

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525418	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/18/2025
NAME OF PROVIDER OR SUPPLIER Evansville Manor Nursing and Rehab, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 470 Garfield Ave Evansville, WI 53536	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure that residents (R) receive treatment and care in accordance with professional standards of practice or the comprehensive person-centered care plan for 1 of 1 residents (R3) reviewed.</p> <p>R3 voiced concern that her bottom was getting sore from sitting on the Hoyer sling. The Registered Nurse (RN) did not complete an assessment and delayed in notifying the provider of R3's potential skin breakdown.</p> <p>R3 has a diagnosis of Congestive Heart Failure (CHF) that was not being adequately monitored. The facility did not follow physician's orders for bi-weekly weights and did not notify the provider when there were weight fluctuations.</p> <p>Findings include:</p> <p>Example 1:</p> <p>Facility policy entitled, Pressure Injury Prevention and Wound Care Management, dated 8/26/18 with last revision date of 3/4/24, states, in part: Purpose: The purpose of the policy is to provide healthcare staff with the standards of care, and processes to be followed for all residents . To promote a systematic approach and monitoring process for the care of residents with existing wounds and for those who are at risk for skin breakdown . Policy: It is the policy of this facility that each resident receives the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial wellbeing, in accordance with the comprehensive assessment and plan of care . Procedure: Risk Identification and Assessment: A complete assessment is essential to an effective pressure injury prevention and treatment program . 3. Risk factors include: b. Impaired or decreased mobility and functional ability; d. Comorbid conditions (e.g. diabetes mellitus); h. Increase in friction or shear . 4. The clinician responsible for the residents' care will review risk factors and identify whether and to what extent those risks can be modified, stabilized, or removed. 5. Resident's skin will be monitored daily during cares by nursing assistant and skin check will be completed weekly by licensed nurse . 9. Nursing staff should update the attending physician immediate of wounds that have developed .</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: 525418	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/18/2025
NAME OF PROVIDER OR SUPPLIER Evansville Manor Nursing and Rehab, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 470 Garfield Ave Evansville, WI 53536	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Facility policy entitled, Change in Condition, dated 8/1/15 with last revision date of 11/13/24, states, in part: Purpose: To ensure prompt notification of the resident, the attending physician . of changes in the resident's physical, psychosocial and/or mental condition and/or status . Procedure: 1. The physician . will be notified when there has been a change that is sudden in onset .2. Specific information that requires prompt notification include, but is not limited to: . h. Onset of pressure ulcer . 3. Nurse will complete assessment and document findings in resident record including but not limited to vital signs, pain . Notification of medical professional . will be documented in medical record .</p> <p>R3 was admitted to the facility on [DATE] with diagnoses that include, in part: Chronic Diastolic (Congestive) Heart Failure, Chronic Respiratory Failure, Morbid (Severe) Obesity, Schizoaffective Disorder unspecified (a mental health condition that is marked by a mix of symptoms including hallucinations, delusions, depression and mania), and Adjustment Disorder unspecified.</p> <p>R3's most recent Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/21/25 indicates Brief Interview of Mental Status (BIMS) score of 15 out of 15, indicating R3 is cognitively intact.</p> <p>R3's Comprehensive Care Plan states, in part: . Focus: The resident has limited physical mobility r/t (related to) lymphedema (a chronic condition that causes swelling in the body's tissues), fibromyalgia (a chronic condition that involves widespread body pain), chronic pain and morbid obesity. Date Initiated: 12/15/24. Revision on: 12/26/24 . Intervention: Transfer Assist - Full body lift - Assist Two. Date Initiated: 6/2/25. Revision on: 6/4/25 . Focus: I am at risk for alteration in skin integrity related to immobility. Date Initiated: 12/15/23. Revision on: 1/6/25. Goal: I will be free from skin breakdown through the review date. Date Initiated: 12/15/23. Revision on: 5/6/25 .</p> <p>On 6/18/25 at 10:49 AM, Surveyor interviewed R3 in her room. R3 stated that she was getting sores on her bottom from the sling thing. R3 indicated that she had been using the Hoyer lift for transfers since 6/2/25 but that her bottom had only been bothering her for the past couple of days. Surveyor observed that R3 was seated in her recliner with the Hoyer sling under her.</p> <p>On 6/18/25 at 12:12 PM, Surveyor interviewed RN C (Registered Nurse) who stated that R3 was starting to get skin breakdown from the Hoyer sling. RN C stated that she had left a message for the NP (Nurse Practitioner) because the sling was starting to negatively affect R3. Surveyor asked RN C when she first noticed that R3 was experiencing skin breakdown from the Hoyer sling. RN C replied, just yesterday was when I first noticed her skin breakdown from the Hoyer sling.</p> <p>R3's Health Status Note, dated 6/18/25 at 12:48 PM, states, in part: Resident has new area of concern on buttocks that appears to be from the hoyer sling. Staff called NP (Nurse Practitioner) and left a message asking if we should do any wound care to the area. Staff is using pillowcases to help keep sling from rubbing directly against skin .</p> <p>On 6/18/25 at 2:33 PM, Surveyor interviewed CNA F (Certified Nursing Assistant) who stated that the Hoyer sling is always under R3 whenever she is up in her chair.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525418	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/18/2025
