she would consider pictures taken of the residents as a violation of their privacy.</p> <p>On 12/4/24 at 10:46 AM, Surveyor reviewed the pictures of the incident with DON B. DON B indicated that one picture was of a resident's outer thigh on top of a soiled brief, and another one was of a resident's neck with chips scattered on them. DON B stated she did not know who the residents were in the pictures, as there were no identifying markers. DON B indicated this was an isolated incident, and that CNA C had not sent them to her, she had only seen them on CNA C's phone the next day when she came in to write a statement. Surveyor asked DON B if the pictures could be considered exploitation, as a reasonable person would feel a picture of their outer thigh with buttock or a picture of their neck with chips all over it to be humiliating and degrading. DON B indicated that she did not think that the pictures that CNA C took would qualify as abuse, because they were not taken with malicious intent. DON B stated she has told staff that cell phones are not allowed in resident care areas, and now all staff know not to take pictures at all. Surveyor asked DON B if it was her expectation that staff not take any pictures of residents. DON B indicated that the staff did not follow their policy on abuse, and she would expect them to follow the policy.</p> <p>Surveyor reviewed documentation of all staff education, entitled Freedom from Abuse, Neglect, Misappropriation and Exploitation for Direct Caregivers that occurred on 11/21/24. Forty-seven staff members signed the in-service attendance sheet.</p> <p>On 12/4/24 at 1:45 PM, Surveyor interviewed DON B. Surveyor asked DON B what the facility's plan was to educate the remaining staff that did not attend the training in-service. DON B replied that all but one staff member had not worked since the incident. DON B indicated her plan was to educate staff before they returned to work.</p> <p>Surveyor reviewed the timecard punches of the staff members who had not attended the facility's training in-service. Six staff members had worked in the days following 11/21/24 and had not received the training on abuse.</p> <p>Please note: The facility started education of staff but did not complete facility wide education to all staff on abuse prevention, identification, and reporting.</p> <p>It is important to note that there was no documentary evidence of this incident in R1's medical record and no follow up after the incident.</p> <p>The facility did not follow their policy to keep residents safe from exploitation. A reasonable person would expect to be safe in their home and free from abuse, neglect, or exploitation.</p> <p>Cross Reference F609, F610.</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>50285</p> <p>Based on interview and record review, the facility did not ensure that all alleged violations involving abuse, neglect, exploitation, or mistreatment are reported immediately, but no later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse to the appropriate agencies for 1 of 5 Residents (R1) reviewed for abuse/exploitation.</p> <p>Several staff were aware of an allegation of abuse/exploitation and did not immediately report it to the Nursing Home Administrator (NHA) or the State Agency within the required time frames.</p> <p>Evidenced by:</p> <p>Facility policy entitled Abuse, neglect, and Exploitation, dated 10/1/2022, states, in part: .It is the policy of this facility to provide protections for the health, welfare and rights of each resident . to prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property . Reporting/Response. 1. Reporting of all alleged violations to the Administrator, state agency, adult protective services and to all other required agencies (e.g., law enforcement when applicable) within specified timeframes . a. Immediately, but not later than 2 hours after the allegations made, if the events that cause the allegation involve abuse . b. Not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury .</p> <p>On 11/21/24 at 10:45 AM, CNA H wrote a statement for the facility investigation that included in part: On 11/20/24 at the end of PM shift . reporting was being done between shifts . CNA C came out of (a resident's) room . she described things about conditions of residents, their rooms . she stated, 'I took photos if you'd like to see'? She began to show me the photos . of a resident's peritoneal area. It viewed an undergarment (brief) laid flat underneath (R1) . and extended out from her genital area . (CNA C) then said, 'As you see here on (R1) . the outside of the brief' . I said, 'I've seen enough' .</p> <p>Of note, CNA H did not report this to the NHA or other management within required timeframes.</p> <p>On 12/3/24 at 2:50 PM, Surveyor interviewed former CNA L (Certified Nursing Assistant), who said he was working the night shift on 11/21/24 when another staff member, CNA C showed him photographs she had taken on her phone of residents and their rooms. CNA L stated several of the photographs had resident arms and legs in the pictures. CNA L stated that CNA C had taken the pictures of the residents while they slept. CNA L stated he told CNA C that it was a crime to take pictures of the residents, and that he didn't want to see anymore. CNA L indicated this happened at the end of his shift, at 10:00 PM. CNA L stated he went home but was so disturbed by the pictures that he couldn't sleep. CNA L stated he went to see NHA A (Nursing Home Administrator) and DON B (Director of Nursing) on 11/22/24 at around 9:00 AM to report the abuse. CNA L said that at first NHA A did not take him seriously and thought the allegation was a joke. CNA L stated DON B had him write a statement and told him he should have reported the abuse to management within 2 hours. CNA L indicated this was the first time he had seen pictures on a staff member's phone, but that he had heard several months prior that this was being done, as proof of tasks not being completed and poor resident care.</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 12/3/24 at 3:06 PM, Surveyor interviewed RN D (Registered Nurse), who had been working at the time of the incident on 11/21/24. RN D stated that CNA C sent her pictures that she had taken on her phone of residents and their rooms, at around 11:00 PM. RN D indicated this was not the first time that CNA C had shown her pictures of residents or their rooms. RN D told CNA C she would look into it, and she notified DON B the next day about the pictures. RN D stated CNA C told her the facility was investigating the pictures as abuse and they would be submitting a self-report. RN D indicated she assisted DON B with completing resident skin checks as part of the abuse investigation. Surveyor asked RN D if this could be considered abuse. RN D replied that she knew they were not supposed to take pictures of the residents, but she did not consider this abuse.</p> <p>Of note, RN D did not report this to the NHA or State Agency within the required timeframes.</p> <p>On 12/3/24 at 3:40 PM, Surveyor interviewed COP P (Chief of Police), who indicated that he did not do a law enforcement investigation, as the facility stated they would investigate, as the pictures were a violation of their policy, but not criminal in nature.</p> <p>On 12/3/24 at 4:48 PM, Surveyor interviewed LPN E (Licensed Practical Nurse). LPN E stated that she wasn't working the night of 11/21/24 but she heard that a staff member had taken pictures of the residents. LPN E indicated she did not think taking photos of the residents was appropriate, as that was a violation of their rights. Surveyor asked LPN E what she would do if she suspected abuse of the residents. LPN E replied she would protect the resident and contact management immediately.</p> <p>On 12/3/24 at 4:53 PM, Surveyor interviewed CNA F who stated she had heard of staff taking pictures of residents with no clothes on and wet diapers (adult undergarments) on them. Surveyor asked CNA F if she would consider that abuse. CNA F stated yes, she would consider that abuse. Surveyor asked CNA F what she would do if she suspected abuse of the residents. CNA F replied she would protect the residents, then report it to the charge nurse, DON, and NHA.</p> <p>On 12/4/24 at 10:05 AM, Surveyor interviewed CNA G, who indicated she had knowledge of the pictures taken by CNA C but had not seen them. CNA G stated she heard from a co-worker that management had advised night shift to take pictures of things not being done as proof because it was happening a lot. CNA G said she would consider taking pictures of residents without their permission as a violation of their privacy and abuse. Surveyor asked CNA G what she would do if she suspected abuse of the residents. CNA G said she would ensure the resident was safe and then tell the charge nurse, DON, and NHA.</p> <p>On 12/4/24 at 10:46 AM, Surveyor reviewed the pictures of the incident with DON B. DON B indicated that she did not think that the pictures that CNA C took would qualify as abuse, because they were not taken with malicious intent. DON B stated she has told staff that cell phones are not allowed in resident care areas, and now all staff know not to take pictures at all. Surveyor asked DON B if it was her expectation that staff not take any pictures of residents. DON B indicated that the staff did not follow their policy on abuse, and she would expect them to follow the policy. DON B stated that they had educated the whole house on abuse prevention, identification, and reporting on 11/21/24.</p> <p>Of note not all staff were educated prior to working; please see F600 regarding staff education.</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility did not follow their policy to report all allegations of abuse to the State reporting agencies within the regulatory timeframes. Several staff members had knowledge of inappropriate pictures being taken of residents and their rooms, and either didn't recognize it as abuse or didn't report it to facility management.</p> <p>Cross Reference F600, F610.</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>50285</p> <p>Based on interview and record review, the facility did not ensure a thorough investigation of abuse/exploitation was completed for 1 of 5 Residents (R1) reviewed for abuse/exploitation.