

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525353	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/13/2024
NAME OF PROVIDER OR SUPPLIER Stevens Point Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 1800 Sherman Ave Stevens Point, WI 54481	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40342</p> <p>Based on staff interview and record review, the facility did not ensure bathing assistance was provided for 1 Resident (R) (R1) of 4 sampled residents.</p> <p>R1 did not receive 3 of 10 scheduled showers between the dates of 4/23/24 and 7/10/24.</p> <p>Findings include:</p> <p>On 8/13/24, Surveyor reviewed R1's medical record. R1 was admitted to the facility on [DATE] with diagnoses including chronic obstructive pulmonary disease (COPD) (a chronic inflammatory lung disease that causes obstructed airflow from the lungs) and diabetes mellitus (a disease in which blood sugar levels are too high). R1's Minimum Data Set (MDS) assessment, dated 6/13/24, stated R1's Brief Interview for Mental Status (BIMS) score was 10 out of 15 which indicated R1 had moderate cognitive impairment. R1's MDS assessment indicated R1 required the assistance of staff for bathing. R1 was hospitalized on [DATE], returned to the facility on [DATE], was hospitalized on [DATE], returned to the facility on [DATE], and passed away at the facility on 7/10/24. R1 was responsible for R1's healthcare decisions</p> <p>R1's medical record indicated R1 was to receive a shower at least once weekly. R1 was scheduled to receive a shower each Wednesday. Of the 10 Wednesdays R1 resided at the facility, the facility's documentation indicated R1 did not receive R1's scheduled showers on 5/8/24, 5/22/24, 6/5/24, and 6/12/24. The facility's documentation indicated R1 refused showers on 5/28/24 and 5/15/24.</p> <p>Documentation from R1's Hospice group indicated R1 refused showers offered by Hospice staff on 6/10/24 and 6/12/24.</p> <p>On 8/13/24 at 1:15 PM, Surveyor interviewed Director of Nursing (DON)-B who stated R1 often refused care. DON-B stated blanks in shower documentation indicated R1 did not receive a shower. DON-B stated DON-B expects residents to be offered/provided a shower/bath at least once weekly.</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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40342</p> <p>Based on staff interview and record review, the facility did not ensure accurate administration of medication for 1 Resident (R) (R1) of 4 sampled residents.</p> <p>R1 did not consistently receive pain medication timely or accurately as ordered by R1's physician.</p> <p>Findings include:</p> <p>The facility's Medication Administration policy, dated 1/2024, indicates: Medications are administered as prescribed in accordance with manufacturers' specifications, good nursing principles and practices . Medications are administered in accordance with written orders of the prescriber .Medications are administered within 60 minutes of their scheduled time .</p> <p>On 8/13/24, Surveyor reviewed R1's medical record. R1 was admitted to the facility on [DATE] with diagnoses including chronic obstructive pulmonary disease (COPD) (a chronic inflammatory lung disease that causes obstructed airflow from the lungs), lung cancer, and bone cancer. R1's Minimum Data Set (MDS) assessment, dated 6/13/24, stated R1's Brief Interview for Mental Status (BIMS) score was 10 out of 15 which indicated R1 had moderate cognitive impairment. R1's medical record indicated R1 passed away at the facility on 7/10/24.</p> <p>R1's medical record contained the following physician orders:</p> <p>~ Oxycodone (used to treat moderate to severe pain) 5 mg (milligrams) Give 1 tablet by mouth every 4 hours for pain</p> <p>~ Oxycodone 5 mg Give 5 mg by mouth every 6 hours as needed (PRN) for pain *please do not administer with scheduled dose of oxycodone</p> <p>Surveyor reviewed a Medication Admin Audit Report for R1 which listed the medications R1 received from 6/7/24 through 6/18/24. The Medication Audit Report indicated R1's scheduled doses of oxycodone were given late on the following dates:</p> <p>~ On 6/10/24, R1's 8:00 AM dose of oxycodone was administered at 9:21 AM.</p> <p>~ On 6/12/24, R1's 4:00 PM dose of oxycodone was administered at 6:49 PM.</p> <p>~ On 6/15/24, R1's 12:00 PM dose of oxycodone was administered at 1:15 PM.</p> <p>~ On 6/15/24, R1's 4:00 PM dose of oxycodone was administered at 5:18 PM.</p> <p>~ On 6/16/24, R1's 4:00 PM dose of oxycodone was administered at 5:35 PM.</p> <p>~ On 6/17/24, R1's 8:00 AM dose of oxycodone was administered at 9:16 AM</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>~ On 6/17/24, R1's 4:00 PM dose of oxycodone was administered at 6:09 PM.</p> <p>~ On 6/17/24, R1's 8:00 PM dose of oxycodone was administered at 9:53 PM.</p> <p>~ On 6/18/24, R1's 12:00 PM dose of oxycodone was administered at 1:28 PM.</p> <p>In addition, the Medication Audit Report indicated R1's scheduled 8:00 AM dose of oxycodone was administered with R1's PRN dose of oxycodone at 7:27 AM on 6/11/24.</p> <p>On 8/13/24 at 3:40 PM, Surveyor interviewed Director of Nursing (DON)-B who stated scheduled medications should be given within one hour before or after their scheduled time. Following a discussion of the above information from R1's Medication Audit Report, DON-B verified R1's scheduled doses of oxycodone were not administered timely and staff should not have administered R1's scheduled dose of oxycodone with a PRN dose on 6/11/24.</p>		