

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525346	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/27/2025
NAME OF PROVIDER OR SUPPLIER  Williams Bay Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 146 Clover St Williams Bay, WI 53191	

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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49845</b></p> <p>Based on observation, interview and record review, the facility did not ensure 2 (R26 and R29) of 2 residents reviewed received adequate supervision, interventions to prevent accidents.</p> <p>* On 02/12/2025, R26 sustained an injury during a transfer resulting in a skin tear to left lower leg requiring R26 to go to the emergency room where Steri-Strips were applied to R26's wound. On 03/03/2025, R26 reinjured R26's left lower leg during a transfer which caused bleeding and R26 was prescribed an antibiotic for Cellulitis. On 03/26/2025, Surveyor observed staff improperly transfer R26.</p> <p>*There was no quarterly smoking assessment for R29 on a quarterly basis.</p> <p>Findings Include:</p> <p>The facility's policy, titled NSG-Safe Resident Handling and transfers, with a last reviewed date of 05/05/2022, documents: Policy: It is the policy of this facility to ensure that residents are handled and transferred safely to prevent or minimize risks for injury and provide and promote a safe, secure and comfortable experience for the resident while keeping employees safe in accordance with current standards and guidelines. Policy Explanation: All residents require safe handling when transferred to prevent or minimize the risk for injury to themselves and the employee that assist them. While manual lifting techniques may be utilized dependent upon resident's condition and mobility, the use of mechanical lifts are a safer alternative and should be used. Compliance Guidelines: . 5. Handling aids may include gait belt, transfer boards and other devices. 6. The staff will inspect the equipment prior to use to ensure functionality and will alert maintenance or other designee if the equipment is not functioning properly . 14. Resident lifting and transferring will be preformed according to the resident's individual plan of care.</p> <p>1.) R26 was admitted to the facility on [DATE] with diagnoses that include, Polyneuropathy, anxiety, and Chronic Pain Syndrome.</p> <p>R26's Annual Minimum Data Set (MDS), dated [DATE], documents R26 has a Brief Interview for Mental Status (BIMS) score of 15, indicating R26 is cognitively intact.</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
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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>R26's Annual MDS documents R26 did not exhibit behaviors, has impairment in bilateral lower extremities, uses a walker and wheelchair for mobility, requires substantial/maximal assist with sit to stand, is a partial/moderate assist with chair/bed-to-chair transfer, receives pain management with scheduled pain medication regimen, does not receive as needed pain medication, receives non-medication interventions for pain, frequency of pain is occasional, pain rarely effects sleep, pain rarely or not at all interferes with day-to-day activities, rates pain a 5 out of 10 and no documented skin tears.</p> <p>R26's Quarterly Minimum Data Set (MDS), dated [DATE], documents R26 has a BIMS score of 14, indicating R26 is cognitively intact, no behaviors exhibited, has impairment in bilateral lower extremities, uses a walker and wheelchair for mobility, is on a scheduled pain medication regimen, received as needed pain medication, did not receive non-medication interventions for pain, frequent pain frequency, does not interfere with sleep, occasionally interferes with day-to-day activities, rates pain 10 out of 10 on the pain scale, and has skin tear(s).</p> <p>Surveyor reviewed the Facility provided document, titled Care Plan Report, which documents: R26 has limited physical mobility with an intervention of transfer with assist of two using 2-wheel walker and gait belt.</p> <p>On 03/25/2025, at 09:11 AM, Surveyor interviewed R26. R26 informed Surveyor that during a transfer, the helper bumped R26's leg on the bed frame and indicated to Surveyor that this occurred twice. R26 informed Surveyor that R26 has been experiencing so much pain and does not want to lay in bed, but indicated the pain is bad causing R26 to stay in bed. R26 stated that R26 receives Tylenol but needs something stronger and informed Surveyor that R26 would be speaking with the wound doctor regarding the pain. R26 indicated that R26 has expressed being in pain to multiple staff. R26 informed Surveyor that R26's current pain is 5 out of 10 throbbing pain and pointed to R26's lower left leg that was wrapped in a gauze bandage. R26 informed Surveyor that it is hard for R26 to propel in R26's wheelchair due to the pain.