

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525343	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/07/2024
NAME OF PROVIDER OR SUPPLIER Evergreen Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 1250 Evergreen St Shawano, WI 54166	

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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38793</p> <p>Based on observation, staff interview, and record review, the facility did not ensure medications were appropriately stored for 2 Residents (R) (R1 and R4) of 8 sampled residents.</p> <p>R1 was prescribed an eye drop to be given daily as of 6/21/23. Registered Nurse (RN)-C administered the eye drops on 6/23/24 but did not return the eye drops to the locked medication cart. The eye drops were misplaced and R1 did not receive the eye drops as ordered for 9 days.</p> <p>On 8/7/24, Licensed Practical Nurse (LPN)-D left medication for R4 unattended on top of the medication cart.</p> <p>Findings include:</p> <p>The facility's Storage of Medication policy, revised 1/2024, states the medication supply shall be accessible only to licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medication.</p> <p>The facility's Medication Administration policy, dated 1/2024, states: Medication Administration: .17. During administration of medications, the medication cart is kept closed and locked when out of sight of the medication nurse. No medications are kept on top of the cart. The cart must be clearly visible to the personnel administering medications .</p> <p>1. On 8/7/24, Surveyor reviewed R1's medical record. R1 admitted to the facility on [DATE] with diagnoses including pneumonia, Sjogren's syndrome (inflammatory dry eye disease), and bacteremia. R1's most recent Minimum Data Set (MDS) assessment, dated 6/28/24, stated R1's Brief Interview for Mental Status (BIMS) score was 12 out of 15 which indicated R1 had moderate cognitive impairment. R1 was R1's own decision maker and discharged from the facility on 7/10/24.</p> <p>R1's admission orders included an order for fluorometholone ophthalmic suspension 0.1% one drop in both eyes daily for inflammation.</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: 525343	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/07/2024
NAME OF PROVIDER OR SUPPLIER Evergreen Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 1250 Evergreen St Shawano, WI 54166	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R1's Medication Administration Records (MARs) for June and July 2024 indicated R1's eye drops were administered as ordered on 6/22/24 and 6/23/24. The MAR contained documentation of other/not given/blank from 6/24/24 through 7/2/24 (a total of 9 days). R1's eye drops were then documented as administered from 7/3/24 through 7/10/24 when R1 discharged from the facility.</p> <p>Surveyor reviewed a grievance, dated 7/1/24, related to R1's eye drops. The former Director of Nursing (DON) indicated the pharmacy had issues obtaining the medication due to insurance. The grievance was documented as resolved on 7/2/24 when R1's replacement eye drops were delivered to the facility.</p> <p>On 8/7/24 at 1:15 PM, Surveyor interviewed Registered Nurse (RN)-C who verified RN-C administered R1's eye drops on 6/23/24 and set them down somewhere in R1's room. When RN-C went back to retrieve the eye drops, they were missing. A thorough room search was completed but the eye drops were not located.</p> <p>On 8/7/24 at 4:08 PM, Surveyor interviewed DON-B who verified staff misplaced R1's eye drops and it took until 7/2/24 to receive a new prescription for R1 due to insurance difficulties. DON-B stated the facility paid for R1's eye drop prescription replacement. DON-B confirmed RN-C should have put R1's eye drops in a secure location so they weren't misplaced.</p> <p>49563</p> <p>2. On 8/7/24 at 9:35 AM, Surveyor observed LPN-D prepare medication for R4. LPN-D placed vitamin D 1000 units, an iron tablet, atorvastatin 10 mg (milligrams), Jardiance 10 mg, spironolactone 25 mg, furosemide 40 mg, furosemide 20 mg, Eliquis 5 mg, Entresto 24 mg, and carvedilol 3.125 mg in a medication cup. LPN-D then left the cup of medication unattended on top of the medication cart while LPN-D filled a pitcher of water.</p> <p>On 8/7/24 at 9:54 AM, Surveyor interviewed LPN-D who stated LPN-D did not usually leave medication unattended but felt it was okay since Surveyor was there.</p> <p>On 8/7/24 at 4:16 PM, Surveyor interviewed DON-B who verified medication should not be left on top of the medication cart unattended. DON-B stated DON-B expects staff to lock the medication in the cart or carry the medication with them.</p>		