

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/18/2024
NAME OF PROVIDER OR SUPPLIER  Randolph Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 502 S High St Randolph, WI 53956	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 42038</p> <p>Based on observation, interview, and record review, the facility did not ensure residents were treated with dignity and respect in an environment that promotes an enhanced quality of life which affected 1 of 15 residents reviewed (R1).</p> <p>R1 reported to Surveyor that her vision is poor and that she clicks her glass against her plate in order to know where to set it, but she is unable to do that because the facility had given her a Styrofoam plate.</p> <p>Evidenced by:</p> <p>The facility's policy titled Resident Rights last reviewed on 7/2022 states in part, .12. The resident has a right to live in this facility and receive services with reasonable accommodation of needs and preferences except when to do so would endanger the health and safety of the resident or other residents .</p> <p>R1 was admitted to the facility on [DATE] with diagnoses that include vascular dementia (decline in cognitive function), glaucoma (eye condition that damages the optic nerve), and age- related Macular Degeneration-bilateral (vision impairment in both eyes caused by deterioration of the retina).</p> <p>R1's most recent Minimum Data Set (MDS) dated [DATE] states that R1 has a Brief Interview of Mental Status (BIMS) of 8 out of 15, indicating that R1 has moderate cognitive impairment. The MDS also indicates that R1's vision is highly impaired and wears glasses.</p> <p>R1's care plan dated 10/2/23 states in part:</p> <p>.Focus: Impaired vision as evidenced by need for glasses and assistance r/t (related to) glaucoma, Macular Degeneration. Goal: Will have ADL (Activities of Daily Living) needs met with staff assistance as needed. Interventions/ Tasks: Encourage to wear glasses .Glasses. Provide ADL assistance as needed .Resident has tendency of wearing glasses on head and then forgets where she put them. Staff remind her of this when it happens .</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 12/10/24 at 11:39 AM, Surveyor was making an observation of the lunch meal. R1 reported to Surveyor that she missed having a glass dessert plate so she knows where she is placing her milk glass, so she doesn't spill. R1 reported that she taps the glass against the plate. Surveyor noted that R1's dessert was on a Styrofoam plate.</p> <p>On 12/10/24 at 11:45 AM, Surveyor interviewed DA I (Dietary Aide). Surveyor asked DA I why some residents are using Styrofoam plates and others are using glass plates, DA I stated that she just wanted to make sure that there would be enough glass plates for the hall carts.</p> <p>On 12/11/24 at 4:01 PM, Surveyor interviewed DM J (Dietary Manager). Surveyor asked DM J if she was familiar with R1 and if she had any deficits, DM J stated that R1 cannot see very well. Surveyor asked DM J if the dietary staff were aware of R1's poor vision, DM J stated yes and that staff tell R1 where her food is located on the plate, cut up food, and gets R1 lots of chocolate milk. Surveyor asked DM J how staff is made aware of a resident's preferences, DM J stated that they are usually listed on their diet slips. Surveyor reviewed R1's diet slip with DM J; no preferences were listed on R1's diet slip. Surveyor asked DM J if the kitchen had enough glass plates for every resident, DM J stated yes. Surveyor asked DM J if she was aware of R1's preference for a glass plate, DM J stated that all residents should have glass plates.</p> <p>R1's preference is to have a glass plate and R1 was served dessert on a Styrofoam plate.</p>

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42038</b></p> <p>Based on observation, interview, and record review, the facility did not ensure that all alleged violations involving abuse are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and Adult Protective Services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures for 1 of 20 (R22) reviewed for abuse.</p> <p>R22 was noted to have a significant bruise to his right eye. The facility failed to report an injury of unknown origin to the State Agency.</p> <p>Evidenced by:</p> <p>The facility's policy titled Abuse, Neglect and Exploitation last reviewed on 7/15/22 states in part, .IV. Identification of Abuse, Neglect, and Exploitation .B. Possible indicators of abuse include, but are not limited to: 1. Resident, staff or family report of abuse. 2. Physical marks such as bruises or patterned appearances such as a handprint or ring mark on a resident's body. 3. Physical injury of a resident, of an unknown source . VII. Reporting/ Response .1. Reporting of all alleged violations to the Administrator, state agency, adult protective services, and to all other required agencies (e.g. law enforcement when applicable) within specified timeframes: a. Immediately, but no later than 2 hours after the allegation is made, if the events that caused the allegation involve abuse or result in serious bodily injury, or b. Not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in bodily injury .</p> <p>R22 was admitted to the facility on [DATE] with diagnoses that include heart failure, chronic kidney disease stage 2 (long term condition where the kidneys become damaged), and peripheral vascular disease (disorder that affects blood vessels).</p> <p>R22's most recent Minimum Data Set (MDS) dated [DATE] states that R22 has a Brief Interview of Mental Status (BIMS) of 11 out of 15, indicating that R22 is mildly cognitively impaired. R22's MDS also indicates that R22 is dependent on staff for toileting, bathing, lower body dressing, and transfers and requires substantial/ maximal assistance in rolling from side to side in bed.</p> <p>On 12/10/24 at 9:27 AM, Surveyor interviewed R22. Surveyor noted that R22 had a bruise to his right eye that went from the upper corner of his eye down to underneath his eye. The bruise is yellow green at the upper corner and purple underneath R22's eye. Surveyor asked R22 how he got the bruise to his eye, R22 stated it just showed up.</p> <p>Surveyor requested the facility's investigation documentation of R22's bruise.</p> <p>The facility's investigation indicates that they interviewed 2 CNAs and 2 nurses. The interviews are as follows:</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>11/24/24 at 1:30 PM - CNA: Interview Summary: Unsure- if rolling from side to side his outer eye may have hit the rail.</p> <p>11/24/24 at 2:00 PM - CNA: Interview Summary: Maybe when someone was cleaning his eyes.</p> <p>11/24/24 at 10:00 PM - RN: Investigation Summary: Writer and other RN in at 5:00 AM to give suppository PR (per rectum). No bruise observed this AM. Resident holds siderail with turns. Head was not near siderail.</p> <p>11/25/24 at 10:00 AM - DON B (Director of Nursing): Res (resident) has long thick fingernails. He may have scratched his eye with them, also has severe coughing episodes every AM, may have broke [sic] a blood vessel.</p> <p>On 12/11/24 at 10:52 AM, Surveyor interviewed RN H (Registered Nurse). Surveyor asked RN H what she knows about the bruise on R22's right eye, RN H stated that she was unsure how he got it, but R22 is turned and repositioned a lot so he may have bumped it. Surveyor asked RN H how she was made aware of the bruise, RN H stated that it was passed on in report.</p> <p>On 12/11/24 at 10:58 AM, Surveyor interviewed DON B. Surveyor asked DON B what the process is when a resident is noted to have a bruise. DON B stated that when it gets reported, the facility investigates, identify possible ways that the resident got the bruise, ask the resident about the bruise, ask about staff treatment, update the MD (Medical Doctor) and family. DON B reported that if they are able to figure out how the bruise was obtained, they add interventions to the care plan and educate staff. Surveyor asked DON B if R22's bruise would be considered an injury of unknown origin, DON B stated that in the beginning it probably was. Surveyor asked DON B if R22's bruise was reported to the State Agency, DON B stated that after completing their investigation, they decided that it didn't need to be reported. Surveyor asked DON B what the timeframe is for reporting potential abuse, DON B stated within 2 hours.</p> <p>The facility failed to report an injury of unknown origin to the State Agency.</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42038</b></p> <p>Based on observation, interview, and record review, the facility did not ensure that in response to allegations of abuse, neglect, exploitation, or mistreatment, that alleged violations are thoroughly investigated for 1 of 20 residents (R22) reviewed for abuse.