

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525391	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/11/2025
NAME OF PROVIDER OR SUPPLIER  Wisconsin Dells Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 300 Race St Wisconsin Dells, WI 53965	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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 that the residents environment remained free of accidents and hazards for 1 of 3 (R25) reviewed for falls and 1 of 1 (R7) reviewed for accidents and hazards.</p> <p>R25 did not have fall interventions in place after 2 falls.</p> <p>Surveyor observed R7's motorized wheelchair charging in the hallway and not behind a fire safe door.</p> <p>This is evidenced by:</p> <p>The facility's policy titled Fall Prevention and Management Guidelines, revised 7/18/24, states in part: Each resident will be assessed for fall risk and will receive care and services in accordance with their individualized plan of care to minimize the likelihood of falls or reduce the possibility/severity of injury. Provide interventions that address unique risk factors measured by the risk assessment tool. Each resident's risk factors and environmental hazards will be evaluated when developing the resident's comprehensive plan of care. Interventions will be monitored for effectiveness. The plan of care will be revised as needed and should be communicated to the staff, resident and resident's family/responsible party. When any resident experiences a fall, the facility will: .review the resident's care plan and update with any new interventions put in place to try to prevent additional falls. Review ach fall/fall investigation during the next morning meeting/clinical meeting with the interdisciplinary Team (IDT). Actions of the IDT may include: .Review of fall risk care plan and any updates to plan of care completed post-fall. Education of staff as to any care plan revisions.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility's policy titled Comprehensive Care Plan, revised 9/23/22, states in part: It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment. The care planning process will include an assessment of the resident's strengths and needs and will incorporate the resident's personal and cultural preferences in developing goals of care. The comprehensive care plan will describe, at a minimum, the following: The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being. Resident specific interventions that reflect the resident's needs and preferences. Staff responsible for carrying out interventions specified in the care plan will be notified of their roles and responsibilities for carrying out the intervention, initially and when changes are made.</p> <p>Example 1</p> <p>R7 admitted to the facility on [DATE]. He relies on a motorized wheelchair for mobility.</p> <p>On 3/9/25 at 10:51 AM Surveyor viewed R7's motorized wheelchair charging outside of his doorway, in the hallway.</p> <p>On 3/9/25 at 11:10 AM CNA I (Certified Nursing Assistant) indicated she was told by a member of the facility's corporation that she should charge the wheelchair there. CNA I indicated she has not received education on storing motorized wheelchairs.</p> <p>On 3/9/25 LPN F (Licensed Practical Nurse) indicated she was unaware that motorized wheelchairs should be charged behind a fire safe door. LPN F indicated she did not receive education regarding where to store motorized wheelchairs.</p> <p>On 3/9/25 at 11:15 AM DON B (Director of Nursing) indicated she was unsure if motorized wheelchairs are ok to charge in the hallway.</p> <p>On 3/9/25 at 12:00 PM NHA A (Nursing Home Administrator) indicated motorized wheelchairs need to charge behind a fire safe door.</p> <p>49436</p> <p>Example 2</p> <p>R25 admitted to the facility on [DATE] with diagnoses including dementia (a group of thinking and social symptoms that interferes with daily functioning) and unsteadiness on feet.</p> <p>R25's Brief Interview for Mental Status (BIMS) on 12/26/24 has a score of 5, indicating R25 has severe cognitive impairment.</p> <p>R25's Minimum Data Set (MDS) comprehensive admission assessment indicates R25 is at risk for falls and falls would be added to R25's care plan.</p> <p>R25's Mobility/Fall Risk assessment dated [DATE] indicates R25 is at risk for falls.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R25 had a fall on 10/8/24.</p> <p>R25's fall reports for 10/8/24 states: Intervention: PT (Physical Therapy) to assess walker and brakes, provide education on brakes and assess for other risks.</p> <p>R25's IDT (Interdisciplinary Team) Clinical Review note states in part: Root cause analysis: .Brake was reported to not be locked on walker.</p> <p>R25's Post Event Observation dated 10/9/24 states in part: Reminders to lock both breaks on walker when in use.