

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/16/2024
NAME OF PROVIDER OR SUPPLIER  Middleton Village Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  6201 Elmwood Ave Middleton, WI 53562	

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 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 1 of 7 abuse investigations (R2) reviewed of a total sample of 10 residents.</p> <p>Facility became aware of an abuse allegation on 4/18/24 and did not report to state.</p> <p>Evidenced by:</p> <p>The facility policy, entitled Abuse, Neglect and Exploitation, dated 1/5/24, states, in part: .</p> <p>Policy:</p> <p>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 and misappropriation of resident property .</p> <p>Policy Explanation and Compliance Guidelines:</p> <p>1. The facility will develop and implement written policies and procedures that:</p> <p>a. Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property,</p> <p>b. Establish policies and procedures to investigate any such allegations; and .</p> <p>The components of the facility abuse prohibition plan are discussed herein: .</p> <p>V. Investigation of Alleged Abuse, Neglect and Exploitation</p> <p>A. An immediate investigation is warranted when allegation or suspicion of abuse, neglect or exploitation, or reports of abuse, neglect or exploitation occur.</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>B. Written procedures for investigations include:</p> <ol style="list-style-type: none"> <li>1. Identifying staff responsible for the investigation; .</li> <li>4. Identifying and interviewing all involved persons, including the alleged victim, alleged perpetrator, witnesses, and others who might have knowledge of the allegation(s);</li> <li>5. Focusing the investigation on determining if abuse, neglect, exploitation, and/or mistreatment has occurred, the extent, and cause; and</li> <li>6. Providing complete and thorough documentation .</li> </ol> <p>VII. Reporting/Response:</p> <p>A. The facility will have written procedures that include:</p> <ol style="list-style-type: none"> <li>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. <ol style="list-style-type: none"> <li>a. Immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or</li> <li>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 .</li> </ol> </li> </ol> <p>R2 admitted to the facility on [DATE], and has diagnoses that include hemiplegia (a symptom that causes severe or complete paralysis on one side of the body, including the arm, leg, and sometimes the face) and hemiparesis (a symptom of one sided muscle weakness, or partial paralysis, that can affect the arm, leg, face, chest, hands, or feet) following cerebrovascular disease (a general term for conditions that affect the blood vessels in the brain and spinal cord, which can damage the brain and spinal cord) and cognitive communication deficit (communication difficulties caused by a brain injury that affects cognitive functions).</p> <p>R2's Quarterly Minimum Data Set (MDS) assessment dated [DATE] shows R2 has a Brief Interview of Mental Status (BIMS) score of 12 indicating R2 has moderate cognitive impairment.</p> <p>On 5/16/24 at 4:35 PM, Surveyor interviewed CNA D (Certified Nursing Assistant) who indicated on 4/18/24 he clocked in at 9:49 PM and went down his hall where he was scheduled and passed by R2's room and overheard CNA E say to R2 Ain't nobody trying to f***ing play with you. Knock that s**t off. CNA E indicated he went to answer a call light and came back 2 to 3 minutes after hearing that and found CNA F outside R2's door. CNA D asked CNA F if she heard what CNA E stated and CNA D repeated what he overheard CNA E say to R2. CNA D indicated he wrote a statement and put it in DON B's (Director of Nursing) mailbox.</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 5/16/24 at 4:54 PM, Surveyors interviewed CNA E and asked if he could recall an incident between himself and R2 recently. CNA E indicated NHA A (Nursing Home Administrator) talked to him about a month ago. Someone had reported that CNA E had cussed at R2 saying something like Knock that s**t off. CNA E indicated R2 can hardly understand anything and doesn't know what is going on so it would not make sense to have an incident with him.