| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 525343 | A. Building<br>B. Wing | 05/22/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Evergreen Health Services | 1250 Evergreen St<br>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) |
|---|---|
| F 0657<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.<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 revise a plan of care to reflect current care needs for 1 resident (R6) of 12 sampled residents.<br><br>R6 had chronic gout and gout flare ups which were not included in R6's plan of care.<br><br>Findings include:<br><br>Between 5/20/24 and 5/22/24, Surveyor reviewed R6's medical record. R6 was admitted to the facility on [DATE] with a diagnosis of gout. R6's Minimum Data Set (MDS) assessment, dated 4/17/24, documented a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R6 had intact cognition.<br><br>On 5/20/24 at 9:51 AM, Surveyor interviewed R6 who stated R6's finger hurt and was swollen. R6 stated R6 was waiting for R6's doctor to come to the facility. Surveyor noted R6's right pointer finger was red from the tip to the first knuckle. R6 stated R6 put alcohol wipes on R6's finger, but R6 was out of alcohol wipes.<br><br>On 5/22/24 at 9:27 AM, Surveyor interviewed R6 who stated R6's finger felt better. R6 stated R6 did not have anymore pain and a nurse helped soak R6's finger. R6 stated R6 does not want to see a rheumatologist. R6 stated R6's gout flares up once in awhile and it's usually R6's right pinky and pointer fingers.<br><br>R6's medical record indicated the following:<br><br>~ A progress note, dated 10/31/23 at 1:29 PM, indicated: R6 complained of right pinky finger pain. R1's finger was swollen, red, and slightly warm. Writer spoke with physician who stated R6 had arthritis and gout and was seen a couple days ago for a different finger. The physician stated if R6's finger worsens or the pain does not resolve, R6 should be seen. Writer talked with R6 who was in agreement.<br><br>~ A physician note, dated 11/1/23, indicated: The physician spoke with staff related to R6's right hand and foot gout flare up. The physician prescribed prednisone (a steroid medication) for 5 days and alloperinol (a medication to help prevent or lower high uric acid levels in the blood) prophylactically due to R6's second gout flare up in a month.<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 |
|---|---|---|

| 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 05/22/2024 |
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| Evergreen Health Services | 1250 Evergreen St<br>Shawano, WI 54166 |

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| F 0657<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | ~ Physician notes, dated 12/1/23 and 12/8/23, indicated the physician saw R6 related to increased pain and swelling in the first and fifth fingers on the right hand. R6 was prescribed prednisone. A uric acid level was completed and R6 was referred to rheumatology.<br><br>~ A progress note, dated 3/13/24 at 12:47 PM, indicated: R6's right pinky finger was swollen, cherry red, and painful. R1 did not recall injuring the finger, had a history of gout, and wanted to be seen by a physician. R6 was afebrile and in pain.<br><br>~ A physician note, dated 3/14/24, indicated: R6 was seen for recurrent gout flare up. Staff made an appointment as recommended during R6's last flare up in December, but R6 refused the appointment. The physician again recommended R6 see rheumatology and R6 refused. R6 preferred to continue taking prednisone for flare ups.<br><br>On 5/22/24 at 11:32 AM, Surveyor interviewed Nurse Practitioner (NP)-E via phone who confirmed R6 had frequent gout flare ups and refused to see rheumatology. NP-E stated NP-E saw R6 on 5/17/24 and R6 did not mention anything regarding R6's finger. NP-E stated NP-E frequently saw R6 who was good about communicating concerns. NP-E stated there were limited options for R6 due to R6's poor kidney function and R6's refusal to see rheumatology.<br><br>R6's medical record did not contain a care plan regarding recurrent gout flare ups.<br><br>On 5/22/24 at 12:28 PM, Surveyor interviewed Director of Nursing (DON)-B who confirmed gout flare ups were a frequent problem for R6. DON-B confirmed R6 should have a care plan to monitor R6's recurrent gout. |

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| NAME OF PROVIDER OR SUPPLIER Evergreen Health Services | | STREET ADDRESS, CITY, STATE, ZIP CODE 1250 Evergreen St Shawano, WI 54166 | |