</p> <p>R25 had a fall on 2/12/25.</p> <p>R25's fall report states in part: IDT (Interdisciplinary Team) team met to discuss resident. Resident is forgetful but is independent in her room . resident to keep walker by her bed to remind her more to use the walker with ambulating or transferring.</p> <p>R25's Nurses note on 2/12/25 at 9:25 PM states in part: Staff to remind resident to use walker all the time.</p> <p>R25's Post Fall assessment dated [DATE] states in part: New interventions: Staff to remind resident to use her walker all the time.</p> <p>R25's CNA's (Certified Nursing Assistant) Kardex, printed 3/7/25, includes the following: Safety: Ensure that the Resident is wearing appropriate footwear: Gripper socks or shoes on at all times when up OOB (Out of Bed). Place call light or communication device within reach.</p> <p>R25's Comprehensive Care Plan, printed 3/11/25, includes the following:</p> <p>Focus: Resident is at risk for falls r/t (Related to) cognition - unaware of safety needs. Deconditioning/weakness, medication use. Date initiated: 7/5/22</p> <p>Goal: Fall related injuries will be minimized through care plan review date.</p> <p>Interventions/Tasks: Reminders to lock brakes on walker, initiated 3/11/25. Resident to keep walker by her bed to remind her more to use the walker with ambulating and transferring, initiated 3/11/25. Signs in room for reminder to use walker, initiated 3/11/25.</p> <p>Of note, the 3/11/25 interventions were added to the care plan after Surveyor made DON B (Director of Nursing) aware that R25's fall care plan had not been updated since 2022.</p> <p>On 3/11/25 at 8:50 AM, Surveyor interviewed CNA N (Certified Nursing Assistant) regarding interventions for falls. CNA N indicated any interventions for falls would be on the Kardex. CNA N reviewed R25's Kardex with Surveyor. CNA N indicated the only interventions for R25 was to ensure R25 is wearing proper footwear and the call light is in reach. Surveyor asked CNA N if there were any other interventions for R25 and CNA N indicated there were not.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/11/25 at 8:55 AM, Surveyor interviewed RN C (Registered Nurse) regarding interventions for falls. RN C indicated he would review the resident's physician orders for fall interventions. RN C also indicated there is a sign on the outside of the room for residents at risk for falls. RN C indicated R25 has an alarm mat on the floor when she is in bed and her bed is in the low position.</p> <p>On 3/11/25 at 9:00 AM, Surveyor observed R25's room. R25 did not have an alarm mat in her room.</p> <p>On 3/11/25 at 9:45 AM, Surveyor interviewed DON B (Director of Nursing) regarding fall interventions. DON B indicated if a resident falls and new interventions are put in place, the resident's care plan would be updated with the new interventions and the interventions would be communicated to staff. DON B indicated the Kardex would also be updated with the new interventions. DON B indicated the facility does not place signs outside of the resident's room indicating they are a fall risk. DON B indicated the facility does not put fall interventions in the physician orders. DON B indicated the primary place to look for fall interventions would be the resident's care plan. DON B indicated R25's care plan should have been updated with the new interventions and was not.</p>

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50228</p> <p>Based on observation, interview, and record review the facility did not ensure that a resident who requires dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences for 2 of 2 residents (R39 and R33) reviewed for dialysis.</p> <p>R39 is receiving dialysis services. R39's care plan does not indicate how to handle an emergency situation with R 39's dialysis port and staff were not able to appropriately verbalize how to handle an emergency situation.</p> <p>R33 is receiving dialysis services. R33's care plan does not indicate how to handle an emergency situation with R33's dialysis port and staff were not able to appropriately verbalize how to handle an emergency situation.</p> <p>Evidenced by:</p> <p>The facility's Hemodialysis policy, dated 9/10/23, states, in part: The facility will assure that each resident receives care and services for the provision of hemodialysis consistent with professional standards of practice. This will include: The ongoing assessment of the resident's condition and monitoring for complications before and after dialysis treatments received at a certified dialysis facility. Ongoing assessment and oversight of the resident before and after dialysis treatments, monitoring for complications, implementation of appropriate interventions, and using appropriate infection control practices.