</p> <p>On 5/16/24 at 7:45 PM, Surveyor interviewed NHA A and DON B (Director of Nursing) and asked what both could tell Surveyor regarding an incident between CNA E and R2. DON B indicated she does not know anything regarding an incident between CNA E and R2. Surveyor asked if an employee witnesses verbal abuse should it be reported and NHA A and DON B indicated yes. Surveyor asked if it should be reported to the police and investigated. NHA A and DON B indicated yes.</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41788</b></p> <p>Based on interview and record review, the facility failed to thoroughly investigate an accusation of verbal abuse for 1 of 7 residents (R2) reviewed for abuse out of a total sample of 10 residents.</p> <p>Facility became aware of an abuse allegation on 4/18/24 and did not report to state.</p> <p>Evidenced by:</p> <p>The facility policy, entitled Abuse, Neglect and Exploitation, dated 1/5/24, states, in part: .</p> <p>Policy:</p> <p>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 and misappropriation of resident property .</p> <p>Policy Explanation and Compliance Guidelines:</p> <p>1. The facility will develop and implement written policies and procedures that:</p> <p>a. Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property,</p> <p>b. Establish policies and procedures to investigate any such allegations; and .</p> <p>The components of the facility abuse prohibition plan are discussed herein: .</p> <p>V. Investigation of Alleged Abuse, Neglect and Exploitation</p> <p>A. An immediate investigation is warranted when allegation or suspicion of abuse, neglect, or exploitation, or reports of abuse, neglect or exploitation occur.</p> <p>B. Written procedures for investigations include:</p> <p>1. Identifying staff responsible for the investigation; .</p> <p>4. Identifying and interviewing all involved persons, including the alleged victim, alleged perpetrator, witnesses, and others who might have knowledge of the allegation(s);</p> <p>5. Focusing the investigation on determining if abuse, neglect, exploitation, and/or mistreatment has occurred, the extent, and cause; and</p> <p>6. Providing complete and thorough documentation .</p> <p>VII. Reporting/Response:</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>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 not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or</p> <p>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>R2 admitted to the facility on [DATE], and has diagnoses that include hemiplegia (a symptom that causes severe or complete paralysis on one side of the body, including the arm, leg, and sometimes the face) and hemiparesis (a symptom of one sided muscle weakness, or partial paralysis, that can affect the arm, leg, face, chest, hands, or feet) following cerebrovascular disease (a general term for conditions that affect the blood vessels in the brain and spinal cord, which can damage the brain and spinal cord) and cognitive communication deficit (communication difficulties caused by a brain injury that affects cognitive functions).</p> <p>R2's Quarterly Minimum Data Set (MDS) assessment dated [DATE] shows R2 has a Brief Interview of Mental Status (BIMS) score of 12 indicating R2 has moderate cognitive impairment.</p> <p>On 5/16/24 at 4:35 PM, Surveyor interviewed CNA D (Certified Nursing Assistant) who indicated on 4/18/24 he clocked in at 9:49 PM and went down his hall where he was scheduled. CNA D passed by R2's room and overheard CNA E say to R2, Ain't nobody trying to f***ing play with you. Knock that s**t off. CNA E indicated he went to answer a call light and came back 2 to 3 minutes. CNA D found CNA F outside R2's door and asked CNA F if she heard what CNA D said to R2, CNA D repeated what he overheard CNA E say to R2. CNA D indicated he wrote a statement and put it in DON B's (Director of Nursing) mailbox.</p> <p>On 5/16/24 at 4:54 PM, Surveyors interviewed CNA E and asked if he could recall an incident between himself and R2 recently. CNA E indicated NHA A (Nursing Home Administrator) talked to him about a month ago. Someone had reported that CNA E had cussed at R2 saying something like Knock that s**t off. CNA E indicated R2 can hardly understand anything and doesn't know what is going on so it would not make sense to have an incident with him.</p> <p>On 5/16/24 at 7:45 PM, Surveyor interviewed NHA A and DON B (Director of Nursing) and asked what both could tell Surveyor regarding an incident between CNA E and R2. DON B indicated she does not know anything regarding an incident between CNA E and R2. Surveyor asked if an employee witnesses verbal abuse should it be reported and NHA A and DON B indicated yes. Surveyor asked if it should be reported to the police and investigated. NHA A and DON B indicated yes.