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| F 0755<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50479<br><br>Based on observation, staff interview, and record review, medication was not administered in accordance with the facility's policy for 1 resident (R) (R31) of 4 sampled residents.<br><br>Staff did not ensure R31's insulin was administered in accordance with the facility's policy for subcutaneous injections.<br><br>Findings include:<br><br>The facility's Medication Administration policy, dated 1/2023, indicates at section 7.22 Subcutaneous that the needle should be recapped using an appropriate safety device after withdrawing the medication dose.<br><br>Between 5/20/24 and 5/22/24, Surveyor reviewed R31's medical record. R31 was admitted to the facility on [DATE] with a diagnosis of diabetes mellitus.<br><br>R31 had the following medication orders:<br><br>~ Lantus Subcutaneous Solution 100 unit/ml (units/millimeter) (Insulin Glargine) Inject 40 international units (IU) subcutaneously one time a day.<br><br>~ Humalog Injection Solution 100 unit/ml (Insulin Lispro) Inject 10 units subcutaneously two times a day.<br><br>On 5/21/24 at 9:11 AM, Surveyor observed Licensed Practical Nurse (LPN)-I draw up 40 IU of Lantus subcutaneous solution in an insulin syringe. LPN-I did not recap the needle after withdrawing the medication from the vial. Surveyor observed LPN-I walk from the medication cart to the dining room with an uncapped needle.<br><br>On 5/21/24 at 9:12 AM, Surveyor observed LPN-I draw up 10 units of Humalog solution into an insulin syringe. LPN-I did not recap the needle after withdrawing the medication from the vial. Surveyor observed LPN-I walk from the medication cart to the dining room with an uncapped needle.<br><br>On 5/21/24 at 9:17 AM, Surveyor interviewed LPN-I who stated the practice is to recap the needle after drawing up medication.<br><br>On 5/21/24 at 11:37 AM, Surveyor interviewed Director of Nursing (DON)-D regarding the protocol for administering subcutaneous injections. DON-D stated staff should recap the needle after withdrawing the medication per the facility's policy. |

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| F 0757<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure each resident’s drug regimen must be free from unnecessary drugs.<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 monitoring for adverse reactions to high-risk medications for 2 residents (R) (R21 and R32) of 5 residents reviewed for unnecessary medications.<br><br>R21 and R32 were prescribed gabapentin (an anticonvulsant medication) for pain management. The facility did not monitor R21 and R32 for adverse reactions to gabapentin.<br><br>Findings include:<br><br>The facility's Medication Monitoring Medication Management Policy, dated 1/24, indicates: Each resident's drug regimen is reviewed to ensure it is free from unnecessary drugs, this includes any drug .without adequate monitoring .In order to optimize the therapeutic benefit of medication therapy and minimize or prevent potential adverse consequences, facility staff .perform ongoing monitoring for appropriate, effective, and safe medication use .The facility's medication management supports and promotes .The monitoring of medications for efficacy and adverse consequences. Procedures: The interdisciplinary team reviews the resident's medication regimen for efficacy and actual or potential medication-related problems on an ongoing basis .Effects of the medications are documented as a part of the care planning process.<br><br>Medline Plus.gov indicates gabapentin side effects include: drowsiness, tiredness, weakness, dizziness, headache, uncontrollable shaking, double or blurred vision, unsteadiness, anxiety, memory problems, unwanted eye movements, nausea, vomiting, heartburn, diarrhea, dry mouth, weight gain, swelling of hands, feet, ankles, or lower legs, fever, rash, itching, swelling of face, throat, tongue, lips or eyes, and difficulty breathing.<br><br>1. Between 5/20/24 and 5/22/24, Surveyor reviewed R21's medical record. R21 was admitted to the facility on [DATE] and had a diagnosis of back pain. R21's Significant Change Minimum Data Set (MDS) assessment, dated 3/20/24, indicated R21 had frequent pain and received scheduled pain medication.<br><br>R21's medical record indicated R21 had an order for gabapentin 300 mg (milligrams) for pain three times daily. R21's plan of care did not include adverse reaction/side effect monitoring for gabapentin.<br><br>2. Between 5/20/22 and 5/22/24, Surveyor reviewed R32's medical record. R32 had diagnoses including low back pain, osteoporosis, and opioid dependence. R32 had an order for gabapentin 100 mg two capsules by mouth three times daily for neuropathic pain (dated 2/1/24). R32's plan of care did not include adverse reaction/side effect monitoring for gabapentin.<br><br>On 5/22/24 at 10:37 AM, Surveyor interviewed Director of Nursing (DON)-B who stated staff did not monitor R21 and R32 for side effects of gabapentin because gabapentin was used for pain and not seizures. Surveyor showed DON-B R6's medical record. R6 had an order for gabapentin for pain and had monitoring interventions for adverse reactions/side effects in R6's plan of care. DON-B stated DON-B was not aware the facility should monitor for adverse reactions and side effects if gabapentin was used for pain management. |

