

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  07/24/2024
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 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>16692</p> <p>Based on interview and record review, the facility did not ensure each resident's drug regimen was free from unnecessary drugs. This occurred for 1 of 3 sampled residents (R6) who is prescribed a prophylactic antibiotic without adequate indications for its use.</p> <p>R6 returned from the hospital with an order for a prophylactic antibiotic (Cephalexin). No diagnosis was listed for this order. No stop date was listed for this order.</p> <p>This is evidenced by</p> <p>Facility policy and procedure entitled Antibiotic Stewardship Program, dated 11/18/22, states in part: Prescriptions for antibiotics shall specify the dose, duration, and indication for use.</p> <p>R6 was admitted to the facility with diagnoses that include chronic respiratory failure, respiratory failure with hypoxia, hypertension, congestive heart failure, chronic kidney disease, and Alzheimer disease.</p> <p>R6's Quarterly Minimum Data Set (MDS) assessment, dated 5/3/24, indicated that R6 had a Brief interview for Mental Status (BIMS) of 7 indicating severe cognitive impairment.</p> <p>R6's physician orders revealed an order dated 02/26/24. for Cephalexin Oral Tablet (Cephalexin)</p> <p>Give 125 mg by mouth one time a day for prophylactics.</p> <p>R6's care plan states in part: Has history of UTI . Monitor for side effects from antibiotic therapy and report to physician if present, . Has/At risk for respiratory impairment related to: ACUTE AND CHRONIC RESPIRATORY FAILURE WITH HYPOXIA, pneumonia .</p> <p>R6's pharmacy review, dated 06/29/24, states in part: Cephalexin 125 mg per day - no stop date letter/clarification.</p> <p>On 07/23/24 at 12:30 PM, Surveyor interviewed Assistant Director of Nursing (ADON) F and requested further information related to the reason R6 is on a prophylactic antibiotic.</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 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 07/23/24, ADON F provided documentation from R6's hospital discharge summary, dated 01/31/24, which states in part: Discharge medications include . Cephalexin 250 mg tablet, 125 mg, Oral, NIGHTLY.</p> <p>Review of R6's Medication Administration Record (MAR) reveals that Cephalexin 250 mg tablet 125 mg oral, nightly was started on 01/31/24. R6 has continued to receive this medication nightly since that date.</p> <p>On 07/24/24 at 8:32 AM, Surveyor interviewed ADON F who stated the resident was hospitalized for pneumonia and then after a short time was hospitalized again for pneumonia, but other than that they see no further information or indications for use of the prophylactic antibiotic.</p>		

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<p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46694</p> <p>Based on interview and record review, the facility failed to submit accurate data to Centers for Medicare and Medicaid Services (CMS) mandatory Payroll Based Journal (PBJ) for Quarter 4 2023, Quarter 1 2024, and Quarter 2 2024. This had the potential to affect all 38 residents.</p> <p>Findings:</p> <p>On 07/22/24 at 1:21 PM, Surveyor interviewed Business Office Manager (BOM) G about the low weekend staffing data and no Registered Nurse (RN) that was triggered in the PBJ report. Surveyor asked for the information that was submitted.</p> <p>On 07/23/24 at 9:46 AM, Surveyor interviewed BOM G and asked for the information submitted for the PBJ. BOM G replied, I thought that you already had that information, so I wasn't sure if I needed to print that out or not. Surveyor replied, I need to see what you submitted in order to know why it was triggered. BOM G replied, Yes, I will do that.</p> <p>On 07/23/24 at 10:23 AM, BOM G provided Surveyor with PBJ submitter Final File Validation Report to review.</p> <p>On 07/23/24 at 2:45 PM, Surveyor requested timecard punches and schedules from BOM G for the dates missing on the PBJ report.</p> <p>On 07/24/24 at 8:03 AM, Surveyor interviewed the Nursing Home Administrator (NHA) A regarding PBJ submission to CMS. NHA A replied, Our facility had switched from Kronos to Smartlink for time punches. This new system had a lot of new features, but you had to input all of the data up front to make the system work properly. Surveyor informed NHA A that the timecard punches were requested yesterday and that should clear up a few things. NHA A replied, Well, maybe, our agency staff were not punching properly so they would not get recognized as working 8 hours that day.</p> <p>On 07/24/24 at 8:09 AM, NHA A provided Surveyor with daily punches and schedules requested. Surveyor noted that there were holes in the daily punches, and it did not correlate with the facility schedules provided.</p> <p>On 07/24/24 at 8:31 AM, Surveyor reviewed the facility assessment which states: It is the goal of [NAME] Health Services (LHS) to maintain the highest level of care possible for our resident population. As such LHS remains committed to staff ratios that meet and exceed industry standards. Our current budgeted census is 30. The following is a breakdown of an average days staff ratios:</p> <p>Day shift nurses: 2 Day shift Certified Nursing Assistants (CNA): 4</p> <p>Eve shift nurses: 2 Eve shift CNA: 3</p> <p>Night shift nurses: 1 Night shift CNA: 2.</p> <p>(continued on next page)</p>		

