

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525352	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/27/2024
NAME OF PROVIDER OR SUPPLIER Lancaster Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 1350 S Madison St Lancaster, WI 53813	

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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49434</p> <p>Based on interview and record review, facility staff did not adequately assess and treat pain and provide necessary care and services to attain or maintain the highest practicable physical well-being for 1 of 3 residents (R1) reviewed for pain.</p> <p>The facility failed to re-evaluate the effectiveness of R1's pain medication within one hour of being administered, failed to offer non-pharmacological interventions related to pain management, and failed to consult with R1's Medical Doctor when her pain rating was consistently above her goal rate of 2 out of 10.</p> <p>This is evidenced by:</p> <p>Facility did not provide a policy related to pain rating and pain assessment.</p> <p>R1 was admitted to the facility on [DATE] with diagnoses including, but not limited to: Type 2 diabetes, pain in right knee, pain in left knee, and other chronic pain.</p> <p>On 8/27/24 at 10:08 AM, Surveyor interviewed RR E (Resident Representative). RR E reported to Surveyor that R1 was not being given pain medications overnight. Additionally, RR E states that R1 has called her several times in pain and she feels R1's pain is not being properly controlled.</p> <p>On 8/27/24 at 11:29 AM, during an interview, R1 indicated the facility could be doing more for her pain management and that she is often in a lot of pain.</p> <p>R1's Significant Change in Status Minimum Data Set (MDS), dated [DATE], indicates a Brief Interview for Mental Status (BIMS) of 15, indicating she is cognitively intact. The MDS states R1 frequently experiences pain, affects R1's sleep, and interferes with R1's day-to-day activities almost constantly. R1 rated her pain at a 10 on a scale from 00-10 at the time of the pain assessment.</p> <p>Acetaminophen Oral Tablet (Acetaminophen). Give 650 mg by mouth every 4 hours as needed for Pain. Start date: 1/28/24. Hold date from 8/4/24 to 8/7/24. Discontinue date of 8/22/24.</p> <p>Acetaminophen Oral Tablet (Acetaminophen). Give 325 mg by mouth every 4 hours as needed for Pain. Start date: 1/28/24. Hold date from 8/4/24 to 8/7/24. Discontinue date of 8/22/24.</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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>ICE RIGHT SHOULDER 3 TIMES A DAY FOR 3 DAYS three times a day for 3 days. Start date: 8/3/24. End date: 8/6/24.</p> <p>Indicate level of pain using pain scale or PAINAD (Pain Assessment in Advanced Dementia Scale). If pain >(greater than) goal of 2, or s/s of pain noted, offer non-pharmacological pain interventions/medications/treatments prn (as needed). Three times a day. Start date: 1/29/24.</p> <p>Progress note dated 8/2/24 at 6:40 PM, indicates that staff were transferring the resident from her wheelchair to her bed, when the Hoyer lift (full body lift) malfunctioned, causing the resident to fall. Resident was sent to the emergency room at this time.</p> <p>Hospital discharge paperwork dated 8/2/24, indicates the resident was diagnosed with a closed, nondisplaced comminuted (broken into multiple pieces) fracture of shaft of right humerus (upper arm bone).</p> <p>R1's Physician Orders include, in part:</p> <p>8/3/24: ICE RIGHT SHOULDER 3 TIMES A DAY FOR 3 DAYS three times a day for 3 days. End date: 8/6/24.</p> <p>8/4/24: Hydrocodone-Acetaminophen Oral Tablet 5-325 MG (Hydrocodone-Acetaminophen) Give 2 tablets [sic] by mouth every 6 hours for pain for 3 days.</p> <p>8/3/24: Hydrocodone-Acetaminophen Oral Tablet 5-325 MG (Hydrocodone-Acetaminophen) Give 1 tablet by mouth every 4 hours as needed for right shoulder pain. Hold date from 8/4/24 to 8/7/24. Discontinue date 8/8/24.</p> <p>8/8/24: Oxycodone-Acetaminophen Oral Tablet 5-325 MG (Hydrocodone-Acetaminophen). Give 1 tablet by mouth every 4 hours as needed for pain. Discontinue date 8/13/24.</p> <p>8/13/24: Percocet Oral Tablet 7.5-325 MG (Oxycodone with Acetaminophen). Give 1 tablet by mouth every 4 hours as needed for pain related to other chronic pain. Discontinue date: 8/15/24.