</p> <p>On 11/21/24, the facility became aware of an allegation of abuse/exploitation by a Certified Nursing Assistant (CNA). The facility did not ask residents questions related to the allegation of taking pictures of residents without their consent.</p> <p>Evidenced by:</p> <p>Facility policy entitled Abuse, neglect, and Exploitation, dated 10/1/2022, states, in part: .It is the policy of this facility to provide protections for the health, welfare and rights of each resident . to prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property . Exploitation: means taking advantage of a resident . Mistreatment means inappropriate treatment or exploitation of a resident . Policy Explanation and Compliance Guidelines . IV. Identification of Abuse, Neglect and Exploitation. A. The facility will have written procedures to assist staff in identifying the different types of abuse - mental/verbal abuse, sexual abuse, physical abuse, and the deprivation of an individual of goods and services. This includes staff to resident abuse . B. Possible indicators of abuse include but are not limited to. 9. Evidence of photographs or videos of a resident that are demeaning or humiliating in nature, regardless of whether the resident provided consent and regardless of the resident's cognitive status . V. Investigation of Alleged Abuse, Neglect, and Exploitation . A. An immediate investigation is warranted when suspicion of abuse, neglect or exploitation, or reports of abuse, neglect or exploitation occur . B. Written procedures for investigations include: . 3. Investigating different types of alleged violations . 6. Providing complete and thorough documentation of the investigation .</p> <p>On 11/21/24 at 10:45 AM, CNA H wrote a statement for the facility investigation that included in part: On 11/20/24 at the end of PM shift . reporting was being done between shifts . CNA C came out of (a resident's) room . she described things about conditions of residents, their rooms . she stated, 'I took photos if you'd like to see'? She began to show me the photos . of a resident's peritoneal area. It viewed an undergarment (brief) laid flat underneath (R1) . and extended out from her genital area . (CNA C) then said, 'As you see here on (R1) . the outside of the brief is discolored with urine' . I said, 'I've seen enough' .</p> <p>On 11/22/24, CNA C wrote a statement for the facility investigation that included in part: I'm sorry I took photos for the proof of miscare {SIC} of residents and made sure not to include faces or private material. You're always telling us you need proof . It is my understanding as long as no face or private areas identifying markers are in the picture, for instance the resident's neck was to show the hazard of laying down eating chips could choke, and this resident is unable to sit up or turn over on their own. Took picture of resident's bed rail . with only resident's leg showing .</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 12/4/24 at 7:48 AM, Surveyor interviewed CNA C who confirmed that she worked the night of 11/21/24. CNA C stated that she took the pictures as proof for management of poor resident care on the previous shift. CNA C said she took pictures of residents that were soaked with urine in their beds, a picture of a resident with chips all over their neck in bed, a pillow on the floor, and an overflowing garbage can. CNA C said the pictures were of R1, but they only showed her leg and neck. CNA C stated she showed the pictures to former CNA L and RN D, as well as sending them to NHA A. Surveyor asked CNA C if she had taken pictures of residents or their rooms previously. CNA C replied that she had taken pictures before and sent them to management, but only of overflowing garbage cans and food on a desk in a resident's room.</p> <p>On 12/4/24 at 10:46 AM, Surveyor reviewed the pictures of the incident with DON B (Director of Nursing). DON B indicated that one picture was of a resident's outer thigh on top of a soiled brief, and another one was of a resident's neck with chips scattered on them. DON B indicated that she did not think that the pictures that CNA C took would qualify as abuse, because they were not taken with malicious intent. DON B stated she has told staff that cell phones are not allowed in resident care areas, and now all staff know not to take pictures at all. Surveyor asked DON B if it was her expectation that staff not take any pictures of residents. DON B indicated that the staff did not follow their policy on abuse, and she would expect them to follow the policy.</p> <p>Please note: The pictures reviewed by Surveyor did not include any genitalia. However, the side of R1's buttock is observed, along with her outer thigh, on top of the wet brief.</p> <p>Surveyor reviewed the documentation the facility provided of the investigation, including staff and resident interviews. Twenty-four of the facility's 44 residents were interviewed. The interview questions include: 1) Do you feel safe at Riverdale facility? 2) Has an employee ever been sexually inappropriate during your stay? 3) Do you know who to report any concerns/grievances to? No questions were asked of residents if a staff member had ever taken any inappropriate or dehumanizing pictures of them with or without their consent. Forty-two of the facility's 78 staff members were interviewed. The interview questions include: 1) Have you ever saw a staff member being sexually inappropriate with a resident? 2) Has any resident every reported sexual abuse to you? 3) When do you report any kind of suspected abuse? 4) Who do you report any concerns of abuse to? No questions were asked of staff members if they had seen or heard of inappropriate and dehumanizing pictures being taken of the residents, and if that constitutes as abuse.</p> <p>The facility did not follow their policy to complete a thorough investigation, as neither the resident or staff interviews including questions about taking inappropriate and humiliating pictures of the residents and their rooms.</p> <p>Cross Reference F600, F609.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525321	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/16/2024
NAME OF PROVIDER OR SUPPLIER  Riverdale Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1000 N Wisconsin Ave Muscodia, WI 53573	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0660</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Plan the resident's discharge to meet the resident's goals and needs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49436</p> <p>Based on interview and record review, the facility did not develop and implement a discharge planning process ensuring discharge needs are identified and incorporated into a discharge planning care plan for 1 of 4 residents (R7) reviewed for discharge planning.</p> <p>R7 does not have discharge care plan.</p> <p>This is evidenced by:</p> <p>The facility policy titled, Discharge Planning Process, undated, states in part: It is the policy of this facility to develop and implement an effective discharge planning process that focuses on the resident's discharge goals, the preparation of residents to be active partners and effectively transition them to post-discharge care, and the reduction of factors leading to preventable readmissions . Discharge planning is a process that generally begins on admission and involves identifying each resident's discharge goals and needs, developing and implementing interventions to address them, and continuously evaluating them throughout the resident's stay to ensure a successful discharge . 2. The facility will determine the resident's expected goals and outcomes regarding discharge upon admission, routinely in accordance with the MDS (Minimum Data Set) assessment cycle, and as needed. a. Initial information and discharge goals will be included in the resident's baseline care plan. b. Subsequent assessment information and discharge goals will be included in the resident's comprehensive plan of care . An active individualized discharge care plan will address, at a minimum: a. Discharge destination, with assurances the destination meets the resident's health/safety needs and preferences. b. Identified needs, such as medical, nursing, equipment, educational, or psychosocial needs. c. Caregiver/support person availability and the resident's or caregiver's/support person's capacity and capability to perform required care. d. Resident's goals of care and treatment preferences. The ongoing process of developing the discharge plan will include a regular re-evaluation of the resident to identify changes that require modification of the discharge plan, and updating of the discharge plan, as needed, to reflect the modifications .The facility will update a resident's comprehensive care plan and discharge plan, as appropriate, in response to information received from referrals to local contact agencies or other appropriate entities.</p> <p>R7 admitted to the facility on [DATE] with diagnoses including secondary malignant neoplasm (a cancerous tumor), neoplasm related pain, type 2 diabetes, morbid obesity, depression, muscle wasting, and hypertension.</p> <p>R7's Social Service Initial Evaluation dated 6/30/24 Section E. Discharge Plan at Admission includes the resident's current discharge plan is unknown at this time.</p> <p>R7's admission Minimum Data Set (MDS) dated [DATE] contains the following information: R7's Brief Interview for Mental Status (BIMS) score is 13 indicating R7 is cognitively intact.</p> <p>Section Q - states in part; Q0110. Participation in Assessment and Goal Setting: Resident.</p> <p>(continued on next page)</p>		

