| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 525342 | A. Building<br>B. Wing | 02/20/2025 |

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| Green Bay Health Services | 1640 Shawano Ave<br>Green Bay, WI 54303 |

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| F 0567<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Honor the resident's right to manage his or her financial affairs.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48794<br><br>Based on staff and resident representative interview and record review, the facility did not ensure funds were safeguarded and managed appropriately for 1 resident (R) (R1) of 6 sampled residents with a Resident Fund Management Service (RFMS) account.<br><br>R1 had an Irrevocable Burial Trust (IBT) account opened with the facility in March of 2021. In January of 2024, the IBT account was closed and the balance of $7,509 was withdrawn. The facility did not maintain the maximum value of $4500 allowed by Medicaid in R1's IBT account. In addition, the facility did not ensure proper notification was provided to R1's financial Power of Attorney (POA).<br><br>Findings include:<br><br>The facility's Business-Resident Trust Fund policy, dated 10/1/23, indicates: The policy is to ensure optimal protection of residents' funds in accordance with regulatory guidelines .Every resident has the right to manage his/her own funds. If the resident chooses to have the facility set up a trust fund in his/her name, the resident or their legal representative must authorize the facility to do so by signing the Resident Trust Fund Authorization form. If state law allows, the Executive Director can sign if the facility is representative payee with the representative payee approval notice from Social Security. By signing this form, the resident .1) Authorizes the facility to hold the resident's funds in a qualified Resident Trust Fund Account. 2) Designates specific individuals who may authorize withdrawals on his/her behalf (i.e., POA, Guardian) as allowed by state law .Note: Signing the Resident Trust Fund Authorization form does not signify the resident's consent to disburse funds. All disbursements and withdrawals from the trust fund must be authorized in writing by the resident or his/her authorized legal representative .<br><br>Monitoring Fund Balances .The Business Office Manager (BOM) and the Resident Trust Fund Custodian will be responsible for routinely monitoring resident fund balances to: 1) Ensure that no individual resident account is overdrawn at any time. 2) Balances should always be checked before disbursing funds to confirm the amount of the disbursement does not exceed the current account balance. 3) Identify and notify any residents (or their legal representatives) with balances approaching an amount that is $200 less than the Supplemental Security Income (SSI) resource limit for one person or equals or exceed the resource limit when combined with the value of the resident's other non-exempt resources.<br><br>(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 |
|---|---|---|

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| F 0567<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Quarterly Statements .The Executive Director will ensure a quarterly statement, which includes an itemization and complete description of all trust activity during the quarter, is generated and issued on a quarterly basis to all residents (or their legal representatives) for whom funds are held and managed, or as requested in writing .In addition, the copy of the quarterly statement retained by the facility must contain the initials of the designee, the method of delivery, and the date delivered.<br><br>Closing Patient Accounts .When a resident whose funds are held and managed by the facility in the Resident Trust Fund expires or is permanently discharged , the Business Office will ensure the balance of the account is refunded and a full accounting provided within 30 days of expiration or discharge (or as required by state law) to the .resident or their legal representative.<br><br>According to the Wisconsin Medicaid Eligibility Handbook, published in accordance with Titles XI and XIX of the Social Security Act; Parts 430 through 481 of Title 42 of the Code of Federal Regulations; Chapters 46 and 49 of the Wisconsin Statutes; and Chapters HA 3, DHS 2, 10, and 101 through 109 of the Wisconsin Administrative Code, the asset limit for SSI-related Medicaid for nursing home residents is $2000 for a single person .Medicaid does not count some assets. Those not counted may include the following .Chapter 16.5.1 Irrevocable Burial Trusts .States for Medicaid purposes, Wisconsin law stipulates that such trusts may be made irrevocable as to the first $4,500 of the funds paid under the agreement. The irrevocable amount of such a trust is referred to as an irrevocable burial trust and is an exempt asset. If the total value of an otherwise irrevocable pre-need agreement with a funeral provider exceeds $4,500, the amount over $4,500 is revocable and is a countable asset. Interest and dividends, if any, are exempt only if they accrue to irrevocable burial trusts and the trust agreement specifies that they are irrevocable.<br><br>From 2/19/25 to 2/20/25, Surveyor reviewed R1's medical record. R1 was admitted to the facility on [DATE] and had diagnoses including epilepsy, obsessive compulsive disorder (OCD), post-traumatic stress disorder (PTSD), and anxiety disorder. R1's Minimum Data Set (MDS) assessment, dated 11/9/24, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R1 had intact cognition. R1 had an activated Power of Attorney((POA)-J) who assisted R1 with healthcare and financial decisions. R1 passed away on 1/23/25.<br><br>From 2/19/25 to 2/20/25, Surveyor reviewed R1's financial records and RFMS accounts, including R1's IBT account and Resident Trust Account (RTA). In addition to a timeline of accounting provided by the facility, R1's records indicated the following:<br><br>~On 3/30/21, the facility notified POA-J that R1's RTA was over the asset limit for Medicaid. POA-J signed an RFMS Authorization and Agreement to Handle Resident Funds and opened an IBT account with the facility.<br><br>~On 3/31/21, the facility transferred $1700 from R1's RTA to R1's IBT account.<br><br>~On 4/29/22, the facility notified POA-J that R1's RTA was over the asset limit for Medicaid. The facility transferred $1500 from R1's RTA to R1's IBT account.<br><br>~On 6/7/22, R1 enrolled in an Managed Care Organization (MCO) with care cost liability to be paid to the MCO beginning 7/1/22.<br><br>(continued on next page) |