</p> <p>8/15/24: Percocet Oral Tablet 5-325 MG (Oxycodone with Acetaminophen). Give 1 tablet by mouth every 4 hours as needed for pain control. Discontinue date: 8/16/24.</p> <p>8/15/24: Percocet Oral Tablet 5-325 MG (Oxycodone with Acetaminophen). Give 2 tablet by mouth every 4 hours as needed for pain control. Discontinue date: 8/16/24.</p> <p>8/16/24: Percocet Oral Tablet 5-325 MG (Oxycodone with Acetaminophen). Give 2 tablet by mouth every 4 hours as needed for pain control. Discontinue date: 8/22/24.</p> <p>8/22/24: Percocet Oral Tablet 5-325 MG (Oxycodone w/ Acetaminophen) Give 1 tablet by mouth three times a day for pain. Discontinue date: 8/22/24 at 8:21 PM.</p> <p>8/22/24: Percocet Oral Tablet 5-325 MG (Oxycodone with Acetaminophen). Give 2 tablet by mouth every 4 hours as needed for pain control.</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>8/22/24: Acetaminophen Oral Tablet (Acetaminophen). Give 325 mg by mouth every 4 hours as needed for Pain.</p> <p>8/23/24: Tramadol HCL Oral Tablet 50 MG (milligrams) (Tramadol HCL) Give 1 tablet by mouth two times a day for pain for 14 days.</p> <p>R1's Medical Record includes, in part:</p> <p>8/3/24 AM- 10/10 pain reported</p> <p>8/4/24 AM- 10/10 pain reported</p> <p>8/5/24 AM- 8/10 pain reported</p> <p>8/5/24 PM- 10/10 pain reported</p> <p>8/6/24 AM- 8/10 pain reported</p> <p>8/7/24 AM- 7/10 pain reported</p> <p>8/7/24 PM- 8/10 pain reported</p> <p>8/9/24 AM- 10/10 pain reported</p> <p>On 8/9/24, R1 reported a pain scale of 10 out of 10 to the AM shift. According to the Medication Administration Record (MAR), at 12:44 AM, R1 was administered 1 tablet of Oxycodone-Acetaminophen as ordered and reports a pain scale of 7 out of 10 at the time of administration. R1's pain was Re-evaluated at 3:19 AM with a pain rating of 1. (Of note R1's pain was not re-evaluated within an hour or receiving her pain medication). At 7:50 AM, R1 was also administered 1 tablet of Oxycodone-Acetaminophen as ordered and reports a pain scale of 10 out of 10 at the time of administration. No re-evaluation of R1's pain was done. At 12:25 PM, R1 was administered 1 tablet of Oxycodone-Acetaminophen as ordered and reports a pain scale of 10 out of 10 at the time of administration. R1's pain was Re-evaluated at 3:25 PM with a pain rating of a 5. (Of note R1's pain was not re-evaluated within an hour or receiving her pain medication). At 4:09 PM, R1 was administered 1 tablet of Oxycodone-Acetaminophen as ordered and reports a pain scale of 7 out of 10 at the time of administration. R1's pain was Re-evaluated at 4:40 PM with a pain rating of a 5 out of 10. At 8:39 PM, R1 was administered 1 tablet of Oxycodone-Acetaminophen as ordered and reports a pain scale of 10 out of 10 at the time of administration. R1's pain was re-evaluated at 9:57 PM with a pain rating of a 5. (Of note R1's pain was not re-evaluated within an hour or receiving her pain medication)</p> <p>8/10/24 AM- 10/10 pain reported</p> <p>On 8/10/24 at 5:26 AM, R1's Nurse note states in part: .Tizanidine HCL (hydrochloride) oral tablet 2mg give 2mg by mouth every 8 hours as needed for muscle spasms separate from Percocet dose by at least 2 hours .</p> <p>8/13/24 AM- 8/10 pain reported</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>8/14/24 AM- 10/10 pain reported</p> <p>8/15/24 PM- 10/10 pain reported</p> <p>8/16/24 PM- 8/10 pain reported</p> <p>On 8/16/24, R1 reported a pain scale of 8 out of 10 to the PM shift. According to the MAR, R1 was administered 2 tablets of Percocet as ordered at 18:08 (6:08 PM) and reports a pain scale of 10 out of 10 at the time of administration. R1's pain was re-evaluated at 10:10 PM with a pain rating of 7, PRN administration was: effective, short duration. (It is important to note that her pain goal is to be under 2 out of 10).</p> <p>8/16/24 NOC (overnight/night shift)- 10/10 pain reported. According to the MAR, R1 was administered 2 tablets of Percocet as ordered at 23:21 (11:21 PM) and reports a pain scale of 10 out of 10 at the time of administration. R1's pain was re-evaluated at 12:17 AM with a pain rating of 6. PRN administration was: effective (It is important to note that her pain goal is to be under 2 out of 10).