

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  01/29/2025
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 0555</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to choose his or her attending physician.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41788</b></p> <p>Based on interview and record review, the facility did not ensure 1 of 4 residents (R2) reviewed was able to choose their physician.</p> <p>R2 was not given the right to select a new physician due to the facility's lengthy requirements requested from the new physician which prohibited R2's choice in a physician.</p> <p>Evidenced by:</p> <p>The facility policy entitled Choosing a Personal Attending Physician, dated 3/26/19, states, in part: .</p> <p>Policy: It is the policy of the facility to support the resident's right to choose his or her attending physician. All physicians treating residents within the facility must meet requirements set forth by State and Federal laws to guarantee provision of appropriate and adequate care and treatments.</p> <p>Definition:</p> <p>Attending Physician refers to the primary physician who is responsible for managing the resident's medical care .</p> <p>Policy Explanation and Compliance Guidelines:</p> <ol style="list-style-type: none"> <li>1. Each resident has a right choose his or her attending physician.</li> <li>2. The facility will ensure that each resident remains informed of the name, specialty, and way of contacting the physician and other primary care professionals.</li> <li>3.The physician chosen must be licensed to practice and provide the facility with necessary copies of licensure(s) for facility records and agree to follow the resident at the facility .</li> <li>7. if the resident's physician becomes unable or unwilling to continue providing care to the resident, the facility must assist the resident . in finding a replacement.</li> </ol> <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 0555</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R2 was admitted to the facility on [DATE] and has diagnoses that include secondary malignant neoplasm of bone (a condition where cancer cells from another part of the body (primary tumor) spread to the bones), neoplasm related pain (acute) (chronic) and type two diabetes mellitus (a long-term condition in which the body has trouble controlling blood sugar and using it for energy).</p> <p>R2's Quarterly Minimum Data Set (MDS) Assessment, dated 12/11/24 shows R2's Brief Interview of Mental Status (BIMS) score of 15 indicating R2 is cognitively intact.</p> <p>On 1/29/25, Surveyor observed R2's medical record which lists the facility's medical director as R2's primary care physician (PCP).</p> <p>R2's progress notes by SCH G (scheduler) dated 1/21/25, at 3:54 PM, states, in part: . Writer received an email on [DATE]th stating from FM D (Family Member) that this resident has an appointment on January 22nd with MD I (Medical Doctor) in [[NAME]] and that MD I has agreed to follow this resident as her primary care physician (PCP) .</p> <p>R2's progress notes by SCH G dated 1/22/25, at 8:38AM, states, in part: .</p> <p>This writer did not receive a return call or email from any of the transportation companies contacted to transport this resident to her January 22nd appointment that her family set up for her. Writer text FM D this morning to let her know the above information at 7:47 AM, to which FM D responded that she herself will be coming to get this resident for her appointment . This appointment is to have a consult with MD I whom FM D states will become this resident's PCP (Primary Care Provider). Former NHA (Nursing Home Administrator) stated she will write up a letter to send with in her appointment packet, explaining what is needed such as the credentials, and guidelines that must be met in order for MD I to be able to take over being this resident's PCP.</p> <p>R2's Progress Note dated 1/23/25, at 7:05AM, states, in part: . Resident returned from appointment with MD I with new orders .</p> <p>R2's Progress Note dated 1/23/25, at 11:48AM, Type: Physician Note, states, in part: . Reason for the visit: Outside prescriptions . Subjective: No complaints apart from stating that she has primary care provider in the community that she would like to have takeover her case in the nursing home .</p> <p>On 1/28/25, at 9:20 AM, Surveyor interviewed R2 and asked if R2 was in process of changing physicians. R2 indicated yes, she wanted to go to a physician at the [[NAME] Clinic] which is outside of the facility. R2 indicated it is her preference to change physicians. R2 indicated she does not care for the facility physician and wants a physician with more hands on and availability. R2 indicated she felt her pain was not being managed with the facility physician and this was main reason for change.</p> <p>(continued on next page)</p>		