</p> <p>R22 was noted to have a significant bruise to his right eye. The facility failed conduct a thorough investigation.</p> <p>Evidenced by:</p> <p>The facility's policy titled Abuse, Neglect and Exploitation last reviewed on 7/15/22 states in part, .IV. Identification of Abuse, Neglect, and Exploitation .B. Possible indicators of abuse include, but are not limited to: 1. Resident, staff or family report of abuse. 2. Physical marks such as bruises or patterned appearances such as a handprint or ring mark on a resident's body. 3. Physical injury of a resident, of an unknown source . V. Investigation of Alleged Abuse, Neglect and Exploitation A. An immediate investigation is warranted when allegation or suspicion of abuse, neglect or exploitation, or reports of abuse, neglect or exploitation occur. B. Written procedures for investigation include: 1. Identifying staff responsible for the investigation .3. Investigating different types of alleged violations; 4. Identifying and interviewing all involved persons, including the alleged victim, alleged perpetrator, witnesses, and others who might have knowledge of the allegation(s); 5. Focusing the investigation on determining if abuse, neglect, exploitation, and/ or mistreatment has occurred, the extent, and cause; and 6. Providing complete and thorough documentation of the investigation .</p> <p>R22 was admitted to the facility on [DATE] with diagnoses that include heart failure, chronic kidney disease stage 2 (long term condition where the kidneys become damaged), and peripheral vascular disease (disorder that affects blood vessels).</p> <p>R22's most recent Minimum Data Set (MDS) dated [DATE] states that R22 has a Brief Interview of Mental Status (BIMS) of 11 out of 15, indicating that R22 is mildly cognitively impaired. R22's MDS also indicates that R22 is dependent on staff for toileting, bathing, lower body dressing, and transfers and requires substantial/ maximal assistance in rolling from side to side in bed.</p> <p>On 12/10/24 at 9:27 AM, Surveyor interviewed R22. Surveyor noted that R22 had a bruise to his right eye that went from the upper corner of his eye down to underneath his eye. The bruise is yellow green at the upper corner and purple underneath R22's eye. Surveyor asked R22 how he got the bruise to his eye, R22 stated it just showed up.</p> <p>Surveyor requested the documentation of the facility's investigation of R22's bruise.</p> <p>The facility's investigation indicates that they interviewed 2 CNAs and 2 nurses. The interviews are as follows:</p> <p>11/24/24 at 1:30 PM - CNA: Interview Summary: Unsure- if rolling from side to side his outer eye may have hit the rail.</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>11/24/24 at 2:00 PM - CNA: Interview Summary: Maybe when someone was cleaning his eyes.</p> <p>11/24/24 at 10:00 PM - RN: Investigation Summary: Writer and other RN in at 5:00 AM to give suppository PR (per rectum). No bruise observed this AM. Resident holds siderail with turns. Head was not near siderail.</p> <p>11/25/24 at 10:00 AM - DON B (Director of Nursing): Res (resident) has long thick fingernails. He may have scratched his eye with them, also has severe coughing episodes every AM, may have broke [sic] a blood vessel.</p> <p>On 12/11/24 at 10:58 AM, Surveyor interviewed DON B. Surveyor asked DON B what the process is when a resident is noted to have a bruise. DON B stated that when it gets reported, the facility investigates, identify possible ways that the resident got the bruise, ask the resident about the bruise, ask about staff treatment, update the MD (Medical Doctor) and family. DON B reported that if they can figure out how the bruise was obtained, they add interventions to the care plan and educate staff. Surveyor asked DON B if R22's bruise would be considered an injury of unknown origin, DON B stated that in the beginning it probably was. Surveyor asked DON B if she had interviewed any staff from the previous shifts, DON B stated that they didn't because they determined that it was fine and that nothing had happened and that R22 stated that nothing had happened. Surveyor asked DON B if they had interviewed any other residents, DON B stated no.</p> <p>The facility failed to complete a thorough investigation regarding the bruise to R22's eye, including interviews from additional staff and other residents.</p>

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50228</p> <p>Based on interview and record review, the facility failed to ensure that services provided by the facility meet professional standards of quality for 2 of 5 residents (R26 and R23) reviewed for unnecessary medications.</p> <p>R26 is receiving Melatonin for sleep and did not have a sleep assessment, sleep tracking, or a sleep care plan.</p> <p>R23 is receiving Melatonin for sleep and did not have a sleep assessment, sleep tracking, or a sleep care plan.</p> <p>This is evidenced by:</p> <p>Example 1:</p> <p>R26 was admitted to the facility on [DATE] with diagnoses that include, in part: Anxiety disorder (significant/uncontrollable feelings of anxiety); vascular dementia (type of dementia (decline in cognitive abilities) caused by decreased blood flow to the brain), without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety and Bipolar Disorder.</p> <p>R26's Minimum Data Set (MDS) dated [DATE] indicates a Brief Interview for Mental Status (BIMS) of 6, indicating severe cognitive impairment.</p> <p>R26's physician orders include, in part: Melatonin 10mg (milligrams) by mouth at bedtime for insomnia related to bipolar disorder-order date 10/24/24.</p> <p>R26's care plan does not include a problem, goal, and interventions for sleep.</p> <p>Surveyor requested a policy on sleep and R26's sleep assessment and monitoring documentation. Documentation was not provided.</p> <p>On 12/12/24 at 1:19 PM, Surveyor interviewed DON B (Director of Nursing) and asked if residents receiving medication for sleep have an assessment and tracking of their sleep. DON B stated yes, for anyone on a prescription medication, not for over the counter medications. Surveyor asked if DON B would expect that residents receiving Melatonin would have a comprehensive sleep assessment, sleep tracking, and a care plan for sleep. DON B stated yes.</p> <p>50698</p> <p>Example 2</p> <p>R23 was admitted to the facility on [DATE] and has the following diagnoses which include: generalized anxiety disorder (significant/uncontrollable feelings of anxiety), insomnia (difficulty falling or staying asleep), post traumatic stress disorder (response to trauma), and vascular dementia (type of dementia (decline in cognitive abilities) caused by decreased blood flow to the brain).</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R23's most recent Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 11/15/24 indicates R23's cognition is intact with a Brief Interview for Mental Status (BIMS) score of 14 out of 15.</p> <p>R23's Physicians Orders as of 12/12/24 includes in part: Melatonin oral tablet, 10mg (milligrams) by mouth at bedtime for insomnia. Start date 10/24/23 .</p> <p>On 12/12/24 at 10:00 AM, Surveyor reviewed R23's Medical Record and observed the record does not contain a comprehensive sleep assessment or tracking/monitoring of sleep.</p> <p>On 12/12/24 at 10:30 AM, Surveyor also reviewed R23's care plan and observed at that time the care plan did not contain goals or interventions related to use of Melatonin, creating a positive sleep environment, or monitoring for sleep.</p> <p>On 12/12/24 at 1:19 PM, Surveyor interviewed DON B (Director of Nursing). DON B indicated she would expect a comprehensive sleep assessment to be done, expect to have a care plan completed about sleep, and would expect to have sleep monitoring for residents on Melatonin.</p>