</p> <p>On 8/17/24, R1 reported a pain scale of 8 out of 10 to the AM shift. According to the MAR, at 11:26 AM, R1 was administered 2 tablets of Percocet as ordered and reports a pain scale of 8 out of 10 at the time of administration. R1's pain was re-evaluated at 1:37 PM with a pain rating of 4 PRN administration was: effective. (Of note R1's pain was not re-evaluated within an hour or receiving her pain medication)</p> <p>8/17/24 PM- 8/10 pain. According to R1's MAR, R1 was administered 2 Percocet as ordered at 16:02 (4:02 PM) and reports a pain scale of 8 out of 10 at the time of administration. R1's pain was re-evaluated at 5:46 PM with a pain rating of 4 PRN administration was: effective Of note R1's pain was not re-evaluated within an hour or receiving her pain medication). R1 then received 325 MG of acetaminophen as ordered at 18:12 (6:12 PM) with a pain scale reported as 9 out of 10. R1's pain was re-evaluated at 7:09 PM with a pain rating of 6 PRN administration was: effective. (It is important to note that her pain goal is to be under 2 out of 10).</p> <p>8/18/24 AM- 10/10 pain reported.</p> <p>8/19/24 AM- 10/10 pain reported.</p> <p>On 8/19/24, R1 reported a pain scale of 10 out of 10 to the AM shift. According to the MAR, at 3:00 AM, R1 was administered 2 tablets of Percocet as ordered and reports a pain scale of 7 out of 10 at the time of administration. R1's pain was Re-evaluated at 4:48AM, with a pain rating of 2. (Of note R1's pain was not re-evaluated within an hour or receiving her pain medication).</p> <p>At 7:54 AM, R1 was also administered 2 tablets of Percocet as ordered and reports a pain scale of 10 out of 10 at the time of administration. R1's pain was re-evaluated at 9:13 AM with a pain rating of 4. PRN administration was: effective. (It is important to note that her pain goal is 2 out of 10).</p> <p>8/21/24 AM- 7/10 pain reported.</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 8/21/24, According to the MAR, at 3:28 AM, R1 was administered 2 tablets of Percocet as ordered and reports a pain scale of 7 out of 10 at the time of administration. R1's pain was re-evaluated at 5:23 AM, pain rating of 0. (Of note R1's pain was not re-evaluated within an hour or receiving her pain medication.)</p> <p>At 7:39 AM, R1 was also administered 2 tablets of Percocet as ordered and reports a pain scale of 9 out of 10 at the time of administration. No follow up pain evaluation was completed for R1 after receiving this dose.</p> <p>At 12:11 PM, R1 was administered 2 tablets of Percocet as ordered and reports a pain scale of 10 out of 10 at the time of administration. R1's pain was re-evaluated at 1:06 PM with a pain rating of 4.</p> <p>8/22/24 AM- 10/10 pain reported</p> <p>8/23/24 AM- 10/10 pain reported</p> <p>On 8/23/24, According to the MAR, at 12:19 AM, R1 was administered 2 tablets of Percocet as ordered and reports a pain scale of 8 out of 10 at the time of administration. R1's pain was re-evaluated at 2:30 AM with a pain rating of 0. (Of note R1's pain was not re-evaluated within an hour or receiving her pain medication)</p> <p>R1 reports a pain scale of 10 out of 10 to the PM shift. At 4:08 PM, R1 was also administered 2 tablets of Percocet as ordered and reports a pain scale of 10 out of 10 at the time of administration. R1's pain was re-evaluated at 4:33 PM with a pain rating of 5. At 8:11 PM, R1 was administered 2 tablets of Percocet as ordered and reports a pain scale of 9 out of 10 at the time of administration. R1's pain was re-evaluated at 8:59 PM with a pain rating of 3.</p> <p>On 8/23/24 at 2:03 PM, a Progress Note was written, categorized as a Summary Note, which state that the resident's pain is controlled with scheduled and PRN pain medications.</p> <p>(It is important to note that R1's documentation provided to surveyor did not show the use of non-pharmacological interventions related to pain management such as ice, heat, repositioning, distraction etc..)</p> <p>Of note: Progress notes do not identify a notification to the physician or any further assessment or intervention after repeated reports of 10 out of 10 pain.</p> <p>8/24/24 AM- 10/10 pain reported</p> <p>8/25/24 AM- 9/10 pain reported</p> <p>(Of note: According to the physician order for pain scale every shift, R1 has a pain goal of less than 2. Also, on 8/23/24, R1 rated her pain 8 or higher on consecutive shifts. Record review shows that since returning to the facility, R1 has experienced 8 out of 10 pain at least once a day for 18 out of 22 days between 8/3/24 to 8/25/24.)