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<p>F 0555</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/28/25, at 3:17 PM, Surveyor spoke with FM D (Family Member) who indicated the plan is to switch R2's PCP to MD I who has agreed to become R2's PCP. FM D indicated she and R2 informed the facility of wanting to switch PCPs. The facility sent with R2 paperwork to provide to MD I which was needed to switch physicians. R2 had taken it to MD I. MD I had agreed to see R2 every 60 days and had someone to back him when he was not available. FM D indicated on 1/23/25 MD I phoned and stated the facility was requesting a lot of information he felt was not necessary and he was uncomfortable with, such as personal cell number, medical license and other things. FM D indicated the facility was to contact MD I and never did. FM D indicated she does not know at this time if the paperwork was received or where the process is to switch PCPs.</p> <p>On 1/28/25, at 4:00PM, Surveyor interviewed SSD E (Social Service Director). Surveyor asked SSD E what the process is for a resident to change PCPs. SSD E stated she is unaware as she indicated no resident has changed since May when she started. Surveyor asked SSD E if R2 saw MD I on 1/22/25 and requested to change PCPs when she would expect PCPs to be changed. SSD E indicated it should change the day of request or day after. SSD E indicated the new physician would have to speak with DON (Director of Nursing) to take over care. The DON would ask details of the acceptance, the responsibilities the new physician would be agreeing to, who would take on call for him when not available, and there would be a form or can be verbal that would go to medical records. Medical Records would enter the new PCP into PCC (Point Click Care/Electronic Health Record). SSD E indicated there has been nothing received back from MD I at this time. SSD E indicated the DON has been out sick. Surveyor asked who would follow up on this with the DON being out, SSD E indicated not knowing.</p> <p>On 1/29/25, at 11:26AM, Surveyor interviewed DON B and asked what the process is for a resident to change providers. DON B indicated it is allowed as it is the resident's right. The facility must verify the new provider will be on call or have someone to cover if a resident has a change of condition. The facility would have to verify the provider's license. The provider must be accepting of the resident and agree to follow the resident. Surveyor asked where the process is with R2 changing providers. DON B indicated SCH G sent paperwork with R2 to her appointment with MD I on 1/22/25 for MD I to complete. DON B indicated she did not know if the paperwork was received back as she has been out of the facility sick. DON B indicated she let the facility's medical director know that R2 was requesting to change providers. The medical director would continue as R2's PCP until paperwork received back from MD I. Surveyor asked if DON B or anyone has followed up with MD I and DON B indicated she had not had any communication with this MD. DON B indicated that SCH G had been calling for the follow ups. Surveyor asked if follow up calls should be documented, and DON B indicated yes. Surveyor asked how long you would expect to see a change of PCPs to take place and DON B indicated as soon as we get the information needed.</p> <p>(continued on next page)</p>		

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<p>F 0555</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/29/25, at 1:45 PM, Surveyor interviewed SCH G and asked what is required for a resident to change providers. SCH G indicated the facility would need to verify the new providers credentials, their malpractice insurance, phone numbers, their license and where they work. Surveyor asked what form was typed up and sent with R2 to her appointment with MD I. SCH G indicated the former NHA was to type it up but did not, so she had to type it up and the former NHA approved it. Surveyor asked if Surveyor could see a copy of the form. SCH G indicated she did not keep a copy of it. SCH G indicated the form was sent with R2 on 1/22/25 and R2 returned without the form. SCH G indicating she called the clinic that day or possibly early the next week and verified by the medical assistant it was given to MD I and MD I will get back to us. Until the form is received the facility medical director will continue as R2's PCP. SCH G indicated the medical assistant at the clinic phoned SCH G this week and informed her MD I was out of the clinic for the week doing rotation at the hospital and would not be able to get back to SCH G this week. Surveyor asked SCH G if this was documented, and SCH G indicated no. SCH G indicated calling the clinic on 1/28/25 to inquire about the form and was informed MD I was to be in office today. SCH G indicated she has not heard back. Surveyor asked if this was documented, and SCH G indicated no.