STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525370	A. Building B. Wing	07/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Twin Ports Health Services	1612 N 37th St Superior, WI 54880

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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (continued on next page)

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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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observation and interview, the facility did not ensure the resident environment remains free of accident hazards as possible and each resident receives adequate supervision and assistance devices to prevent accidents for 1 of 3 residents (R)(R1) reviewed.The facility does not have a policy or procedure in place to assess risk for residents storing and using a personal vehicle on facility premises.R1 eloped from facility using personal vehicle parked on facility premises.This is evidenced by:State Operations Manual, Appendix PP, states in part: The facility must ensure the facility provides an environment that is free from accident hazards over which the facility has control and provides supervision.to each resident to prevent avoidable accidents. This includes: identifying hazard(s) and risk(s), evaluating and analyzing hazard(s) and risk(s), implementing interventions to reduce hazard(s) and risk(s), and monitoring for effectiveness and modifying interventions when necessary.'Risk' refers to any external factor, facility characteristic (e.g., staffing or physical environment) or characteristic of an individual resident that influences the likelihood of an accident.R1 was admitted to the facility on [DATE] with pertinent diagnoses of cognitive communication deficit, other symptoms and signs involving cognitive function following cerebral infarction, and alcohol abuse. R1's admission Minimum Data Set (MDS), dated [DATE], noted a Brief Interview for Mental Status (BIMS) score of 11 indicating moderate cognitive impairment.R1's care plan, dated 04/09/25, with a target date of 07/08/25, states: .history of alcohol abuse with interventions to educate on risks of leaving the facility to seek out substances and/or early, unplanned discharge, increase monitoring and supervision of resident and their visitors, and report changes in mood.Of note: no wandering behaviors were noted prior to incident.R1's care plan, dated 05/27/25, with a target date of 07/08/25, states: Potential for elopement due to history of resident leaving facility unescorted with interventions of accompany to meals and scheduled activities, allow to vent feelings and/or frustration PRN, observe for and report decline in ADL ability or behaviors, check alert bracelet functioning per manufacturer recommendations, remove items that may trigger attempt to leave facility (i.e. boots, coat).Surveyor reviewed R1's wandering risk assessment, dated 04/02/25, and noted a score of 3 - low risk.On 07/18/25, Surveyor reviewed facility reported incident submitted on 05/23/23 that states: [R1] notified facility staff that he would like the keys to his van, that are stored within the Business Office for safe keeping, that is parked in the facility parking lot to retrieve some papers. Facility staff walked with [R1] to vehicle and [R1] stated that he was going to grab some paperwork. [R1] stated that he wanted to start the car since it has been sitting for a while. [R1] stated he wasn't going to leave and preceded to drive forward and continued to leave the facility parking lot and leaving the facility ground. POA contacted. Police department contacted. Medical Director notified. Investigation ongoing.Of note: no documentation of R1 having a personal vehicle at facility on or after admission was noted. No risk assessment was documented for R1 having vehicle on facility premises or safety to drive a vehicle was noted.On 07/18/24 at 12:54 PM, Surveyor interviewed Nursing Home Administrator (NHA) A. Surveyor asked NHA A for the facility's policy/procedure for residents having a personal vehicle onsite. NHA A stated there wasn't one. Surveyor asked what risk assessment was completed for R1 to safely operate and store a personal vehicle on facility premises. NHA A stated no risk assessment was completed. Surveyor asked NHA A how R1 would access his personal vehicle. NHA A stated the facility stored the keys in the business. No other safety measures were implemented. Surveyor asked if any residents currently residing in facility had a personal vehicle onsite. NHA A stated no.On 07/18/25 at 2:00 PM, Surveyor interviewed NHA A about any additional policy or procedure changes implemented after incident. NHA A stated no additional policies were implemented for residents having a personal vehicle and no risk assessments were implemented to assess for safety if a resident were to have access to a personal vehicle on facility premises. Surveyor asked NHA A if she could see the potential risk associated with not having a procedure in place for this. NHA A acknowledged this.