</p> <p>Facility staff were aware of an allegation of verbal abuse between CNA E and R2 and failed to complete an investigation into the incident.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41788</b></p> <p>Based on observation, interview, and record review, the facility did not ensure that 3 (R3, R10, R5) of 5 residents reviewed for Activities of Daily Living (ADL) out of a total sample of 10 received the necessary services to maintain good nutrition grooming, personal and oral hygiene.</p> <p>R3 voiced concern of not receiving showers as scheduled.</p> <p>R10 voiced concerns of not receiving showers as scheduled.</p> <p>R5 did not receive showers as scheduled.</p> <p>Evidenced by:</p> <p>The facility policy entitled, Shower/Tub Bath, dated October 2010, states, in part: .</p> <p>Purpose: The purposes of this procedure are to promote cleanliness, provide comfort to the resident and to observe the condition of the resident's skin .</p> <p>Documentation:</p> <p>The following information should be recorded on the resident's ADL record and/or in the resident's medical record:</p> <ol style="list-style-type: none"> <li>1. The date and time the shower/tub bath was performed.</li> <li>2. The name and title of the individual(s) who assisted the resident with the shower/tub bath .</li> <li>5. If the resident refused the shower/tub bath, the reason(s) why and the intervention taken.</li> <li>6. The signature and title of the person recording the data.</li> </ol> <p>Reporting:</p> <ol style="list-style-type: none"> <li>1. Notify the supervisor if the resident refuses the shower/tub bath .</li> </ol> <p>Example 1</p> <p>R3 was admitted to the facility on [DATE] and has diagnoses that include Major Depressive Disorder (a mental health disorder characterized by persistently depressed mood or loss of interest in activities, causing significant impairment in daily life), muscle weakness and pain.</p> <p>R3's Annual Minimum Data Set (MDS) Assessment, dated 4/25/24 shows that R3 has a Brief Interview of Mental Status (BIMS) score of 15 indicating R3 is cognitively intact. Section GG shows R3 requires substantial/maximal assistance with shower/tub bathing.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R3's care plan dated 4/18/22, states, in part: .</p> <p>Focus: The resident has ADL self-care performance deficit r/t (related to) spinal stenosis, pneumonia, obesity, low back pain, neuropathy and weakness. Date Initiated: 4/18/22 .</p> <p>Interventions: -Bathing: physical assist x 1 Date Initiated: 4/18/22 .</p> <p>R3's Certified Nursing Assistant (CNA) shower documentation from 4/18/24 to 5/15/24 indicates R3 is to receive showers on Mondays and Thursday PMs (shower). It shows the following:</p> <p>-4/18/24 received a shower</p> <p>-4/22/24 received a shower</p> <p>-4/25/24 received a bed bath</p> <p>-4/29/24 received a bed bath</p> <p>-5/2/24 received a shower</p> <p>-5/6/24 no shower or bed bath</p> <p>-5/9/24 no shower or bed bath</p> <p>-5/13/24 no shower or bed bath</p> <p>Note R3 is to receive shower/tub bath every Monday and Thursday PMs. This did not occur.</p> <p>On 5/16/24 at 10:51 AM, Surveyor interviewed R3 and asked if she receives the care she needs here at facility. R3 indicated she does not receive showers as supposed to. R3 indicated the staff does not always have time to give showers because they are short staffed. R3 indicated the CNAs will chart at times R3 refuses showers even though they never asked her. Surveyor asked R3 how she knows this and R3 indicated she has questioned nurses about not getting showers and the nurses have looked up the CNA documentation and informed R3 she was marked refused. R3 indicated she has only refused a shower one time.</p> <p>Example 2</p> <p>R10 was admitted to the facility on [DATE] and has diagnoses that include chronic respiratory failure with hypoxia (a long-term condition that occurs when the body doesn't have enough oxygen. The airways that carry air to the lungs become damaged or narrow, limiting airflow and reducing the amount of oxygen that enters the body and carbon dioxide that exits) and essential hypertension (a type of high blood pressure that doesn't have an identifiable cause).