</p> <p>On 1/29/25, at 2:26PM, Surveyor interviewed MD I. MD I indicated he had seen R2 one time and R2 had concerns with medications, the facility not having the medications at times, and how R2 would go days without the medications. R2 and R2's family spoke with MD I about taking her on as a new patient. MD I indicated he would be happy to see R2 at the clinic. MD I indicated the facility had sent a very long form requesting information such as, if MD I would see R2 every 30 days, MD I's medical school attended and residency certificates, after hour calls, and who would take on call for him. MD I indicated he could not recall everything on the list, but it was very long and extremely prohibiting. MD I indicated he threw the form away and it seemed to him that the facility was making it very hard for R2 to change providers. MD I indicated he informed R2 that he could not be her PCP if this is what is expected on the form.</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>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> 42038</p> <p>Based on interview and record review, the facility failed to protect 1 of 3 residents (R1) right to be free from verbal abuse from a housekeeper.</p> <p>R1 was verbally abused by a housekeeper and facility staff did not intervene and protect the resident.</p> <p>Evidenced by:</p> <p>The facility policy titled 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] with diagnoses that include traumatic brain injury, dementia, and diabetes mellitus. R1's most recent MDS (Minimum Data Set) dated 11/27/24 states that R1 has a BIMS (Brief Interview of Mental Status) of 9 out of 15, indicating that R1 is moderately cognitively impaired.</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>Nurse's note written by RN L (Registered Nurse) dated 1/19/25 at 1:05 PM states Employee reported verbal disagreement between resident and one of the housekeeping employees [Employee initials]. Resident has verbally insulted employee with cuss words and derogatory statements. Employee was upset and returned comments including cuss words to the resident to stop being a f**king a**hole. One of the staff reported the incident to RN (Registered Nurse) on duty (writer of statement). Writer reported incident to DON (Director of Nursing). Per her instruction sent employee home pending investigation of the incident. Left message for administrator, awaiting return call. Spent time with employee educating on possible ways to cope with situations where a resident is verbally assaulting you. Such as walking away or requesting help from another employee.</p> <p>It is important to note that Surveyor called RN L for an interview, no return call was received.</p> <p>The facility submitted a self-report regarding this incident.</p> <p>Statement from MT K (Med Tech) states While passing noon meds, was at the end of the hall with [R1 and another resident name]. Hskp N (Housekeeper) walked up to R1 and told him she didn't like the way he had talked to her earlier. She was swearing at him a lot. At first I thought she was joking with him because she often does. But I was shocked that she was swearing. She got in his face and stated that if he apologised[sic] for swearing at her earlier she might apologise[sic] for swearing at him. I tried to get her away from him by calling her name. She said to me I know and walked away into a room. But came right back out, got in his face again and told him F**k you! I'm a firecracker and I won't take s**t from you. Do you understand me? Then she walked back down the hall. I was not aware of the incident she had earlier with him till[sic] I was informed by laundry dept (department).</p> <p>On 1/28/25 at 9:19 AM, Surveyor interviewed R1. Surveyor asked R1 if he recalls the incident with the housekeeper, R1 stated yes. R1 reported that he was sitting in the hallway talking to another resident when the housekeeper came up and started yelling and screaming. Surveyor asked R1 how that made him feel, R1 reported that he just sat there and took it.</p> <p>On 1/28/25 at 12:58 PM, Surveyor interviewed MT K. Surveyor asked MT K about the incident between R1 and Hskp N. MT K reported that R1 and another resident were sitting in the hallway and Hskp N came up to R1, inches from his face, and said, f**k you too and was cussing and swearing at him. MT K stated that Hskp N was pacing the hallway and then came back and told R1 that if you apologize to me, I will apologize to you and then Hskp N went into another room to clean. MT K reported that she tried to intervene by calling Hskp N's name, and Hskp N stated I know. MT K reported that Hskp N came back to R1 and started yelling at him, stating that she didn't have to put up with that and then started cussing and swearing. MT K reported that R1 did not reply to Hskp N. Surveyor asked MT K if she removed or protected R1, MT K stated that she was standing at her medication cart in the hallway. Surveyor asked MT K if, during the first incident, did she get in between R1 and Hskp N, MT K stated no. Surveyor asked MT K if Hskp N's behavior would be considered abuse, MT K stated absolutely.