</p> <p>Surveyor reviewed the facility provided document titled, Injury of Known Cause, dated 02/12/2025, which documents that Certified Nursing Assistant (CNA) reported that upon entering R26's room, there was a sheet on the ground saturated with blood. R26 had a deep skin tear to the front of R26's left leg with visible tissue. R26 states they hit their leg on the side of their bed while trying to transfer. R26 stated R26's leg hit on bed frame and was in pain.</p> <p>Under the Immediate action taken section it documents: R26's leg was wrapped to stop the bleeding, Emergency Medical Services (EMS) was called and R26 was sent out for further evaluation and treatment. Predisposing environmental factors documents, Furniture. Predisposing physiological factors documents, Weakness. Predisposing situation factors, documents, During Transfer. Other information documents, Noted: cap missing from bed frame exposing sharp edges of the metal.</p> <p>R26's late entry progress note dated 02/12/2025, documents that the clinical review determined root cause of injury was due to a missing cap from the metal frame of the residents' bed exposing, shard edges of metal piping. Under the Interventions section it documents that maintenance obtained the missing part from another bed not in use and placed on R26's bed.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Surveyor reviewed the facility provided document titled, Injury of Known Cause, dated 03/03/2025, which documents in part, R26's left lower extremity wound reopened transferring from wheelchair to bed with assistance. Lower left extremity made contact with metal bed frame. R26 states R26 hit leg on the bed. Immediate action taken documents, pressure applied to wound, leg elevated, nurses applied pressure dressing and called 911. Foam pool noodles applied to bed frame, R26 made a 2 assist for transfers. Predisposing environmental factors documents, None. Predisposing physiological factors documents, Gait Imbalance and Weakness. Predisposing situation factors, documents, During Transfer and Other. Other information documents, R26 has fragile, poor skin turgor and left lower extremity contacted metal bedframe during transfer from wheelchair to bed.</p> <p>Surveyor noted a progress noted as Late Entry, dated 03/03/2025, documents, root cause: R26's skin is very thin and fragile with area previously opened. R26's left lower extremity encountered metal bedframe re-opening existing skin injury. Intervention: replaced R26's bed frame with a rounded- frame design.</p> <p>Surveyor reviewed the After Visit Summary (AVS) for R26, dated 02/12/2025, Surveyor noted under Instructions documents, Please continue wound care at home. Please follow -up with your primary doctor. Return to ER for any worse concerning symptoms. Please change the dressing daily. The Steri-Strips will fall off on their own when the wound is healing.</p> <p>Surveyor reviewed the Facility provided wounds notes by VOHRA. Surveyor noted R26 was seen on 02/18/2025 by the wound doctor and was prescribed Doxycycline 100 mg for 14 days, for Cellulitis of skin tear to lower left extremity.</p> <p>On 03/26/2025, at 09:10 AM, Surveyor observed Licensed Practical Nurse (LPN)-E assisting R26 from R26's wheelchair to R26's bed. Surveyor noted, LPN-E did not use the use of R26's 2-wheel walker. During the transfer, R26 indicated R26 was too weak, and could not transfer. LPN-E then indicated LPN-E would go to get someone else to help.</p> <p>On 03/26/2025, at 09:26 AM, Surveyor observed Certified Nursing Assistant (CNA)-D and LPN-E assisted R26 into bed. Surveyor noted R26's 2-wheel walker was not utilized during the transfer. Surveyor asked CNA-D how R26 transfers. CNA-D indicated before R26's leg got hurt, R26 was a one assist, but now for safety, is an assist of 2. CNA-D and LPN-E indicated that R26's transfer status should be in care plan and indicates how R26 transfers.</p> <p>On 03/26/2025, at 11:17 AM, Surveyor interviewed NHA-A regarding R26's transfer injury. NHA-A indicated can't remember exactly when it occurred but stated there was a process in place before 3/12/25 for a new bed, and stated there were no issues getting the new bed for R26. NHA-A stated that pool noodles stayed in place until a new bed arrived for R26.</p> <p>On 03/26/2025, at 03:08 PM, Surveyor interviewed CNA-F. CNA-F indicated that CNA-F got R26 up this morning. CNA-F indicated that R26 is a 1 person assist and can bear weight.</p> <p>On 03/26/2025, at 02:30 PM, Surveyor informed the facility of the above concerns.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 03/27/2025, at 09:15 AM, Surveyor interviewed NHA-A and Director of Nursing (DON)-B. NHA-A indicated that on 02/12/2025, following R26's injury, an audit was conducted of how many beds had open metal, circular holes, that were missing the plastic piece where R26 had cut R26's leg. NHA-A provided Surveyor with a document with no title, dated 02/12/2025, which documents 45 missing plastic pieces between 31 beds. NHA-A indicated the replacements were ordered, but then had to order more due to being on back order.