

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525333	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/04/2024
NAME OF PROVIDER OR SUPPLIER Watertown Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 121 Hospital Dr Watertown, WI 53098	

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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38882</p> <p>Based on observation, interview, and medical record review, facility staff did not provide care and treatment in accordance with professional standards of practice for 1 of 3 sampled residents (R1).</p> <p>The facility was aware of R1's history of having a small bowel obstruction and did not thoroughly assess R1 when he presented with symptoms of nausea and vomiting, did not provide continued monitoring every shift by obtaining vitals and observing/monitoring for continued emesis and describing appearance and amount.</p> <p>The facility failed to monitor R1's condition every shift by obtaining vitals and observing/recording the appearance of R1's urine when they suspected he had a Urinary Tract Infection and while waiting for the Urine Analysis results.</p> <p>The facility failed to monitor R1's intake every shift and failed to notify R1's Medical Doctor of his low fluid intakes.</p> <p>Evidenced by:</p> <p>R1 admitted to the facility on [DATE] with the following diagnoses: Paraplegia, Spinal Stenosis of lumbar region with neurogenic claudication, Cervicalgia (a type of neck pain), Type 2 Diabetes Mellitus, fusion of lumbar region spine, muscle wasting and atrophy, and Chronic Idiopathic Constipation.</p> <p>R1's Emergency Department Notes, dated 3/4/24, includes, in part presents to the emergency department with complaint of abdominal pain. Patient has a history of recurrent abdominal pain and constipation. Reportedly he has not been taking his MiraLAX or senna. He is not sure when his last bowel movement was, but has been, likely, over a week. No vomiting, but he has been nauseated. Patient refused Zofran prescribed to him. Your CT scan (medical imaging) showed . your bladder wall is thickened, and your urine is abnormal, suggesting you might have a urinary tract infection. Additionally, the CT showed a large amount of stool . Bowel: no dilated small bowel loops . Moderate significant colonic stool burden . there is thickening, and perirectal fat stranding seen involving the distal sigmoid colon and rectum . Impression: mild wall thickening and fat stranding involving the distal sigmoid colon and rectum . moderate to significant colonic stool burden .</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525333	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/04/2024
NAME OF PROVIDER OR SUPPLIER Watertown Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 121 Hospital Dr Watertown, WI 53098	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R1's Discharge Summary, 3/25/24, includes in part: . Chief complaint: Nausea and vomiting . abdominal distention . Hospital course: male with a medical history of spinal stenosis status post spinal surgery with residual lower extremity paralysis, hypothyroidism, uncontrolled diabetes type 2, chronic Constipation, neurogenic bladder with indwelling Foley catheter who presents with nausea, vomiting, and abdominal distension over the last week. The patient has a history of chronic Constipation with chronic CT changes with evidence of fluid in the stomach and rectosigmoid changes. He was initially treated with a nasal gastric tube and intravenous antibiotics . refer to GI (gastrointestinal) to discuss gastric emptying study . he has declined to be on a regular bowel regimen, and we talked about the risk of this . He has a rather high risk of readmission for reoccurrence of these bowel issues .</p> <p>R1's Emergency Department Notes, dated 4/27/24, includes patient presents with abdominal pain and nausea that began this morning. Patient states he threw up several times. Patient has a long-standing history of bowel obstructions. Patient also reports he has not had a bowel movement in several weeks. Patient has a history of paraplegia . Patient has a fever and reports chills . Patient noted to be constipated on exam having a large ball of stool in his rectum with rectal wall thickening.</p> <p>Nurse's 24-hour board, dated 5/15/24, includes: R1 complaints of stomach/not feeling well, low grade temperature ., KUB (kidney, ureters, and bladder imaging) and UA (urinary analysis) ordered .</p> <p>R1's Nurse Notes, dated 5/15/24, include Urine sample for UA collected this shift at 2215 (10:15 PM) transferred to lab for analysis, currently awaiting results.</p> <p>Nurse's 24-hour board, dated 5/16/24, includes: PICC (Peripherally Inserted Central Catheter) pulled . Blood pressure: 140/80, Pulse Oximetry: 94%, Temperature: 99.2 degrees, Pulse: 88 .</p> <p>(It is important to note R1 has a known history of Urinary Tract Infections and bowel obstructions and reported stomach concerns, not feeling well, and had a low-grade temperature. A urine analysis was obtained but there is no continued monitoring of R1's urine appearance or vitals every shift while facility awaits urine analysis results.)</p> <p>R1's Nurse Notes, dated 5/17/24, include Resident has complaint of being nauseous and vomiting, wants to go to hospital. NP (Nurse Practitioner) gave order for Zofran, Compazine, or Reglan and resident refused to take.</p> <p>(It is important to note R1 has a known history of urinary tract infections and bowel obstructions and is presenting with symptoms. The facility does not describe the frequency of R1's emesis, the appearance and there is no continued monitoring every shift of R1's urine appearance or vitals while the facility awaits urine analysis results.)</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525333	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/04/2024