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| NAME OF PROVIDER OR SUPPLIER Evergreen Health Services | | STREET ADDRESS, CITY, STATE, ZIP CODE 1250 Evergreen St Shawano, WI 54166 | |

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| F 0849<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services.<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 hospice services were coordinated for 2 residents (R) (R27 and R15) of 2 residents reviewed for Hospice services.<br><br>Hospice visit notes were kept in R27's room instead of in R27's medical record or a Hospice binder at the nurses' station.<br><br>Hospice visit notes were not kept in R15's medical record.<br><br>The facility did not have a designated person assigned to coordinate care for Hospice services.<br><br>Findings include:<br><br>The facility's Inpatient Hospice Services Agreement between Hospice Company (HC)-F and the facility, dated 8/10/23, indicated: Coordination of care: Hospice and Facility shall communicate with one another regularly and as needed for each particular Hospice patient. Each party is responsible for documenting such communications in its respective clinical records to ensure the needs of Hospice patients are met 24 hours a day.<br><br>The facility's Hospice-Nursing Facility Services Agreement with HC-F, dated 8/10/23, indicated: Facility shall designate a member of the interdisciplinary team (IDT) who is responsible for working with Hospice representatives to coordinate care to each Hospice patient provided by Facility and Hospice. The facility's designated interdisciplinary team member shall be responsible for: iv. Obtaining patient specific information from Hospice as required by applicable laws and regulations .The facility and Hospice will prepare and maintain complete medical records for Hospice patients receiving facility services in accordance with this agreement and will include all treatments, progress notes, authorizations, physician orders and other pertinent information. Copies of all documents of services provided by Hospice will be filed and maintained in the facility chart.<br><br>The facility's Hospice-Nursing Facility Agreement between HC-G and the facility, dated 9/23/14, indicated: The facility will designate a member of the facility's interdisciplinary team (IDT) who is responsible to work with Hospice personnel to coordinate care provided to the Hospice patient .The IDT member is responsible for the following: 4.2.1 .This includes establishing the manner of documenting the communication process between Hospice and the facility to ensure the needs of the Hospice patient are addressed and met 24 hours per day.<br><br>1. Between 5/20/24 and 5/22/24, Surveyor reviewed R27's medical record. R27 was admitted to the facility on [DATE] with diagnoses including endometrial and ovarian cancer, dementia, and encounter for palliative care. R27's Minimum Data Set (MDS) assessment, dated 4/12/24, documented a Brief Interview for Mental Status (BIMS) score of 7 out of 15 which indicated R27 had severely impaired cognition. R27 was admitted to the facility on Hospice services but changed to HC-F on 4/25/24.<br><br>(continued on next page) |

