

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 02/11/2025
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40342</p> <p>Based on staff and resident representative interview and record review, the facility did not ensure a resident representative was notified of a change in condition for 1 resident (R) (R1) of 4 sampled residents.</p> <p>R1 experienced an overall decline including changes in transfer ability and eating habits during November and December of 2024. The changes were not communicated to R1's court-appointed Guardian.</p> <p>Findings include:</p> <p>The facility's Change in Condition of the Resident policy, revised 9/20/22, indicates: A facility should immediately inform the resident, consult with the resident's physician, and notify, consistent with his or her authority, the resident representative(s) when there is a significant change in the resident's physical, mental or psychosocial status (that is deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); or a need to alter treatment .4. Notify the resident's family/responsible party as applicable and in accordance with the resident's wishes .</p> <p>On 2/11/25, Surveyor reviewed R1's medical record. R1 was admitted to the facility on [DATE] and had diagnoses including unspecified dementia (a group of symptoms associated with a decline in memory severe enough to reduce a person's ability to perform everyday activities). R1's Minimum Data Set (MDS) assessment, dated 9/20/24, had a Brief Interview for Mental Status (BIMS) score of 8 out of 15 which indicated R1 had moderate cognitive impairment. R1's medical record contained a BIMS score of 3 out of 15 (completed on 1/7/25) that indicated R1 had severe cognitive impairment. R1 had a court-appointed Guardian who was responsible for R1's healthcare decisions. R1 was emergently transferred to a hospital on 1/9/25 and did not return to the facility.</p> <p>R1's medical record indicated the following:</p> <p>~On 10/1/24, R1 weighed 207.6 pounds (lbs).</p> <p>~On 11/1/24, R1 weighed 194 lbs (which was a 6.55% loss).</p> <p>~On 12/4/24, R1 weighed 184.5 lbs (which was a 4.90% loss).</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
---	-------	-----------

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 02/11/2025
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>~On 1/6/25, R1 weighed 158 lbs (which was a 14.36% loss).</p> <p>R1's medical record indicated on the morning of 1/9/25, staff found R1 unresponsive except to painful stimuli. R1 had a fever of 103 degrees Fahrenheit (F) and mottling (patchy irregular discoloration of the skin which occurs when the heart is no longer able to pump blood effectively) on the lower extremities. R1 was immediately transferred to the hospital.</p> <p>A note in R1's medical record, dated 1/9/25, indicated R1's Guardian was upset with a lack of communication in the previous weeks regarding R1's care.</p> <p>On 2/11/25 at 8:13 AM, Surveyor interviewed Certified Nursing Assistant (CNA)-C who indicated R1 was a little confused, had a good appetite, and was able to walk with assistance when R1 was admitted to the facility. CNA-C indicated during the last month or so of R1's stay, R1 had a harder time communicating with staff, often refused to eat, and would shut (R1's) mouth and shake (R1's) head when staff attempted to assist R1 with eating.</p> <p>On 2/11/25 at 11:25 AM, Surveyor interviewed CNA-D who indicated R1's transfer ability changed a month or more prior to R1's transfer to the hospital. CNA-D indicated R1 was able to walk with assistance and then required a mechanical lift for transfers. CNA-D indicated staff document transfer ability every shift and stated, I think (R1) declined because (R1's) dementia advanced.</p> <p>On 2/11/25 at 11:30 AM, Surveyor interviewed Medication Technician (MT)-E who indicated MT-E provided care to R1 on 1/9/25 when R1 was transferred to hospital. MT-E indicated R1 had a fever and did not look well when MT-E administered R1's AM medications. MT-E immediately informed the nurse and R1 was transferred to the hospital.</p> <p>On 2/11/25, Surveyor reviewed R1's care plan which indicated R1 required the assistance of one staff and a gait belt for transfers. The care plan did not indicate R1's ability to walk and did not indicate R1 needed a mechanical lift for transfers.</p> <p>On 2/11/25, Surveyor reviewed CNA documentation related to R1's meal intakes for November 2024, December 2024, and January 2025 which indicated a decline in intake over time including an increased number of meal refusals.</p> <p>On 2/11/25, Surveyor reviewed CNA documentation related to R1's transfers for November 2024, December 2024, and January 2025. At the beginning of November, R1 more often required limited assistance (R1 was highly involved in the activity and staff provided guided maneuvering of limbs or other non-weight-bearing assistance) to extensive assistance (R1 was involved in the activity but staff provided weight-bearing support) of one to two staff for transfers. Documentation in December indicated R1 more often required total dependence (R1 was unable to participate in the activity and required full-staff performance) with the assistance of two staff for transfers. Documentation in January indicated R1 required total dependence on two staff for transfers.</p> <p>(continued on next page)</p>		

