STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525326	A. Building B. Wing	08/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pine Crest Nursing Home	2100 E Sixth St Merrill, WI 54452

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46693 Based on interview and record review, the facility did not develop a resident-to-resident altercation comprehensive person-centered care plan for 3 of 3 sampled residents (R2, R1 and R3). Findings: The facility policy, Abuse, Neglect, Misappropriation, Exploitation, Resident to Resident Altercations, Injury of Unknown Origin, and Caregiver Misconduct, stated in part . North Central Health Care (NCHC) will take all necessary steps to ensure its Patients/clients/residents are protected from incidents of abuse, neglect and exploitation by anyone . II. Purpose: To provide guidance to staff in identifying and responding to incidents of abuse, neglect and exploitation and to ensure compliance with regulatory requirements . IV. General Procedure . C. Prevention and Monitoring . 4. Individual treatment plans will be adjusted when indicated to reduce the potential for conflict and/or neglect. 5. The interdisciplinary team will provide supervision of staff to ensure the identification of inappropriate conduct, appropriate assessment, care planning and monitoring of patient/client/ resident's needs or behaviors. Example 1 R2 was admitted to the facility on [DATE], diagnoses included dementia, weakness, anxiety, and pain. R2's Minimum Data Set (MDS) assessment completed on 07/24/24, revealed R2 scored a 6 on the Brief Interview for Mental Status (BIMS) assessment which indicates severe cognitive impairment. R2 no longer uses a cane or any assistive devices to walk, and staff must anticipate R2's needs. On 06/10/24, the facility submitted a misconduct incident report. The report indicated the incident was investigated as a resident-to-resident altercation and potential situation for abuse involving R1 and R2. On 08/20/24, Surveyor reviewed R2's care plan with most recent update, dated 08/08/24. R2's care plan did not address the resident-to-resident altercation with R1 and the interventions to prevent the recurrence. (continued on next page)

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Example 2 R1 was admitted to the facility on [DATE] and diagnoses included repeated falls, pain, dementia, and paraplegia. R1's MDS assessment completed on 07/24/24, revealed R1 scored a 1 on the BIMS assessment which indicates severe cognitive impairment. R1 uses a wheelchair and relies on staff assistance with all ADLs. Due to R1's cognition, staff must anticipate R1's needs. On 08/20/24, Surveyor reviewed R1's care plan with most recent update, dated 07/22/24. R1's care plan notes that R1 has episodes of verbal and physical behaviors. There is no mention that R1 had a resident-to-resident altercation and interventions in place to protect R1 from the negative behavior of R2. Example 3 R3 was admitted to the facility on [DATE] and diagnoses included Alzheimer's disease, contractures, pain, weakness, anxiety, and depression. R3's MDS assessment completed on 06/04/24, revealed R3 has no score on the BIMS assessment and indicates severe cognitive impairment. R3 is dependent on staff for all ADLs, is non-verbal and relies on staff for all mobility using a wheelchair. On 03/03/24, the facility submitted a misconduct incident report identifying R1 had made contact with R3's head with a rolled-up magazine. On 08/20/24, Surveyor reviewed R3's care plan dated 10/06/22. R3's care plan did not address the resident-to-resident altercation with R1 and the interventions to protect R3 from the negative behavior of R1. R1's care plan did not address the resident-to-resident altercation with R3 and the interventions to prevent the recurrence. On 08/20/24 at 11:50 AM, Surveyor interviewed Nursing Home Administrator (NHA) A and asked NHA A to provide the care plans for R1, R2 and R3 regarding their resident-to-resident altercations. NHA A provided a synopsis of the incident and care plan for R2 that addresses possible causes of the increased aggression. Surveyor then asked NHA A where the plan clearly defines the incident and interventions to address and prevent the recurrence. NHA A stated it is probably in the medication administration record (MAR) under behavior tracking. Surveyor pulled up R2's MAR on the computer, and NHA A stated, I don't see it there, let me check on this and get back to you. On 08/20/24 at 11:53 AM, NHA A returned and stated, We should have done a better job at addressing the care plan and the behavior monitoring in the MAR.