

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525412	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/25/2024
NAME OF PROVIDER OR SUPPLIER Birch Hill Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 1475 Birch Hill Lane Shawano, WI 54166	

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50467</p> <p>Based on record review and staff interview, the facility did not revise care plans in accordance with current care needs for 4 residents (R) (R38, R21, R40, and R35) of 14 sampled residents.</p> <p>The facility did not revise R38, R21, and R40's care plans when R38, R21, and R40 started Hospice care.</p> <p>R35 had a restorative program that indicated R35 should be walked to meals. The facility did not revise R35's care plan to indicate staff did not always ambulate R35 to meals but ambulated R35 at other times during the day.</p> <p>Findings include:</p> <p>1. From 9/23/24 to 9/25/24, Surveyor reviewed R38's medical record. R38 was admitted to the facility on [DATE] and had diagnoses including encephalopathy, depression, and dementia. R38's Minimum Data Set (MDS) assessment, dated 9/11/24, had a Brief Interview for Mental Status (BIMS) score of 1 out of 15 which indicated R38 had severe cognitive impairment.</p> <p>R38's medical record contained an order for Hospice evaluation and treatment. On 9/10/24, R38's Hospice paperwork was completed. R38's medical record did not contain a Hospice care plan.</p> <p>2. From 9/23/24 to 9/25/24, Surveyor reviewed R21's medical record. R21 was admitted to the facility on [DATE] and had diagnoses including adjustment with depressed mood and secondary malignant neoplasm of the brain (brain cancer). R21's MDS assessment, dated 9/6/24, had a BIMS score of 5 out of 15 which indicated R21 had severe cognitive impairment.</p> <p>R21's medical record contained an order, dated 2/13/23, for Hospice evaluation and treatment. R21's medical record did not contain a Hospice care plan.</p> <p>3. From 9/23/24 to 9/25/24, Surveyor reviewed R40's medical record. R40 was admitted to the facility on [DATE] and had diagnoses including progressive neurological condition, Alzheimer's disease, and dementia. R40's MDS assessment, dated 8/23/24, had a BIMS score of 4 out of 15 which indicated R40 had severe cognitive impairment. R40 started Hospice services on 8/21/24.</p> <p>R40's medical record did not contain a Hospice care plan.</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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 9/24/24 at 1:56 PM, Surveyor interviewed Director of Nursing (DON)-B who confirmed residents who receive Hospice services should have a facility-completed care plan that reflects the needs of the residents.</p> <p>45943</p> <p>4. From 9/23/24 to 9/25/24, Surveyor reviewed R35's medical record. R35 was admitted to the facility on [DATE] for therapy and had diagnoses including traumatic brain injury, epilepsy, impulsivity disorder, post-traumatic stress disorder (PTSD), and anxiety. R35's MDS assessment, dated 9/18/24, had a BIMS score of 3 out of 15 which indicated R35 had severe cognitive impairment. R35 had a guardian for healthcare decisions.</p> <p>R35's care plan, revised 4/23/24, indicated R35 required assistance to restore function for mobility related to decreased balance and inability to move independently. The care plan contained a restorative walking program intervention to ambulate R35 with a 4-wheeled walker, gait belt, and the assistance of 1 staff to meals.</p> <p>On 9/24/24 at 11:50 AM, Surveyor observed Nursing Home Administrator (NHA)-A begin to transport R35 to the dining room in a wheelchair with leg rests. Maintenance Director (MD)-H took over and completed the transport.</p> <p>On 9/24/24 at 11:52 AM, Surveyor interviewed NHA-A who indicated NHA-A was not aware R35 should be walked to the dining room for meals.</p> <p>On 9/24/24 at 11:55 AM, Surveyor interviewed MD-H who indicated MD-H was not aware R35 should be walked to the dining room for meals. MD-H indicated MD-H was told R35 should stay in the wheelchair so R35 didn't fall.</p> <p>On 9/24/24 at 1:43 PM, Surveyor interviewed Activities Director (AD)-I who verified AD-I took R35 to the dining room in the morning in a wheelchair. AD-I indicated AD-I was not aware R35 should be walked to the dining room for meals but stated R35 was walked in the hallway at other times.</p> <p>On 9/24/24 at 3:00 PM, Surveyor interviewed Minimum Data Set Coordinator (MDSC)-K who indicated Certified Nursing Assistants (CNAs) document on R35's plan of care the number of minutes R35 is walked. Surveyor reviewed the documentation and noted the following:</p> <p>~ From 7/1/24 to 7/31/24, R35 was walked 3 times per day except on 4 dates when R35 was walked once, 3 dates when R35 refused, and 3 instances that were documented as not applicable.</p> <p>~ From 8/1/24 to 8/31/24, R35 was walked three times per day except on 3 dates.</p> <p>~ From 9/1/24 to 9/25/24, R35 was walked three times per day except on 1 date when R35 was not available and 1 date when R35 refused.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 9/25/24 at 10:09 AM, Surveyor interviewed DON-B who verified R35's care plan indicated R35 should be walked to meals. DON-B verified R35 was walked to breakfast that morning and stated DON-B observed R35 walked to supper on 9/24/24. DON-B also observed staff walk R35 at different times of the day other than meals. DON-B indicated DON-B would check with therapy to see if the ambulation order could be changed to include other times than meal time.</p>		