</p> <p>NHA-A provided Surveyor with another document, with no title, dated 03/03/2025, documents 3 beds with missing square hole covers. NHA-A indicated that after the 03/03/2025 incident, it was noticed that the bed also had square plastic pieces missing causing the metal to be exposed on R26's bed. The audit was completed, and the square hold covers were replaced. NHA-A indicated there are no current occupied beds with holes. DON-B informed Surveyor that DON-B started to distribute trainings, on safe transfers, last night after speaking with surveyor. DON-B informed Surveyor that therapy will be seeing R26 later today to re-evaluate transfer status but is currently a 2 assist, using a gait belt and two wheel walker.</p> <p>No additional information provided as to why R26 was not provided with assistant devices to prevent accidents.</p> <p>38829</p> <p>The facility's Smoking Policy implemented 5/2019 and last reviewed 9/10/24 documents:</p> <p>Policy: It is the policy of this facility to provide a safe and healthy environment for Residents, visitors, and employees, including safety as related to smoking. Safety protections apply to smoking and non-smoking Residents. This center shall establish and maintain a safe environment, while maintaining Resident rights, smoking or nicotine use will be limited to designated areas and safety plans.</p> <p>Policy Explanation and Compliance Guidelines:</p> <p>4. All Residents will be asked about tobacco/nicotine use during the admission process, and during each quarterly or comprehensive MDS assessment process.</p> <p>5. Residents who smoke or use nicotine or e-cigarettes will be further assessed, using the Nicotine Assessment UDA, to determine whether supervision is required for smoking, or if Resident is safe to smoke at all.</p> <p>2.) R29 was admitted to the facility on [DATE] with diagnoses of Paraplegia, Acquired Absence of Right Leg Above Knee, Polyneuropathy, Necrotizing Fasciitis, and Major Depressive Disorder.</p> <p>R29's Quarterly Minimum Data Set(MDS) completed 2/9/25 documents R29's Brief Interview for Mental Status(BIMS) score to be 15, indicating R29 is cognitively intact for daily decision making. R29's MDS documents no behaviors. R29 has no range of impairment on upper extremities and impairment on both sides of lower extremities. R29's Admission MDS completed 5/21/24 documents no tobacco use is documented.</p> <p>(continued on next page)</p>		

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<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49845</b></p> <p>Based on interview and record review, the facility did not ensure that 1 (R26) of 2 residents reviewed for pain management received pain management consistent with professional standards of practice and Resident choice related to pain management.</p> <p>* The facility did not provide as needed pain medication or offer non-pharmacological interventions on 03/07/2025 for R26. The facility did not confer with R26's healthcare team regarding documented ineffective pain medication and did not offer non-pharmacological pain interventions for R26 on 03/08/2025, 03/21/2025, and 03/25/2025.</p> <p>Findings:</p> <p>The facility's policy, titled Pain Management, with a last reviewed date of 08/09/2022, documents in part, . Pain Management and Treatment: . 2. Interventions for pain management will be incorporated into the components of the comprehensive care plan, addressing conditions or situations that may be associated with pain or may be included as a specific pain management need or goal. 6. Non-pharmacological interventions will include but are not limited to:</p> <p>a. Environmental comfort measures (e.g., adjusting room temperature, smoothing linens, comfortable seating, assistive devices or pressure redistributing mattress and positioning) b. Loosening any constrictive bandage, clothing or device.</p> <p>c. Apply splinting (e.g., pillow or folded blanket)</p> <p>d. Physical modalities (e.g., cold compress, warm shower/bath, massage, turning and repositioning)</p> <p>e. Exercises to address stiffness and prevent contractures as well as restorative nursing programs to maintain joint mobility</p> <p>f. Cognitive/behavioral interventions (e.g., music, relaxation techniques, activities, diversions, spiritual and comfort support, teaching the resident coping techniques and education about pain) . 7. i. Facility staff will notify the practitioner, if the resident's pain is not controlled by the current treatment regimen.</p> <p>1.) R26 was admitted to the facility on [DATE] with diagnoses that include Polyneuropathy, anxiety, and Chronic Pain Syndrome.</p> <p>R26's Annual Minimum Data Set (MDS), dated [DATE], documents R26 has a Brief Interview for Mental Status (BIMS) score of 15, indicating R26 is cognitively intact. R26's Annual MDS documents R26 did not exhibit behaviors, has impairment in bilateral lower extremities, uses a walker and wheelchair for mobility, requires substantial/maximal assist with sit to stand, is a partial/moderate assist with chair/bed-to-chair transfer, receives pain management with scheduled pain medication regimen, does not receive as needed pain medication, receives non-medication interventions for pain, frequency of pain is occasional, pain rarely effects sleep, pain rarely or not at all interferes with day-to-day activities, rates pain a 5 out of 10 and no documented skin tears.</p> <p>(continued on next page)</p>		