</p> <p>Important to note: the policy does not indicate interventions for implementation in case of a complication/emergency.</p> <p>Example 1</p> <p>R39 admitted to the facility on [DATE] and has diagnoses that include end stage renal disease (a condition that occurs when the kidneys are no longer able to function adequately to maintain health and survival) and dependence on renal dialysis (relying on a procedure to filter blood and remove waste products when the kidneys are unable to do so).</p> <p>R39's physician orders state, in part: Dialysis scheduled for Mondays, Wednesdays, and Fridays . Order date 11/21/24.</p> <p>R39's care plan states, in part: Renal insufficiencies .date initiated: 3/9/25. Check access site for lack of thrill/bruit (sound and feeling of adequate blood flow), evidence of infection, swelling, or excessive bleeding per facility guidelines. Report abnormalities to MD. Dated 3/9/25. Dialysis (location) Monday-Wednesday-Friday . Dated 3/9/25. Report any dialysis catheter and site evidence of infection, dislodgement, and leaking. Dated 3/9/25.</p> <p>Important to note: R39's care plan does not include interventions related complications/emergencies with catheter site.</p> <p>(continued on next page)</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/10/25 at 10:59 AM, Surveyor interviewed CNA I (certified nursing assistant) and asked what would be done if a resident was found bleeding from their dialysis port. CNA I stated the nurse would need to be updated through use of the phone in the hallway.</p> <p>Important to note that CNA I indicated that the resident would need to be left in order to access the phone.</p> <p>On 3/10/25 at 11:13 AM, Surveyor interviewed CNA J and asked what would be done if a resident was found bleeding from their dialysis port. CNA J stated that the nurse would need to be updated. CNA J stated that CNA J would peek into the hall and ask for the nurse, without breaking resident privacy, or would leave the room and use the hall phone to page the nurse.</p> <p>On 3/10/25 at 11:30 AM, Surveyor interviewed LPN F (licensed practical nurse) and asked what would be done if a resident was found bleeding from their dialysis port. LPN F stated that the RN (registered nurse) would need to be alerted. LPN F indicated that the resident would be left while the staff accessed the phone in the hallway. LPN F indicated that after alerting the RN, LPN F would see how bad the bleeding was and put something in place to stop the bleeding. LPN F stated that a dry wipe in the room could be used or could ask someone to bring in gauze.</p> <p>On 3/10/25 at 4:00 PM, Surveyor interviewed DON/IP B (Director of Nursing/Infection Preventionist) and asked what staff is expected to do if a resident is found bleeding from their dialysis port. DON/IP B stated the nurse is to be alerted and there is a bag in the resident's room on their cork board (emergency kit) to help stop bleeding. Surveyor asked if anyone could use the emergency kit. DON/IP B stated yes. Surveyor asked how the nurse would be alerted. DON/IP B stated staff is to stay with the resident, activate the call light, and yell for the nurse. Surveyor asked if emergency procedure is part of the resident care plan and facility policy. DON/IP B reviewed care plan and policy and indicated that they did not say what to do in case of an emergency. Surveyor asked if the resident care plan and facility policy should say what to do in case of an emergency. DON/IP B stated yes.</p> <p>On 3/10/25 at 4:17 PM, Surveyor observed R39's room with DON/IP B. No emergency kit noted on the cork board. Surveyor asked if there should be an emergency kit on the cork board. DON/IP B stated yes.</p> <p>38882</p> <p>Example 2</p> <p>R33 admitted to the facility on [DATE] with the following diagnoses: end stage renal disease and dependence on renal dialysis.</p> <p>(continued on next page)</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R33's Comprehensive Care Plan, initiated 7/29/24, includes Renal insufficiencies . 7/29/24 Check access site for lack of bruit and thrill, evidence of infection/swelling/ or excessive bleeding per facility guidelines. Report abnormalities to R33's Medical Doctor. 7/29/24 Confer with Medical Doctor and/or dialysis treatment center regarding changes in medication administration times/dosage pre-dialysis as needed. 7/29/24 Coordinate dialysis care with dialysis treatment center . Monday, Wednesday, Friday . Send midrin to dialysis with container of applesauce and plastic spoon. Make sure he has blanket and pillow, coat and hat sent with also. Needs to be high back wheelchair with foot pedals, mesh Hoyer sling and Roho cushion under him . 7/29/24 Diet per Medical Doctor orders . 