

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525370	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/25/2024
NAME OF PROVIDER OR SUPPLIER Twin Ports Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47657</p> <p>Based on interview and record review, the facility did not send a copy of the discharge notice to the Office of the State Long Term Care Ombudsman for 3 of 7 residents reviewed who were discharged with return anticipated. (R7, R25 and R66).</p> <p>This is evidenced by:</p> <p>The facility policy, entitled Transfer and Discharge last reviewed and revised on 07/15/22, states under Section 7(k). Emergency Transfers/Discharges, Social Services Director (SSD), or designee, shall provide notice of transfer to a representative of the State Long-Term Care Ombudsman via monthly list.</p> <p>Example 1</p> <p>R7 was admitted to the facility on [DATE] and has diagnoses that include congested heart failure, diabetes mellitus, chronic kidney disease, and post-traumatic stress disorder.</p> <p>R7's Minimum Data Set (MDS) assessment, dated 05/03/24, indicated that R7 was transferred to an acute care hospital.</p> <p>On 05/03/24, R7's medical record indicated R7 was emergency transferred to hospital due to uncontrolled nosebleeds following prior nasal surgery.</p> <p>R7 returned to the facility on [DATE].</p> <p>Example 2</p> <p>R66 was admitted to the facility on [DATE] and has diagnoses that include anemia, diabetes mellitus, history of liver transplant and hypertension (high blood pressure).</p> <p>R66's MDS assessment, dated 06/18/24, indicated that R66 was transferred to a critical access hospital.</p> <p>On 06/18/24, R66's medical record indicated this was an emergency transfer to the hospital due to critical lab values.</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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R66 returned to facility on 06/19/24.</p> <p>On 09/24/24 at 1:36 PM, Surveyor requested documentation of notice of hospital transfers for R7 and R66 to State Long-Term Care Ombudsman from Social Services Director (SSD) C.</p> <p>On 09/24/24 at 1:57 PM, SSD C stated inability to locate documentation to support notification of hospital transfer to Ombudsman.</p> <p>40590</p> <p>Example 3</p> <p>R25 was admitted to the facility on [DATE] and has diagnoses that include type 1 diabetes mellitus with diabetic polyneuropathy and hyperglycemia.</p> <p>R25's Minimum Data Set (MDS) assessments indicate that R25 was discharged to the hospital on 08/16/24 and returned to the facility on [DATE].</p> <p>Nurses note dated 08/16/24 states that R25 was sent to the Emergency Department (ED) for shortness of breath and low oxygen saturation.</p> <p>Nurses note dated 08/17/24 states that R25 was admitted to the hospital for rhinovirus and hyperkalemia.</p> <p>On 09/24/24 at 3:48 PM, Surveyor received the list for August 2024 discharge notifications to the State Ombudsman. R25 was not on this list.</p> <p>Surveyor requested ombudsman notice for R25 from SSD D. SSD C stated inability to locate documentation to support notification of hospital transfer to Ombudsman.</p> <p>The State Ombudsman was not notified for R25's 8/16/24 hospitalization .</p>

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<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47657</p> <p>Based on interview and record review, the facility failed to ensure that written bed hold notice and reason for transfer required for facility-initiated transfers was provided to the residents or resident representatives at time of hospital transfer or within 24 hours of transfer for 2 of 2 residents (R7 and R66) reviewed for hospitalization .</p> <p>This is evidenced by:</p> <p>The facility policy, entitled (I) Transfer and Discharge last reviewed and revised on 07/15/22, states under Section 7 (i), Provide a notice of the resident's bed hold policy to the resident and representative at the time of the transfer, as possible, but no later than 24 hours of the transfer.</p> <p>Example 1</p> <p>R7 was admitted to the facility on [DATE] and has diagnoses that include congested heart failure, diabetes mellitus, chronic kidney disease, and post-traumatic stress disorder.</p> <p>R7's Minimum Data Set (MDS) assessment, dated 05/03/24, indicated that R7 was transferred to an acute care hospital with return anticipated.</p> <p>On 05/03/24, R7 was emergency transferred to hospital due to uncontrolled nosebleeds following prior nasal surgery.</p> <p>R7 returned to the facility on [DATE].</p> <p>Example 2</p> <p>R66 was admitted to the facility on [DATE] and has diagnoses that include anemia, diabetes mellitus, history of liver transplant and hypertension.</p> <p>R66's MDS assessment, dated 06/1/24, indicated that R66 was transferred to a critical access hospital with return anticipated.</p> <p>On 06/18/24, R66 was emergency transferred to hospital due to critical lab values.</p> <p>R66 returned to facility on 06/19/24.