</p> <p>R10's Annual MDS Assessment shows that R10 has a BIMS score of 15 indicating R10 is cognitively intact. Section GG shows that R10 requires substantial/maximal assistance with shower/tub bathing.</p> <p>R10's care plan, dated 4/17/24, states, in part: .</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Focus: The resident has an ADL self-care performance deficit r/t fall prior to admission with tibial fracture, cardiac disease, respiratory disease, weakness and limited mobility. Date Initiated: 4/17/24 .</p> <p>Interventions: Bathing: physical assist Date Initiated: 4/17/243 .</p> <p>R10's CNA shower documentation dated 4/19/24 through 5/14/24 indicates R10 is to receive showers/tub/baths on Tuesday AMs and Friday AMs. It shows the following:</p> <p>-4/19/24 no shower/bath/bed bath received.</p> <p>-4/21/24 bed bath received.</p> <p>-4/23/24 no shower/bath/bed bath received.</p> <p>-4/26/24 no shower/bath/bed bath received.</p> <p>-4/30/24 no shower/bath/bed bath received.</p> <p>-5/3/24 no shower/bath/bed bath received.</p> <p>-5/7/24 no shower/bath/bed bath received.</p> <p>-5/10/24 bed bath given.</p> <p>-5/14/24 bed bath given.</p> <p>Note R10 is to receive shower/bath/bed bath every Tuesday AM and Friday AM. R10 did not receive these.</p> <p>On 5/16/24 at 9:51 AM, Surveyor interviewed R10. R10 indicated he does not receive showers as he is supposed to. R10 indicated he is to get showers twice a week and does not receive them. R10 indicated he has asked the staff when he is to get his showers as he thought they were Sunday and Thursdays; they indicated they would get back to him but never did. Surveyor asked R10 how he feels about not getting showers and R10 indicated he feels gross, and he does have concerns with not receiving showers.</p> <p>Example 3</p> <p>R5 was admitted to the facility on [DATE] and has diagnoses that include morbid (severe) obesity and diabetes mellitus type two (a long-term condition in which the body has trouble controlling blood sugar and using it for energy).</p> <p>R5's Admission MDS assessment dated [DATE] shows that R5 has a BIMS score of 15 indicating R5 is cognitively intact. Section GG shows R5 is dependent on staff for showers/bathing.</p> <p>R5's CNA shower documentation dated 4/22/24 through 5/10/24 shows the following:</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-4/22/24 no shower/bath/bed bath given.</p> <p>-4/26/24 no shower/bath/bed bath given.</p> <p>-5/3/24 no shower/bath/bed bath given.</p> <p>-5/10/24 no shower/bath/bed bath given.</p> <p>On 5/16/24 at 9:40 AM, Surveyor interviewed R5. Surveyor asked R5 if he received AM and PM cares and showers on his shower days, R5 stated, Every AM I'm washed up OK, not on PM's during the week and maybe on a weekend here or there, I haven't had any showers since I've been here. R5 went on to explain that he declined a shower the one time he was offered because his family visiting. After that he said he asked to have the shower chair that he would use be brought in so that he could see it and try it out in his room before venturing down to the shower room. R5 stated I've never seen the shower chair.</p> <p>On 5/16/24 at 7:45 PM, Surveyor interviewed DON B (Director of Nursing) and asked looking at the CNA shower documentation what does (N/A) indicate. DON B indicated not completed. Surveyor asked what it means if the documentation is left blank and DON B indicated it did not occur. Surveyor asked if a resident is scheduled, and care planned to receive showers two times a week would she expect them to be completed and DON B indicated yes and documented. Surveyor asked if residents refuse shower should that be documented, and DON B indicated yes.</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**</b> 36253</p> <p>Based on interview and record review, the facility did not ensure that residents received treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices for 3 of 10 residents reviewed for quality of care (R1, R3, and R5).</p> <p>R1 was noted to have a history of aspiration pneumonia and refusal to comply with thickened liquid recommendations and the facility did not care plan his refusals or need to assess R1 more frequently due to increased risk of aspiration pneumonia.</p> <p>Facility staff were not monitoring R5's bowel movements.</p> <p>R3 did not receive wound care two times in one week for two wounds.