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<p>F 0660</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Q0310. Resident's Overall Goal: Resident's overall goal for discharge established during the assessment process: Discharge to the community. Q0400. Discharge Plan. Is there an active discharge plan in place for the resident to return to the community? Yes. Q0610. Referral. Has a referral been made to the Local Contact Agency (LCA)? No. Q062. Reason Referral to Local Contact Agency (LCA) Not Made: discharge date 3 or fewer months away.</p> <p>R7's Social Services Quarterly Note dated 9/28/24 states in part; R7 would like to go back to [City Name] area closer to her family.</p> <p>R7's Social Services progress note dated 11/6/24 states in part; at discharge planning meeting R7 will be discharging Wednesday November 13th in the afternoon to go to an assisted living in [City Name].</p> <p>R7's Social Services progress note dated 11/13/24 states in part; discharge date was moved to November 21.</p> <p>R7's Social Services progress note dated 11/18/24 states in part; R7 has a meeting with the ADRC (Aging and Disability Resource Center) this afternoon to see if she can stay at the facility.</p> <p>R7's comprehensive care plan printed on 12/4/24 does not include a discharge plan section. There is no discharge planning focus, goal, or intervention/tasks.</p> <p>On 12/4/24 at 10:40 AM, Surveyor interviewed DON B (Director of Nursing) regarding R7's discharge plan, goals, and care plan. DON B indicated R7's discharge on 11/13/24 was pushed back until 11/21/24 because R7 required a bariatric bed and other durable medical equipment that was not set up and in place at the accepting facility. DON B indicated R7 then met with the ADRC and decided to stay here. DON B indicated the facility should have ensured R7 had a comprehensive discharge care plan focused on R7's discharge plan, goals, and updated it with changes but did not.</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49436</b></p> <p>Based on interview and record review, the facility did not ensure that residents (R) receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan and the resident's physician orders for 1 of 1 resident (R7) reviewed for treatments.</p> <p>R7 did not have her tubigrips (elasticated tubular bandage used for edema) applied daily per her physician orders and comprehensive care plan.</p> <p>This is evidenced by:</p> <p>The facility policy titled, Comprehensive Care Plans, dated 3/1/19, states, in part: It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment . The care planning process will include an assessment of the resident's strengths and needs . The comprehensive care plan will describe, at a minimum, the following: the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being .Qualified staff responsible for carrying out interventions specified in the care plan will be notified of their roles and responsibilities for carrying out the interventions, initially and when changes are made.</p> <p>R7 admitted to the facility on [DATE] with diagnoses including type 2 diabetes, morbid (severe) obesity, and hypertension.</p> <p>R7's comprehensive person-centered care plan printed on 12/4/24 includes a focus of impaired cardiovascular status related to hypertension with and intervention of treatments as ordered, initiated on 7/5/24.</p> <p>R7's physician orders for November 2024 includes place tubigrips on in AM, may remove in the evening with a start date of 8/15/24.</p> <p>R7's Medication Administration Record (MAR) for November 2024 includes the order tubigrips on in AM, may remove in the evening. The MAR's AM slot for applying R7's tubigrips is blank on 11/6, 11/11, 11/21, and 11/29.</p> <p>On 11/4/24 at 7:40 AM, Surveyor interviewed LPN M (Licensed Practical Nurse) regarding documentation on the MAR. LPN M indicated if the MAR is blank, it means the treatment was not completed. LPN M indicated treatments should be completed as ordered.</p> <p>On 11/4/24 at 10:05 AM, Surveyor interviewed LPN I regarding documentation on the MAR. LPN I indicated if the MAR is blank, the treatment was not signed out, meaning it was not done.</p> <p>On 11/4/24 at 2:59 PM, Surveyor interviewed RN D (Registered Nurse) regarding physician orders and MAR documentation. RN D indicated physician orders should be completed as ordered. RN D indicated tubigrips should be applied and removed as ordered.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 11/4/24 at 10:40 AM, Surveyor interviewed DON B (Director of Nursing) regarding physician orders and MAR documentation. DON B indicated the facility should follow and complete physician orders. DON B stated if the MAR is blank, then the treatment was not completed. DON B indicated R7 should have had her tubigrips applied and removed per physician orders. DON B agreed the blank dates indicate the facility did not ensure the tubigrips were applied.</p>

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44552</b></p> <p>Based on observation, record review, and interviews, the facility did not ensure each resident received adequate supervision to prevent accidents from elopements for 1 of 3 residents (R8) reviewed for accidents.</p> <p>R8 has a guardian and is protectively placed at the facility. R8 has a history of dementia and made comments about his desire to leave the facility. R8 left the facility on [DATE] and hitch hiked from the facility to Prairie [NAME] and then to La [NAME]. La [NAME] is approximately 70 miles away from the facility. Facility staff were not aware R8 left the building until R8's guardian notified the facility. R8 left the building around 2:00 PM and was not located until around 7:30 PM by law enforcement. The facility's failure to provide adequate supervision created a reasonable likelihood for serious injury or harm leading to a finding of immediate jeopardy that began on 10/30/24. NHA A (Nursing Home Administrator) and DON B (Director of Nursing) were notified of the immediate jeopardy on 12/4/24 at 12:20 PM. The immediate jeopardy was removed on 10/31/24 and corrected on 11/4/24. This is being cited as past noncompliance.</p> <p>Findings:</p> <p>The facility policy, Elopement, no date, states, in part; .This facility ensures that residents who exhibit wandering behavior and/or are at risk for elopement receive adequate supervision to prevent accidents and receive care in accordance with their person-centered plan of care addressing the unique factors contributing to wandering or elopement risk .6. Monitoring and Managing Residents at Risk for Elopement or Unsafe Wandering a. Residents will be assessed for risk of elopement and unsafe wandering upon admission and throughout their stay by the interdisciplinary care plan team .</p> <p>R8 was protectively placed at the facility on 8/8/24 with diagnoses including dementia with mood disturbance, respiratory failure, pulmonary disease, alcohol use, tobacco use, pneumonia, depression, and anxiety. Guardianship paperwork indicates incompetent because (of) degenerative brain disorder, unable to make medical and personal decisions on his own behalf.</p> <p>R8's admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 8/14/24 indicates R8 has a Brief Interview for Mental Status (BIMS) score of 8, indicating R8 is moderately impaired. R8's most recent MDS with ARD of 11/12/24, indicates R8 has a (BIMS score of 11 indicating R8 is moderately impaired. R8 has an Activated Power of Attorney and is protectively placed.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On 12/4/24 at 8:30 AM, SSD Q indicated a few weeks after R8 was admitted to the facility R8 kept saying he wanted to leave and that he was going to leave. SSD Q indicated R8 was put on 30-minute checks at that time. SSD Q indicated it was 9/6/24 and through the weekend. SSD Q indicated they wanted to put the extra support in place because it was a weekend and there were staff that were not as familiar with R8. SSD Q indicated on that Monday, 9/9/24, SSD Q called the guardian and guardian gave the OK to take R8 off 30-minute checks and that he could go outside alone. Surveyor asked SSD Q if any sort of assessment was completed or if the care plan was updated. SSD Q indicated these would be questions for DON B (Director of Nursing). SSD Q indicated the 30-minute checks were discontinued because they thought R8 was doing very good and not attempting to leave. SSD Q indicated R8 just wants to leave and not be at the facility anymore and the entire team is trying to find an appropriate placement.</p> <p>R8's progress notes, state, in part; .9/9/24 .Called Guardian to see if she would be comfortable discharging the 30 min checks we had for elopement she has agreed. She also has agreed to let him go outside by himself to smoke and to be out.</p> <p>It is important to note, despite the facility putting R8 on 30-minute checks for elopement, the facility did not complete a smoking or elopement assessment for R8 until after the elopement incident on 10/30/24.</p> <p>Facility's report to the State agency, states, in part; .date occurred 10/30/24 .Briefly describe the incident . The resident was authorized to and often sat outside in the designated smoking areas or enjoyed the resident gazebo. On October 30, 2024, at approximately 4:30pm, the facility received a call from resident guardian. Guardian stated that a bank contacted her claiming the resident was attempting to withdraw funds. The facility's corporate regional team and administrator were notified. Both the [Town name] and [City Name] police were immediately notified to assist in locating the resident. Additionally, the facility's Interdisciplinary team (IDT), [managed care organization], the medical director, and Ombudsman were informed. All contacts listed in the resident's record were contacted to determine if they knew of the resident's location. The police located the resident near his{sic} single-family residence at a friend's house about 2 hours later. The friend is caring for the resident's dog. The police transported the resident to local hospital for examination .Describe the effect .The resident was not harmed during his trip. The resident claims he was happy to see his dog and his friends. The resident claims he hitch hiked to [City name] and used a bus to get to his area where his home and friend's home located in [name of town] or [Name area], which is on the border of [City name]. The resident's purpose for going to the bank was to get funds so he can get minutes for his cell phone. The guardian had refused to allow the resident to purchase minutes for his phone. However, after this incident, guardian put funds into the resident's trust account to purchase phone minutes .explain what steps entity took .An emergency elopement drill was performed to ensure the location of all current residents who were all located. The administrator, DON, and MDS were gathering information for the police and communicating with a sergeant at [City name]. The DON and MDS nurse left the facility at approximately 5:30pm to head to [City name] to assist in the search. The team picked up the resident from the hospital and transported him back to the facility. The resident's vital signs were taken, and skin assessed. An elopement assessment was completed, the care plan was updated, a change of condition was noted. 