NAME OF PROVIDER OR SUPPLIER Watertown Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 121 Hospital Dr Watertown, WI 53098	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R1's Nurse Practitioner Note, 5/17/24, includes abdominal discomfort, nausea, vomiting, constipation . chief complaint of a non-healing pressure ulcer. Currently residing in a long term care facility due to multiple chronic conditions including morbid obesity, type 2 diabetes mellitus, hypertension, and a history of lumbar spine fusion which has resulted in muscle wasting in his left hand and difficulty moving his lower legs . R1 also has a chronic foley catheter in place due to lack of bladder control . reports experiencing nausea and vomiting yesterday which has been ongoing since his discharge from the hospital after wound treatment. He denies having diarrhea but mentions an occasional cough . despite these challenges he was able to use a wheelchair with the aid of a lift . He has a history of Constipation and uses various over the counter remedies including fiber gummies, MiraLAX, Senna, and milk of magnesia as needed. His last bowel movement occurred last week, though he is still passing gas. R1 expresses significant concern about his current state of health, indicating a desire to go to the hospital for faster resolution of his symptoms. Nausea and vomiting: investigate potential causes, including possible infection or medication side effects. Consider ordering lab work to assess for infection or electrolyte imbalance. Monitor patients intake and hydration status. Constipation: Suppository ordered and to be given today for abdominal discomfort. Encourage the patient to take fiber gummies MiraLAX, Senna, and milk of magnesia as needed. Monitor ball movements and consider alternative interventions if Constipation persists.</p> <p>Nurse's 24-hour Board, dated 5/17/24, includes: Pulse: 89, Temperature: 99.7, Pulse Oximetry: 95%, Blood pressure: 146/86 .</p> <p>R1's fluid intake:</p> <p>5/16/24 509 AM: 300 ml . 1:59 PM: 480 ml . 11:45 PM 350 ml (milliliters)</p> <p>5/17/24 9:47 PM 480 ml</p> <p>5/18/24 1:14 AM 380 ml</p> <p>(It is important to note on 5/17/24 only one shift recorded intake for R1 for a total of 480 ml.</p> <p>Nurse's 24-hour Board, dated 5/18/24, includes: Sent out to hospital and admitted .</p> <p>R1's Situation, Background, Assessment, and Recommendation (SBAR) dated 5/18/24, includes, in part: Summary for Providers</p> <p>Situation: The Change in Condition/s reported on this Evaluation are/were: Abdominal pain</p> <p>At the time of evaluation resident/patient vital signs, weight and blood sugar were:</p> <ul style="list-style-type: none"> - Blood Pressure: BP 150/97 - 5/15/2024 14:41 (2:41 PM) Position: Lying l/arm - Pulse: P 94 - 5/15/2024 14:41 Pulse Type: Regular - RR: R 16.0 - 5/15/2024 14:41 - Temp: T 100.9 - 5/15/2024 14:41 Route: Oral <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525333	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/04/2024
NAME OF PROVIDER OR SUPPLIER Watertown Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 121 Hospital Dr Watertown, WI 53098	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- Weight: W 302.0 lb. (pounds)- 5/16/2024 13:57 (1:57 PM) Scale: Wheelchair</p> <p>- Pulse Oximetry: O2 93.0 % - 5/15/2024 14:41 Method: Room Air</p> <p>- Blood Glucose: BS 113.0 - 5/18/2024 08:09</p> <p>Resident/Patient is in the facility for: Post Acute Care</p> <p>Relevant medical history is CHF (Congestive Heart Failure) Diabetes</p> <p>Code Status: Full Code</p> <p>Resident/Patient is on: Hypoglycemic medication(s)/Insulin.</p> <p>Nursing observations, evaluation, and recommendations are: Not available.</p> <p>Primary Care Provider Feedback: Primary Care Provider responded with the following feedback:</p> <p>A. Recommendations: send to ER.</p> <p>(It is important to note the date the vitals from this report, dated 5/18/24, were taken. Temperature: 5/15/24 at 2:41 PM, Pulse Oximetry 5/15/24 at 2:41 PM, Blood Pressure: 5/15/24 at 2:41 PM, Pulse: 5/15/24 at 2:41 PM, Respirations: 5/15/24 at 2:41 PM. These vitals were taken three days prior to this report.)</p> <p>R1's Emergency Department Notes, dated 5/18/24, includes date of service 5/18/24 . male with history of spinal canal stenosis with a previous spinal surgery which resulted in residual lower extremity paralysis ., chronic constipation ., neurogenic bladder with indwelling foley catheter . Chief complaint- weakness and fever . He is a full code. He is having nausea. He vomited some yesterday but no vomiting today . Last bowel movement 2 days ago . Genitourinary- urinary tract infection . Abdomen: mild tenderness . no increased bowel sounds, no decreased bowel sounds, no absent bowel sounds . primary impression- urinary tract infection . Moderate to large colonic stool burden, similar in comparison exam . Rectal wall thickening unchanged to slightly improved . 5/21/24 Patient continues to have fevers- likely source is the wound .</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525333	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/04/2024