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<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 42038</p> <p>Based on observation, interview, and record review, the facility did not ensure that residents admitted without a pressure injury (PI) did not develop pressure injuries unless clinically unavoidable and did not ensure residents are provided cares and services consistent with professional standards of practice to prevent the development of PI for 1 of 4 residents (R22) reviewed for pressure injuries.</p> <p>R22 developed a stage 3 PI on his coccyx. The facility failed to implement a turning/ repositioning schedule that staff adhered to in order to prevent a stage 3 pressure injury and a second pressure injury from developing. Staff also did not implement the wound care treatment orders that were ordered by the physician.</p> <p>Evidenced by:</p> <p>The American Medical Directors Association (AMDA) clinical practice guideline entitled, 'Pressure Ulcers and Other Wounds,' dated 2017, states in part: .A pressure ulcer (Injury) is localized damage to the skin or underlying soft tissue, usually over a bony prominence or related to a medical or other device. The ulcer may present as intact skin or as an open ulcer and may be painful. The ulcer occurs as a result of intense or prolonged pressure or pressure in combination with shear .Recognition: Early recognition of pressure ulcers and of any risk associated with the development of pressure ulcers and other wounds is critical to their successful prevention and management .Assessment: The purpose of the assessment is to collect enough information to evaluate the patient's general condition, characterize a pressure ulcer; and identify related causes and complications.</p> <p>The National Pressure Injury Advisory Panel (NPIAP) at <a href="http://www.NPIAP.com">www.NPIAP.com</a> defines PIs in the following categories:</p> <p>Category/Stage II: Partial thickness loss - Partial thickness loss of dermis presenting as a shallow open ulcer with a red pink wound bed, without slough. May also present as an intact or open/ruptured serum-filled or serosanguinous filled blister.</p> <p>Category/Stage III: Full thickness skin loss - Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscles are not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling. The depth of a Category/Stage III pressure ulcer varies by anatomical location.</p> <p>The facility's policy titled Pressure Injuries and Non pressure Injuries last reviewed on 7/20/2022, states in part .Stage 3 Pressure Injury: Full- thickness loss of skin, in which adipose (fat) is visible in the ulcer and granulation tissue and epibole (rolled wound edges) are often present .Additional Skin Impairment Definitions: Moisture Associated Skin Damage: inflammation of the skin and erosion from prolonged exposure to moisture and its [sic] contents. Common sources of moisture include urine and stool, perspiration, wound exudate, and effluent from an ostomy .2. Weekly: a. Complete a head-to-toe skin check and document findings on the Skin Review .If new areas are present: i. notify MD (Medical Doctor) ii. Notify resident/ responsible party iii. Initiate treatment per order .</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>R22 was admitted to the facility on [DATE] with diagnoses that include heart failure, chronic kidney disease stage 2 (long term condition where the kidneys become damaged), and peripheral vascular disease (disorder that affects blood vessels).</p> <p>R22's most recent Minimum Data Set (MDS) dated [DATE] states that R22 has a Brief Interview of Mental Status (BIMS) of 11 out of 15, indicating that R22 is mildly cognitively impaired. R22's MDS also indicates that R22 is dependent on staff for toileting, bathing, lower body dressing, and transfers and requires substantial/ maximal assistance in rolling from side to side in bed.</p> <p>R22's care plan dated 6/15/23 states in part:</p> <p>.Focus: At risk for alteration in skin integrity related to: limited mobility. Goal: Skin will remain intact, free from erythema (redness of the skin), breakdown, or bruising until next review. Interventions/ Tasks: Air Mattress (date initiated: 11/12/24). Barrier cream to peri area/ buttocks as needed. Encourage to reposition as needed; use assistive devices as needed. Float heels as able. Use pillows/ positioning devices as needed. Wheelchair arm adjustment, reassess with padding needs .</p> <p>R22's care plan dated 11/13/24 states in part:</p> <p>.Focus: The resident has a pressure ulcer on sacrum r/t (related to) immobility. Goals: The resident's pressure ulcer will show signs of healing and remain free from infection by/ through review date. Interventions/ Tasks: Administer medications as ordered. Monitor/ document for side effects and effectiveness. Administer treatments as ordered and monitor for effectiveness. Educate the resident/ family/ caregivers as to cause of skin breakdown; including: transfer/ positioning requirements; importance of taking care during ambulating/ mobility, good nutrition, and frequent repositioning. Follow facility policies/ protocols for the prevention/ treatment of skin breakdown. If the resident refuses treatment, confer with the resident, IDT (Interdisciplinary Team) and family to determine why and try alternative methods to gain compliance. Document alternative methods. Inform the resident/ family/ caregivers of any new area of skin breakdown. Monitor dressing every shift and PRN (as needed) to ensure it is intact and adhering. Report lose [sic] adhering dressing to treatment nurse .</p> <p>The facility's document titled Repositioning Tracker B Wing is a document completed by the CNAs on the unit and lists the residents name, need, Night Aides &amp; Nurse, Day Aides &amp; Nurse, and PM Aides &amp; Nurse. The form instructs staff to indicate the times that the residents were repositioned (R), toileted (T), toileted and repositioned (T/R), and if heels were floated (F).</p> <p>It is important to note that the documentation provided does not include what task was provided for R22. The standard of practice is to reposition every 2 hours.</p> <p>The Repositioning Tracker for R22 states that the need is to check/ change/ repo (reposition) Q (every) 2 hrs. (hours). The following is documentation of non-compliance (it is important to note the night shift is listed first on the document):</p> <p>October 4, 2024: 4:00 AM, 6:30 AM, 9:00 AM, 11:10 AM, 12:45 PM, 4:20 PM, 6:30 PM, 8:45 PM.</p> <p>October 5, 2024: 11:30 PM . 10:00 AM, 12:30 PM, 2:30 PM, 4:50 PM, 6:00 PM, 8:00 PM</p> <p>October 6, 2024: 11:00 PM .6:15 AM, 8:40 AM .3:30PM, 6:00 PM</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/18/2024
NAME OF PROVIDER OR SUPPLIER  Randolph Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE  502 S High St Randolph, WI 53956	

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F 0686  Level of Harm - Actual harm  Residents Affected - Few	October 7, 2024: 6:45 AM, 9:30 AM .1:15 PM, 3:45 PM, 5:00 PM, 7:30 PM, 9:40 PM October 8, 2024: 11:30 PM, 2:00 AM, 4:30 AM .10:00 AM, 12:30 PM October 9, 2024: 11:30 PM, 2:10 AM .6:30 AM, 9:00 AM, 10:45 AM, 11:00 AM, 4:00 PM October 10, 2024: 11:35 PM, 2:05 AM, 4:15 AM, 6:30 AM, 9:30 AM October 11, 2024: 11:05 PM, 1:35 AM, 4:05 AM, 7:30 AM, 9:40 AM, 11:50 AM, 12:20 PM, 1:05 PM, 3:25 PM October 12, 2024: 8:00 AM, 10:15 AM .3:00 PM, 5:30 PM, 7:30 PM, 9:30 PM October 13, 2024: 12:00 AM .6:45 AM, 9:00 AM, 11:15 AM, 1:15 PM, 4:30 PM October 15, 2024: 11:05 PM, 1:35 PM, 4:05 AM .10:00 PM October 16, 2024: 1:00 AM, 3:30 AM October 17, 2024: 11:05 AM, 1:35 AM, 4:10 AM, 6:20 AM .3:00 PM, 5:25 PM, 8:00 PM, 9:15 PM October 18, 2024: 12:00 AM, 2:00 AM, 4:00 AM, 6:05 AM .10:00 PM October 19, 2024: 12:00 AM, 2:30 AM, 5:00 AM .2:00 PM, 4:45 PM, 6:50 PM, 8:50 PM October 20, 2024: 11:00 PM .12:00 PM, 2:30 PM .9:00 PM October 21, 2024: 11:10 PM, 1:15APM, 3:15 AM, 5:30 AM, 7:30 AM, 9:15 AM, 4:00 PM, 7:00 PM, 9:00 PM October 22, 2024: 12:00 AM, 2:30 AM, 5:00 AM .12:30 PM, 3:00 PM, 5:30 PM October 24, 2024: 6:00 AM, 8:40 AM, 10:00 AM, 12:30 AM .4:00 PM, 6:20 PM .9:30 PM October 25, 2024: 12:00 AM .6:00 AM, 8:30 AM, 11:00 AM October 26, 2024: 4:00 AM, 6:20 AM .12:20 AM, 2:30 AM, 4:50 AM .8:30 PM October 27, 2024: 11:05 PM, 1:30 AM, 3:50 AM, 6:00 AM, 12:30 PM, 2:00 PM, 4:10 PM, 6:10 PM, 9:10 PM October 28, 2024: 12:00 AM, 2:30 AM, 5:00 AM, 7:30 AM, 9:00 AM, 11:45 AM October 29, 2024: 11:05 PM, 1:35 AM, 3:50 AM, 7:00 AM .4:00 PM, 7:00 PM October 31, 2024: 6:10 AM, 8:15 AM, 10:45 AM .8:30 PM November 1, 2024: 12:00 AM, 2:30 AM, 5:00 AM November 2, 2024: 7:00 AM, 10:00 AM, 12:30 PM (continued on next page)

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NAME OF PROVIDER OR SUPPLIER  Randolph Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE  502 S High St Randolph, WI 53956	