</p> <p>On 1/29/25 at 8:00 AM, Surveyor interviewed LA O (Laundry Aide). Surveyor asked LA O about the incident regarding R1 and Hskp N. LA O stated that she walked past it, and that she heard a little bit of yelling, but really didn't know what was taking place. LA O reported that MT K stated that she was going to have to call [Director of Nursing]. Surveyor asked LA O if she intervened, LA O stated no, because they were at the end of the hallway.</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 1/29/25 at 11:25 AM, Surveyor interviewed DON B (Director of Nursing). Surveyor asked DON B what the process is when a staff member witnesses abuse, DON B stated that they staff member should protect the resident. Surveyor asked DON B if she would have expected MT K to get between R1 and Hskp N, DON B stated yes. Surveyor asked DON B if staff should have been educated on abuse, DON B stated yes.</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41788</b></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 to the administrator of the facility and to other officials, including the State Survey Agency, in accordance with State law though established procedures for 2 of 4 abuse investigations reviewed involving (R3 and R4).</p> <p>Facility became aware of an abuse allegation involving R3 on 1/23/25 at 11:36 PM and did not report it to the State Agency until 1/24/25 at 4:53PM.</p> <p>The facility was aware of an allegation of abuse involving R4 and the facility failed to report it to the State Agency.</p> <p>Evidenced by:</p> <p>The facility policy, entitled Abuse, Neglect, and Exploitation, dated 10/1/22, states, in part: .</p> <p>POLICY: It is the policy of this facility to provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property .</p> <p>Abuse means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish, which include staff to resident abuse and certain resident to resident altercation .</p> <p>It includes verbal abuse, sexual abuse, physical abuse, and mental abuse .</p> <p>Policy Explanation and Compliance Guidelines: .</p> <p>VII. Reporting/Response</p> <p>A. The facility will have written procedures that include:</p> <p>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:</p> <p>a. Immediately, but no later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury .</p> <p>Example 1</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>R3 admitted to the facility on [DATE] and has diagnoses that include schizoaffective disorder (a mental health condition including schizophrenia (a disorder that affects a person's ability to think, feel, and behave clearly) and mood symptom, such as depression or bipolar disorder (a disorder associated with episodes of mood swings ranging from depressive lows to manic highs).</p> <p>R3's Admission Minimum Data Set (MDS) Assessment, dated 11/21/24, shows that R3 has a Brief Interview of Mental Status (BIMS) score of 11 indicating R3 has moderate cognitive impairment.</p> <p>Facility Grievance/Concern Form with incident regarding CNA and R3 is dated 11/23/25 at 11:36PM.</p> <p>Facility Initial Self Report states in part . dated 1/24/25, at 3:00 PM, states, in part: .</p> <p>Summary of Incident: .</p> <p>Is date and time when occurred known? Yes.</p> <p>Date occurred . 1/24/25.</p> <p>Time Occurred: 3:00PM.</p> <p>Is occurred date and time estimated? No.</p> <p>Date discovered . 1/24/25.</p> <p>Briefly Describe the incident . Resident made an allegation that CNA (certified nursing assistant) threatened him.</p> <p>Resident made an allegation that CNA (certified nursing assistant) threatened him .</p> <p>Explain what steps the entity took upon learning of the incident to protect the affected person(s) and others from further potential misconduct . The alleged staff member has been suspended investigation initiated .</p> <p>Report Submitted Date: 1/24/25 4:53:02PM.</p> <p>On 1/29/25, at 11:26AM, Surveyor interviewed DON B (Director of Nursing) and asked what the allegation of abuse was made by R3 and if it was reported timely. DON B indicated she received a call from R3's social worker from Inlusa who had reported to her R3 informed the social worker that a CNA threatened R3 with a gun. Surveyor asked if DON B had this documented with a date and time and DON B indicated not knowing if DON B had put in a progress note or not.</p> <p>Of note: No progress note was entered into R3's medical record regarding the time DON B spoke with social worker.