NAME OF PROVIDER OR SUPPLIER Watertown Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 121 Hospital Dr Watertown, WI 53098	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/4/24 at 11:59 AM, Nurse Manager E indicated R1 complains a lot to get to the hospital and the facility can do what he needs without sending him out. Nurse Manager E indicated on 5/15/24, R1 complained of abdominal pain, and he was having bowel movements, so she thought he maybe had a urinary tract infection. She consulted with R1's Nurse Practitioner who ordered a urine analysis to be collected and it was on 5/15/24. Nurse Manager E indicated staff were to monitor R1's fluid intake and urine output. Nurse Manager E indicated staff were to monitor R1's urine appearance every shift; his vitals every shift including blood pressure, pulse, respiration count, and temperature. Nurse Manager E indicated this did not happen. Nurse Manager E indicated R1's Medical Doctor or Nurse Practitioner was to be notified if his output or intake was low and this did not take place. Nurse Manager E indicated R1 has a history of bowel obstructions and urinary tract infections and on 5/17/24 R1 presented with nausea and vomiting and R1's Nurse Practitioner was notified. Nurse Manager E indicated staff were to continue monitoring R1 and this monitoring includes getting vitals on him every shift including his temperature, blood pressure, respiratory count, and pulse. Nurse Manager E indicated this did not occur. Nurse Manager E indicated when a resident vomits the floor Nurse should make a description about the appearance and the frequency. Nurse Manager E could not locate this information. Nurse Manager E indicated on 5/18/24, R1's family member was demanding the facility send R1 to the emergency room for evaluation and the floor nurse did do this, because Nurse Manager E was not available to intervene. Nurse Manager E stated, The Nurse did what family was requesting. I did not want to utilize emergency room resources when we could do everything R1 needed to here. He is just noncompliant most of the time.</p> <p>On 6/4/24 at 3:48 PM, NP D indicated if the facility suspected R1 of having a urinary tract infection and while they were awaiting the results of the urine analysis the facility should have continued to monitor R1. This monitoring should have included vitals taken on every shift, monitoring intake, and output every shift, and observing/recording a description the appearance of the R1's urine every shift. NP D indicated staff are to report low intake to R1's Medical Doctor or Nurse Practitioner. NP D indicated if R1 was experiencing nausea and vomiting the facility should continue to monitor him. This monitoring should include bowel sounds and vitals taken every shift. NP D indicated staff should be recording frequency of vomiting and a description of the vomit, for example is it all watery, is there undigested food in it, or is there blood in it. NP D indicated when staff report vitals to the Medical Doctor or Nurse Practitioner the vitals should be the most current vitals and should have been taken within the current shift if possible. NP D indicated vitals taken on 5/15/24 would not be as pertinent as vitals taken on 5/18/24 if new symptoms have presented and the resident's condition has changed.</p> <p>On 6/4/24 at 3:52 PM, NP C indicated when R1 presented with symptoms on 5/15/24 there was an order for a urine analysis that was collected. While the facility awaited the results of the urine analysis they were to continue monitoring for signs of infection. This monitoring includes gathering vitals every shift, recording R1's intake and output every shift, observing R1's urine's appearance every shift, and observing for tachycardia every shift. NP C indicated staff should have reported R1's low intake to R1's Medical Doctor or Nurse Practitioner. NP C indicated when R1 presented with nausea and vomiting staff should have continued monitoring his condition by collecting vitals each shift, listening to bowel sounds each shift, and palpating his abdomen each shift. NP C indicated staff should have recorded the frequency of R1's vomiting and a description of the vomit's appearance. NP C indicated staff should be taking vitals shortly before reporting changes in condition to R1's Medical Doctor or Nurse Practitioner. NP C indicated vitals taken on 5/15/24 would not have given an accurate assessment of R1 on 5/18/24.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525333	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/04/2024
NAME OF PROVIDER OR SUPPLIER Watertown Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 121 Hospital Dr Watertown, WI 53098	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/4/24 at 4:04 PM, DON B (Director of Nursing) indicated staff did not collect vitals on R1 every shift after he complained of stomach discomfort on 5/15/24 and staff should have monitored R1's intake and output every shift while awaiting the results of his urine analysis but didn't. DON B indicated staff should have recorded a description of R1's urine every shift while awaiting the urine analysis results. DON B indicated R1's vitals should have been taken every shift, especially his temperature. DON B indicated staff should have recorded frequency of R1's vomiting and a description of R1's vomit in the nurse notes. DON B indicated staff should have continued monitoring every shift, including vitals, bowel sounds, palpating R1's abdomen, and recording intake and output. DON B indicated staff should report R1's low intakes to R1's Medical Doctor and staff should use vitals taken when symptoms present and not use vitals from three days ago when reporting to R1's Medical Doctor.</p>