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<p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 07/24/24 at 10:08 AM, Surveyor met with NHA A, Director of Nursing (DON) B, and [NAME] President of Success (VPS) H regarding staffing discrepancies. When reviewing the staff schedules with the timecard punches, NHA A was able to show Surveyor that the facility was short 8 hours RN coverage on 08/20/23 and 10/28/23. All of the other dates questioned by the offsite PBJ data were accounted for.</p> <p>VPS H replied, We had issues pulling agency hours from our program. It would show that the agency staff are here but would not formulate the number of hours worked. When this was recognized we did whole system sweep to correct this issue. VPS H showed Surveyor an email dated 03/05/24 that was sent out to all North Shore facilities that read, For 8 hr. RN coverage we extended nurse hours from 8 to 8.5 and for weekend staffing we do not have our administrative nurses working which lowers our overall coverage. 24-hour nursing coverage please look to see if we had agency on or admin staff that may have not been caught in PBJ reporting.</p> <p>On 8/5/24, Surveyor interviewed VPS H who had provided electronic documents showing PBJ entries for April, May, and June (Quarter 3) for all disciplines on the 1702D report. VPS H stated that the facility does audits of the 1702D PBJ report with a system check for Smartlink time entries for accurate submission for each building. The facility ensures manual entry of management RN hours so that it gets calculated for the total RN hours. VPS H indicates all weekend hours are in line with facility assessment staffing needs and do not show any low weekend staffing hours on the Quarter 3 audits.</p> <p>This is being cited as past noncompliance with the completed date of 03/05/24.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>47657</p> <p>Based on random observation, interview and record review, the facility did not maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and help to prevent the development and transmission of communicable diseases and infections.</p> <p>Staff did not perform hand hygiene when warranted when providing cares for 3 of 3 residents (R24, R27, and R3).</p> <p>Staff did not perform sanitizing of durable medical equipment to prevent the spread of infection when warranted between 2 residents (R3 and R24).</p> <p>This is evidenced by:</p> <p>The facility policy entitled Hand Hygiene revised on 11/02/22 states in part .</p> <p>All staff will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors.</p> <p>Either soap and water or alcohol-based hand rub before applying and after removing personal protective equipment, including gloves, before and after handling clean or soiled linens, and after handling items potentially contaminated with blood, body fluids, secretions or excretions.</p> <p>The facility was unable to provide a policy on sanitization of mechanical lifts between residents.</p> <p>Example 1</p> <p>On 07/23/24 at 6:51 AM, Surveyor observed Certified Nursing Assistant (CNA) D perform incontinence care on R27 with gloved hands. CNA D removed urine-soaked incontinent product, washed R27's frontal peri area without removing gloves and/or conducting hand hygiene.</p> <p>CNA D proceeded to open closet door to obtain clean clothing and assist with lower body dressing. CNA D then held R27's right hand with contaminated gloved hand. CNA D assisted R27 to sit on edge of bed to dress into a clean shirt. After supporting R27 to stand up, CNA D took urine-soaked incontinent product that was stuck to R27's buttocks and placed in garbage. Without removing contaminated gloves or conducting hand hygiene, CNA D cleansed R27's buttocks, pulled up clean incontinent product and pants with same contaminated gloves.</p> <p>On 07/23/24 at 12:38 PM, Surveyor interviewed CNA D regarding observation of no hand hygiene and glove change after conducting incontinence care and before touching resident and resident's clean clothing. CNA D stated, I must have been flustered and forgot.</p> <p>Example 2</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 - Few</p>	<p>On 07/23/24 at 10:27 AM, Surveyor observed CNA C perform incontinence care on R24. CNA C unsecured urine-soaked incontinent product, and cleansed R24's frontal peri area. CNA C proceeded to roll R24 onto left side, cleanse R24's buttocks and remove urine saturated incontinent product.</p> <p>Without removing contaminated gloves or conducting hand hygiene, CNA C placed a clean incontinent product securing it into place, pulled up R24's pants, secured mechanical lift sling and transferred R24 back to reclining wheelchair with the contaminated gloves.</p> <p>Example 3</p> <p>On 07/23/24 at 10:53 AM, Surveyor observed CNA E perform incontinence care on R3. CNA E removed urine-soaked incontinent product and placed a clean incontinent product securing it into place. Without removing contaminated gloves or conducting hand hygiene, CNA E pulled up R3's pants, secured mechanical lift sling and transferred R3 back to wheelchair.</p> <p>On 07/23/24 at 10:57 AM, Surveyor interviewed CNA C and CNA E regarding observations of lack of hand hygiene following incontinence care for R24 and R3. Both CNA C and CNA E stated the expectation would be to remove dirty gloves and conduct hand hygiene. CNA C and CNA E confirmed this was not completed per facility policy.</p> <p>On 07/23/24 at 1:32 PM, Surveyor interviewed Director of Nursing (DON) B and Assistant Director of Nursing (ADON) F regarding observation of lack of hand hygiene/glove change following incontinence care. Both DON B and ADON F acknowledged the expectation would be to remove gloves and conduct hand hygiene after incontinence care.</p> <p>Example 4</p> <p>On 07/23/24 at 10:27 AM, Surveyor observed CNA E remove mechanical lift, which had a vinyl bag with tub of sanitization wipes inside secured to lift, from hallway storage area and bring to R24's room to assist CNA C in performing incontinence care for R24. Surveyor did not observe sanitizing of mechanical lift prior to or following transfer of R24 to and from wheelchair to bed and back to wheelchair.</p> <p>CNA E brought mechanical lift back to hallway storage area. Surveyor conducted constant observation of mechanical lift.</p> <p>On 07/23/24 at 10:53 AM, Surveyor observed CNA E take same mechanical lift to R3's room to perform incontinence care. Surveyor did not observe sanitization of mechanical lift prior to or after transferring R3 to and from wheelchair, to bed and back to wheelchair, and placing the lift in the hallway storage area.</p> <p>On 07/23/24 at 10:57 AM, Surveyor interviewed CNA C and CNA E regarding observations of lack of sanitizing mechanical lift between R24 and R3. Both CNA C and CNA E stated the expectation would be to sanitize lifts between residents. CNA C and CNA E confirmed this was not completed.</p> <p>On 07/23/24 at 1:38 PM, Surveyor interviewed DON B and ADON F regarding observation of lack of sanitization of mechanical lifts between residents. Both acknowledge the expectation would be to sanitize each lift between resident use.</p>		