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<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R26's Quarterly Minimum Data Set (MDS), dated [DATE], documents R26 has a BIMS score of 14, indicating R26 is cognitively intact, no behaviors exhibited, has impairment in bilateral lower extremities, uses a walker and wheelchair for mobility, is on a scheduled pain medication regimen, received as needed pain medication, did not receive non-medication interventions for pain, frequent pain frequency, does not interfere with sleep, occasionally interferes with day-to-day activities, rates pain 10 out of 10 on the pain scale, and has skin tear(s).</p> <p>On 03/25/2025, at 09:11 AM, Surveyor interviewed R26. R26 informed Surveyor that while during a transfer, the helper bumped R26's leg on the bed frame and indicated this occurred twice. R26 informed Surveyor that R26 has been experiencing so much pain and does not want to lay in bed, but indicated the pain is bad causing R26 to stay in bed. R26 indicated that R26 receives Tylenol but needs something stronger and informed Surveyor that R26 would be speaking with the wound doctor regarding the pain. R26 indicated that R26 has expressed being in pain to multiple staff. R26 informed Surveyor that R26's current pain is 5 out of 10 throbbing pain and pointed to R26's lower left leg that was wrapped in a gauze bandage. R26 informed Surveyor that it is hard for R26 to propel in R26's wheelchair due to the pain.</p> <p>On 03/25/2025, at 02:30 PM, Surveyor checked in with R26. R26 informed Surveyor that R26's pain is now a 7 out of 10 pain and was given 2 Tylenol. R26 expressed to Surveyor that R26 was really wanting to get R26's hair done today but was in too much pain to get out of bed. Surveyor noted R26 to be in bed with a pillow under R26's left leg.</p> <p>On 03/26/2025, at 09:01 AM, R26 informed Surveyor that R26 is experiencing a 10/10 stabbing pain going down left shin and wants to lay down. Surveyor noted R26 starting to become tearful. R26 expressed to Surveyor, that the pain feels like someone taking a knife to R26's leg.</p> <p>On 03/26/2025, at 09:10 AM, Licensed Practical Nurse (LPN)-E was gowning up to help R26 get into bed. LPN-E indicated R26 was given Ibuprofen pain medication before breakfast, but it isn't helping. Surveyor asked LPN-E what non-pharmacological interventions are in place for R26's pain. LPN-E indicated propping R26's leg up in bed. LPN-E then asked R26 if R26 would like an ice pack. R26 said yes, and LPN-E indicated LPN-E would need to contact the Nurse Practitioner (NP) for an order for an ice pack.</p> <p>Surveyor reviewed progress notes and noted the following is documented, on 03/07/2025 at 10:16 PM, R26 began crying during medication pass due to complaints about need to use the toilet, resident has not been getting up for the toilet due to leg pain, reminded of this and resident denies, able to get up and take to bathroom without further concerns. C/o increased pain r/t leg.</p> <p>Surveyor reviewed R26's Medication Administration Record (MAR) and Treatment Administration Record (TAR) for March 2025. Surveyor noted that on 03/07/2025, no as needed pain medication was administered to R26. Surveyor noted R26's pain on 03/07/2025 was documented as 4 out of 10, 7 out of 10 and 2 out of 10. Surveyor noted on 03/08/2025 R26 was administered as needed pain medication, which was documented as ineffective.</p> <p>Surveyor reviewed progress notes and noted the following is documented, on 03/12/2025, at 07:15 PM, R26 reported not wanting to take R26's evening medications, stating it did absolutely nothing for me, R26 was reminded that stopping medications in the past had resulted in uncontrolled pain and R26 was encouraged to take her medications, but was admit about not taking the medications.</p> <p>(continued on next page)</p>		

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<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 03/27/2025, The Survey team exited with the Facility, no further information was provided at that time.</p>