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F 0686  Level of Harm - Actual harm  Residents Affected - Few	November 3, 2024: 6:00 AM, 8:30 AM  November 4, 2024: 9:00 AM, 12:00 PM .9:00 PM  November 5, 2024: 12:00 AM .9:15 AM, 11:30 AM  November 8, 2024: 11:05 PM, 1:35 AM, 3:50 AM, 7:00 AM, 9:30 AM  November 9, 2024: 3:55 AM, 6:15 AM, 8:30 AM  November 10, 2024: 12:15 AM, 4:35 AM, 2:05 PM, 4:15 PM, 6:30 PM, 8:50 PM- (it is important to note that the entire day shift row is documented with a check mark and no times.)  November 11, 2024: 7:30 AM, 9:45 AM  November 12, 2024: 12:00 AM, 2:30 AM, 6:00 AM .10:00 PM  November 13, 2024: 12:10 AM .6:45 AM, 9:15 AM  November 15, 2024: 12:00 AM, 2:30 AM, 5:00 AM, 7:30 AM, 9:45 AM  November 16, 2024: 12:50 PM, 3:00 PM  November 18, 2024: 12:00 AM, 2:30 AM, 5:00 AM, 7:30 AM  November 20, 2024: 5:30 AM, 8:00 AM  November 22, 2024: 6:00 AM, 8:15 AM, 10:30 AM, 12:45 AM  November 23, 2024: 1:00 AM, 3:30 AM .6:45 AM, 9:30 AM, 12:30 PM  November 24, 2024: 1:00 AM, 4:00 AM  November 25, 2024: 6:35 AM, 9:15 AM, 11:30 AM, 1:25 PM, 4:00 PM  November 26, 2024: 4:00 AM, 6:10 AM, 8:40 AM, 10:00 AM, 12:15 PM  November 27, 2024: 6:00 AM, 8:30 AM .10:00 PM  November 28, 2024:12:10 AM, 2:10 AM, 4:10 AM, 8:00 AM .11:30 AM, 2:00 PM  November 29, 2024: 1:10 AM, 3:40 AM, 6:00 AM  November 30, 2024: 11:00 PM, 1:40 AM, 3:55 AM, 6:15 AM, 9:00 AM, 12:45 AM, 4:00 PM  December 2, 2024: 12:10 AM, 2:40 AM, 5:10 AM .9:00 PM  December 3, 2024: 12:10 AM, 2:40 AM, 5:10 AM, 6:00 AM, 9:00 AM .3:00 PM, 7:00 PM  (continued on next page)

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<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>December 4, 2024: 11:10 PM, 1:40 AM, 4:10 AM, 8:00 AM, 10:45 AM .9:00 PM</p> <p>December 5, 2024: 11:45 PM, 2:15 AM, 4:45 AM, 6:50 AM, 8:15 AM, 10:20 AM</p> <p>December 6, 2024: no documentation provided.</p> <p>December 7, 2024: 6:00 AM, 9:00 AM, 11:00 AM, 1:10 PM .9:00 PM</p> <p>December 8, 2024: 12:00 AM .7:00 AM, 10:00 AM, 12:45 AM</p> <p>December 9, 2024: 6:30 AM, 8:45 AM, 10:30 AM, 1:10 PM</p> <p>December 10, 2024: no documentation provided.</p> <p>December 11, 2024: 2:00 AM, 4:30 AM, 6:00 AM, 8:30 AM</p> <p>December 12, 2024: 4:00 AM, 6:20 AM, 9:20 AM</p> <p>Weekly skin assessment dated [DATE] does not indicate that R22 had any redness to his coccyx.</p> <p>Weekly skin assessment dated [DATE] states that resident has redness to his coccyx.</p> <p>Nurse's note dated 11/7/24 at 1:31 PM states in part .Resident noted to have excoriated areas to sacrum from incontinent dermatitis. Peri-wound is pink and blanchable. MD updated and new tx (treatment) order noted .</p> <p>MD order dated 11/7/24 states Cleanse excoriated areas to sacrum and apple [sic] small pieces of calcium AG and cover area with sacral dressing every day shift every 3 days for Incontinent Dermatitis.</p> <p>It is important to note that Calcium alginate dressings are used in advanced wound care for the management of highly draining wounds. These dressings are derived from seaweed and are highly absorbent, making them ideal for wounds with moderate to heavy exudate. They conform to wound beds easily and gel upon contact with wound fluid, providing a moist environment conducive to healing. The fibers swell in response to moisture, transforming into a gel-like material that promotes moisture balance and facilitates natural healing. They are typically applied to diabetic wounds, venous wounds, burns, ulcers, and other wound types. There is no indication of having moderate to heavy exudate from the area or if the excoriated area itself was blanchable.</p> <p>Weekly skin assessment dated [DATE] states that resident has a small open area to his coccyx.</p> <p>Wound measurements and documentation completed by the Wound MD and ADON (Assistant Director of Nursing) are as follows:</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 11/13/24: .Stage 3 Pressure Wound Sacrum Full Thickness: .Wound size (L (Length) x W (Width) x D (Depth)): 4.5 x 2.5 x 0.2 cm (centimeters). Surface Area: 11.25cm. Exudate: Moderate sero-sanguinous. Thick adherent devitalized necrotic tissue: 10%. Granulation tissue: 90%. Expanded Evaluation Performed: . Recommend upgrading off-loading devices in bed and/ or chair .Dressing Treatment plan: leptospermum honey apply once daily for 30 days. Alginate calcium apply once daily for 30 days .Gauze Island w/ bdr (border) apply once daily for 30 days .</p> <p>It is important to note that the leptospermum honey was not added to R22's treatment orders, therefor was not performed.</p> <p>11/20/24: .Stage 3 Pressure Wound Sacrum Full Thickness: .Wound size (L x W x D): 3 x 1 x 0.2 cm. Surface Area: 3.0 cm. Exudate: Moderate sero-sanguinous. Thick adherent devitalized necrotic tissue: 10%. Granulation tissue: 90% . Dressing Treatment plan: leptospermum honey apply once daily for 23 days. Alginate calcium apply once daily for 23 days .Gauze Island w/ bdr (border) apply once daily for 23 days .</p> <p>It is important to note that the leptospermum honey has not been added to R22's treatment orders, therefor was not performed.</p> <p>11/27/24: .Stage 3 Pressure Wound Sacrum Full Thickness: .Wound size (L x W x D): 2.8 x 0.7 x 0.2 cm. Surface Area: 1.96 cm. Cluster wound: open ulceration area of 1.57 cm. Exudate: Moderate sero-sanguinous. Granulation tissue: 80%. Skin: intact normal color 20% .Dressing Treatment plan: leptospermum honey apply once daily for 16 days. Alginate calcium apply once daily for 16 days .Gauze Island w/ bdr (border) apply once daily for 16 days .</p> <p>It is important to note that the leptospermum honey was not added to R22's treatment orders, therefor was not performed.</p> <p>12/4/24: .Stage 3 Pressure Wound Sacrum Full Thickness: .Wound size (L x W x D): 3.0 x 0.5 x 0.2 cm. Surface Area: 1.50 cm. Cluster wound: open ulceration area of 1.20 cm. Exudate: Moderate sero-sanguinous. Granulation tissue: 80%. Skin: intact normal color 20% .Dressing Treatment plan: leptospermum honey apply once daily for 9 days. Alginate calcium apply once daily for 9 days .Gauze Island w/ bdr (border) apply once daily for 9 days .</p> <p>It is important to note that the leptospermum honey was not added to R22's treatment orders, therefor was not performed.</p> <p>12/11/24: .Stage 3 Pressure Wound Sacrum Full Thickness: .Wound size (L x W x D): 2.7 x 0.5 x 0.2 cm. Surface Area: 1.35 cm. Cluster wound: open ulceration area of 1.08 cm. Exudate: Moderate sero-sanguinous. Granulation tissue: 80%. Skin: intact normal color 20% .Dressing Treatment plan: leptospermum honey apply once daily for 30 days. Alginate calcium apply once daily for 30 days .Gauze Island w/ bdr (border) apply once daily for 30 days .</p> <p>It is important to note that the leptospermum honey was not added to R22's treatment orders, therefor was not performed.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Of note, R22 developed and additional pressure injury below the original pressure injury and is labeled as a cluster wound. Additionally, the cluster wound is not captured on the facility's Pressure Injury Weekly Tracker.</p> <p>On 12/12/24 at 8:55 AM, Surveyor interviewed CNA E (Certified Nursing Assistant). Surveyor asked CNA E how often R22 is to be repositioned. CNA E reviewed R22's Kardex and reported that R22 should be repositioned every 1.5- 2 hours. Surveyor asked CNA E if they document every time R22 is repositioned, CNA E reported yes. Surveyor asked CNA E what time R22 was last repositioned, CNA E stated that the night shift CNA repositioned R22 at 6:20 AM and that she has not repositioned him since. Surveyor asked CNA E what time should R22 have been repositioned, CNA E stated 8:20 AM.</p> <p>On 12/12/24 at 10:20 AM, Surveyor interviewed DON B (Director of Nursing). Surveyor asked DON B what steps are taken when a resident is noted to have a new skin concern, DON B reported that staff should assess it, update the MD and family, get a treatment order, complete a RCA (Root Cause Analysis) on it, and put in place interventions. Surveyor asked DON B when it was noted that R22 had redness to his coccyx, would she expect the nurse to complete an assessment, DON B stated yes. Surveyor asked DON B if, on 11/7/24, when it was documented that R22 had an excoriated area related to incontinent dermatitis, if the documentation indicates that the excoriated area was blanchable, DON B stated no. Surveyor asked DON B what the standard of practice treatment is for MASD (Moisture Associated Skin Damage), DON B states a barrier cream and good peri-care with incontinence episodes. Surveyor asked if calcium alginate is typically used for MASD, DON B stated usually not. Surveyor asked DON B if there was any documentation on the characteristics of the area between 11/7/24 and 11/13/24, DON B stated no. Surveyor asked DON B when the pressure injury was noted to be open, DON B stated that she was unsure. Surveyor asked DON B what the expectation is for repositioning R22, DON B reported that according to the Kardex, R22 should be turned and repositioned every 1.5- 2 hours. Surveyor asked DON B if she would expect that to be done, DON B stated yes. Surveyor asked DON B where the CNAs document repositioning, DON B provided Surveyor with Repositioning Tracker B Wing. Surveyor reviewed the documentation and noted that several dates had all residents on the hall being repositioned at the same time, as well as R22 frequently being repositioned longer than every 2 hours. Surveyor asked DON B if she would expect the CNAs to document accurately, DON B stated yes. Surveyor reviewed the Repositioning Tracker with DON B and asked how it would be possible for all the residents to be repositioned at the exact same time, DON B reported that she was not sure.