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| F 0567<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | ~On 7/13/22, the facility notified POA-J that R1's RTA was over the asset limit for Medicaid. The facility transferred $500 from R1's RTA to R1's IBT account.<br><br>~On 1/5/23, the facility withdrew $3411 from R1's RTA and issued a check to R1's MCO for past due monthly care costs for the October, December, and January billing cycles.<br><br>~On 9/13/23, the facility transferred $3800 from R1's RTA to R1's IBT account.<br><br>~On 1/23/24, the facility withdrew the total amount of $7509 from R1's IBT account and the account was closed.<br><br>~On 1/30/24, the facility deposited $7509 into R1's RTA.<br><br>~On 1/31/24, the facility withdrew $8500 from R1's RTA account and issued a check to R1's MCO for past due care costs.<br><br>On 2/19/25 at 2:15 PM, Surveyor interviewed Director of Revenue and Finance (DRF)-I who stated DRF-I oversaw the regional and facility Business Office Managers. DRF-I was aware of R1's finances and indicated R1's IBT was over the $4500 allowed Medicaid value. DRF-I stated the facility withdrew the money from the account and rolled the money into R1's RTA in January of 2024. DRF-I was not sure why the allowed $4500 was removed from the account instead of just the excess amount. DRF-I stated the facility had not been paying the monthly patient care costs to R1's MCO and received an invoice from the MCO that exceeded $10,000 in unpaid costs in January of 2024. DRF-I indicated the facility withdrew the money from R1's IBT account and put the money in R1's RTA to cover the overdue care costs. DRF-I denied knowledge of why the care costs were not paid monthly to the MCO. DRF-I was unsure if POA-J was notified of the transactions or that R1's IBT account was closed. DRF-I stated the Business Office Manager who was responsible at the time no longer worked for the company.<br><br>On 2/24/25 at 2:40 PM, Surveyor interviewed POA-J who stated POA-J did not receive quarterly statements from the facility for either of R1's accounts. POA-J stated POA-J was informed that POA-J could request statements. POA-J stated the facility did not inform POA-J that R1's IBT account was closed. POA-J stated because R1's IBT account was closed, POA-J did not have the funds to help pay for R1's funeral expenses. POA-J was aware that R1's MCO had asked for overdue payments. POA-J stated POA-J instructed the MCO to talk to the facility because the facility was the rep-payee for R1. |