</p> <p>50698</p> <p>Example 2</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>R4 was initially admitted to the facility on [DATE] with a readmitted [DATE]. R4 has diagnoses that include muscle wasting and atrophy, encephalopathy (brain disease that alters brain function or structure), chronic kidney disease stage 3, and depression.</p> <p>R4's most recent Minimum Data Set (MDS) assessment dated [DATE] shows R4 has a Brief Interview of Mental Status (BIMS) score of 15 indicating R4 is cognitively intact.</p> <p>On 1/28/25 at 1:00 PM, Surveyor interviewed R4. R4 stated to Surveyor about a week ago, a nurse threw an empty water cup at him. R4 stated after taking his medication and drinking water, he put the empty water cup on the medication cart. R4 indicated the nurse threw the empty water cup at him, hitting him on the back with the empty cup. R4 was not able to recall the nurse's name and stated the nurse was a black one. R4 stated he told the NHA (Nursing Home Administrator) and DON B (Director of Nursing) about this incident. The NHA R4 mentioned is no longer at the facility.</p> <p>On 1/29/25 at 9:15 AM, Surveyor reviewed resident interviews completed regarding abuse from a Facility Reported Incident (FRI) involving a different resident and incident dated 1/19/25. R4 was one of the completed interviews. When asked if R4 was ever abused by anyone in the facility, R4 answered Yes. Underneath this response, it reads Nurse throwing cup at him.</p> <p>It is important to note the resident interview does not say which staff person completed the interview.</p> <p>Of note, the facility was aware per interview of an allegation of abuse and the facility failed to report it to the State Agency.</p> <p>On 1/29/25 at 11:25 AM, Surveyor interviewed DON B (Director of Nursing). DON B indicated she was not aware of R4's abuse allegation. DON B stated no one reported this to her and she did not read the completed interviews regarding abuse from the FRI which involved a different resident, was not aware of R4's response about answering he was abused by someone in the facility and mentioning a nurse throwing a cup at him. DON B indicated she did not report or investigate this allegation and stated she should have.</p> <p>The facility did not follow their policy and did not report this allegation of abuse to the state reporting agencies and did not investigate the abuse allegation.</p> <p>Cross Reference F610.</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  01/29/2025
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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 42038</p> <p>Based on interview and record review, the facility did not ensure a thorough investigation of abuse/exploitation was completed for 1 of 3 Residents (R1, R3, and R4) reviewed for abuse.</p> <p>R1 was observed being verbally abused by a staff member, the facility did not complete a full investigation.</p> <p>R3 reported an allegation of abuse that was not completely investigated.</p> <p>R4 reported an allegation of abuse that was not investigated.</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>Example 1</p> <p>R1 was admitted to the facility on [DATE] with diagnoses that include traumatic brain injury, dementia, and diabetes mellitus. R1's most recent MDS (Minimum Data Set) dated 11/27/24 states that R1 has a BIMS (Brief Interview of Mental Status) of 9 out of 15, indicating that R1 is moderately cognitively impaired.</p> <p>Nurse's note written by RN L (Registered Nurse) dated 1/19/25 at 1:05 PM states Employee reported verbal disagreement between resident and one of the housekeeping employees [Employee initials]. Resident has verbally insulted employee with cuss words and derogatory statements. Employee was upset and returned comments including cuss words to the resident to stop being a fucking asshole. One of the staff reported the incident to RN (Registered Nurse) on duty (writer of statement). Writer reported incident to DON (Director of Nursing). Per her instruction sent employee home pending investigation of the incident. Left message for administrator, awaiting return call. Spent time with employee educating on possible ways to cope with situations where a resident is verbally assaulting you. Such as walking away or requesting help from another employee.</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>It is important to noted that Surveyor called RN L for an interview, no return call was received.</p> <p>Statement from MT K (Med Tech) states While passing noon meds, was at the end of the hall with [R1 and another resident name]. Hskp N (Housekeeper) walked up to R1 and told him she didn't like the way he had talked to her earlier. She was swearing at him a lot. At first I thought she was joking with him because she often does. But I was shocked that she was swearing. She got in his face and stated that if he apologised[sic] for swearing at her earlier she might apologise[sic] for swearing at him. I tried to get her away from him by calling her name. She said to me I know and walked away into a room. But came right back out, got in his face again and told him Fuck you! I'm a firecracker and I won't take shit from you. Do you understand me? Then she walked back down the hall. I was not aware of the incident she had earlier with him till[sic] I was informed by laundry dept (department).