15-minute checks were initiated, a new smoking assessment, and a wander guard was placed on the resident. Elopement drills were initiated, staff received education, and other residents were asked to use resident logbook when exiting the building.</p> <p>The weather on 10/30/24 was a high of 79 degrees and a low of 61 degrees.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>R8's current care plan, states, in part: .Initiated 10/30/24 . Focus: At risk for elopement related to anger at placement in living center, attempts to leave living center, Resident states I am leaving, going home .Goal: Will remain safe during placement at living center. Interventions: Assess for risk of elopement per living center policy. Check function and battery percentage of wander guard on NOC shift daily. Front door function is checked daily. Check placement of wander guard every shift. Redirect patients from doors. Resident will smoke with staff supervision only at this time at designated smoking time, as he is unsafe to go outside alone. Take picture of patient upon admission for identification for updating elopement book. Wander guard placement on right ankle.</p> <p>Surveyor reviewed R8's 15-minute check documentation, smoking and elopement assessments, Medication Administration Record/Treatment Administration Record (MAR/TAR), hospital discharge paperwork from 10/30/24, and facility's check in/check out binder.</p> <p>Surveyor observed R8 multiple times on 12/3/24 and 12/4/24. R8 was assisted by staff on cigarette breaks, participating in activities, and discussing medications and plan of care with nursing staff. Surveyor interviewed CNA's, activities, housekeeping, LPN/RN staff and all staff indicated receiving education after elopement incident, knew R8 was at risk for elopement, has wander guard, is on 15-minute checks, and knows what R8 enjoys doing and behavior support that R8 may need. All documentation and observations corroborated facility self-report investigation and plan moving forward after incident.</p> <p>On 12/3/24 at 12:00 PM, R8 stated to Surveyor he will leave again. R8 indicated he does not want to stay here and that he might as well be in prison. R8 indicated to Surveyor that he will break his window and get out the next time he tries to leave. R8 indicated staff now sit with him when he smokes. R8 indicated he has a wander guard bracelet on his ankle. R8 indicated he remembers the incident from 10/30/24. Surveyor observed R8 raising his voice, talking fast, and rubbing his head. R8 indicated he was frustrated and anxious.</p> <p>On 12/3/24 at 1:00 PM, NHA A (Nursing Home Administrator) indicated understanding when Surveyor shared with NHA A that R8 voiced R8's plan is to break window and leave. NHA A indicated R8 will say things about wanting to leave but does not act on them. Surveyor asked if R8 is at risk for elopement. NHA A indicated yes, R8 is at risk for elopement. NHA A indicated facility, [managed care organization], and guardian are working for R8 to discharge to a less restrictive setting such as a group home.</p> <p>On 12/3/24 at 2:20 PM, R8 indicated R8 is sick of this shit and R8 indicated he will just go play bingo. R8 voiced frustration and not wanting to be at facility.</p> <p>On 12/3/24 at 3:20 PM, SSD Q (Social Service Director) indicated facility is working with R8 for discharge. R8 is ready for discharge. SSD Q indicated there have been several group homes that have denied R8 due to history of alcohol abuse and elopement. SSD Q indicated there is a referral for a group home and they are setting up a meeting. Surveyor reviewed SSD Q documentation regarding possible placements and follow up. SSD Q followed back up with Surveyor and indicated the meeting with possible group home is set for 12/4/24.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On 12/4/24 at 8:49 AM, DON B (Director of Nursing) indicated on 10/30/24 the facility was notified of R8's elopement at 4:30 PM by guardian. DON B indicated it did not seem out of the norm that the staff wouldn't have known R8 was not there because R8 sat outside for hours at a time. DON B indicated guardian had approved of R8 being outside alone. DON B indicated elopement drills were completed and continue weekly. Surveyor reviewed documentation of elopement drills. DON B indicated R8 is on 15-minute checks and provided the documentation. DON B indicated the last time someone saw R8 at facility was another resident around 2:05 PM. DON B indicated there were no staff that observed R8 leaving or had any additional information. R8 left facility right at shift change, so elopement did not occur on first shift and second shift never saw R8 because he was gone. DON B indicated all notifications were made immediately once facility knew R8 was gone. DON and MDS nurse left at 5:30 PM to La [NAME] to assist in looking for R8. DON B indicated they were talking with the police multiple times while they were driving there. Police went to the bank, Kwik Trip, and then finally found R8 at R8's friend's house. The police brought R8 to the emergency room. DON and MDS nurse went directly to the hospital. R8 was discharged around 9:00 PM from the hospital. DON B indicated R8 was not harmed, and they talked about the incident on the way back to facility. DON B indicated education was provided and R8 expressed understanding. DON B indicated R8 was wearing a coat, pants, shoes and was appropriately dressed. DON B indicated once they returned to facility vitals and a skin check was completed. DON B indicated education was started immediately with staff, elopement drills conducted, wander guard was ordered, assessments completed, 15-minute checks completed, supervised smoking, and R8's care plan updated. DON B indicated the facility now has a check in/check out binder for residents and agreement documentation completed and signed for residents who can leave facility on their own. DON B indicated the facility previously had R8 on 30-minute checks in September because he was saying he was going to leave the facility. DON B indicated an assessment was not completed at that time to determine 30-minute checks were not needed. DON B indicated the care plan was not updated at that time. DON B indicated SSD Q called and talked to the guardian on 9/9/24, and the guardian felt the 30-minute checks and supervision with smoking could be discontinued. Surveyor asked DON B to provide any further elopement and smoking assessments. No further documentation was provided for assessments.</p> <p>The facility's failure to provide adequate supervision for R8 who voiced repeatedly wanting to leave this created a reasonable likelihood for serious harm, thus leading to a finding of Immediate Jeopardy. The facility removed the immediate jeopardy on 10/31/24 and corrected the deficient practice on 11/4/24 when it completed the following:</p> <p>An initial Elopement Drill was conducted to ensure all residents were accounted for at the facility on 10/30/24.</p> <p>Elopement drills immediately conducted on all three shifts.</p> <p>Elopement drills now completed weekly and documented.</p> <p>R8 vitals and skin check was completed.</p> <p>R8's wander guard placement.</p> <p>R8 Elopement and Smoking assessments were completed.</p> <p>R8 now has supervised designated smoking times.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>R8 is on 15-minute checks and checks are documented.</p> <p>R8's care plan has been updated to reflect plan of care.</p> <p>All staff educated:</p> <p>R8's risk for elopement, elopement policy, elopement drills, and behaviors to watch for in residents.</p> <p>Facility now has a check in/check out binder for residents.</p> <p>Residents who are able to safely go out on their own have signed and reviewed agreement form.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525321	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/16/2024
NAME OF PROVIDER OR SUPPLIER  Riverdale Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1000 N Wisconsin Ave Muscodia, WI 53573	

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<p>F 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observe each nurse aide's job performance and give regular training.</p> <p>33166</p> <p>Based on interview and record review, the facility did not complete a performance review at least every 12 months for 1 (CNA S) of 5 staff reviewed for performance reviews.</p> <p>CNA S (Certified Nursing Assistant) was hired on 9/21/23 and has not had a performance review in the last year.</p> <p>This is evidenced by</p> <p>CNA S was hired on 9/21/23. The facility has no evidence of a performance review being completed in the last year.</p> <p>On 12/16/24 at 12:20 PM, Surveyor interviewed DON B (Director of Nursing) regarding performance evaluations. DON B stated she did not recall completing a performance evaluation for CNA S in the last year.</p>