</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>According to the MAR, on 8/27/24 at 12:35 PM, R1 was administered 2 tablets of Percocet as ordered and reports a pain scale of 9 out of 10 at the time of administration. R1's pain was re-evaluated at 2:14 PM, with a pain rating of 4. (It is important to note that facility staff did not re-evaluate resident pain within one hour and they did not meet her pain goal of 2 out of 10).</p> <p>At 4:40 PM, R1 was also administered 2 tablets of Percocet as ordered and reports a pain scale of 10 out of 10 at the time of administration. R1's pain was re-evaluated at 7:31 PM with a pain rating of 6. When the staff member reapproached R1 to assess pain medication effectiveness, R1 reports a pain scale of 9 out of 10.</p> <p>R1's August 2024 MAR indicates that her prescribed Tramadol was administered as ordered without a pain scale associated with its administration.</p> <p>On 8/27/24 at 11:11 AM, Surveyor interviewed PA F (Physician Assistant) who indicated that he would want to be notified of a patient with uncontrolled pain. PA F also indicated that the injury sustained by R1 is known to be very painful and take at least 6-8 weeks to heal, and sometimes even 12 weeks. PA F stated that as a result of R1's injury he placed an order that R1 cannot be transferred utilizing a Hoyer lift. (Of note: due to this order, R1 has been unable to get out of bed since the injury due to no suitable, safe alternatives for transfer in and out of bed).</p> <p>On 8/27/24 at 3:20 PM, Surveyor interviewed LPN C (Licensed Practical Nurse). Surveyor asked LPN C what she does if a resident reports a pain scale of 10 out of 10 pain. LPN C states, she gives them ordered pain medication and reassesses the resident in around 30 minutes. LPN C states she would also try repositioning and other non-pharmacological interventions as well as any PRN medications due to the severity of the pain. LPN C indicated that she did not document the type of non-pharmacological intervention or if the intervention was effective. Surveyor asked LPN C what her process is if a resident reports an additional pain scale of 10 out of 10. LPN C states she would continue with ordered interventions and notify the physician of the resident's uncontrolled pain. (Of note: there was only one non-pharmacological physician order that was effective for three days 8/3/24-8/6/24).</p> <p>On 8/27/24 at 3:40 PM, Surveyor interviewed RN D (Registered Nurse). Surveyor asked RN D what she does if a resident reports a pain scale of 10 out of 10 pain. RN D states, she would complete an assessment and assess for additional visual cues of pain and where the pain is located, look to see what medications they have ordered both scheduled and PRN, and offer non-pharmacological interventions since oral medications would not work immediately. RN D also states she should follow up with the resident around 30 minutes after administration of medication to assess effectiveness. Surveyor asked RN D what her process is if a resident reports an additional pain scale of 10 out of 10. RN D states, she should contact the physician and consider sending them for evaluation in the emergency room for uncontrolled pain. RN D also states that she should notify the physician that the resident has received all ordered pain medications without relief of severe pain.</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 8/27/24 at 4:30 PM, Surveyor interviewed DON B (Director of Nursing). Surveyor asked DON B what her expectations are for staff when a resident reports a pain scale of 10 out of 10. DON B states she would expect staff to administer ordered pain management medications and non-pharmacological interventions. She would also expect staff to follow-up with the resident within an hour to reassess pain. Surveyor asked DON B, what she expects from staff if a resident reports an additional pain scale of 10 out of 10 after initial interventions have time to become effective. DON B states, she would expect them to ask the resident if they want to be further evaluated in the emergency room for uncontrolled pain. DON B also states she would expect a physician to be contacted.</p> <p>The facility failed to re-evaluate the effectiveness of R1's pain medication within one hour of being administered, failed to offer non-pharmacological interventions related to pain management, and failed to consult with R1's Medical Doctor when her pain rating was consistently above her goal rate of 2 out of 10.</p>		