</p> <p>On 09/24/24 at 1:36 PM, Surveyor requested bed hold notice documentation for R7 and R66 provided to the resident and/or representative at the time of the transfer or within 24 hours of the transfer.</p> <p>On 09/24/24 at 1:57 PM, Social Services Director C stated inability to locate bed hold notification provided to the resident and/or representative at the time of the transfer or within 24 hours of the transfer.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47657</p> <p>Based on interview and record review, the facility did not develop and implement a comprehensive person-centered care plan for 1 of 18 sampled residents (R) R6, to meet a resident's medical, nursing, and psychosocial needs that are identified.</p> <p>R6 did not have a comprehensive person-centered care plan for trauma informed care identifying triggers related to post traumatic stress disorder (PTSD).</p> <p>Findings:</p> <p>The facility policy titled, Trauma Informed Care, dated 10/18/22, states: It is the policy of this facility to provide care and services which, in addition to meeting professional standards, are delivered using approaches which are culturally competent, account for experiences and preferences, and address the needs to trauma survivors by minimizing triggers and/or re-traumatization.</p> <p>Example 1</p> <p>R6 was admitted to the facility on [DATE] with diagnoses that included renal failure, heart failure, depression, and PTSD.</p> <p>R6's admission Minimum Data Set, dated [DATE], indicates R6 has a Brief Interview for Mental Status (BIMS) of 14 (cognitively intact) and indicated R6 has PTSD.</p> <p>On 09/23/24 at 1:06 PM, Surveyor interviewed R6 regarding PTSD and triggers. R6 shared facility is aware of the diagnoses and has had no issues since admission.</p> <p>On 09/09/24, facility completed a trauma-informed care observation assessment regarding findings of physical abuse from husband in past and 9 years ago attacked with intent to kill by adult child. The assessment identified triggers that remind R6 of the events and were identified as loud voices, screaming and someone walking up from behind quietly.</p> <p>On 09/24/24 at 2:15 PM, Surveyor interviewed Certified Nursing Assistant (CNA) D regarding R6 having PTSD and triggers. CNA D stated was unaware of R6 having any specific triggers for PTSD. CNA D stated unawareness of any triggers causing re-traumatization since admission.</p> <p>On 09/24/24 at 2:25 PM, Surveyor interviewed Registered Nurse (RN) E and RN F regarding R6 having PTSD and triggers. Both RN E and F stated were unaware of R6 having PTSD or what may trigger re-traumatization. Both RN E and RN F stated unawareness of any triggers causing re-traumatization since admission.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 09/25/24 at 11:10 AM, Surveyor interviewed Nursing Home Administrator (NHA) A regarding trauma informed care process. NHA A stated that an assessment is completed by the Social Services Director. If the assessment identifies areas of focus and triggers are identified it was to automatically pull to the care plan. NHA A stated a contact to the information technology department has been made to make facility changes to ensure process is completed appropriately for future residents. NHA A shared a copy of a care plan developed on 09/24/24 to address PTSD.</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>51095</p> <p>Based on observation, interview and record review, the facility did not ensure the safety of food handling in accordance with professional standards for food service safety. This had the potential to affect all 78 of 78 residents that eat orally.</p> <p>Food (milk and lettuce) placed in the walk-in cooler had been opened but was not labeled with an opened date, resulting in the potential for foodborne illnesses to spread.</p> <p>Findings include:</p> <p>The facility's policy entitled Food Storage dated 8/16/2022, states in part, .Refrigerated food storage: . f. All foods should be covered. Labeled and dated. All foods will be checked to assure that foods (including leftovers) will be consumed by their safe use by dates, or frozen (where applicable), or discarded.</p> <p>On 9/23/2024 at 9:50 AM during initial kitchen tour with Dietary Manager (DM) G, Surveyor observed a gallon of opened milk and lettuce in a covered container placed on shelves in the walk-in cooler. Neither had been labeled with an opened on or use by date. Milk had a received date of 9/17/24. Lettuce was not labeled with any dates.</p> <p>On 09/23/24 at 10:14 AM, Surveyor interviewed DM G regarding expectations for milk and opened food in refrigerator. DM G said they would expect that milk have an open date in marker and DM G did explain that the date on the milk was a received-on date. DM G would expect the milk to be used up in at minimum three days and usually it does not make it more than one day. DM G also expects that lettuce that is placed back in the fridge would be labeled with the open date.</p>