</p> <p>It is important to note that there is no statement from LA O (Laundry Aide), Hskp N, or RN L (other than the nurse's note documented).</p> <p>The facility submitted a self-report regarding this incident.</p> <p>On 1/28/25, Surveyor reviewed the facility's self-report.</p> <p>The facility provided education, with a subsequent quiz, titled Handling Challenging Behaviors. Out of 16 quizzes taken by staff, 4 had wrong answers; there is no evidence that staff was re-educated.</p> <p>It is important to note that there was no education provided on abuse and the steps to take when witnessing abuse occur.</p> <p>On 1/20/25, resident interviews were completed, 1 resident reported an allegation of abuse that was not investigated by the facility (refer to example 3).</p> <p>On 1/29/25 at 11:25 AM, Surveyor interviewed DON B (Director of Nursing). Surveyor asked DON B what the process is when a staff member witnesses abuse, DON B stated that they staff member should protect the resident. Surveyor asked DON B if she would have expected MT K to get between R1 and Hskp N, DON B stated yes. Surveyor asked DON B if staff should have been educated on abuse, DON B stated yes. Surveyor asked DON B if she would expect a statement to be obtained from LA O, Hskp N, and RN L, DON B stated yes. Surveyor asked DON B who reviews the results from the quizzes for correctness, DON B stated that she will upon her return and will re-educate as needed.</p> <p>41788</p> <p>Example 2</p> <p>R3 admitted to the facility on [DATE] and has diagnoses that include schizoaffective disorder (a mental health condition including schizophrenia (a disorder that affects a person's ability to think, feel, and behave clearly) and mood symptom, such as depression or bipolar disorder (a disorder associated with episodes of mood swings ranging from depressive lows to manic highs).</p> <p>R3's Admission Minimum Data Set (MDS) Assessment, dated 11/21/24, shows that R3 has a Brief Interview of Mental Status (BIMS) score of 11 indicating R3 has moderate cognitive impairment.</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>The facility's Grievance/Concern Form, dated Thursday January 23, 2025, states, in part: .</p> <p>Date of Occurrence: January 23, 2025, 11:36PM.</p> <p>Location of Occurrence: Nurse Station.</p> <p>Staff or Residents Involved: CNA M (certified nursing assistant) and R3</p> <p>Summary of Concern:</p> <p>Resident came up to nurses' station. Writer along with staff seated at station charting. Resident came up to station. CNA M asked what do you need, R3, the radio? R3 then replied I don't talk to you, you don't talk to me and put his hand up to his mouth. Then proceeded to call staff a [derogatory name.] Staff went and got him ice and asked him to go back to his room or go down to puzzle room. R3 was so disrespectful he said over and over what do they say about blacks? R3 called [derogatory] over and over and made jesters with his fingers opening up his nostrils asking, have you seen your nostrils? We asked him to go to his room. He demanded said he'd sit here, and you want me to stay. He also just kept death staring and kept running his mouth.</p> <p>Facility Initial Self Report states in part: . dated 1/24/25, at 3:00 PM, states, in part: .</p> <p>Summary of Incident: .</p> <p>Is date and time when occurred known? Yes.</p> <p>Date occurred . 1/24/25.</p> <p>Time Occurred: 3:00PM.</p> <p>Is occurred date and time estimated? No.</p> <p>Date discovered . 1/24/25.</p> <p>Briefly Describe the incident . Resident made an allegation that CNA (Certified Nursing Assistant) threatened him.</p> <p>Resident made an allegation that CNA threatened him .</p> <p>Explain what steps the entity took upon learning of the incident to protect the affected person(s) and others from further potential misconduct . The alleged staff member has been suspended investigation initiated .</p> <p>Report Submitted Date: 1/24/25 4:53:02PM.</p> <p>Facility conducted interviews on 1/24/25 with 20 residents asking:</p> <p>1) Has CNA M ever been unprofessional while providing cares?</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>2) Has any staff member made threatening comments?</p> <p>3) Are staff professional while providing cares?</p> <p>4) Do you feel safe at our facility?</p> <p>5) Do you know who to report abuse to?</p> <p>No concerns were noted.</p> <p>Facility interviewed 4 staff from the night shift that worked the night of 1/23/25.</p> <p>Facility did not interview R3.