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49436</p> <p>Based on interview and record review, the facility did not provide pharmaceutical services including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals to meet the needs of each resident (R) for 2 of 2 residents (R7 and R8).</p> <p>In November, R7 did not receive: Nystatin Powder 1 time; B12, Cetirizine, Farxiga, Metformin, Azelastine nasal spray, Buspirone, Potassium Chloride, and Senna-Docusate Sodium 4 times each; Lidocaine patch 5 times; and Lasix and Gabapentin 6 times.</p> <p>R7 did not receive medications timely in November 2024.</p> <p>R8 did not receive his scheduled medications.</p> <p>This is evidenced by:</p> <p>The facility policy titled, Medication Administration, dated 3/1/20, states, in part: Medications are administered by licensed nurses, or other staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice, in a manner to prevent contamination or infection . Review MAR (Medication Administration Record) to identify medication to be administered . Administer within 60 minutes prior to or after scheduled time . Sign MAR after administered .</p> <p>The facility policy titled, Medication Error, undated, states, in part: It is the policy of this facility to provide protections for the health, welfare, and rights of each resident by ensuring residents receive care and services safely in an environment free of significant medication errors . Medication error means the observed or identified preparation or administration of medications or biologicals which is not in accordance with the prescriber's order; manufacturer's specifications (not recommendations) regarding the preparation and administration of the medication or biological; or accepted professional standards and principles which apply to professionals providing services . The facility shall ensure medications will be administered as follows: a. According to physician's orders . c. In accordance with accepted standards and principles which apply to professionals providing services . 4. The facility will consider factors indicating errors in medication administration, including, but not limited to, the following: a. Medication administered not in accordance with the prescriber's order. Examples include, but not limited to: i. Incorrect dose, route of administration, dosage form, time of administration; ii. Medication omission .7. To prevent medication errors and ensure safe medication administration, nurses should verify the following information: a. Right medication, dose, route, and time of administration; b. Right resident and right documentation .</p> <p>Example 1</p> <p>R7 admitted to the facility on [DATE] with diagnoses including secondary malignant neoplasm of unspecified site (a cancerous tumor), neoplasm related pain, type 2 diabetes, depression, anxiety disorder, and hypertension.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R7's November 2024 Medication Administration Record (MAR) includes the following:</p> <p>Nystatin powder (Nystatin (Bulk)) apply to skin folds topically one time a day with an administration time of 7:30 AM.</p> <p>On 11/6/24, Nystatin is not signed out for the 7:30 AM medication administration. The MAR is blank for that administration.</p> <p>B12-active oral tablet chewable 1 mg by mouth in the morning with an administration time of 5:30 AM.</p> <p>Cetirizine oral tablet 10 mg give 1 tablet by mouth one time a day with an administration time of 5:30 AM.</p> <p>Farxiga oral tablet 10 mg give 1 tablet by mouth in the morning with an administration time of 5:30 AM.</p> <p>Metformin oral tablet extended release 500 mg give 1 tablet by mouth in the morning with an administration time of 5:30 AM.</p> <p>Azelastine nasal solution 137 mcg/spray 1 spray in both nostrils two times a day with an administration time of 5:30 AM and 4:00 PM.</p> <p>Buspirone tablet 7.5 mg give 1 tablet by mouth two times a day with an administration time of 5:30 AM and 4:00 PM.</p> <p>Potassium chloride powder give 20 meq by mouth two times a day with an administration time of 5:30 AM and 4:00 PM.</p> <p>Senna-Docusate Sodium oral tablet 8.6-50 mg give 2 tablets by mouth two times a day with administration times of 5:30 AM and 4:00 PM.</p> <p>On 11/13/24, 11/23/24, 11/29/24, and 11/30/24, B12, Cetirizine, Farxiga, Metformin, Azelastine nasal spray, Buspirone, Potassium chloride powder, Senna-Docusate Sodium were not signed out for the 5:30 AM medication administration. The MAR is blank for those administrations.</p> <p>Lidocaine external patch 4% apply to area of pain in the morning with an administration time of 5:30 AM.</p> <p>On 11/2/24, 11/12/24, and 11/23/24, Lidocaine external patch 4% was not signed out for the 5:30 AM medication administration. The MAR is blank for those administrations.</p> <p>Lasix oral tablet 80 mg give 1 tablet by mouth two times a day with administration times of 5:30 AM and 12:00 PM.</p> <p>Gabapentin 600 mg give 2 tablets by mouth three times a day with administration times of 5:30 AM, 12:00 PM, and 5:00 PM.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 11/13/24, 11/23/24, 11/29/24, and 11/30/24, Lasix and Gabapentin were not signed out for the 5:30 AM medication administration. The MAR is blank for those administrations.</p> <p>Lasix oral tablet 80 mg give 1 tablet by mouth two times a day with administration times of 5:30 AM and 12:00 PM.</p> <p>Gabapentin 600 mg give 2 tablets by mouth three times a day with administration times of 5:30 AM, 12:00 PM, and 5:00 PM.</p> <p>On 11/6/24 and 11/21/24, Lasix and Gabapentin were not signed out for the 12:00 PM medication administration. The MAR is blank for those administrations.</p> <p>On 12/4/24 at 9:30 AM, Surveyor interviewed MD K (Medical Director) regarding medication administration. MD K indicated if a medication is prescribed to a resident, the resident should receive the medication.</p> <p>On 12/4/24 at 7:40 AM, Surveyor interviewed LPN M (Licensed Practical Nurse) regarding medication administration documentation. LPN M indicated if the MAR is blank, it means the medication was not administered. LPN M indicated the MAR should be signed out at the time the medication is administered.</p> <p>On 12/4/24 at 10:05 AM, Surveyor interviewed LPN I regarding medication administration and documentation. Surveyor asked LPN I, if the MAR is blank for a specific medication administration time, does that mean the medication was not given? LPN I indicated that is accurate. LPN I indicated documentation for medication administration is completed at the time of administration and if it is not signed out it means it was not done.</p> <p>On 12/4/24 at 9:55 AM, Surveyor interviewed DON B (Director of Nursing) regarding medication administration and documentation. DON B indicated if the MAR is not signed out, then the medication was not given. DON B indicated medication should be administered per the physician orders. DON B indicated omitted medications are a medication error and the facility should notify the physician of such.</p> <p>Surveyor reviewed R7's Medication Admin Audit Report for November 2024.</p> <p>R7's Spironolactone 25 mg is scheduled for 8:00 AM. This medication was administered over 2 hours after the scheduled time of 8:00 AM on the following days:</p> <p>11/2/24 at 10:37 AM</p> <p>11/5/24 at 10:23 AM</p> <p>11/6/24 at 11:22 AM</p> <p>11/11/24 at 12:18 PM</p> <p>11/12/24 at 12:33 PM</p> <p>11/17/24 at 10:43 AM</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Riverdale Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1000 N Wisconsin Ave Muscodia, WI 53573	

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>11/19/24 at 10:04 AM</p> <p>11/20/24 at 12:27 PM</p> <p>11/28/24 at 13:21 PM</p> <p>R7's Gabapentin 600 mg and Lasix 80 mg is scheduled for 12:00 PM.</p> <p>These medications were administered over 2 hours after their scheduled time of 12:00 PM on the following day:</p> <p>11/15/24 at 2:47 PM</p> <p>R7's Gabapentin 600 mg, Lisinopril 10 mg, and Sertraline 50 mg is scheduled for 5:00 PM.</p> <p>These medications were administered over 2 hours after the scheduled time of 5:00 PM on the following days:</p> <p>11/2/24 at 7:05 PM</p> <p>11/8/24 at 10:18 PM</p> <p>11/12/24 at 10:48 PM</p> <p>11/15/24 at 9:50 PM</p> <p>11/17/24 at 7:34 PM</p> <p>11/21/24 at 9:39 PM</p> <p>11/25/24 at 7:31 PM</p> <p>11/30/24 at 7:48 PM</p> <p>R7's Azelastine nasal solution 137 mcg/spray is scheduled for 4:00 PM.</p> <p>This medication was administered over 2 hours after the scheduled time of 4:00 PM on the following days:</p> <p>11/5/24 at 6:42 PM</p> <p>11/10/24 at 6:05 PM</p> <p>11/13/24 at 6:04 PM</p> <p>11/21/24 at 9:39 PM</p> <p>11/28/24 at 6:30 PM</p> <p>(continued on next page)</p>

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>11/29/24 at 6:32 PM</p> <p>R7's Potassium 20 meq, Buspirone 7.5 mg, and Senna-Docusate 8.6-50 mg is scheduled for 4:00 PM.</p> <p>These medications were administered over 2 hours after the scheduled time of 4:00 PM on the following days:</p> <p>11/10/24 at 6:05 PM</p> <p>11/13/24 at 6:05 PM</p> <p>11/21/24 at 9:39 PM</p> <p>11/28/24 at 6:30 PM</p> <p>11/29/24 at 6:31 PM</p> <p>R7's B12 1 mg, Cetirizine 10 mg, Potassium Chloride 20 meq, Buspirone 7.5 mg, Gabapentin 600 mg, Farxiga 10 mg, Lasix 80 mg, Senna-Docusate 8.6-50 mg, Azelastine nasal solution 137 mcg/spray, Lidocaine patch, Anastrozole 1 mg, and Metformin is scheduled for 5:30 AM.</p> <p>These medications were administered over 2 hours after the schedule time of 5:30 AM on the following days:</p> <p>11/22/24 at 7:30 AM</p> <p>11/24/24 at 9:07 AM</p> <p>On 12/4/24 at 10:05 AM, Surveyor interviewed LPN M (Licensed Practical Nurse) regarding medication administration documentation. LPN M indicated the MAR should be signed out at the time the medication is administered.</p> <p>On 12/4/24 at 10:05 AM, Surveyor interviewed LPN I regarding medication administration and documentation. LPN I indicated documentation for medication administration is completed at the time of administration and if it is not signed out it means it was not done.</p> <p>On 12/4/24 at 9:55 AM, Surveyor interviewed DON B (Director of Nursing) regarding medication administration and documentation. DON B indicated medication should be administered per the physician orders. DON B indicated the facility has an hour before and an hour after the scheduled time and all medications should be signed out when administered. DON B indicated medications that are not administered timely is considered a medication error and the physician should be notified of such.</p> <p>50228</p> <p>Example 2</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R8 was admitted to the facility on [DATE] with diagnoses which include, in part: dementia in other diseases classified elsewhere, moderate, with mood disturbance; depression, unspecified; and anxiety disorder, unspecified.</p> <p>R8's Physician Orders state, in part:</p> <p>Divalproex Sodium Delayed Release 250 mg - Give 1 tablet by mouth three times a day for mood.