</p> <p>On 12/12/24 at 11:14 AM, Surveyor completed a wound care observation with UM F (Unit Manager). During wound care, Surveyor noted that R22 had 2 pressure injuries to his coccyx, one below the other. Surveyor asked UM F if R22 has 2 pressure injuries, UM F stated yes, one upper and one lower on the coccyx. Surveyor asked UM F what stage the 2 pressure injuries were, UM F stated that she couldn't really say. Surveyor asked UM F if she was aware that R22 had 2 open areas prior to wound care, UM F stated no.</p> <p>It important to note that UM F is Wound Care Certified.</p> <p>On 12/12/24 at 11:25 AM, Surveyor interviewed IP C (Infection Preventionist), who is also the ADON (Assistant Director of Nursing) and accompanies the Wound Care MD on weekly wound rounds. Surveyor asked IP C if she knew that R22 had a new pressure injury, IP C stated that she did not know because she was holding R22 but stated that the MD may have mentioned something about a cluster wound. Surveyor asked IP C if the documentation indicates that R22 has 2 open areas, IP C stated that it has always been her understanding that there has only been 1 area.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 12/12/24 at 1:24 PM, Surveyor interviewed UM G. Surveyor asked UM G how often should R22 be repositioned, UM G reviewed R22's Kardex and reported that R22 should be repositioned every 1.5- 2 hours. Surveyor asked UM G if she would expect the CNAs to document accurately, UM G stated yes. Surveyor asked UM G if she would expect that R22 be repositioned every 1.5- 2 hours, UM G stated yes.</p> <p>On 12/12/24 at 1:53 PM, Surveyor interviewed DON B. Surveyor asked DON B if she would expect staff to know that R22 has 2 open areas on his coccyx, DON B stated yes.</p> <p>The facility failed to implement a turning/ repositioning schedule that staff adhered to in order to prevent a stage 3 pressure injury and a second pressure injury from developing. Staff also did not implement the wound care treatment orders that were ordered by the Wound care physician.</p>

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</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** 38882</b></p> <p>Based on observation, interview, and record review the facility did not ensure the resident environment remains as free of accidents/hazards as is possible for 2 of 2 sampled residents (R56, R23) reviewed for accidents/hazards and 3 supplemental residents (R111, R37, R7).</p> <p>R56 is a cognitively impaired resident who fell out of bed onto the heat register and was there for an unknown amount of time, unable to remove herself off of the register, and sustained second- and third-degree burns.</p> <p>The facility made a policy for beds to remain more than 18 inches from the heat register. Surveyors observed R23, R111, R37, and R7 lying in beds that were less than 18 inches away from the heat register in the room.</p> <p>The facility also failed to implement a system for monitoring the surface temperature of the heat registers after the incident occurred.</p> <p>The facility's failure to ensure all staff follow proper safety interventions and the facility's policy of keeping residents who are in bed at least 18 inches from the heat registers and failure to implement a system of monitoring the surface temperatures of the registers led to a finding of immediate jeopardy that started on 10/15/24. Surveyor notified NHA A (Nursing Home Administrator) and DON B (Director of Nursing) of the Immediate Jeopardy on 12/12/24 at 11:29 AM. The Immediate Jeopardy was removed on 12/12/24; however, the deficient practice continues at a scope/severity of an E (potential for more than minimal harm/pattern) as the facility continues to implement its removal plan.</p> <p>Evidenced by:</p> <p>R56 admitted to the facility on [DATE] with the following diagnoses: Congestive Heart Failure, AFIB (atrial fibrillation/arrhythmia of the heart), coronary artery disease, a history of heart attack, peripheral vascular disease (decreased circulation), Cognitive Communication Deficit, and anxiety disorder.</p> <p>R56's Comprehensive Care Plan, initiated 7/7/22, includes nursing will provide assistance as needed for transfers and ambulation. Uses walker and wheelchair for long distance . repositioning: 1 assist . Resident needs assistance with all aspects of care . Resident requires 2 staff assist with gait belt to transfer . Alternating pressure air mattress applied to bed on 9/25/24 .</p> <p>R56's Immediate Plan of Care, dated on 9/20/24 . Advancing disease process, generalized debilitation, resident will remain comfortable and maintain adequate/desired level of physical, mental, and spiritual comfort through either verbal or nonverbal expressions and/or family/responsible person's communication with staff.</p> <p>(continued on next page)</p>

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>R56's Nurse Note, dated 9/23/24, includes Resident is alert and oriented x1, not able to make needs known, staff regularly checks on resident. Heart is regular, 2+ pitting edema to BLE (bilateral lower extremities) despite elevating feet. Lungs are clear, no congestion noted - resident does not take deep breaths and as an occasional cough. Resident is requiring 3 liters per minute of oxygen to maintain saturations . Resident transfers with a 1-person pivot to wheelchair. Resident has increasing weakness d/t decline and has been in bed for the day, resident is repositioned every 2 hours and as needed. Resident is on a mech soft diet with thin liquids but has a poor appetite. Resident is drinking well. Resident has no verbal complaints of pain, but prior to getting her scheduled morphine appears to be uncomfortable.</p> <p>R56's Care Plan entry, added 9/25/24, indicates an alternating pressure air mattress was applied to R56's bed.</p> <p>R56's Nurses Notes, dated 9/30/24, includes Resident has been resting comfortably in bed for shift. Repositioned every 2 hours and as needed. Fluids have been encouraged; appetite is poor. She did take all medications this shift.</p> <p>R56's Nurses Notes, dated 10/2/24, includes Resident slept majority of the shift today. Was repositioned every 2 hours and as needed. Resident is encouraged to drink fluids but has very poor appetite. Resident did not get out of bed this shift.</p> <p>R56's Nurses Notes, dated 10/6/24, includes Resident continues to decline . Family visiting most of the day. No food accepted and only small amounts of fluids . Resident is side to side repo every 2 hours. Staff anticipate needs.</p> <p>R56's Post Fall Assessment, dated 10/15/24, includes date and time of fall-10/15/24 at 7:05 AM . safety measures in place at time of the fall- proper footwear, scoop mattress .</p> <p>R56's Emergency Department Notes, dated 10/15/24, include Patient presents for evaluation of burns to the right side of her body. She lives at (Facility Name). She has an extensive past medical history and . is currently . comfort measures only . the patient (had a) fall . she was leaning against the register for an unknown period of time when she was found by her daughter who actually works there as a cleaner . the patient arrives by ambulance. The daughter is here with her. The daughter wishes to have her burns evaluated and treated. She is not interested in evaluation for any of her other multiple chronic problems which she is already on comfort measures for. Patient is nonverbal and unable to provide any type of history. Patient is already on lorazepam and morphine as per comfort measures protocol. Assessment/plan: wound 1: partial thickness burns of right upper arm. Order: Emollient Ointment . one application topical two times a day . wound 2: partial thickness burn of multiple sites of trunk. Order: Emollient Ointment . one application topical two times a day . 3. Partial thickness burns of right thigh . Order: emollient ointment one application topical 2 times a day . Medication administered during visit valiant cream one application topical and morphine 30 milligrams oral .