</p> <p>On 1/29/25, at 11:26 AM, Surveyor interviewed DON B (Director of Nursing) and asked what the allegation of abuse was made by R3 and if it was reported timely. DON B indicated she received a call from R3's social worker from Inlusa who had reported to her R3 informed the social worker that a CNA threatened R3 with a gun. Surveyor asked if DON B had this documented with a date and time and DON B indicated not knowing if DON B had put in a progress note or not. DON B indicated investigation was initiated after call received. DON B indicated 4 staff was interviewed that had witnessed the incident and residents. The staff stated R3 was racial slurring at CNA M. CNA M was kind and did not make any derogatory remarks to R3 per staff interviews. DON B indicated CNA M was suspended 1/24/25. DON B found the investigation to be unsubstantiated based on those interviews with staff and residents and CNA M returned to work that night on 1/24/25. Surveyor asked DON B if R3 was interviewed, and DON B indicated she did not interview R3 as she did not want to bring it to his attention again and get R3 going again. Surveyor asked if R3 should have been interviewed for a thorough investigation. DON B indicated yes.</p> <p>50698</p> <p>Example 3</p> <p>R4 was initially admitted to the facility on [DATE] with a readmitted [DATE]. R4 has diagnoses that include muscle wasting and atrophy, encephalopathy (brain disease that alters brain function or structure), chronic kidney disease stage 3, and depression.</p> <p>R4's most recent Minimum Data Set (MDS) assessment dated [DATE] shows R4 has a Brief Interview of Mental Status (BIMS) score of 15 indicating R4 is cognitively intact.</p> <p>On 1/28/25 at 1:00 PM, Surveyor interviewed R4. R4 stated to Surveyor about a week ago, a nurse threw an empty water cup at him. R4 stated after taking his medication and drinking water, he put the empty water cup on the medication cart. R4 indicated the nurse threw the empty water cup at him, hitting him on the back with the empty cup. R4 was not able to recall the nurse's name and stated the nurse was a black one. R4 stated he told the NHA (Nursing Home Administrator) and DON B (Director of Nursing) about this incident. The NHA R4 mentioned is no longer at the facility.</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 1/29/25 at 9:15 AM, Surveyor reviewed resident interviews completed regarding abuse from a Facility Reported Incident (FRI) involving a different resident and incident dated 1/19/25. R4 was one of the completed interviews. When asked if R4 was ever abused by anyone in the facility, R4 answered Yes. Underneath this response, it reads Nurse throwing cup at him.</p> <p>It is important to note the interview does not say which staff person completed the interview.</p> <p>On 1/29/25 at 11:25 AM, Surveyor interviewed DON B (Director of Nursing). DON B indicated she was not aware of R4's allegation of abuse. DON B stated no one reported this to her and she did not read the completed interviews regarding abuse from the FRI which involved a different resident, was not aware of R4's response about answering he was abused by someone in the facility and mentioning a nurse throwing a cup at him. DON B indicated she did not investigate this allegation and stated she should have.</p> <p>The facility did not follow their policy and did not investigate the allegation of abuse.</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41788</b></p> <p>Based on interview and record review the facility did not ensure residents are free of any significant medication errors for 1 of 4 residents (R2) reviewed for medications.</p> <p>R2 had 9 medications not administered for 2 days in month of January, and 1 medication not administered on 1 day in the month of January including a cancer medication and pain medication.</p> <p>This is evidenced by:</p> <p>The facility's policy entitled, Administration Procedures for all Medications, dated 10/25/14, states, in part: .</p> <p>Oral Medication Administration</p> <p>Purpose: To administer oral medications in a safe, accurate, and effective manner .</p> <p>Procedures: .</p> <p>I. Chart medication administration on Medication Administration Record Immediately following each resident's medication administration .</p> <p>R2 was admitted to the facility on [DATE] and has diagnoses that include secondary malignant neoplasm of bone (a condition where cancer cells from another part of the body (primary tumor) spread to the bones), neoplasm related pain (acute) (chronic) and type two diabetes mellitus (a long-term condition in which the body has trouble controlling blood sugar and using it for energy).</p> <p>R2's Quarterly Minimum Data Set (MDS) Assessment, dated 12/11/24 shows R2's Brief Interview of Mental Status (BIMS) score of 15 indicating R2 is cognitively intact.</p> <p>R2's Care Plan states, in part: .