</p> <p>Lorazepam 0.5 mg - Give 0.5 tablet by mouth three times a day related to anxiety disorder.</p> <p>Risperidone 1 mg - Give 1 tablet by mouth two times a day for mood.</p> <p>Sertraline HCl 100 mg - Give 2 tablets by mouth in the morning related to depression.</p> <p>On 12/3/24 at 11:44 AM, Surveyor observed R8 asking LPN J (Licensed Practical Nurse) for his morning Lorazepam. LPN J told resident that this had already been discussed and his next dose would be at 4:00 PM.</p> <p>On 12/3/24 at 11:45 AM, Surveyor interviewed LPN J who stated that she had attempted to wake R8 for his 8:00 AM medications, but he didn't wake up. LPN J stated that he had awoken at 11:00 AM and asked for his medication, but she told him that the time had passed for administration. LPN J stated she couldn't give the Lorazepam because it is scheduled for 8:00 AM, 4:00 PM, and 8:00 PM and he doesn't have a PRN (as needed) order. Surveyor asked if other medications had been scheduled for 8:00 AM. LPN J indicated there were additional 8:00 AM meds and they were not administered.</p> <p>On 12/3/24 at 12:42 PM, Surveyor interviewed R8 and asked about his morning medications. R8 stated, This is bulls*** that I have to wait! That med (medication) calms me down and now I don't have it.</p> <p>On 12/3/24 at 12:50 PM, Surveyor interviewed LPN J and asked about procedure when a resident's medication is not administered. LPN J stated that the medication administration record is marked with 7 and a progress note is made. Surveyor asked if anyone is updated about the missed medications. LPN J stated the DON is updated if the medication is a narcotic, and the POA (Power of Attorney) may be notified if it is a frequent refusal. Surveyor asked if the physician is updated, and LPN J stated no.</p> <p>On 12/3/24 at 2:39 PM, Surveyor interviewed DON B (Director of Nursing) and if a resident is sleeping during medication pass what is the expectation regarding administering the schedule medication. DON B stated she expects the nurses to attempt to wake the resident; if not arousable, ensure they are stable; reapproach at least 3 times; update the physician. DON B stated that the physician can give approval to give the medication at a time other than when the medication is ordered. Surveyor asked if staff would be expected to contact the physician when R8 asked for his morning medications at 11:00 AM. DON B stated yes, the physician would likely approve the administration of the once daily medication and may alter the times of the medications given more than once a day.</p>

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>50228</p> <p>Based on observation, interview, and record review, the facility did not ensure that it was free of medication error rates of 5% or greater. There was 1 error out of 6 opportunities that affected 1 out of 4 residents (R10) observed for medication administration, which resulted in an error rate of 16.67%.</p> <p>LPN I (Licensed Practical Nurse) did not prime R10's insulin pen before administration. (Of note, if insulin pens are not primed the resident may not receive the correct dose of insulin.)</p> <p>This is evidenced by:</p> <p>The facility policy entitled, Medication Administration, dated 3/1/19, states, in part: Medications are administered by licensed nurses, or other staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice. (Of note, the facility policy did not contain information on priming of insulin pens)</p> <p>The facility policy entitled, Medication Error, undated, states, in part: It is the policy of this facility to provide protections for the health, welfare, and rights of each resident by ensuing residents receive care and services safely in an environment free of significant medication errors. 1. The facility shall ensure medications will be administered as follows: . b. Per manufacturer's specifications regarding the preparation, and administration of the drug or biological. c. In accordance with accepted standards and principles which apply to professionals providing services. 2. The facility must ensure that it is free of medication error rates of 5% or greater as well as significant medication error events.</p> <p>Manufacturer's recommendations for administration of Novolog (insulin Aspart) Injection Flexpen, from the manufacturer's website (<a href="https://www.novomedlink.com/diabetes/patient-support/product-education/library/novolog-flexpen-instructions-for-use.html">https://www.novomedlink.com/diabetes/patient-support/product-education/library/novolog-flexpen-instructions-for-use.html</a>) notes in part: Instructions for use.Giving the airshot before each injection. Before each injection small amounts of air may collect in the cartridge during normal use. To avoid injecting air and to ensure proper dosing: E. Turn the dose selector to select 2 units. F. Hold your NovoLog FlexPen with the needle pointing up. Tap the cartridge gently with your finger a few times to make any air bubbles collect at the top of the cartridge. G. Keep the needle pointing upwards, press the push-button all the way in. The dose selector returns to 0. A drop of insulin should appear at the needle tip. If not, change the needle and repeat the procedure no more than 6 times. If you do not see a drop of insulin after 6 times, do not use the NovoLog FlexPen .</p> <p>R10's Physician Orders state, in part:</p> <p>Insulin Aspart Subcutaneous Solution Pen-injector 100 unit/ml Inject 15 unit subcutaneously before meals for DMII (Diabetes Type 2), call MD (Medical doctor) if blood sugar below 60 or greater than 400.</p> <p>(continued on next page)</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Insulin Aspart Subcutaneous Solution Pen-injector 100 unit/ml Inject as per sliding scale: if 70-150=0; 151-200=4; 201-250=5; 251-300=7; 301-350=9; 351-400=12. Subcutaneously before means for DM Inject 15 unit subcutaneously before meals for DMII plus SS (sliding scale), call provider if blood sugar below 60 or greater than 400.</p> <p>On 12/3/24 at 12:05 PM, Surveyor observed LPN I prepare insulin Aspart FlexPen (short acting insulin) for R10. LPN I applied the needle to the insulin pen and dialed the pen to 19 units (15-unit initial dose plus 4 units for blood glucose of 184), then set the insulin pen on the medication cart. LPN I swabbed resident's abdomen with alcohol wipe and grabbed the pen from the cart. Surveyor stopped LPN I and asked if the pen was ready for administration. LPN I stated yes. Surveyor asked if anything else needed to be done to the pen prior to administration. LPN I stated no. Surveyor asked if anything need to be done regarding the needle prior to administration. LPN I stated no, not that I know of. Surveyor asked if insulin pens need to be primed prior to administration to ensure proper dosing. LPN I stated she was unaware of need to prime an insulin pen prior to administering the insulin and LPN I would need to ask another staff member. LPN I asked LPN J if insulin pens need to be primed. LPN J indicated that she was unaware of the need to prime an insulin pen. LPN I asked DON B (Director of Nursing), who indicated that insulin pens do need to be primed.</p> <p>On 12/3/24 at 12:35 PM, Surveyor interviewed DON B and asked if it is expected staff prime insulin pens prior to dosing for administration. DON B stated yes.</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that residents are free from significant medication errors.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49436</p> <p>Based on interview and record review, the facility did not ensure residents are free of significant medication errors for 4 of 6 total sampled residents (R5, R7, R8 and R3).</p> <p>R5 received Milk of Magnesia 296 ml instead of Magnesium Citrate 296 ml.</p> <p>R7 did not receive Anastrozole (a hormone-based chemotherapy) 4 days in November and Ribociclib (a cancer growth blocker) 1 day in November.</p> <p>R8 did not receive ordered Suboxone Sublingual Film as ordered from 11/9/24 through 12/4/24 (total of 26 days/doses).</p> <p>R3 did not receive amphetamine-dextroamphet (Adderall) until 3 days after admission (missed 5 doses).</p> <p>This is evidenced by:</p> <p>The facility policy titled, Medication Administration, dated 3/1/20, states, in part: Medications are administered by licensed nurses, or other staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice, in a manner to prevent contamination or infection . Review MAR (Medication Administration Record) to identify medication to be administered . Administer within 60 minutes prior to or after scheduled time . Sign MAR after administered .</p> <p>The facility policy titled, Medication Error, undated, states, in part: It is the policy of this facility to provide protections for the health, welfare, and rights of each resident by ensuring residents receive care and services safely in an environment free of significant medication errors . Medication error means the observed or identified preparation or administration of medications or biologicals which is not in accordance with the prescriber's order; manufacturer's specifications (not recommendations) regarding the preparation and administration of the medication or biological; or accepted professional standards and principles which apply to professionals providing services . The facility shall ensure medications will be administered as follows: a. According to physician's orders . c. In accordance with accepted standards and principles which apply to professionals providing services . 4. The facility will consider factors indicating errors in medication administration, including, but not limited to, the following: a. Medication administered not in accordance with the prescriber's order. Examples include, but not limited to i. Incorrect dose, route of administration, dosage form, time of administration; ii. Medication omission .7. To prevent medication errors and ensure safe medication administration, nurses should verify the following information: a. Right medication, dose, route, and time of administration; b. Right resident and right documentation .</p> <p>Example 1</p> <p>R5 admitted to the facility on [DATE] with diagnoses including acute and chronic respiratory failure, encephalopathy, and constipation.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525321	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/16/2024