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| F 0849<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | ~ A progress note, dated 5/18/24 at 11:17 PM, indicated: Hospice saw R27 per daughter's request. R27 complained of abdominal pain, nausea, and constipation and had a 100.1 degree low-grade fever. A urinalysis (UA) was obtained and sent to the lab.<br><br>~ A progress note, dated 5/19/24 at 11:04 AM, indicated: Writer received a call from Hospice that they obtained a UA/UC (urine culture) via straight catheter on 5/18/24. Hospice called the lab and was informed the UA/UC was not run and a new one should be obtained. Writer spoke with Director of Nursing (DON)-B and the provider's office. Writer was instructed not to obtain a UA or administer antibiotics because R27 did not meet the criteria for a urinary tract infection (UTI). Writer spoke with Hospice and asked Hospice to speak with R27's Power of Attorney (POA) about the new orders and mediate the tension with R27's POA.<br><br>~ A progress note, dated 5/19/24 at 11:17 AM, indicated: Writer obtained R27's vital signs which were at baseline. R27 had bowel sounds in all 4 quadrants. R27's abdomen was distended. Miralax and senna were administered. R27 had medium-size stools that were hard with no complaints of nausea/vomiting, dizziness/lightheadedness, pain, or discomfort. Staff, R27, and R27's POA did not inform writer of any changes in urine or function.<br><br>On 5/21/24, Surveyor reviewed R27's Hospice binder at the nurses' station and noted R27's Hospice visit notes were not in the binder. Surveyor requested R27's Hospice notes.<br><br>On 5/21/24, Surveyor reviewed R27's handwritten Hospice visit notes which included a note written by a Hospice Registered Nurse (RN) on 5/18/24 that indicated: .Distended abdomen. Signs/symptoms of infection. Straight cathed and took urine to lab.<br><br>On 5/21/24 at 2:59 PM, Surveyor interviewed DON-B who stated R27's Hospice communication notes were located in R27's room in a binder. DON-B stated staff were unaware Hospice staff were writing care notes in a binder in R27's room. DON-B stated the binder would be moved to the nurses' station with the other residents' Hospice binders since the binder contained information about care that was provided to R27. When Surveyor asked about the recent progress notes regarding the UA/UC, DON-B indicated staff were initially unaware Hospice staff obtained a straight cath for R27 and texted R27's POA that R27 should start Bactrim. DON-B stated R27's POA then came to the facility and requested the facility order Bactrim. Staff then contacted R27's physician who ordered a culture and sensitivity which showed bacteria and R27 was started on an antibiotic. DON-B indicated HC-F was contacted and informed all orders must go through physician services.<br><br>2. Between 5/20/24 and 5/22/24, Surveyor reviewed R15's medical record. R15 was admitted to the facility on [DATE] with a diagnosis of encounter for palliative care. R15's MDS assessment, dated 4/3/24, documented a BIMS score of 2 out of 15 which indicated R15 had severely impaired cognition. R15 started services with HC-G on 12/29/23.<br><br>On 5/21/24, Surveyor reviewed R15's Hospice binder at the nurses' station and noted R15's Hospice notes were not in the binder. Surveyor requested R15's Hospice notes. The notes from HC-G indicated they were faxed on 5/21/24 at 9:32 AM.<br><br>(continued on next page) |

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| F 0849<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On 5/21/24 at 2:59 PM, Surveyor interviewed DON-B who indicated HC-G staff provided services to R15 and completed visit documentation on their phones. DON-B contacted HC-G who faxed R15's visit notes to the facility. DON-B stated DON-B told HC-G that R15's Hospice notes should be provided to the facility.<br><br>On 5/21/24 at 12:32 PM, Surveyor interviewed Social Worker (SW)-H who stated SW-H didn't do much with coordinating Hospice services. SW-H stated if the Hospice Social Worker visits SW-G communicates with them, but usually nursing staff ensure the day-to-day care.<br><br>On 5/21/24 at 2:59 PM, Surveyor interviewed DON-B and asked who was designated to ensure coordination of Hospice care for Hospice residents, including ensuring residents received the correct number of visits per week. DON-B indicated the designated person was SW-H. |

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F 0883

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Few

Develop and implement policies and procedures for flu and pneumonia vaccinations.

**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42423

Based on staff interview and record review, the facility did not ensure vaccines were reviewed, offered, and administered for 1 resident (R) (R20) of 5 sampled residents.

The facility did not provide R20 the full pneumococcal vaccine series.