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 02/11/2025
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 2/11/25 at 11:55 AM, Surveyor interviewed Nurse Practitioner (NP)-F who was one of R1's primary care providers. NP-F could not recall if NP-F was notified by staff of R1's change in transfer status. NP-F was aware of R1's weight loss. NP-F indicated staff notified NP-F of R1's acute change of condition on 1/9/25 and NP-F ordered a hospital transfer. NP-F verified staff should have notified NP-F of R1's change in transfer status. NP-F indicated if NP-F had been notified, NP-F would have considered ordering therapy. NP-F indicated R1 likely had a decline related to dementia and indicated a goals of care conversation could have also been initiated. NP-F verified R1's medical record did not indicate a goals of care conversation was completed with R1's Guardian during the last months of R1's stay. NP-F reviewed R1's hospital records which indicated R1 was discharged from the hospital with Hospice services on 1/21/25 to the home of a family member. NP-F stated R1 passed away on 1/27/25.</p> <p>On 2/11/25 at 12:50 PM, Surveyor interviewed Director of Nursing (DON)-B with [NAME] President of Success (VPS)-G and Nursing Home Administrator (NHA)-A. DON-B indicated the facility's Interdisciplinary Team (IDT) reviews at risk resident records weekly, including meal intake documentation. DON-B stated, I was told some days they (staff) used a lift (mechanical lift for transfers) on (R1). DON-B indicated CNA staff are expected to tell a nurse when a resident's transfer status changes and the nurse is expected to update the resident's care plan. VPS-G verified a therapy consultation should be considered if a resident's transfer ability declines. VPS-G verified R1's medical record did not indicate a goals of care conversation was held with R1's Guardian when R1's general mentation and transfer ability declined and R1 refused to eat. VPS-G verified staff should have had a goals of care conversation with R1's Guardian regarding R1's overall decline.</p>		

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 02/11/2025
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40342</p> <p>Based on observation, staff interview, and record review, the facility did not consistently monitor nutrition intake for 1 resident (R) (R1) of 4 sampled residents.</p> <p>R1 experienced a significant weight loss. Staff did not consistently monitor or document R1's meal intake to determine if nutritional interventions were effective.</p> <p>Findings include:</p> <p>The facility's Weight Monitoring policy, revised 12/21/22, indicates: The interdisciplinary team will strive to prevent, monitor, and intervene for undesirable weight change for our residents .8. The threshold for significant weight change will be based on the following criteria .a. 1 month - 5% weight change is significant; greater than 5% is severe .</p> <p>On 2/11/25, Surveyor reviewed R1's medical record. R1 was admitted to the facility on [DATE] and had diagnoses including unspecified dementia (a group of symptoms associated with a decline in memory severe enough to reduce a person's ability to perform everyday activities). R1's Minimum Data Set (MDS) assessment, dated 9/20/24, had a Brief Interview for Mental Status (BIMS) score of 8 out of 15 which indicated R1 had moderate cognitive impairment. R1's medical record contained a BIMS score of 3 out of 15 (completed on 1/7/25) that indicated R1 had severe cognitive impairment. R1 had a court-appointed Guardian for healthcare decisions. R1 was emergently transferred to a hospital on 1/9/25 and did not return to the facility.</p> <p>R1's medical record indicated the following:</p> <p>~On 10/1/24, R1 weighed 207.6 pounds (lbs).</p> <p>~On 11/1/24, R1 weighed 194 lbs (which was a 6.55% loss).</p> <p>~On 12/4/24, R1 weighed 184.5 lbs (which was a 4.90% loss).</p> <p>~On 1/6/25, R1 weighed 158 pounds (which was a 14.36% loss).</p> <p>R1's medical record indicated the facility's Registered Dietitian (RD) was updated regarding R1's weight changes and ordered nutritional supplements.</p> <p>On 2/11/25 at 8:13 AM, Surveyor interviewed Certified Nursing Assistant (CNA)-C who indicated R1 was a little confused, had a good appetite, and was able to walk with assistance when R1 was admitted to the facility. CNA-C indicated during the last month or so of R1's stay, R1 had a harder time communicating with staff, often refused to eat, and would shut (R1's) mouth and shake (R1's) head when staff attempted to assist R1 with eating.</p> <p>(continued on next page)</p>		

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 02/11/2025
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 2/11/25, Surveyor reviewed CNA documentation related to R1's meal intakes for November 2024, December 2024, and January 2025 which indicated R1 had a decline in meal intake over time including an increased number of meal refusals. The documentation contained missing information for 38 of 207 meals which was 18.36% of meals.</p> <p>On 2/11/25 at 12:50 PM, Surveyor interviewed Director of Nursing (DON)-B who indicated staff are expected to document meal intake for every meal. DON-B indicated the facility's Interdisciplinary Team (IDT) reviews at risk resident records weekly, including meal intake documentation. DON-B verified the missing documentation should have been noted and addressed by the IDT during their reviews.</p>		