</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>R56's Wound MD (Medical Doctor) Note, dated 10/16/24, includes: Site 1 Burn wound of the right arm partial thickness: wound size 23.5cm (centimeters) by 8cm by 0.1 centimeters . exudate: light serosanguinous . Treatment plan: primary Xeroform gauze . once daily for 30 days . secondary ABD pad (type of medical dressing) once daily for 30 days . Site 2 burn wound of right hip partial thickness: wound size 18cm by 25cm by 0.1cm . exudate light serosanguinous . Treatment plan: primary Xeroform gauze . once daily for 30 days . secondary ABD pad once daily for 30 days . Site 3 burn wound of right abdomen full thickness: wound size 17cm by 9cm by 0.05 cm . exudate: none . Treatment plan: triple antibiotic ointment once daily for 30 days .</p> <p>(It is important to note R56 current evaluation of R56's abdominal wound now a full thickness burn.)</p> <p>On 12/11/24 at 11:48 AM, RR P (Resident Representative) indicated she found R56 on the floor between the bed and the wall with the right side of her body in contact with the bed and the heat register. RR P indicated R56 was face down on her forearms and her knees. RR P indicated she then went to the hallway where the nurse was located and retrieved her.</p> <p>On 12/11/24 at 12:18 PM, RN H indicated RR P asked her to come check on R56 and when she got there, she found R56 on the floor pinched between her bed and the wall/ RN H indicated R56's right side of her body was in direct contact with the heat register. RN H indicated she and a CNA (Certified Nursing Assistant) moved the bed away and turned R56 to her side and then on her back and slid a pillow under her head for support. RN H indicated she could see reddened areas on R56's knees, forearms, and burns on her right side. RN H stated, The bed and the register held her upright and was not able to move herself away from the heat source. RN H indicated staff are to keep the beds at least 18 inches away from heat registers.</p> <p>On 12/11/24 at 9:24 AM, Surveyor asked Maintenance Director M for an infrared thermometer. Maintenance Director indicated the facility did not have one. Maintenance Director M indicated he was not monitoring the surface temperature of the heat registers.</p> <p>On 12/11/24 at 9:25 AM, Surveyors observed surface temperatures of the heat registers by touching the register with their hand and recording after 1 minute, after 3 minutes, and after 5 minutes. In total 5 heat registers were hot to the touch. Surveyors also observed a total of 11 beds that were closer than 18 inches to the heat register. Of the 11 beds observed 4 residents were in their bed at the time of the observation. They are as follows:</p> <p>R111 admitted to the facility on [DATE]. Her diagnoses include cutaneous abscess of left lower limb and weakness .</p> <p>R111's Activities of Daily Living (ADLs) Care Plan, initiated 12/10/24, includes ADL self-care deficit as evidenced by weakness related to left thigh abscess . Bed mobility: Assist of 1 . may need assistance getting legs into bed .</p> <p>On 12/11/24 at 9:26 AM, Surveyor observed R111 in bed and R111's bed to be about 12 inches away from the heat register.</p> <p>On 12/11/24 at 9:30 AM, Surveyor observed Scheduler Q enter R111's room and move her bed farther away from the heat register.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>On 12/11/24 at 9:41 AM, R111 motioned for Surveyor to enter room and told Surveyor that staff just came in and moved the bed while she was in it to be away from the heating unit.</p> <p>On 12/11/24 at 1:00 PM, Scheduler Q indicated she moved R111's bed further away from the heat registers because she saw Surveyors measuring distance and recording surface temperatures of the heat registers. Scheduler Q indicated beds are to be at least 18 inches away from the heat registers.</p> <p>R7 admitted to the facility on [DATE]. Her diagnoses include complication of internal fixation device of left femur, COPD (Chronic Obstructive Pulmonary Disease), and Chronic respiratory failure with hypoxia.</p> <p>R7's ADLs Care Plan, initiated 11/22/24, includes ADL self-care deficit as evidenced by weakness related to recent hip surgery . underwent left total hip replacement for failed intramedullary nailing of left hip from fracture (situation where a surgical procedure to fix a broken hip using an intramedullary nail has not been successful) . Bed mobility: assist of 1.</p> <p>On 12/11/24 at 9:26 AM, Surveyor observed R7 in bed. R7's bed was located less than 18 inches away from the heat register.</p> <p>On 12/11/24 at 1:00 PM, Scheduler Q indicated she moved R7's bed, further away from the heat registers because she saw Surveyors measuring distance and recording surface temperatures of the heat registers. Scheduler Q indicated beds are to be at least 18 inches away from the heat registers.</p> <p>R37 admitted to the facility on [DATE]. His diagnoses include Alzheimer's disease, unsteadiness on feet, muscle weakness, dementia, and dysphagia.</p> <p>R37's ADLs Care Plan, initiated 6/27/22, includes Resident has impaired functional mobility as evidenced by chronic condition (Congestive Heart Failure Exacerbation), cognitive deficit . Resident requires sit to stand lift with transfers and the blue sling .</p> <p>On 12/11/24 at 9:27 AM Surveyor observed R37 in bed and his bed was about 12 inches from the heat register.</p> <p>On 12/11/24 at 1:00 PM Scheduler Q indicated she moved R37's bed further away from the heat registers because she saw Surveyors measuring distance and recording surface temperatures of the heat registers. Scheduler Q indicated beds are to be at least 18 inches away from the heat registers.</p> <p>R23 admitted to the facility on [DATE]. Her diagnoses include hemiplegia and hemiparesis, scoliosis, polyneuropathy, generalized anxiety disorder, psychotic disorder, vascular dementia, and obesity.</p> <p>R23's ADL Care Plan, initiated 5/26/21, includes Resident has impaired functional mobility as evidenced by . fall resulting in femur fracture, obesity, depression, anxiety, insomnia, chronic pain, hemiplegia/hemiparesis post CVA (stroke), . Resident requires 2 staff assist for transfer . (This care plan does not include bed mobility status) .</p> <p>On 12/11/24 at 9:35 AM Surveyor observed R23 to be in her bed and her bed to be closer than 18 inches to the heat register.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>On 12/11/24 at 10:09 AM R23 told Surveyors that Scheduler Q had come in after them and moved her bed away from the heat register without an explanation.</p> <p>On 12/11/24 at 1:00 PM, Scheduler Q stated, I moved R23's bed because it has to be 1.5 tiles away from the register. I saw you guys in there and saw it was too close. Scheduler Q indicated the beds get moved when CNAs (Certified Nursing Assistants) use mechanical lifts and forget to move them back.</p> <p>On 12/11/24 at 1:04 PM, CNA N and CNA O indicated sometimes the registers are hot, especially the bathroom registers. CNA N and CNA O indicated they move the beds at times to fit a mechanical lift in the space and forget to move them back away from the heat register.</p> <p>On 12/12/24 at 11:29 AM, NHA A (Nursing Home Administrator) and DON B (Director of Nursing) indicated the facility does not have a system in place for monitoring the surface temperature of the heat registers. DON B and NHA A indicated staff are to keep the beds at least 18 inches away from the heat registers.</p> <p>The facility's failure to ensure surface temperatures of heat registers are at a safe temperature, ensure all staff follow proper safety interventions and keeping residents who are in bed at least 18 inches from the heat registers. These failures created a reasonable likelihood for serious harm to occur, thus leading to a finding of immediate jeopardy. The immediate jeopardy was removed on 12/12/24 when the facility began implementing the following:</p> <p>Environmental rounds were completed by the ED/designee on 12/12/2024 to ensure no bed was in close proximity to heating unit. In consultation with the DON, rooms were rearranged if necessary. One resident with immobility and obesity issues was relocated to a private room to allow for larger safety perimeter between bed and heating unit. Resident's care plan was updated to reflect rationale for private room. One resident with obesity and multiple co-morbidities bed was moved out further to allow for a larger safety perimeter between bed and heating unit. Resident's care plan was updated to reflect rationale for this.