</p> <p>Findings include:</p> <p>The facility's Therapeutic Diets policy states:</p> <p>*Therapeutic diets shall be prescribed by the attending physician.</p> <p>*Therapeutic diets include: .altered consistency diet</p> <p>*If the resident or the residence representative declines the recommended therapeutic diet, the interdisciplinary team will collaborate with the resident or representative to identify possible alternatives.</p> <p>*The clinical dietitian and nursing staff will document significant information relating to the residents response to his/her therapeutic diet in the residence medical record.</p> <p>Example 1</p> <p>R1 was admitted to the facility on [DATE] and had diagnoses that included dysphagia (Oropharyngeal phase), Chronic Obstructive Pulmonary Disease (COPD), and acute and chronic respiratory failure. His most recent Minimum Data Set (MDS), dated [DATE], shows a Brief Interview for Mental Status (BIMS) score of 15, indicating R1 is cognitively intact. His care plan, dated 4/8/24, states, .has nutritional problem or potential nutritional problem .on therapeutic diet, pureed honey thick liquids, aspiration precaution.</p> <p>R1 was admitted to the facility after a hospital stay from 3/24/24-4/5/24, with discharge documentation stating:</p> <p>*R1 has a history of aspiration pneumonia recurrent as of 12/21/23</p> <p>*R1 does not currently drink thickened liquids at home even though he was discharged in December 2023 on thickened liquids</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>*Diet order: Dysphagia level 4-pureed; Level 3-moderately thick (honey)</p> <p>*R1 was educated by hospital staff on how to use thickener to achieve honey thick fluids</p> <p>Additionally, during this hospital stay, the speech language pathologist at the hospital documented the following on 3/26/24: During interview today, the patient reported that he has Simply Thick thickener at home, but that he does not use it often. He reported that he drinks mostly water, coffee, and whiskey. He initially indicated that he drinks these unthickened but also stated that he doesn't drink many liquids at all. He reported that he has help preparing food/drink .</p> <p>NP H (Nurse Practitioner) ordered an x-ray for R1, which was put into the facility's Electronic Health Records (EHR) on 4/30/24 at 2:09 PM.</p> <p>A facility progress note by NP H, dated 5/1/24 at 3:30 AM states, Patient seen resting in his bed wearing his oxygen and appears in no acute distress. Per nursing staff and therapy, patient continues to go to the vending machine and reports drinking water all weekend, with noted congestion yesterday upon exam in his lungs. Ordered a chest X-ray. Chest X-ray suggestive of pneumonia, recommended starting dual antibiotic therapy. The note also states that when R1's POA (Power of Attorney, not activated) requested R1 to go to the ER (emergency room ), it was conferred with R1, who agreed, and R1 was sent to the ER. R1 did not return to the facility.</p> <p>On 5/6/24, as noted in nursing facility-provided documentation and correspondence, a representative on behalf of R1 requested information from the nursing facility regarding R1 not getting the appropriate food and drink while at the facility. NHA A (Nursing Home Administrator) responded to this, in part, by responding, Resident discharged on [DATE] but this was not brought to NHA attention until 5/6/24. However, resident continually went to vending machine to obtain items and drinks that were contraindicated for his diet plan .the resident regularly chose thin liquids even though they were contraindicated for him, even after staff explained his aspiration risk to him.</p> <p>It should be noted, the facility provided a risk versus benefits to R1, dated 4/30/24, which states, The resident has a behavior problem related to being non-compliant with dietary recommendations stating he understands the risks of aspiration pneumonia but still plans to drink thin water and frequently goes to vending machines to purchase snacks.</p> <p>Surveyor gathered the following interviews on 5/16/24:</p> <p>*10:48 AM, NP H stated that she had heard in standup meeting at the facility on 4/30/24 that R1 had been drinking thin liquids but did not recall who had made the comment or who had seen the thin liquids.</p> <p>*1:52 PM, AC I (Admissions Coordinator) stated she had seen R1 in the past at the vending machines but didn't tell anyone because she did not see him with any food. AC I did not recall the dates she had seen R1 at the vending machines.</p> <p>*2:10 PM, CNA J (Certified Nursing Assistant) stated that she had seen R1 go to the vending machine but did not tell anybody because she did not see him get any food items. CNA J did not recall the dates she had seen R1 at the vending machines.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Middleton Village Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  6201 Elmwood Ave Middleton, WI 53562	
