

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525338	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/02/2025
NAME OF PROVIDER OR SUPPLIER  Beaver Dam Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  410 Roedl CT Beaver Dam, WI 53916	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45942</p> <p>Based on staff and resident interview and record review, the facility did not ensure accurate administration of medication for 1 resident (R) (R2) of 5 sampled residents.</p> <p>R2 did not receive 2 doses of a scheduled intravenous antibiotic. In addition, multiple medication orders were transcribed incorrectly and R2 did not receive the medications as ordered.</p> <p>Findings include:</p> <p>The facility's Medication Administration policy, dated 10/25/14, indicates: Medications are administered as prescribed .2) Medications are administered in accordance with written orders of the prescriber. 3) If a dose seems excessive considering the resident's age and condition .the nurse calls the provider pharmacy for clarification prior to the administration of the medication or if necessary, contacts the prescriber for clarification .Unless otherwise specified by the prescriber, routine medications are administered according to the established medication administration schedule .6) .If consecutive doses of a vital medication are withheld, refused, or not available, the physician is notified. Nursing documents the notification and physician response. If an electronic medication administration record (MAR) system is used, specific procedures required for . documentation of administration, refusal, holding of doses .should be followed .</p> <p>The facility's Non-Controlled Medication Order Documentation policy, dated 10/25/14, indicates: .1) Medication orders specify the following: .If not specified by prescriber, all new medication orders are in effect for a 30-day supply for a 12-month period .unless otherwise noted .or the duration is limited by time-limited order policy, when applicable until pharmacy is notified of actual stop date .C. The prescriber is contacted by nursing to verify or clarify an order .c) Written Transfer Orders (sent with a resident by a hospital .): 1. Implement a transfer order without further validation if it is signed and dated by the resident's current attending physician unless the order is unclear or incomplete .2. If the order is unsigned or signed by another prescriber .the receiving nurse verifies the order with the current attending physician before medications are administered. The nurse documents verification on the admission order record.</p> <p>On 1/2/25, Surveyor reviewed R2's medical record. R2 was admitted to the facility on [DATE] and had diagnoses including left ankle/foot osteomyelitis, diabetes, anxiety, and left big toe amputation. R2's Minimum Data Set (MDS) assessment, dated 10/1/24, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R2 was not cognitively impaired.</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:  525338	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/02/2025
NAME OF PROVIDER OR SUPPLIER  Beaver Dam Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  410 Roedl CT Beaver Dam, WI 53916	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Surveyor reviewed R2's hospital discharge summary, dated 9/24/24, which contained the following orders:</p> <ul style="list-style-type: none"> <li>~ daptomycin (an antibiotic medication) 50 milligrams/milliliter (mg/ml), give 670 mg intravenously every 24 hours for osteomyelitis (bone infection)</li> <li>~ desvenlafaxine (an antidepressant medication) 100 mg daily</li> <li>~ gabapentin (an anticonvulsant medication) 300 mg capsule daily for nerve pain</li> <li>~ gabapentin 300 mg capsule, give 600 mg nightly</li> <li>~ hydroxyzine (an antihistamine medication) 50 mg nightly for sleep</li> <li>~ trazodone (an antidepressant medication) 50 mg nightly for sleep</li> </ul> <p>R2's September 2024 Medication Administration Record (MAR) indicated daptomycin was not administered for the first two days of R2's admission (9/24/24 and 9/25/24). R2's medical record did not indicate R2's physician was notified.</p> <p>R2's MAR indicated the following medications were entered incorrectly and contained stop dates 14 days after they were started. The medication instructions were entered on the MAR on 9/24/24 and the stop dates were as follows:</p> <ul style="list-style-type: none"> <li>~ desvenlafaxine - 10/8/24</li> <li>~ hydroxyzine - 10/8/24</li> <li>~ trazodone - 10/9/24</li> <li>~ gabapentin - 10/9/24</li> </ul> <p>R2's MAR indicated R2 went 6 days without desvenlafaxine, hydroxyzine and gabapentin and 4 days without trazodone. After realizing the orders were entered incorrectly, the facility restarted R2's medications on the following dates until R2 was discharged on [DATE]:</p> <ul style="list-style-type: none"> <li>~ hydroxyzine - 10/15/24</li> <li>~ trazodone - 10/12/24</li> <li>~ gabapentin - 10/15/24 (with a new order of 300 mg two times daily)</li> <li>~ desvenlafaxine - not restarted</li> </ul> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525338	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/02/2025
NAME OF PROVIDER OR SUPPLIER  Beaver Dam Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  410 Roedl CT Beaver Dam, WI 53916	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/2/25 at 1:08 PM, Surveyor interviewed Director of Nursing (DON)-B who verified R2 missed 2 doses of daptomycin on 9/24/24 and 9/25/24. DON-B indicated the nurses should have informed R2's physician if daptomycin was not available for the first 2 days. DON-B also verified the nurse who entered R2's orders thought psychotropic medications were only prescribed for 14 days. The nurse entered the start dates as 9/24/24. DON-B indicated the nurse should have updated or clarified the orders with the physician. DON-B confirmed R2 did not receive scheduled doses of gabapentin, hydroxyzine, and trazodone because the medications were stopped after 14 days. As soon as DON-B was aware of the incorrect orders, DON-B contacted the physician and the medications were restarted. DON-B acknowledged the physician should be notified for any missed medications. DON-B indicated only as needed (PRN) psychotropic medication should be ordered for 14 days.</p> <p>On 1/2/25 at 3:13 PM, Surveyor interviewed R2 via phone. R2 indicated R2 had pain after gabapentin was stopped on 10/9/24 and stated Tylenol did not help. R2 verified R2 had an X-ray of the left foot on 10/13/24 after the increase in pain. R2 also indicated R2 could not sleep during that timeframe due to not receiving hydroxyzine and trazodone.</p>