</p> <p>ED/designee to complete environmental rounds/audits daily x 2 weeks then 3x per week through the remainder of the heating season to ensure beds/chairs/furniture not close to heating units where a resident's skin could come in contact. Results of rounds/audits will be brought to QAPI for tracking/trending and further recommendations, as necessary and appropriate.</p> <p>Discussion regarding noted concern and removal plan reviewed with Medical Director and ad hoc QAPI meeting held on 12/12/2024.</p> <p>Re-education initiated on 12/12/2024 with center staff (including PRN and agency staff if applicable) to reinforce that anytime the side of a bed is noted to be too close to a heater/heating unit (where a resident's skin could come in contact with the unit), to move it away and to alert the ED/DON for follow up. If bed needs to be moved to accomplish cares, be sure to move bed back away from the heater upon completion of cares. This re-education will be completed by the DON/designee and will be completed prior to the next scheduled shift.</p> <p>On 12/12/2024, ED/VPS, DON, and Maintenance Director reviewed policy Accidents and Supervision.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Policy meets current standard of practice.</p> <p>ED/designee to complete environmental rounds/audits daily x 2 weeks then 3x per week through the remainder of the heating season to ensure beds/chairs/furniture not close to heating units where a resident's skin could come in contact. Results of rounds/audits will be brought to QAPI for tracking/trending and further recommendations, as necessary and appropriate.</p> <p>Discussion regarding noted concern and removal plan reviewed with Medical Director and ad hoc QAPI meeting held on 12/12/2024.</p>

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<p>F 0742</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the appropriate treatment and services to a resident who displays or is diagnosed with mental disorder or psychosocial adjustment difficulty, or who has a history of trauma and/or post-traumatic stress disorder.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 42038</p> <p>Based on interview and record review, the facility did not ensure that a resident who displays or is diagnosed with a mental disorder or psychosocial adjustment difficulty, or who has a history of trauma and/or post-traumatic stress disorder (PTSD), receives appropriate treatment and services to correct the assessed problem or attain the highest practical mental and psychosocial well-being for 1 of 1 residents reviewed for PTSD (R14).</p> <p>R14 was listed as having a diagnosis of PTSD and his care plan is not person centered, as it does not specify triggers, symptoms to monitor for or interventions to use to ensure R14 is reaching his highest practical mental and psychosocial well-being.</p> <p>This is evidenced by:</p> <p>Per the Centers for Medicare and Medicaid Services (CMS), .Although PTSD is commonly viewed as a disorder experienced only by military veterans, it is not exclusively a consequence of combat or war zone exposure. Individuals who have been physically or sexually assaulted or who experienced a terrorist attack or natural disaster, among other things may also be affected by PTSD.</p> <p>The facility's policy titled Trauma Informed Care dated 10/18/22 states in part, .2. The facility will use a multi-pronged approach to identify a resident's history of trauma. This will include asking the resident about triggers that may be stressors or may prompt recall of a previous traumatic event, as well as reviewing documentation such as the history and physical, consultation notes, or information received from family/ responsible party .5. The facility will identify triggers which may re-traumatize residents with a history of trauma. Trigger- specific interventions will identify ways to decrease the resident's exposure to triggers which re- traumatize the resident and will be added to the resident's care plan .</p> <p>R14 was admitted to the facility on [DATE] with diagnoses that include PTSD, anxiety disorder (significant and uncontrollable feeling of anxiety), major depressive disorder (persistently low or depressed mood), and hemiplegia and hemiparesis (total or nearly complete paralysis of one side) following a cerebral infarction affecting the right side (stroke with right sided weakness).</p> <p>R14's most recent Minimum Data Set (MDS) dated [DATE] states that R14 has a Brief Interview of Mental Status (BIMS) of 6 out of 15, indicating that R14 has severe cognitive impairment. R14's MDS section I also states that R14 has PTSD, anxiety, and depression.</p> <p>R14's care plan dated 6/4/24 states in part:</p> <p>.Focus: At risk for retraumatization of past event or experience where reminders/ triggers of event or experience may cause behavioral changes and/ or emotional distress. History of assault, mental disorder, PTSD, confirmed by [Psychiatrist name] on initial evaluation of resident.</p> <p>(continued on next page)</p>		

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<p>F 0742</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Goal: Reminder/ triggering events will be avoided with minimal impact during stay with in the facility. Resident will use coping techniques in coordination with individualized interventions to minimize impact of potential retraumatization.</p> <p>Interventions/ Tasks: Determine as able, the triggers of traumatic event or experience, such as sights, smells, sounds and touch, which may lead to a set of emotional, physiological and behavioral responses that arise in service of survival and safety. Determine individualized de- escalation preferences. Monitor for increased withdrawal, anger, or depressive opportunities to avoid. Provide a safe environment. Provide choice- making activities. Remove/ avoid situations that may trigger retraumatization. Staff will work to accommodate resident with a private room .</p> <p>It is important to note that R14's care plan is not individualized to ensure that staff is aware of R14's specific type of trauma, how his trauma manifests, specific behaviors to monitor for, what triggers R14 has, individualized de- escalation preferences/ interventions, and what coping techniques are effective.</p> <p>On 12/10/24 at 1:47 PM, Surveyor interviewed R14. Surveyor asked R14 about his diagnosis of PTSD, R14 reported that he was in Vietnam and that he has flashbacks and nightmares. Surveyor asked R14 if he has any triggers that he is aware of, R14 stated no.</p> <p>On 12/11/24 at 2:14 PM, Surveyor interviewed SSD K (Social Services Director). Surveyor asked SSD K what the source of R14's PTSD was, SSD K stated that it was something with the military and the psychiatrist was able to find out about a sexual assault he experienced while in the military. SSD K reported that the psychiatrist recommended that R14 have a private room as having a roommate is a trigger for him. Surveyor asked SSD K if R14's care plan reflects his trauma, triggers, and has individualized interventions related to his PTSD, SSD K stated no.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38882</b></p> <p>Based on observation, interview, and record review, the facility did not maintain a safe and sanitary environment in which food is prepared, stored and distributed. This has the potential to affect all 58 residents who reside in the facility.</p> <p>Surveyor observed the facility's stove hood, located directly above food being prepared, to have dust covered sprinklers inside of it and 2 dust covered fixtures on the outside.</p> <p>Surveyor observed dented cans in circulation.</p> <p>Surveyor observed two gallon size milks opened and expired.</p> <p>Evidenced by:</p> <p>Example 1</p> <p>Facility policy, entitled Food Storage Chart, revised ,d+[DATE], includes: Milk, half and half and cream to be used within 4 days from open date, never longer than manufacturer expiration date.</p> <p>On [DATE] at 8:48 AM, Surveyor observed an opened gallon of 2% white milk without an open date and an expiration date of [DATE]. Surveyor also observed an opened gallon of chocolate milk with expiration date of [DATE]. DM J (Dietary Manager) indicated staff served this milk at breakfast but should not have since it expired the previous day.</p> <p>On [DATE] at 12:52 PM, District Food Service Manager L indicated milk should not be served after the manufacturer's stamped date.