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| F 0607<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Develop and implement policies and procedures to prevent abuse, neglect, and theft.<br><br>49563<br><br>Based on staff interview and record review, the facility did not implement policies and procedures to prohibit and prevent abuse for 2 (Business Office Manager (BOM)-G and BOM-H) of 7 staff reviewed for background checks.<br><br>The facility did not ensure thorough background checks were completed upon hire for BOM-G and BOM-H.<br><br>Findings include:<br><br>The facility's Abuse, Neglect, Mistreatment and Exploitation policy, dated 7/15/22, indicates: .Screening: Potential employees will be screened for a history of abuse, neglect, exploitation, or misappropriation of resident property. 1. Background, reference, and credentials' checks shall be conducted on potential employees, contracted temporary staff, students affiliated with academic institutions, volunteers, and consultants. Background checks, including re-checks, will be completed consistent with applicable state laws and regulations .3. The facility will maintain documentation of proof that the screening occurred .<br><br>On 2/20/25, Surveyor reviewed a sample of employees for background checks, including BOM-G and BOM-H.<br><br>BOM-G was hired by the facility on 8/10/23. Background check information provided to Surveyor for BOM-G did not include a Department of Justice (DOJ) letter.<br><br>BOM-H was hired by the facility on 10/20/23. Background check information provided to Surveyor for BOM-H did not include DOJ or Integrated Background Information System (IBIS) letters.<br><br>On 2/20/25 at 4:29 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A who verified BOM-G's DOJ letter and BOM-H's DOJ and IBIS letters were missing. NHA-A indicated NHA-A expects DOJ and IBIS letters to be obtained for all staff prior to their first day of work. |

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| F 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43361<br><br>Based on staff interview and record review, the facility did not ensure neuro checks were completed post-fall in accordance with the facility's policy for 3 residents (R) (R2, R4, and R1) of 3 sampled residents.<br><br>Neuro checks were not completed per the facility's policy after R2, R4, and R1 had unwitnessed falls.<br><br>Findings include:<br><br>The facility's Fall Prevention and Management Guidelines policy, revised 7/18/24, indicates: When any resident experiences a fall the facility will: .2) Neuro checks for any unwitnessed fall or witnessed fall where a resident hits their head: Initially, then every hour x 3; Continue neuro checks every 4 hours x 6; then continue neuro checks every 8 hours x 6 or as indicated by the physician. Alert the Medical Doctor (MD) of any abnormal findings from neuro checks. Do not wait until the series is complete to notify the MD of abnormal findings.<br><br>1. On 2/19/25, Surveyor reviewed R2's medical record. R2 was admitted to the facility on [DATE] and had diagnoses including mild cognitive impairment, cognitive communication deficit, weakness, and difficulty in walking. R2's Minimum Data Set (MDS) assessment, dated 1/31/25, had a Brief Interview for Mental Status (BIMS) score of 12 out of 15 which indicated R2 had moderately impaired cognition. The MDS assessment also indicated R2 had 2 or more falls without injury since admission.<br><br>A care plan, dated 10/29/24, indicated R2 was at risk for falls due to weakness, impaired mobility, and impulsivity. The care plan also indicated R2 often self-transferred.<br><br>R2's medical record and Risk Management Reports indicated the following:<br><br>~A Risk Management Report, dated 11/10/24 at 9:30 AM, indicated R2 had an unwitnessed fall. Surveyor noted 9 of 16 neuro checks were completed and there were no documented neuro checks on the day of the fall (11/10/24). The first documented neuro check was on 11/11/24 at 11:22 AM.<br><br>~A Risk Management Report, dated 12/14/24 at 12:05 AM, indicated R2 had an unwitnessed fall. Surveyor noted there were 5 neuro checks missing before another fall occurred.<br><br>~A Risk Management Report, dated 12/15/24 at 7:09 AM, indicated R2 had an unwitnessed fall. The first documented neuro check was on 12/16/24 at 2:16 AM and 7 additional neuro checks were completed. The last neuro check was completed on 12/21/24 at 1:03 PM. If neuro checks were completed per the facility's policy, neuro checks would have been completed on the 12/18/24 AM shift. Surveyor noted 6 neuro checks were missing.<br><br>~A Risk Management Report, dated 12/28/24 at 7:10 PM, indicated R2 had an unwitnessed fall. The first documented neuro check was on 12/30/24 at 9:06 AM. Surveyor noted 2 of 16 neuro checks were completed.<br><br>(continued on next page) |