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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>*2:18 PM, LPN K (Licensed Practical Nurse) stated that she had seen R1 drinking thin liquids, which appeared to be coffee. LPN K did not recall the date but did say that she told ADON G (Assistant Director of Nursing) about it who then stated that she (ADON G) would provide R1 with a Risks versus Benefits form.</p> <p>*4:38 PM, ADON G stated that she did not provide R1 with a risk versus benefits form and did not recall LPN K speaking to her about R1 and thin liquids.</p> <p>It should be noted that LPN K did not work at the facility on 4/28/24, 4/29/24, or 4/30/24.</p> <p>On 5/16/24 at 4:04 PM, Surveyor interviewed DON B (Director of Nursing) who stated that she did not become aware of R1 drinking thin liquids until 4/30/24 when the facility presented R1 with risks versus benefits in continuing to drink thin liquids. DON B stated that she is not aware of who had seen R1 with thin liquids or seen him near the vending machines. DON B stated that neither she nor any management at the facility had conducted an investigation to find out how long R1 had been drinking thin liquids or who had seen him. Additionally, DON B stated that no education had been provided to facility staff on therapeutic diets and/or reporting information regarding the refusal of diets or potentially dangerous dietary concerns like drinking thin liquids when on an ordered honey thick diet. DON B stated that her expectation is for staff who see a resident drinking thin liquids when they should be thickened or not eating a pureed diet as ordered to report the observation to their nurse or management. Additionally, DON B stated that even though R1 had a history of non-compliance before arriving at the facility, she would add to the resident's care plan as refusals came up, which is why the facility added the risks versus benefits addendum to R1's care plan on 4/30/24. Surveyor asked DON B if a resident who is at risk for aspiration pneumonia due to choosing not to follow dietary recommendations should be assessed more frequently including temperature, lung sounds oxygen saturations. DON B agreed a thorough nursing assessment should be completed.</p> <p>38725</p> <p>Example 2</p> <p>R5 was admitted to the facility on [DATE] and has diagnoses that include morbid (severe) obesity and diabetes mellitus type two (a long-term condition in which the body has trouble controlling blood sugar and using it for energy).</p> <p>R5's Admission Minimum Data Set (MDS) assessment dated [DATE] shows that R5 has a Brief Interview of Mental Status (BIMS) score of 15 indicating R5 is cognitively intact.</p> <p>R5's Physician Orders document the following:</p> <p>Senokot S 8.6-50 mg (milligram) give 2 tablets by mouth at bedtime.</p> <p>It is important to note that R5 does not have any PRN (as needed) medication ordered.</p> <p>R5's Certified Nursing Assistant (CNA) bowel movement documentation:</p> <p>4/26/24 documents a large bowel movement, the next bowel movement was documented on 5/2/24 with a medium. This is 5 days without a bowel movement.</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>5/9/24 documents a large bowel movement, the next bowel movement was documented on 5/13/24 with a medium. This is 3 days without a bowel movement.</p> <p>On 5/16/24 at 9:40 AM, Surveyor interviewed R5. Surveyor asked R5 if the staff monitor his bowel movements, R5 said he wasn't sure. Surveyor asked R5 if he is having regular bowel movements, R5 stated, I'm constipated currently. Surveyor asked if the nurses ever give him a PRN (as needed) medication for his bowels, R5 stated They did once, it was a liquid that tasted minty; the issue is my dietary needs are lacking, I'm used to eating fresh and raw vegetables and fruits, I don't get that here. Surveyor asked R5 where or how do you have a bowel movement, R5 said at the other facility, they lifted him with the ceiling lift onto a commode; however, they don't have that here so at first he had used the bedpan but that caused him pain so now he has a brief on or under him, he rolls to the side, has bowel movement and then calls for staff to assist in cleaning him up.