NAME OF PROVIDER OR SUPPLIER  Riverdale Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1000 N Wisconsin Ave Muscodia, WI 53573	

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R5's physician orders includes:</p> <p>Magnesium Citrate give 296 ml by mouth every 24 hours as needed for constipation. Give if no BM (Bowel Movement) in 5 days. Start date 7/10/24 and discontinued on 11/19/24.</p> <p>Milk of Magnesia Oral suspension give 30 ml by mouth every 24 hours as needed for constipation. Start date 11/19/24. Of note, the Milk of Magnesia was ordered after staff had administered the medication on 11/19/24.</p> <p>On 12/3/24 at 10:44 AM, Surveyor interviewed R5 regarding medications. R5 indicated on 11/19/24 she complained of stomach pain and asked for medication to help with constipation. R5 stated she was given 2 Styrofoam cups filled with Milk of Magnesia. R5 stated she questioned the medication aide and asked if this was the correct medicine, and the medication aide assured her it was correct. R5 stated she drank both cups of the Milk of Magnesia. R5 stated she was later sent to the hospital for an evaluation after drinking the medication.</p> <p>R5's medication error report dated 11/19/24 2:02 PM states, in part: Resident requested something for constipation. Resident had order for magnesium citrate 296 ml po (By Mouth) every 5 days due to constipation. Resident was given 296 ml of milk of magnesia instead .</p> <p>Milk of Magnesia label under the directions for use section states for an adult the maximum recommended dose is not to exceed 4 tablespoons in a 24-hour period. Four (4) tablespoons are equivalent to 60 ml. Of note, R5 received 236 ml more than the maximum recommended dose for a 24-hour period.</p> <p>On 12/3/24 at 3:35 PM, Surveyor interviewed DON B (Director of Nursing) regarding R5's medication error. DON B indicated on 11/19/24, R5 received the wrong medication resulting in R5 being sent to the emergency room for evaluation.</p> <p>Example 2</p> <p>R7 admitted to the facility on [DATE] with diagnoses including secondary malignant neoplasm of unspecified site and neoplasm related pain.</p> <p>R7 physician orders including the following:</p> <p>Anastrozole oral tablet 1 mg give 1 tablet by mouth in the morning for cancer. Start date 6/28/24.</p> <p>Ribociclib Succ (600 mg dose) oral tablet therapy pack 200 mg. Give 3 tablets by mouth at bedtime for cancer. Start date 10/18/24. Discontinue date 11/19/24.</p> <p>R7's November Medication Administration Record (MAR) includes:</p> <p>Anastrozole oral tablet 1 mg with an administration time of 5:30 AM.</p> <p>On 11/13/24, 11/23/24, 11/29/24, and 11/30/24, Anastrozole was not signed out for the 5:30 AM medication administration. The MAR is blank for those administrations.</p> <p>(continued on next page)</p>

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ribociclib Succ (600 mg dose) oral tablet therapy pack 200 mg. Give 3 tablets by mouth at bedtime with an administration time of 8:00 PM.</p> <p>On 11/7/24, Ribociclib Succ was not signed out for the 8:00 PM medication administration. The MAR is blank for that administration.</p> <p>On 12/4/24 at 9:30 AM, Surveyor interviewed MD K (Medical Director) regarding medication administration. MD K indicated if a medication is prescribed to a resident, the resident should receive the medication.</p> <p>On 12/4/24 at 7:40 AM, Surveyor interviewed LPN M (Licensed Practical Nurse) regarding medication administration documentation. LPN M indicated if the MAR is blank, it means the medication was not administered. LPN M indicated the MAR should be signed out at the time the medication is administered.</p> <p>On 12/4/24 at 10:05 AM, Surveyor interviewed LPN I regarding medication administration and documentation. Surveyor asked LPN I, if the MAR is blank for a specific medication administration time, does that mean the medication was not given? LPN I indicated that is accurate. LPN I indicated documentation for medication administration is completed at the time of administration and if it is not signed out it means it was not done.</p> <p>On 12/4/24 at 9:55 AM, Surveyor interviewed DON B (Director of Nursing) regarding medication administration and documentation. DON B indicated if the MAR is not signed out, then the medication was not given. DON B indicated medication should be administered per the physician orders. DON B indicated omitted medications are a medication error and the facility should notify the physician of such.</p> <p>50228</p> <p>Example 3</p> <p>R8 was admitted to the facility on [DATE] with diagnosis which include, in part: alcohol use, unspecified with unspecified alcohol-induced disorder; dementia in other diseases classified elsewhere, moderate, with mood disturbance; depression, unspecified; and anxiety disorder, unspecified.</p> <p>R8's physician orders state, Suboxone Sublingual Film 8-2 mg - Give 1 film sublingually (under the tongue) in the morning for pain related to alcohol use, unspecified with unspecified alcohol-induced disorder.</p> <p>R8's MAR (Medication Administration Record) for November 2024 shows Suboxone marked as not administered 11/9/24 through 11/16/24 and 11/18/24 through 11/29/24. Suboxone is marked as administered on 11/17/24 and 11/30/24.</p> <p>R8's MAR for December 2024 shows Suboxone marked as not administered 12/1 through 12/3/24.</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 12/3/24 at 2:39 PM, Surveyor interviewed DON B (Director of Nursing) and asked if medications should be administered per physician order. DON B stated yes. Surveyor asked if R8's Suboxone was administered on 11/17/24 and 11/30/24. DON B stated that it couldn't have been administered as it is not in the building. DON B stated there was an issue with the insurance due to need for authorization from the physician. DON B stated that the physician was faxed the pharmacy request for authorization on 11/10/24 and 11/20/24 with no response. Surveyor asked if it was the facility's responsibility to call the physician to facilitate pharmacy delivery of the medication. DON B stated yes. Surveyor requested documentation of call(s) to physician to update on status of suboxone. No documentation provided.</p> <p>On 12/4/24 at 9:15 AM, Surveyor interviewed MD K (Medical Director) and asked if residents should receive medications per physician's orders. MD K stated yes.</p> <p>Example 4</p> <p>R3 was admitted to the facility on [DATE] with diagnosis that include attention and concentration deficit and adjustment disorder with depressed mood.</p> <p>R3's physician orders state, in part:</p> <p>-Amphetamine-dextroamphet ER (extended release) 24 hour 30 mg - give 1 capsule by mouth in the morning for mood.</p> <p>-Amphetamine-dextroamphet 20 mg - Give 1 tablet by mouth in the afternoon for mood.</p> <p>R3's MAR for October 2024 shows Amphetamine-dextroamphet ER marked as not administered at 8:00 AM on 11/19/24 and 11/20/24.</p> <p>R3's MAR for October 2024 shows Amphetamine-dextroamphet marked as not administered at 2:00 PM on 10/18/24, 10/19/24, and 10/20/24.</p> <p>On 12/4/24 at 9:15 AM, Surveyor interviewed MD K and asked if medications should be administered per physician orders. MD K stated yes. Surveyor asked if MD K would have expected facility to administer R8's amphetamine-dextroamphet from 10/18/24 through 10/21/24. MD K stated if the medication is prescribed it should be administered.</p> <p>On 12/4/24 at 12:20 PM, Surveyor interviewed DON B and asked if medications should be administered per physician orders. DON B stated yes. Surveyor asked about procedure for obtaining medications at time of admission. DON B stated that orders are faxed to pharmacy, medications are pulled from in house contingency, as able, and pharmacy delivers medications between 4:00 AM and 7:00 AM the following day. DON B stated if there is an immediate need, the pharmacy can have medications delivered STAT (as soon as 4 hours). DON B stated that amphetamine-dextroamphet is not in contingency. Surveyor asked if DON B would expect resident to have the medication no later than the next day. DON B stated yes, as long as there is no insurance issue. Surveyor asked if R3 should be without his medication. DON B stated no. DON B asked if facility is responsible to ensure that residents have their prescribed medications. DON B stated yes.</p>		

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NAME OF PROVIDER OR SUPPLIER  Riverdale Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1000 N Wisconsin Ave Muscodia, WI 53573	
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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>49436</p> <p>Based on observation, interview, and record review, the facility did not ensure that each resident receives food and drink that is palatable and at a safe and appetizing temperature. This affected 1 of 3 halls and 1 of 1 test tray.</p> <p>Surveyor requested a test tray. Hot foods tempted cold and cold foods tempted warm.</p> <p>This is evidenced by:</p> <p>The facility policy titled, Food Safety Requirements, dated 10/1/22, states, in part: .Food will also be stored, prepared, distributed and served in accordance with professional standards for food service safety .staff shall monitor food temperatures while holding for delivery to ensure proper hot and cold holding temperatures are maintained . food that is cooked and cooled must be reheated so that all parts of the food reach an internal temperature of 165oF. Ready-to-eat foods that require heating before consumption must be heated to at least 135oF. Foods and beverages shall be distributed and served to residents in a manner to prevent contamination and maintain food at the proper temperatures .</p> <p>On 12/4/24 at 12:55 PM, Surveyor received a meal tray for the 200-hall. Surveyor tempted the food as follows:</p> <p>Hot roast beef sandwich tempted at 136.2F which should have a temperature of at least 165F.</p> <p>Peas tempted at 132.4F which should have a temperature of at least 135F.</p> <p>Tater tots tempted at 117.1F which should have a temperature of at least 135F.</p> <p>Juice tempted at 64.4F which should have a temperature of 41F or below.