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| F 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | ~A progress note, dated 1/18/25 at 5:35 PM, indicated a Certified Nursing Assistant (CNA) entered R2's room and saw R2 sitting on a floor mat. A Risk Management Report, dated 1/18/24 at 7:20 PM, indicated R2 had an unwitnessed fall. There were no documented neuro checks for the fall.<br><br>2. On 2/19/25, Surveyor reviewed R4's medical record. R4 was admitted to the facility on [DATE] and had diagnoses including Alzheimer's disease, dementia with agitation, cognitive communication deficit, hemiplegia and hemiparesis (weakness and paralysis on one side of the body) following non-traumatic intracerebral hemorrhage affecting the right dominant side, aphasia (a language disorder that affects a person's ability to communicate effectively), epilepsy, weakness, and difficulty waking. R4's MDS assessment, dated 1/21/25, had a BIMS score of 0 out of 15 which indicated R4 was severely cognitively impaired.<br><br>A falls care plan, dated 1/1/25, indicated R4 was at risk for falls due to impaired mobility, impulsiveness, and a desire to remain as independent as possible.<br><br>R4's medical record and Risk Management Reports indicated the following:<br><br>~A progress note, dated 1/18/25 at 7:30 PM, indicated R4 was found on the floor by a CNA. A Risk Management Report for R4's fall on 1/18/25, dated 1/20/25 at 12:32 AM, indicated the first neuro check was not completed until 1/20/25 at 12:37 PM. Surveyor noted 12 of 16 neuro checks were completed.<br><br>~A Risk Management Report, dated 1/31/25 at 10:13 AM, indicated R4 had an unwitnessed fall. Surveyor noted 1 of 16 neuro checks were completed.<br><br>~A Risk Management report, dated 2/13/25 at 12:00 AM, indicated R4 had an unwitnessed fall. Surveyor noted 5 of 16 neuro checks were completed.<br><br>3. On 2/19/25, Surveyor reviewed R1's medical record. R1 was admitted to the facility on [DATE] and had diagnoses including epilepsy, obsessive compulsive disorder (OCD), post-traumatic stress disorder (PTSD), and anxiety disorder. R1's MDS assessment, dated 11/9/24, had a BIMS score of 15 out of 15 which indicated R1 had intact cognition. R1 had an activated Power of Attorney (POA) who assisted with healthcare decisions.<br><br>R1's Risk Management Reports indicated the following:<br><br>~A Risk Management Report, dated 12/26/24 at 8:36 PM, indicated R1 had an unwitnessed fall. R1 hit R1's head and sustained a forehead laceration. The report did not indicate initial neuro checks were completed. In addition, Surveyor noted 4 of 16 neuro checks were not completed.<br><br>~A Risk Management Report, dated 1/5/25 at 2:41 PM, indicated R1 had an unwitnessed fall. Surveyor noted 12 of 16 neuro checks were not completed.<br><br>~A Risk Management Report, dated 1/10/25 at 7:15 AM, indicated R1 had an unwitnessed fall. Surveyor noted 5 of 16 neuro checks were not completed.<br><br>(continued on next page) |

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| F 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On 2/19/25 at 1:40 PM, Surveyor interviewed Licensed Practical Nurse (LPN)-E who confirmed neuro check are not always completed. LPN-E indicated neuro checks are supposed to be on a User Defined Assessment (UDA) in the resident's electronic medical record (EMR) and are recorded in the EMR. LPN-E indicated LPN-E has tried to catch up on neuro checks that were not completed timely. LPN-E was not sure how long neuro checks should be completed post fall and indicated neuro checks were an issue with agency staff as well.<br><br>On 2/19/25 at 1:45 PM, Surveyor interviewed [NAME] President of Success (VPS)-F who indicated neuro checks are completed in the EMR by using UDAs. VPS-F indicated the Interdisciplinary Team (IDT) was educated last week on ensuring UDAs are completed timely, however, floor staff were not educated. VPS-F indicated nursing leaders are assigned different UDAs to complete each day to ensure they are completed timely. (Surveyor noted if a neuro check UDA is not completed timely, one cannot go back and complete it timely.) Director of Nursing (DON)-B was present during the interview and confirmed timely neuro checks should be completed after a fall. |