

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525377	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/28/2026
NAME OF PROVIDER OR SUPPLIER Door County Memorial Hospital Snf		STREET ADDRESS, CITY, STATE, ZIP CODE 323 S 18th Ave Sturgeon Bay, WI 54235	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff and resident interview, and record review, the facility did not ensure appropriate fall interventions were implemented for 2 residents (R) (R5 and R2) of 2 sampled residents. R5 had multiple falls from January to April 2026. Interventions to prevent falls or reduce injury from falls were not consistently implemented or care planned. R2 fell out of bed after a bolstered air mattress (a specialized mattress with raised, air-filled side chambers that create a protective barrier to prevent roll-outs and falls) was broken and replaced with a mattress without bolstered edges. Findings include: The facility's Resident Fall Policy, revised 12/16/25, indicates: It is the policy of Door County Center Skilled Nursing Facility (SNF) to perform a fall risk assessment for each resident and to develop a plan of care that provides interventions to reduce and/or prevent resident falls .C) A care plan will be developed, and resident-centered interventions will be implemented based on identified risks .5. Document objective facts related to a resident's fall by completing SNF Fall Safety documentation .8. Review and update the resident's plan of care. A post-fall process algorithm was included with the facility's policy which indicates: Implement additional fall prevention interventions. Document facts related to the fall in the medical record. Modify/update the plan of care. 1. On 4/27/26, Surveyor reviewed R5's medical record. R5 was admitted to the facility on [DATE] and had diagnoses including cerebrovascular accident (CVA), Alzheimer's dementia, and rheumatoid arthritis. R5's Minimum Data Set (MDS) assessment, dated 1/20/26, had a Brief Interview for Mental Status (BIMS) score of 2 out of 15 which indicated R5 had severely impaired cognition. R5's medical record indicated R5 sustained a femur (leg bone) fracture from a fall on 1/8/26 while ambulating without a walker and carrying a Dycem (a non-slip material). An intervention was added to R5's care plan on 1/8/26 for a Dycem to recliner to prevent falls. R5 required hospitalization with surgical repair on 1/9/26 and returned to the facility on 1/12/26. After returning from the hospital, R5 had the following falls: ~ 1/13/26 at 12:05 AM - R5 fell in R5's room while attempting to self-transfer. A fall assessment contained the following interventions: apply a bed alarm; walker on one side of the bed and wheelchair on the other side. A bed alarm and wheelchair next to the bed when in bed were added to R5's care plan on 1/13/26. ~1/13/26 at 9:10 AM - R5 fell from an unlocked wheelchair. When asked if R5 had pain, R5 pointed to the upper right leg and said yes. There were no new interventions noted on the assessment or added (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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