7/29/24 Encourage rest after dialysis treatments . 7/29/24 Hemp dialysis (location- Named Dialysis Center 3 times weekly on Monday, Wednesday, Friday 11:00 AM chair time, 10:45 AM pick up). Obtain labs as ordered and notify Medical Doctor of results. 7/29/24 Record dry weights and report significant changes as ordered . 7/29/24 Report any dialysis catheter and site evidence of infection, dislodgement, and leaking .</p> <p>It is important to note R33's Comprehensive Care Plan does not include goals or interventions related to emergency procedures.</p> <p>On 3/10/25 at 10:54 AM CNA I (Certified Nursing Assistant) indicated if she found R33 bleeding out of his dialysis site she would exit the room to retrieve the nurse. CNA I indicated she would go find the nurse or use the phone hanging halfway down the hallway to call for the nurse.</p> <p>It is important to note CNA I would not apply pressure and would leave R33 alone if R33 had bleeding from dialysis site.</p> <p>On 3/10/25 at 3:22 PM LPN G (Licensed Practicing Nurse) indicated there should be an emergency dialysis kit in R33's room, but she was not able to locate the kit for Surveyor.</p> <p>On 3/11/25 at 11:27 AM NHA A (Nursing Home Administrator) indicated there should be an emergency kit in the rooms of residents who have dialysis and on 3/10/25 she added one to R33's room suspended from his cork board. NHA A indicated the resident's care plan, and the facility policy should contain emergency procedures for all staff related to dialysis care.</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>38882</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 44 residents who reside in the facility.</p> <p>Surveyor observed the facility's freezer to have frozen condensation attached to the ceiling and fallen pieces of frozen condensation on top of and inside of boxes of unsealed food causing potential for contamination.</p> <p>Surveyor observed a mixer to be stored covered and unclean.</p> <p>Supplements in the medication rooms were not dated.</p> <p>Evidenced by:</p> <p>Example 1</p> <p>Facility policy, titled Food Storage: Cold Foods, undated, includes: . All . foods, frozen and refrigerated, will be appropriately stored in accordance with guidelines of FDA (Food and Drug Administration) Food Code . All foods will be stored wrapped or in covered containers, labeled and dated, and arranged in a manner to prevent cross contamination .</p> <p>On 3/9/25 at 9:04 AM, during initial tour of the facility's kitchen, Surveyor and DM K observed frozen drips suspended from the ceiling in the facility's walk-in freezer. Surveyor and DM K also observed boxes of food to have water damage on them and opened boxes with unsealed food to have shards of ice on and inside of the box. DM K indicated she knocks the drips of ice down with an ice scraper every couple days and it is condensation that builds up and freezes. DM K folded the sides of one of the opened and unsealed boxes out, then Surveyor and DM K observed ice sitting in on the plastic bag inside of the box. DM K indicated she is unsure if the ice got inside of the plastic bag as it is no longer sealed by the manufacturer. DM K indicated she needs to provide a barrier between the frozen dripping and the opened food. DM K indicated she would throw out the egg patties and the potato wedges and other food that could be contaminated by the dislodged ice.</p> <p>On 3/9/25 at 12:19 PM District Manager L indicated the freezer has had this issue for a little while and the facility has tried different things to mitigate the condensation building up. District Manager L indicated there should be a barrier between the food that is no longer sealed by the manufacturer and the frozen dripping condensation to prevent contamination.</p> <p>Example 2</p> <p>Facility policy, titled Equipment, revised 9/2017, includes: . All food contact equipment will be cleaned and sanitized after every use .</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>On 3/9/25 at 9:04 AM Surveyor and DM K (Dietary Manager) observed a mixer to be stored covered and unclean with dried food particles on it. DM K indicated the mixer should have been cleaned before being covered and stored.</p> <p>On 3/9/25 at 12:19 PM District Manager L indicated equipment should be cleaned before being covered in plastic and stored.</p> <p>50228</p> <p>Example 3</p> <p>On 3/10/25 at 4:29 PM, Surveyor observed an open and used 32 ounce box of Imperial Med Plus 2.0 Vanilla Supplement on top of the 400 hall medication cart. Surveyor asked LPN G (Licensed Practical Nurse) if the supplement has been opened and used. LPN G stated yes. Surveyor asked how long the supplement was good. LPN G stated there should be a date on the supplement indicated when it needs to be used by.</p>		