</p> <p>It is important to note that due to R5's significant contractures of his hips, he has little to no flexion (bending) in his hips therefore sitting on a commode safely without being harnessed from above with a lift is not possible.</p> <p>On 5/16/24 at 1:02 PM, Surveyor interviewed CNA L (Certified Nursing Assistant). Surveyor asked CNA L where or how does R5 have a bowel movement, CNA L stated he goes in his brief and then calls for me to clean him up. Surveyor asked CNA L if R5 is aware of his need to have a bowel movement, CNA L stated yes.</p> <p>On 5/16/24 at 1:22 PM, Surveyor interviewed RN M (Registered Nurse). Surveyor asked RN M if R5 has regular bowel movements, RN M said daily, I think.</p> <p>On 5/16/24 at 7:47 PM, Surveyor interviewed DON B (Director of Nursing). Surveyor asked DON B who monitors that residents are having regular bowel movements, DON B explained that the floor nurses review the CNA's documentation and on the dashboard in the EHR (Electronic Health Record) it lists any residents that have not had a bowel movement for three days. Surveyor asked DON B if the facility has a bowel protocol, DON B stated we follow the residents' Physician Orders unless they need more aggressive measures. Surveyor asked DON B if they have standing order for bowel medications, DON B stated yes, if they are needed then they would be entered into their Physician Orders. Surveyor asked DON B if she was aware that R5 has had two episodes (4/26/24 to 5/2/24 and 5/9/24 to 5/13/24) of going several days without a bowel movement, DON B replied not specifically, I would need to look.</p> <p>41788</p> <p>Example 3</p> <p>The facility policy, entitled Wound Care, dated October 2010, states, in part: .</p> <p>Purpose: The purpose of this procedure is to provide guidelines for the care of wounds to promote healing.</p> <p>Preparation:</p> <p>1. Verify that there is a physician's order for this procedure.</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>2. Review the resident's care plan to assess for any special needs of the resident .</p> <p>Documentation:</p> <p>The following information should be recorded in the resident's medical record:</p> <ol style="list-style-type: none"> <li>1. The type of wound care given.</li> <li>2. The date and time the wound care was given .</li> <li>4. The name and title of the individual performing the wound care .</li> <li>9. If the resident refused the treatment and the reason(s) why.</li> <li>10. The signature and title of the person recording the data.</li> </ol> <p>Reporting:</p> <ol style="list-style-type: none"> <li>1. Notify the supervisor if the resident refuses the wound care .</li> </ol> <p>R3 was admitted to the facility on [DATE] and has diagnoses that include personal history of diseases of the skin and subcutaneous tissue.</p> <p>R3's Annual Minimum Data Set (MDS) Assessment, dated 4/25/24 shows that R3 has a Brief Interview of Mental Status (BIMS) score of 15 indicating R3 is cognitively intact.</p> <p>R3's care plan, dated 10/25/23, states, in part: .</p> <p>Focus: The resident has actual impairment to skin integrity r/t (related to) MASD (moisture associated skin damage). Date Initiated: 10/25/23 .</p> <p>Interventions: Evaluate and treat per physicians' orders. Date Initiated: 10/25/23.</p> <p>-Evaluate resident for S/SX (signs and symptoms) of possible infections. Date Initiated: 10/25/23 .</p> <p>R3's TAR (Treatment Administration Record) for May 2024 states, in part: .</p> <p>Wound care (groin fold)- Cleanse area with wound cleanser; apply collagen; apply border gauze; apply absorbent powder every shift for wound care. Order Date: 5/2/24 D/C (discontinue): 5/9/24 .</p> <p>Note: 5/5/24 &amp; 5/7/24 show treatment was not completed by blanks.</p> <p>Wound Care:(Left abdominal fold)- Cleanse area with wound cleanser, apply collagen, apply border gauze, apply absorbent powder every day shift for wound care. Order Date: 5/2/24 D/C Date: 5/16/24 .</p> <p>Note: 5/5/24 &amp; 5/7/24 show treatment was not completed by blanks.</p> <p>(continued on next page)</p>		

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