

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525329	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/04/2024
NAME OF PROVIDER OR SUPPLIER Rib Lake Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 650 Pearl St Rib Lake, WI 54470	

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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47657</p> <p>Based on record review and interview, the facility did not take appropriate corrective action, educating all staff for 4 of 4 residents (R1, R2, R3, R4) reviewed for misappropriation of property.</p> <p>This is evidenced by:</p> <p>Surveyor reviewed the facility policy titled, Abuse, Neglect and Exploitation, revised on 07/15/22, which states, .It is the policy of this facility to provide protection 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 . Staff: Includes employees, the medical director, contractors, caregivers who provide care and services to residents, including therapy, social and activity programs.</p> <p>Example 1</p> <p>On 12/04/24, Surveyor reviewed a Facility Reported Incident (FRI) that noted on 10/03/24, R1 reported missing approximately \$100.00. The facility reported and conducted an investigation with involvement of law enforcement and were unable to locate the money.</p> <p>On 12/04/24, Surveyor reviewed R1's record and noted the most recent quarterly Minimum Data Set (MDS) dated [DATE] indicated that R1 has a cognitive score of 13 out of 15, indicating normal cognition.</p> <p>Upon conclusion of investigation, the facility supplied re-education of abuse to nursing staff only.</p> <p>Example 2</p> <p>On 12/04/24, Surveyor reviewed a FRI that noted on 10/05/24, R2 reported missing \$287.00. The facility reported and conducted an investigation with involvement of law enforcement and were unable to locate the money.</p> <p>On 12/04/24, Surveyor reviewed R2's record and noted the most recent quarterly MDS, dated [DATE], indicated that R2 has a cognitive score of 14 out of 15, indicating normal cognition.</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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Upon conclusion of investigation, the facility supplied re-education of abuse to only nursing staff.</p> <p>Example 3</p> <p>On 12/04/24, Surveyor reviewed a FRI that noted on 10/25/24, R3 reported missing \$150.00. The facility reported and conducted an investigation with involvement of law enforcement and were unable to locate the money.</p> <p>On 12/04/24, Surveyor reviewed R3's record and noted the most recent annual MDS, dated [DATE], indicated that R3 had a cognitive score of 15 out of 15, indicating normal cognition.</p> <p>Upon conclusion of investigation, the facility supplied re-education of abuse only to nursing staff.</p> <p>Example 4</p> <p>On 12/04/24, Surveyor reviewed a FRI which noted on 10/09/24, R4's daughter reported missing \$50.00. The facility reported and conducted an investigation with involvement of law enforcement and were unable to locate the money.</p> <p>On 12/04/24, Surveyor reviewed R4's record that noted on the most recent significant change MDS, dated [DATE], R4 has a cognitive score of 6 out of 15, indicating severe cognitive impairment.</p> <p>On 12/04/24 at 8:45 AM, Surveyor interviewed Account Manager (AM) C, regarding receiving education on abuse, including misappropriation of property. AM C was aware of R3 missing money and reported AM C had not received re-education of misappropriation.</p> <p>On 12/04/24 at 9:00 AM, Surveyor interviewed Hospice Certified Nursing Assistant (CNA) D regarding abuse including misappropriation of property. CNA D stated was not aware of any residents missing money and had not received any re-education regarding misappropriation.</p> <p>On 12/04/24 at 8:25 AM, Surveyor interviewed Housekeeper (HK) E regarding abuse including misappropriation of property. HK E stated was aware of R2 and R3 missing money and stated had not received any re-education regarding misappropriation.</p> <p>On 12/04/24 at 9:58 AM, Surveyor requested complete investigations of all 4 FRIs including all education provided to all staff following incidents of misappropriation.</p> <p>Surveyor received:</p> <ol style="list-style-type: none"> 1. A training log for F557 Respect and Dignity which included education on staff searching a resident's body or personal possessions without the resident's or, if applicable, the resident's representative's consent. The information included dated signatures by nursing staff only. 2. A Course Completion History for education on Caregiver conduct. The information included dated signatures by nursing staff only. <p>(continued on next page)</p>		

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