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NAME OF PROVIDER OR SUPPLIER  Williams Bay Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE  146 Clover St Williams Bay, WI 53191	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>22692</p> <p>Based on record review and staff interview, the facility did not maintain an effective infection control program under which it investigates, controls, and prevents infections in the facility.</p> <p>* Total infection rates were not calculated accurately and rates of infection for individual infection types were not calculated. Since infection rates were not calculated it was not possible to analyze the data to determine if there was a rise in the prevalence of infections from month to month with a potential to affect 32 of 32 residents.</p> <p>* R33 was observed to receive treatment to her pressure injuries and proper hand hygiene was not used in accordance to the facilities policies and procedures.</p> <p>Findings include:</p> <p>1.) On 3/27/25 at 9:30 a.m., Surveyor interviewed Licensed Practical Nurse (LPN)-E who is in charge of the infection control program. LPN-E indicated that she does not calculate individual rates of infection and will count an infection in more than 1 month if it continues or is chronic. LPN-E indicated she just started separating the facility associated infection from the community based infections. LPN-E indicated she understood that if the infection rates are not calculated correctly it would be difficult to determine if their was an increase in infection rates from month to month.</p> <p>On 3/26/25, the facility's monthly infection rate surveillance summary reports from 9/24 to 2/25 were reviewed and did not include calculations for each individual type of infection only the numbers of infections. With the exception of 2/25 the total infection rates included community based infections and facility associated infections and included in the total rate of infections. The facility's monthly infection surveillance logs from 9/24 to 2/25 were reviewed and infections included in the rates of infection included infections from previous months and residents that have chronic infections due to multiple drug resistant organisms.</p> <p>On 3/26/25, the facility's policy titled Infection Surveillance dated 3/8/23 was reviewed an documented: Monthly time periods will be used for capturing and reporting data. Data will be used to show comparisons over time and will be monitored for trends.</p> <p>On 3/27/25 at 10:00 AM, Surveyor notified Nursing Home Administrator (NHA)-A and Director of Nurses (DON)-B of the above findings. Additional information was requested if available, however none was provided as to why the facility did not calculate rates of infection for each type of infection and only use new infections/health-care associated infections in their infection rate calculations.</p> <p>42037</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The facility's Hand Hygiene policy, dated 11/2/22, documents: All staff will perform hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors. This applies to all staff working in all locations in the facility .2. Hand hygiene is indicated and will be performed .after handling contaminated objects; before applying and after removing personal protective equipment (PPE), including gloves; before and after handling clean or soiled dressings, linens, etc.; before performing resident care procedures; when, during resident care, moving from a contaminated body site to a clean body site; and when in doubt.</p> <p>2.) R33 was observed with 2 unstageable pressure injuries to the buttocks. On 3/27/25 at 10:46 AM, Surveyor observed wound care performed by Registered Nurse (RN)-C. Director of Nursing (DON)-B was present in R33's room at this time to observe R33's wound care. Surveyor observed RN-C remove R33's 2 soiled wound dressings. RN-C cleansed each of R33's wounds with normal saline. RN-C did not remove their soiled gloves and perform hand hygiene prior to cleansing RN's wounds after removing soiled dressings. After cleansing R33's wounds, RN-C donned new gloves. RN-C did not perform hand hygiene after removing soiled gloves and donning new gloves. RN-C applied new dressings to R33's wounds. On 3/27/25 at 10:52 AM, RN-C removed soiled gloves and performed hand hygiene in R33's bathroom.</p> <p>On 3/27/25 at 11:10 AM, Surveyor conducted interview with DON-B. Surveyor asked DON-B what the facility's expectation would be for conducting hand hygiene during wound care for residents. DON-B told Surveyor that they had noticed RN-C not cleansing their hands throughout R33's wound treatments including when removing soiled gloves throughout treatment.</p> <p>Surveyor informed DON-B and Nursing Home Administrator (NHA)-A that RN-C did not conduct hand hygiene practices in accordance with facility's policy and procedure throughout R33's wound treatment on 3/27/25.</p> <p>No additional information was provided.</p>		