Findings include:

Abbreviations (www.cdc.gov):

PCV13: 13-valent pneumococcal conjugate vaccine (Prevnar13(R))

PCV15: 15-valent pneumococcal conjugate vaccine (Prevnar15(R))

PCV20: 20-valent pneumococcal conjugate vaccine (Prevnar 20(R))

PPSV23: 23-valent pneumococcal polysaccharide vaccine (Pneumovax23(R))

The most recent Centers for Disease Control and Prevention (CDC) recommendations for pneumococcal vaccinations indicate: For adults [AGE] years or older who have only received PPSV23, the CDC recommends: Give 1 dose of PCV15 or PCV20. The PCV20 dose should be administered at least 1 year after the most recent PPSV23 vaccination. Regardless of if PCV20 is given, an additional dose of PPSV23 is not recommended since they already received it. For those who have received PCV13 and 1 dose of PPSV23, the CDC recommends you give 1 dose of PCV20 at least 5 years after the last pneumococcal vaccine. For adults [AGE] years or older who have received PCV13, give 1 dose of PCV20 or PPSV23 at least 1 year after PCV13. Regardless of vaccine used, their vaccines are then complete.

The facility's Pneumococcal Vaccine (Series) policy, with a revision date of 1/11/24, indicates: It is our policy to offer residents and staff immunization against pneumococcal disease in accordance with current CDC guidelines and recommendations. 1. Each resident will be assessed for pneumococcal immunization upon admission. Self-report of immunization shall be accepted. Any additional efforts to obtain information shall be documented, including efforts to determine date of immunization or type of vaccine received. 2. Each resident will be offered a pneumococcal immunization unless it is medically contraindicated, or the resident has already been immunized. Following review for any additional contraindications, the immunization may be administered in accordance with physician-approved standing orders .7. A pneumococcal vaccination is recommended for adults who have certain chronic medical conditions or other risk factors which may include: .c. Chronic heart disease, including congestive heart failure (CHF) and cardiomyopathies .e. Chronic lung disease, including chronic obstructive pulmonary disease (COPD), emphysema and asthma .k. Diabetes mellitus.

On 5/21/24, Surveyor reviewed R20's medical record. R20 was admitted to the facility 7/14/22 and was over [AGE] years old. R20 had diagnoses including acute on chronic systolic (congestive) heart failure, COPD, and type 2 diabetes mellitus with other circulatory complications. R20 had an activated Power of Attorney for Healthcare (POACH).

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| F 0883<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | R20's medical record contained a consent for the PCV13 vaccine. The form indicated: Pneumococcal disease is a serious disease that causes much sickness and death. The pneumococcal conjugate vaccine (PCV13) protects against 13 types of pneumococcal bacteria. The consent was signed by R20's POAHC and Assistant Director of Nursing (ADON)-D on 7/14/24. A handwritten note at the bottom of the consent indicated has not ever had. An order from R20's provider indicated: 11/8/22, Pneumovax 23 Injectable, Inject 1 dose intramuscularly. The order was confirmed by ADON-D.<br><br>A progress note, dated 7/9/22, indicated R20 wanted influenza/pneumonia/COVID vaccines and was placed on the schedule.<br><br>Surveyor reviewed the Wisconsin Immunization Registry (WIR) which indicated R20 was administered PPSV23 on 11/9/22. R20 did not receive the PCV13 vaccine. No other pneumococcal vaccines were noted on the WIR. The form also indicated: Vaccines Recommended: Pneumo-Poly: Recommended Now .The person is currently due for a dose of the vaccine.<br><br>On 5/21/24 at 11:55 AM, Surveyor interviewed Nursing Home Administrator (NHA)-A who indicated ADON-D completed a search of R20's vaccine history and stated, (R20) is not due yet. Surveyor reviewed the CDC guidelines with NHA-A and ADON-D which indicated for adults [AGE] years or older who have only received PPSV23, the CDC recommends: Give 1 dose of PCV15 or PCV20. The PCV20 dose should be administered at least 1 year after the most recent PPSV23 vaccination. Director of Nursing (DON)-B confirmed R20's record indicated R20 only had the PPSV23 vaccination to date and the consent signed by R20's POAHC was for the PCV13 vaccine.<br><br>On 5/21/24 at 12:42 PM, Surveyor interviewed R20's POAHC who confirmed R20's POAHC wanted R20 to receive the full pneumococcal vaccination series. |