</p> <p>Of note, the hot foods were served cold and the cold beverage was served warm.</p> <p>On 12/4/24 at 1:05 PM, Surveyor interviewed DM N (Dietary Manager) regarding the food temperatures of the test tray. Surveyor shared the observed food temperatures of the test tray with DM N. DM N indicated the hot food temperatures were too cold and the cold food temperature was too warm. DM N indicated she expects the meal trays to be delivered at the correct temperatures required.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>39713</p> <p>Based on observation, interview and policy review, the facility did not ensure that staff followed standards of practice for infection prevention and hand hygiene during 2 of 3 hand hygiene observations for 2 (R6 and R9) of a total sample of 11 residents.</p> <p>On 12/3/24, R6's cares were not conducted in a manner to prevent cross contamination. Hand hygiene was not completed according to standards of practice.</p> <p>On 12/3/24, R9's cares were not conducted in a manner to prevent cross contamination according to standards of practice.</p> <p>This is evidenced by:</p> <p>The facility's Handwashing/Hand Hygiene Policy, implemented 10/1/23, includes, in part:</p> <p>. Policy: All staff perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors. This applies to all staff working in all locations within the facility.</p> <p>Policy Explanation and Compliance Guidelines:</p> <p>1. Staff will perform hand hygiene when indicated, using proper technique consistent with accepted standards of practice.</p> <p>2. Hand hygiene is indicated and will be performed under the conditions listed in, but not limited to, the attached hand hygiene table. Hand Hygiene Table: After handling contaminated objects; before applying and after removing personal protective equipment (PPE), including gloves; Before performing resident care procedures; After handling items potentially contaminated with blood, body fluids, secretions, or excretions; After assistance with body functions (e.g., elimination, hair grooming, smoking).</p> <p>6. Additional considerations: a. The use of gloves does not replace hand hygiene. If your task requires gloves, perform hand hygiene prior to donning gloves, and immediately after removing gloves.</p> <p>The facility's Peri-Care Policy, implemented 7/27/23, includes, in part:</p> <p>Policy: It is the practice of this facility to provide perineal care to all incontinence residents during routine bath and as needed in order to promote cleanliness and comfort, prevent infection to the extent possible, and to prevent and assess for skin breakdown.</p> <p>Policy Explanation and Compliance Guidelines:</p> <p>9. If perineum is grossly soiled, turn resident on side, remove any fecal material with toilet paper, then remove and discard.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>a. Cleanse buttocks and anus, front to back; vagina to anus in females, scrotum to anus in males, using a separate washcloth or wipes.</p> <p>11. Females: c. Separate the resident's labia with one hand, and cleanse perineum with the other hand by wiping in direction from front to back (from pubic area toward anus). d. Repeat on opposite side using separate section of washcloth or new disposable wipe. e. Clean urethral meatus and vaginal orifice using clean portion of washcloth or new disposable wipe with each stroke.</p> <p>Findings:</p> <p>Example 1</p> <p>On 12/3/24 at 11:10 AM, Surveyor observed CNA O (Certified Nursing Assistant) and CNA H complete peri care on R6.</p> <p>Surveyor observed CNA O and CNA H in R6's bathroom complete hand hygiene with soap and water then each applied exam gloves. CNA H had a wash basin with soapy water, clean washcloths, and a hand towel. Three washcloths were placed in the wash basin with the soapy water. R6's brief was removed, and CNA H washed R6's peri area, cleaning each side of the groin and the labia, using different portions of the washcloth with each pass. CNA H used another wet washcloth to rinse the groin and labia, again using a different area of the washcloth with each pass. CNA H had R6 roll onto her left side and used a clean washcloth to wash R6's buttocks. CNA H got out a clean wet washcloth and rinsed R6's buttocks. CNA H then placed soiled washcloths into a disposable bag. CNA H then used the hand towel to dry R6's peri area and bottom. CNA H did not remove her gloves or complete hand hygiene at any time during peri care.</p> <p>Example 2</p> <p>On 10/3/24 at 11:50 AM, Surveyor observed CNA H complete peri care on R9.</p> <p>Upon entry into R9's room it was noted that R9 was on the bedpan. CNA H washed hands upon entering R9's room and applied exam gloves. CNA H removed the bedpan from underneath R9 noting that R9 had had a large bowel movement. CNA H used disposable wipes to clean R9's bottom disposing of wipes following each pass. Once CNA H had completed cares on R9's bottom she removed her gloves and washed her hands. CNA H then brought over a basin with soapy water to complete peri care on R9. CNA H placed a single washcloth into soapy water and used it to cleanse R9's peri area. CNA H used the same portion of the washcloth with each pass. CNA H placed soiled washcloths into a disposable bag, removed her gloves, washed her hands, and applied clean gloves. CNA H then used a clean wet washcloth to rinse R9's peri area. CNA H used the same portion of the washcloth with each pass. CNA H placed soiled washcloth used to rinse R9's peri area into the disposable bag. CNA H then removed her gloves, washed her hands, applied clean gloves, and used a hand towel to dry R9's buttocks and peri area. CNA H then changed bedding of R9 and placed a new brief on R9.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 12/3/24 at 11:17 AM, Surveyor interviewed CNA H. Surveyor asked CNA H when she is to complete hand hygiene when performing cares. CNA H stated, when I enter or leave a room, before and after completing cares, when visibly soiled, after using the bathroom, before and after eating. Surveyor asked CNA H if hand hygiene should be completed when going from dirty to clean. CNA H stated, I am not up to date on all that stuff. Surveyor asked CNA H if she has ever been observed completing hand hygiene during cares. CNA H stated, I have never been observed providing peri care.</p> <p>On 12/3/24 at 12:05 PM, Surveyor interviewed CNA H. Surveyor asked CNA H if she can explain the process for completing peri care. CNA H stated soapy water is used to clean the peri area. Washcloth is used and you should change area of washcloth when changing the area you are cleaning. Surveyor asked CNA H if she did that while completing R9's peri care. CNA H stated, I know to, but I am nervous. I will keep doing it until I get it right.</p> <p>On 12/3/24 at 3:20 PM, Surveyor interviewed DON B (Director of Nursing) about her expectations for hand hygiene and glove use during peri care. DON B indicated the facility policy should be followed, gloves should be changed between clean and dirty procedures with appropriate hand hygiene after removal of gloves. Surveyor asked if any hand hygiene or peri care audits had been completed recently, DON B stated no hygiene audits or peri care audits have been done that I am aware of.</p>		

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<p>F 0942</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that staff members are educated on resident rights and facility responsibilities to properly care for its residents.</p> <p>33166</p> <p>Based on interview and record review, the facility did not ensure CNA C received education on resident rights and the responsibilities of a facility to properly care for its residents.</p> <p>CNA C (Certified Nursing Assistant) did not have resident rights education in the last year.</p> <p>This is evidenced by:</p> <p>On 12/16/24, Surveyor reviewed CNA C's annual education. CNA C did not have evidence of completing resident rights education in the last year.</p> <p>On 12/16/24 at 12:20 PM, Surveyor interviewed DON B (Director of Nursing) and NHA A(Nursing Home Administrator) regarding CNA C's annual education. DON B stated they have sent information to the staff regarding completing their annual education and CNA C was one who had not yet completed the required training.</p>

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<p>F 0945</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Include as part of its infection prevention and control program, mandatory training that includes written standards, policies, and procedures for the program.</p> <p>33166</p> <p>Based on interview and record review the facility did not ensure CNA C completed mandatory infection control training which includes the written standards, policies, and procedures for the program.</p> <p>CNA C (Certified Nursing Assistant) did not complete the required annual infection control training in the last year.</p> <p>This is evidenced by:</p> <p>On 12/16/24 Surveyor reviewed CNA C's annual training. CNA C did not complete infection control training.</p> <p>On 12/16/24 at 12:20 PM Surveyor interviewed DON B (Director of Nursing) and NHA A(Nursing Home Administrator) regarding CNA C's annual education. DON B stated they have sent information to the staff regarding completing their annual education and CNA C was one who had not yet completed the required training.</p>

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<p>F 0949</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide behavior health training consistent with the requirements and as determined by a facility assessment.</p> <p>33166</p> <p>Based on interview and record review, the facility did not ensure CNA R received behavioral health training.</p> <p>CNA R (Certified Nursing Assistant) did not have evidence of completing annual behavioral health training in the last year.</p> <p>This is evidenced by:</p> <p>On 12/16/24, Surveyor reviewed CNA R's annual training. There was no evidence CNA R had completed behavioral health training.</p> <p>On 12/16/24 at 12:20 PM, Surveyor interviewed DON B (Director of Nursing) and NHA A(Nursing Home Administrator) regarding CNA R's annual education. DON B stated she was not aware CNA R did not complete behavioral training in the last year.</p>