</p> <p>Example 2</p> <p>Facility policy, Hoods and Filters, reviewed [DATE], includes: Stove hoods and filters will be cleaned according to a cleaning schedule, or at least monthly . Clean the interior and exterior of the hood, use a clean cloth soaked in soapy detergent water. Rinse thoroughly and air dry.</p> <p>On [DATE] at 8:48 AM, Surveyor observed sprinklers inside of the facility's stove hood to have a thin layer of dust covering them. Surveyor also noticed to fixtures that were on the outside of the stove hood to have a thicker layer of dust covering them. Both the sprinklers and the fixtures were directly above food being prepared. DM J indicated she is not sure who is responsible for cleaning these areas and there is potential for the dust to dislodge and fall into the food being prepared.</p> <p>On [DATE] at 12:52 PM, District Food Service Manager L indicated the stove hoods are cleaned 2 times a year and the maintenance department is supposed to clean it in between these times.</p> <p>Example 3</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Facility policy, entitled Dry Storage Area, implemented ,d+[DATE], includes: Leaking or severely dented cans and spoiled foods should be disposed of promptly to prevent contamination of other food.</p> <p>On [DATE] at 8:48 AM, Surveyor observed two dented cans in circulation. DM J indicated these should be pulled and tossed in the garbage.</p> <p>On [DATE] at 12:52 PM, District Food Service Manager L indicated dented cans should be pulled off of the shelf.</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>Provide and implement an infection prevention and control program.</p> <p>50228</p> <p>Based on observation, interview, and record review, the facility has not established an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. This has the potential to affect all 58 residents.</p> <p>The facility does not maintain a resident infection control line list that contains residents displaying signs and symptoms of potential infection.</p> <p>The facility's COVID Outbreak 3/2024 summary is not complete or accurate.</p> <p>R31 had a breach in infection control during medication administration observation when a nurse picked up the resident's nasal cannula for oxygen from the floor and placed it into the bag on the portable oxygen tank.</p> <p>This is evidenced by:</p> <p>The facility's Infection Prevention and Control Program policy, dated 7/23/24, states in part: Policy: This facility has established and maintains an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections as per accepted national standards and guidelines.3. Surveillance: a. A system of surveillance is utilized for prevention, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon a facility assessment and accepted national standards.9. Equipment Protocol: a. All reusable items and equipment requiring special cleaning or disinfection shall be cleaned in accordance with our current procedures governing the cleaning of soiled or contaminated equipment. 10. Supplies Protocol: .d. Non-sterile supplies are stored and maintained as clean prior to use.</p> <p>The facility's Infection Surveillance policy, dated 3/8/23, states, in part: Policy: A system of infection surveillance serves as a core activity of the facility's infection prevention and control program. Its purpose is to identify infections and to monitor adherence to recommended infection prevention and control practices in order to reduce infections and prevent the spread of infections.6. The facility will collect data to properly identify possible communicable diseases or infections before they spread .</p> <p>The facility's Infection Outbreak Response and Investigation policy, dated 2/26/23, states, in part: Policy: The facility promptly responds to outbreaks of infectious disease within the facility to stop transmission of pathogens and prevent additional infections.Policy Explanation and Compliance Guidelines: .d. An outbreak will be reported to the local and/or state health department in accordance with the state's reportable diseases website.3. Outbreak investigation: .f. A summary of the investigation should be documented .</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>Guidance for COVID-19 for health care providers from Wisconsin Department of Health Services website, <a href="https://www.dhs.wisconsin.gov/covid-19/providers.htm">https://www.dhs.wisconsin.gov/covid-19/providers.htm</a> , states, in part: Reporting guidance As of November 1, 2023, only COVID-19-associated hospitalization and COVID-19-associated pediatric mortality are reportable. COVID-19 outbreaks are also reportable .</p> <p>Example 1</p> <p>The facility's Line Listing of Resident Infections, dated September 2024, shows 9 residents on antibiotics. The line listing shows no residents with signs and/or symptoms of infection without ordered antibiotic.</p> <p>The facility's Line Listing of Resident Infections, dated October 2024, shows 9 residents on antibiotics. The line listing shows no residents with signs and/or symptoms of infection without ordered antibiotic.</p> <p>The facility's Line Listing of Resident Infections, dated November 2024, shows 7 residents on antibiotics. The line listing shows no residents with signs and/or symptoms of infection without ordered antibiotic.</p> <p>On 12/12/24 at 8:02 AM, Surveyor interviewed IP C (Infection Preventionist) and DON B (Director of Nursing) and asked how the facility determines what residents are going onto the line list. IP C stated that residents with any signs and/or symptoms of infection go onto the line list; cough, shortness of breath, fever, urinary frequency, painful urination, etc. Surveyor showed IP C and DON B that September, October, and November did not show residents with signs and symptoms and the lists showed only residents with ordered antibiotics. DON B stated we have inserviced our nurses on the need to document each new symptom. Surveyor asked if the line lists showed overall surveillance of the residents. DON B stated no. Surveyor asked if the facility should have daily overall surveillance of all the signs and symptoms of infection. DON B stated yes</p> <p>Example 2:</p> <p>The facility's Line Listing of Resident Infections dated March of 2024 shows 5 residents (R112, R113, R114, R11, and R47) with COVID 19 infection. There are no resolved dates listed for these residents.</p> <p>The facility's COVID Outbreak 3/2024 summary indicates 4 residents (R112, R113, R11, and R47) were in the outbreak. R114 is not included in the summary. The summary states that infection control audits were started, but does not include when they were done or what the audits included. The facility did not provide documentation of these audits. The summary states that residents and staff with close contact to COVID positive residents were tested , but does not list who was tested or the results of those tests. The facility did not provide documentation of these tests. The summary does not include whether the medical director and/or public health was updated on the outbreak.</p> <p>On 12/12/24 at 8:02 AM, Surveyor interviewed DON B and asked if all COVID positive residents from the March line list should be included in the outbreak. DON stated yes. Surveyor asked for additional documentation regarding audits and resident/staff testing from the COVID outbreak. No additional documentation was provided. Surveyor asked if the COVID summary should be complete and accurate. DON B stated yes.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/18/2024
NAME OF PROVIDER OR SUPPLIER  Randolph Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE  502 S High St Randolph, WI 53956	

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>Example 3:</p> <p>On 12/11/24 at 8:09 AM, Surveyor observed LPN D (Licensed Practical Nurse) pick up the nasal cannula for R31's portable oxygen tank from the floor, wind up the tubing, place it into the bag on the portable oxygen tank and leave R31's room. Surveyor asked when R31 uses his portable oxygen. LPN D stated he uses it when he leaves his room for meals. Surveyor asked if R31 uses the nasal cannula attached to the portable tank. LPN D said yes. Surveyor asked if a nasal cannula should be on the floor. LPN D said no, it is contaminated.</p> <p>On 12/12/24 at 8:02 AM, Surveyor completed Infection Control interview with IP C and DON B and asked if a nasal cannula on the floor is contaminated. IP C and DON B stated yes. Surveyor asked what should be done with a contaminated nasal cannula. IP C and DON B indicated that the nasal cannula should be thrown away and replaced. Surveyor asked if IP C and DON B would expect staff to throw away a nasal cannula that was laying on the floor. IP C and DON B stated yes.</p>