</p> <p>Focus: Needs pain management and monitoring related to: Cancer . Date Initiated: 7/5/24.</p> <p>Goal: .Patient will achieve acceptable pain level goal. Date Initiated: 7/5/24 .</p> <p>Interventions/Tasks: Administer pain medication as ordered. Date Initiated: 7/5/24 .</p> <p>Focus: Alteration in Blood Glucose due to: Insulin Dependent Diabetes Mellitus. Date Initiated: 7/5/24 .</p> <p>Interventions/Tasks: Administer medications as ordered. Date Initiated: 7/5/24 .</p> <p>Focus: Chemotherapy Treatment Cancer. Date Initiated: 7/5/24 .</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 - Few</p>	<p>Interventions/Tasks: Administer medications prior to treatment to minimize side effects, per provider order. Date Initiated: 7/5/24 .</p> <p>R2's January Medication Administration Record (MAR) shows on 1/20/25 &amp; 1/22/25 the following medications were not administered by blanks on MAR:</p> <ul style="list-style-type: none"> <li>-Anastrozole (breast cancer medication) oral tablet 1 milligram (mg). Give 1 tablet by mouth in the morning for cancer. Order Date: 12/9/24.</li> <li>-Cetirizine HCL (hydrochloride) (medication for allergies) Oral Tablet 10 mg. Give 1 tablet by mouth one time a day for seasonal allergies. Order Date: 12/9/24.</li> <li>-Farxiga Oral Tablet 10 mg (Dapagliflozin Propanediol). Give 1 tablet by mouth in the morning related to Type 2 Diabetes Mellitus (DM). Order Date: 12/9/24.</li> <li>-Metformin HCl (hydrochloride) ER (extended release) oral tablet Extended Release 24-hour 500 mg. Give 1 tablet by mouth in the morning for DM 2 . Order Date: 12/9/24.</li> <li>-Omeprazole Oral Capsule Delayed Release 20 mg. Give 1 capsule by mouth in the morning for indigestion. Order Date: 12/9/24.</li> <li>-Buspirone HCl Oral Tablet 7.5 mg. Give 1 tablet by mouth two times a day related to anxiety disorder . Order Date: 12/9/24.</li> <li>-Furosemide Oral Tablet 20 mg. Give 1 tablet by mouth two times a day for edema. Order Date: 12/9/24.</li> <li>-Gabapentin Oral Capsule 300 mg. Give 1 capsule by mouth every morning and at bedtime for pain related to Neoplasm related pain . Order Date:12/9/24.</li> <li>-Senna-Docusate Sodium Oral Tablet 8.6-50mg. Give 2 tablets by mouth two times a day for constipation. Order Date: 12/9/24.</li> </ul> <p>R2's January MAR shows on 1/25/25 R2's Methadone HCl Oral Tablet 10 mg. Give 1 tablet by mouth three times a day for pain. Order Date: 1/16/25 was not administered.</p> <p>R2's Physicians Orders for January 2025, states, in part: .</p> <p>Anastrozole oral tablet 1 milligram (mg). Give 1 tablet by mouth in the morning for cancer .</p> <p>Buspirone HCl Oral Tablet 7.5 mg. Give 1 tablet by mouth two times a day related to anxiety disorder</p> <p>Cetirizine HCL Oral Tablet 10 mg. Give 1 tablet by mouth one time a day for seasonal allergies.</p> <p>Furosemide Oral Tablet 20 mg. Give 1 tablet by mouth two times a day for edema .</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 - Few</p>	<p>Gabapentin Oral Capsule 300 mg. Give 1 capsule by mouth every morning and at bedtime for pain related to Neoplasm related pain .</p> <p>Methadone HCl Give 1 tablet by mouth three times a day for pain .</p> <p>Omeprazole Oral Capsule Delayed Release 20 mg. Give 1 capsule by mouth in the morning for indigestion .</p> <p>Senna-Docusate Sodium Oral Tablet 8.6-50mg. Give 2 tablets by mouth two times a day for constipation .</p> <p>On 1/28/25, at 9:20 AM, Surveyor interviewed R2 who indicated there has been times she had to wait a day or two to get medications due to pharmacy.</p> <p>On 1/28/25, at 12:40PM, Surveyor interviewed LPN J (Licensed Practical Nurse) and asked what a blank on the MAR indicates and LPN J indicated the medication was not administered. Surveyor asked if a medication is not given should it be documented, and LPN J indicated yes. Documentation in progress notes should show if the medication was not available, pending, or resident refusal and the nurse would notify physician. Surveyor asked if it is acceptable for a resident to not receive ordered medications. LPN J indicated no.</p> <p>Of note: No documentation was put into the Progress Notes for 1/20/25, 1/22/25 and 1/25/25 regarding the medications why these medications were not administered and reason.</p> <p>On 1/28/25, at 2:01 PM, Surveyor interviewed CND C (Chief Nursing Officer) and asked what would blanks on the MAR indicate. CND C indicated the medication was not given. Surveyor asked if CND C would expect to see documentation in progress notes that a medication was not administered and reason. CND C indicated yes. Surveyor asked CND C if it is acceptable for a resident to not receive medications and CND C indicated no. CND C indicated if a medication is not available the pharmacy should be called to inquire about the medication, check the contingency for the medication, and if not available the nurse should call physician for direction and document.</p>