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<p>F 0909</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Regularly inspect all bed frames, mattresses, and bed rails (if any) for safety; and all bed rails and mattresses must attach safely to the bed frame.</p> <p>49845</p> <p>Based on observation, interview and record review, the Facility did not ensure proper inspection of resident beds.</p> <p>*On 02/12/2025 and 03/03/2025, R26 was injured during a transfer. The metal pieces of R26's bed did not have plastic caps to protect R26's shins and legs from the bed's sharp metal edges.</p> <p>Findings include:</p> <p>1.) Surveyor reviewed the Facility provided document titled, Injury of Known Cause dated 02/12/2025, that documents, that unnamed Certified Nursing Assistant (CNA) reported an R26's room, upon entering R26's room there was a sheet on the ground saturated with blood. R26 had a deep skin tear to the front of R26's left leg with visible tissue. R26 states they hit their leg on the side of their bed while trying to transfer. R26 states hit on bed frame and was in pain. Immediate action taken documents, R26's leg was wrapped to stop the bleeding, Emergency Medical Services (EMS) was called and R26 was sent out for further evaluation and treatment. Predisposing environmental factors documents, Furniture. Predisposing physiological factors documents, Weakness. Predisposing situation factors, documents, During Transfer. Other information documents, Noted: cap missing from bed frame exposing sharp edges of the metal.</p> <p>Surveyor noted a progress noted as Late Entry dated 02/12/2025, documents the clinical review determined root cause of injury was due to a missing cap from the metal frame of the residents' bed exposing, sharp edges of metal piping. Under the Intervention section it documents: Maintenance obtained the missing part from another bed not in use and placed on R26's bed.</p> <p>Surveyor reviewed the facility provided document titled, Injury of Known Cause dated 03/03/2025, which documents in part, R26's left lower extremity wound reopened transferring from wheelchair to bed with assistance. Lower left extremity made contact with metal bed frame. R26 states R26 hit leg on the bed. Immediate action taken documents, pressure applied to wound, leg elevated, nurses applied pressure dressing and called 911. Foam pool noodles applied to bed frame, R26 made a 2 assist for transfers. Predisposing environmental factors documents, None. Predisposing physiological factors documents, Gait Imbalance and Weakness. Predisposing situation factors, documents, During Transfer and Other. Other information documents, R26 has fragile, poor skin turgor and left lower extremity contacted metal bedframe during transfer from wheelchair to bed.</p> <p>Surveyor noted a progress noted as Late Entry, dated 03/03/2025, documents, root cause: R26's skin is very thin and fragile with area previously opened. R26's left lower extremity encountered metal bedframe re-opening existing skin injury. Intervention: replaced R26's bed frame with a rounded- frame design.</p> <p>On 03/26/2025, at 11:17 AM, Surveyor interviewed Nursing Home Administrator (NHA)-A regarding R26's transfer injury. NHA-A indicated can't remember exactly but started process days before 3/12/25 for new bed. no issues getting the new bed for resident. pool noodles stayed in place until new bed arrived. made an assist of 2 for transfers.</p> <p>(continued on next page)</p>		

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<p>F 0909</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 03/27/2025, at 09:15 AM, Surveyor interviewed NHA-A and Director of Nursing (DON)-B. NHA-A indicated that on 02/12/2025, following R26's injury, an audit was conducted of how many beds had open metal, circular holes, that were missing the plastic piece where R26 had cut R26's leg. NHA-A provided Surveyor with a document with no title, dated 02/12/2025, which documents 45 missing plastic pieces between 31 beds. NHA-A indicated the replacements were ordered, but then had to order more due to being on pack order. NHA-s provided Surveyor with another document, with no title, dated 03/03/2025, documents 3 beds with missing square hole covers. NHA-A indicated that after the 03/03/2025 incident, it was noticed that the bed also had square plastic pieces missing causing the metal to be exposed on R26's bed. The audit was completed, and the square hold covers were replaced. NHA-A indicated there are no current occupied beds with holes.</p> <p>On 03/27/2025, at 12:31 PM, Surveyor interviewed Maintenance Director-H. Maintenance Director-H indicated that beds are inspected quarterly, gap control and look for sharp edges. Maintenance Director-H indicated that the task does not specify to ensure end caps are in place. Maintenance Director-H indicated after R26's incidents, they started looking for end caps. Maintenance Director-H indicated after the first incident, circular plastic caps were identified and replaced, but some are still on back order.</p> <p>After the second incident, square caps were identified and indicated Maintenance Director-H didn't realize square caps were missing after the first incident. Maintenance Director-H indicated it was a problem throughout building, a lot missing, but not now. Maintenance Director-H informed Surveyor there are no current used beds that have missing caps. 48 missing caps after the first incident. Maintenance Director-H indicated being not really knowing the audit process and has only done 2-3 ever.</p> <p>No additional information was provided as to why the facility did not conduct regular inspections of R26's bed and bed frame.</p>		