

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525383	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/12/2025
NAME OF PROVIDER OR SUPPLIER American Lutheran Home-Mondovi		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Memorial Dr Mondovi, WI 54755	

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 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** 31086</p> <p>Based on observation, interview and record review, the facility did not develop and implement a comprehensive care plan for each resident (R) to meet medical, nursing, and psychosocial needs identified for 2 of 12 sampled residents (R3 and R9).</p> <p>R3 did not have a depression care plan developed when R3 was prescribed an antidepressant medication for depressive disorder.</p> <p>R9 did not have a risk of bleeding care plan developed when R9 was prescribed an anticoagulant medication.</p> <p>This is evidenced by:</p> <p>R3 was admitted on [DATE] with diagnoses of polymyalgia, weakness, major depressive disorder, cerebral infarction, and mood affective disorder.</p> <p>Review of the Minimum Data Set (MDS) dated [DATE], a 5 day admission assessment documented R3's brief interview of mental status (BIMS) score of 1, meaning minimal depression severity.</p> <p>Review of R3's medication orders documented on 5/14/24, Sertraline HCl Oral Tablet 25 MG (Sertraline HCl) Give 3 tablet by mouth one time a day related to major depressive disorder, recurrent, moderate. Note, this order was carried forward from R3's previous admission and continues to be a current order.</p> <p>On 03/10/25 at 11:30 AM, Surveyor observed R3 in her room sitting in the recliner and Surveyor heard R3 making crying sounds. Surveyor observed Director of Nursing (DON) B enter R3's room to deliver medications. Surveyor interviewed DON B about R3 crying. DON B indicated R3's brother, who was her caretaker, had passed away and that is why R3 is here. R3's insurance wants R3 to discharge to an assisted living in a couple of weeks. R3 is not happy about the move and likes all the staff here.</p> <p>On 03/10/25 at 12:00 PM, staff entered R3's room to ask R3 if she wanted lunch. R3 received lunch in her room and did not eat at that time.</p> <p>Surveyor reviewed R3's care plans after above observations and did not locate a plan of care for depression with non-pharmacological interventions.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525383	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/12/2025
NAME OF PROVIDER OR SUPPLIER American Lutheran Home-Mondovi		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Memorial Dr Mondovi, WI 54755	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Example 2</p> <p>R9 was admitted to the facility on [DATE] and current diagnoses include in part, hemiplegia and hemiparesis following cerebrovascular disease affecting left non-dominant side, congestive heart failure, paroxysmal atrial fibrillation, presence of cardiac pacemaker, abnormal coagulation profile, neurocognitive disorder with Lewy bodies, and dementia.</p> <p>Review of R9's medication orders documented on 07/10/24 Apixaban Oral Tablet 2.5 MG (Apixaban) Give 2.5 mg by mouth two times a day related to paroxysmal atrial fibrillation.</p> <p>Note, Apixaban is an anticoagulant medication used to treat and prevent blood clots and to prevent stroke. Apixaban can increase the risk of bleeding which may be serious.</p> <p>Review of R9's care plans and medication administration record did not document a plan of care for risk of bleeding related to the use of apixaban medication.</p> <p>On 03/12/25 at 2:28 p.m., Surveyor interviewed DON B about a plan of care for R3's depression with use of an antidepressant and for R9's risk of bleeding with the use of apixaban. DON B indicated DON B will look to see if there is a care plan.</p> <p>On 03/12/25 at 3:11 PM, DON B stated there was no care plan for R3's depression and no care plan for R9's risk of bleeding. DON B stated care plans will be initiated for both R3 and R9.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525383	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/12/2025
NAME OF PROVIDER OR SUPPLIER American Lutheran Home-Mondovi		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Memorial Dr Mondovi, WI 54755	
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31086</p> <p>Based on record review and interview, the facility did not ensure PRN (as needed) orders for psychotropic drugs are limited to 14 days or have a physician's rationale to extend the medication for an indicated duration for 1 of 4 residents (R) reviewed (R8).</p> <p>R8's PRN Lorazepam (antianxiety medication) does not have a physician's rationale to extend the use of this medication past 14 days with an indicated duration to then evaluate the appropriateness of the medication.</p> <p>This is evidenced by:</p> <p>The facility's policy Psychotropic Medication Policy and Procedure with review date of 11/20/19 read in part, 6. Orders for PRN psychotropic medications will be time limited to 14 days unless the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days. The provider must document their rationale in the resident's medical record and indicate the duration for the PRN order .</p> <p>R8 was admitted to the facility on [DATE]. R8's current diagnoses included in part, absence epileptic syndrome, hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, atherosclerotic heart disease, chronic pain syndrome, and vascular dementia.</p> <p>R8 was admitted to hospice on 02/12/25.</p> <p>Review of R8's medication orders on 02/12/25 documented Lorazepam Oral Concentrate 2 MG/ML (Lorazepam) *Controlled Drug* Give 0.25 ml by mouth every 1 hours as needed for agitation. The order does not have an end date.</p> <p>Review of the Medication Administration Record (MAR) documented R8 received the PRN Lorazepam on 02/27/25 and 02/28/25.</p> <p>On 02/19/25, a pharmacist note to attending physician/prescriber documented in part, PRN Psychotropic Documentation Assessment Form. Please be sure the following two criteria are met to fulfill the CMS requirements for PRN use beyond 14 days. Orders may be extended beyond 14 days only if prescriber: 1. Documents clinical rationale for the extension and AND 2. Provides a specific duration of use. The physician marked the box, Continue above PRN psychotropic order. Rationale for PRN use beyond 14 day: Hospice/Palliative. The section Duration for order thru (month/day/year) is not filled out with a date. The physician signed the form with no date and the facility staff marked the form as noted and faxed on 02/26/25.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525383	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/12/2025
NAME OF PROVIDER OR SUPPLIER American Lutheran Home-Mondovi		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Memorial Dr Mondovi, WI 54755	
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 03/12/25 at 2:28 PM, Surveyor interviewed Director of Nursing (DON) B about the PRN Lorazepam not having an end date. DON indicated there was note in the computer from the MD about the use for end of life and for seizure activity. Surveyor explained the scheduled Lorazepam order is indicated for use for seizure and the PRN Lorazepam is ordered for agitation with no end dated. The PRN medication use needs to be evaluated again after 14 days for adequate indication for use and to have longer than 14 days it would need an end date to be evaluated again by the physician. DON B indicated she understands and will see if there is more information on the rationale for no end date and understands the need for an end date for the PRN use of Lorazepam. No further information was given to Surveyor for an end date of use of the PRN Lorazepam.</p>		