

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525411	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/02/2024
NAME OF PROVIDER OR SUPPLIER Willowdale Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 1610 Hoover St New Holstein, WI 53061	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32768</p> <p>Based on staff interview and record review, the facility did not ensure an allegation of abuse was reported to the State Agency (SA) for 1 resident (R) (R23) of 3 sampled residents.</p> <p>The facility did not report an allegation of mistreatment involving R23 to the SA.</p> <p>Findings include:</p> <p>The facility's Abuse, Neglect and Exploitation Policy, dated 7/15/22, indicates: It is the policy of this facility to provide protection for the health, welfare, and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property .Mistreatment means inappropriate treatment or exploitation of a resident .2. The facility will designate a leadership position in the facility who is responsible for reporting allegations or suspected abuse, neglect, or exploitation to the State Survey Agency and other officials in accordance with state law .IV. Identification of Abuse, Neglect and Exploitation .2. Possible indications of abuse include, but are not limited to: a. Resident, staff or family report of abuse .VII. Reporting/Response .1. Reporting of all alleged violations to the Administrator, State Agency, Adult Protective Services, and to all other required agencies (e.g., law enforcement when applicable) within specified timeframe .a. Immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury. b. Not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury.</p> <p>From 9/30/24 to 10/2/24, Surveyor reviewed R23's medical record. R23 was admitted to the facility on [DATE] with diagnoses including displaced fracture of left acetabulum, weakness, dementia, congestive heart failure (CHF), and transient ischemic attack (stroke). R23's Minimum Data Set (MDS) assessment, dated 7/19/24, had a Brief Interview for Mental Status (BIMS) score of 12 out of 15 which indicated R23 had moderate cognitive impairment. The MDS assessment indicated R23 was dependent on staff for toileting and hygiene and required substantial/maximal assistance with dressing and eating.</p> <p>Surveyor reviewed an allegation of mistreatment involving R23 and Certified Nursing Assistant (CNA)-J that occurred on 6/24/24.</p> <p>On 10/1/24 at 9:32 AM, Surveyor interviewed R23 who did not report any concerns with staff or care at the facility.</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/1/24 at 12:21 PM, Surveyor interviewed CNA-I who indicated CNA-I and CNA-J completed perineal care for R23 on 6/24/24. CNA-I indicated CNA-J washed around R23's testicles and made noises such as ding, ding, [NAME]. CNA-I indicated CNA-I didn't feel what CNA-J did was appropriate and reported it to the charge nurse after cares were completed. CNA-I indicated CNA-I went back into the room and apologized to R23 because CNA-I felt bad that had occurred. CNA-I also indicated Nursing Home Administrator (NHA)-A called CNA-I following the incident but only asked why CNA-I didn't stop CNA-J.</p> <p>On 10/2/24 at 10:14 AM, Surveyor interviewed NHA-A regarding the allegation and asked if the allegation of mistreatment was reported to the SA. NHA-A indicated the allegation was not reported to the SA, but the facility completed a competency skill check with CNA-J. NHA-A indicated NHA-A was on vacation at the time, but remembered there was a discrepancy of the timeframe when the incident occurred. NHA-A verified the incident should have been reported to the SA.</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32768</p> <p>Based on staff interview and record review, the facility did not ensure an allegation of abuse was thoroughly investigated for 1 resident (R) (R23) of 3 sampled residents.</p> <p>The facility did not thoroughly investigate an allegation of mistreatment involving R23 and Certified Nursing Assistant (CNA)-J.</p> <p>Findings include:</p> <p>The facility's Abuse, Neglect and Exploitation Policy, dated 7/15/22, indicates: It is the policy of this facility to provide protection for the health, welfare, and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property .Mistreatment means inappropriate treatment or exploitation of a resident .1. The facility will develop and implement written policies and procedures that: .b. Establish policies and procedures to investigate any such allegations .V. Investigation of Alleged Abuse, Neglect and Exploitation .A. An immediate investigation is warranted when an allegation or suspicion of abuse, neglect or exploitation, or reports of abuse, neglect or exploitation occur.</p> <p>From 9/30/24 to 10/2/24, Surveyor reviewed R23's medical record. R23 was admitted to the facility on [DATE] with diagnoses including displaced fracture of left acetabulum, weakness, dementia, congestive heart failure (CHF), and transient ischemic attack (stroke). R23's Minimum Data Set (MDS) assessment, dated 7/19/24, had a Brief Interview for Mental Status (BIMS) score of 12 out of 15 which indicated R23 had moderate cognitive impairment. The MDS also indicated R23 was dependent on staff for toileting and hygiene and required substantial/maximal assistance with dressing and eating.</p> <p>On 10/1/24, Surveyor requested to review an investigation regarding an allegation of mistreatment involving R23 and CNA-J on 6/24/24. Nursing Home Administrator (NHA)-A provided Surveyor with a sheet of paper that contained 8 bullet points that were completed during the investigation. The investigation did not include resident interviews or additional staff interviews, including an interview with CNA-I who reported the incident. The investigation also did not include education with other staff members and only contained a perineal care competency checklist completed with CNA-J.</p> <p>On 10/1/24 at 9:32 AM, Surveyor interviewed R23 who did not report any concerns with staff or care at the facility.</p> <p>On 10/1/24 at 12:21 PM, Surveyor interviewed CNA-I who indicated CNA-I and CNA-J completed perineal care for R23 on 6/24/24. CNA-I indicated CNA-J washed around R23's testicles and made noises like ding, ding, [NAME]. CNA-I indicated CNA-I didn't feel what CNA-J did was appropriate and reported the incident to the charge nurse after cares were completed. CNA-I indicated CNA-I went back into the room and apologized to R23 because CNA-I felt bad that had occurred. CNA-I indicated NHA-A called CNA-I following the incident but only asked why CNA-I didn't stop CNA-J.</p> <p>(continued on next page)</p>		

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