NAME OF PROVIDER OR SUPPLIER Evansville Manor Nursing and Rehab, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 470 Garfield Ave Evansville, WI 53536	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/18/25 at 2:38 PM, Surveyor interviewed CNA D who stated that R3 feels that she is getting sores on her bottom from the friction and shearing when using the Hoyer sling. Surveyor asked CNA D when R3 first told her of the sores on her bottom. CNA D stated that R3 had never complained to her directly, but that one of the day shift CNAs had told her about it last week.</p> <p>On 6/18/25 at 2:44 PM, Surveyor interviewed R3, who stated that she used to be a nurse, and she knows that a Hoyer sling should not be kept under a person because that will cause skin breakdown or make it worse. R3 stated that the Hoyer sling is always under her and that the staff never offer to take it out from under her. R3 indicated that she asked staff to remove the sling, but they told her they didn't have time to take it out and put it under her all the time. Surveyor asked R3 if she could observe the skin breakdown on her bottom and R3 replied no, as she didn't want to be Hoyer lifted into bed at this time.</p> <p>On 6/18/25 at 3:15 PM, Surveyor interviewed CNA D and asked to see the type of Hoyer sling that was being used with R3. CNA D showed Surveyor the mesh sling with a large hole cut out of it. CNA D indicated that the cutout hole allowed R3 to use the commode with the sling remaining under her. CNA D stated that R3 had a red rim on her bottom the same size and shape as the cutout hole of the sling. Surveyor asked CNA D if the sling was ever removed from under R3 when she was up in her chair. CNA D stated that it hadn't been discussed until today, but that it really wasn't possible to remove the sling from under R3 while she was sitting up, due to her size and inability to sufficiently move side to side to remove or apply the sling while seated.</p> <p>On 6/18/25 at 4:27 PM, Surveyor interviewed DON B (Director of Nursing) about the skin breakdown R3 was experiencing due to the Hoyer sling. DON B stated that to her knowledge the skin breakdown just occurred today. Surveyor let DON B know of RN C's statement that she first noticed the skin breakdown yesterday. Surveyor asked DON B if that would be considered a delay in notifying the physician. DON B stated yes, that would be considered a delay in notification.</p> <p>There is no indication that facility staff completed a full assessment in regards to R3's change of condition in her skin, and they delayed in notifying the attending provider of potential skin breakdown.</p> <p>Example 2:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525418	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/18/2025
NAME OF PROVIDER OR SUPPLIER Evansville Manor Nursing and Rehab, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 470 Garfield Ave Evansville, WI 53536	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Facility policy, entitled Resident Height and Weight, dated 6/16/22 with a last revision date of 1/7/25 states, in part: Policy: All residents will be weighed upon admission and subsequently as the policy directs to provide a baseline and ongoing record for monitoring stability of weight as an indicator of nutritional status and medical condition over a period of time. Nursing department staff and Dietician will cooperate to prevent, monitor and provide intervention for undesirable weight variances for our residents and patients . Purpose: The purpose of this policy is to provide consistency in the method heights and weights are obtained and recorded and to provide guidelines for the frequency of monitoring heights and weights. It is also to provide guidelines for MD notification and documentation of significant weight changes . Procedure: . 3. Frequency of subsequent weights will be determined by the Dietician in cooperation with the Interdisciplinary team or by the Physician, based on resident's medical condition. Weight frequency will be scheduled in Taks in the EMR (Electronic Medical Record) and documented in the Nutrition Care plan . 5. All heights and weights will be documented in the EMR under Weights and Vitals. 6. Weekly or daily weights are recommended if any of the following are present: . e. Unstable CHF or significant edema . 12. The Dietician or designee will review individual weights recorded in the EMR monthly PRN (as needed) to identify trends over time. Unplanned weight trends will be assessed and addressed by the Dietician and MD notification will be made by nursing staff if applicable .</p> <p>R3's Comprehensive Care plan includes, in part: Focus: The resident has Congestive Heart Failure. Will refuse to have weight obtained per orders. Date Initiated: 2/21/24. Revision on: 11/18/24 . Interventions: Monitor Vital Signs as ordered. Notify MD of significant abnormalities. Date Initiated: 2/21/24. Revision on: 2/21/24 . Monitor/document/report PRN and s/sx (signs/symptoms) of Congestive Heart Failure: . weight gain unrelated to intake. Date initiated: 2/21/24 . Weights and parameters as ordered. Date initiated: 2/21/24. Revision on: 2/27/24 . Focus: The resident has potential for fluid deficit d/t (due to) diuretic use for CHF/HTN (Congestive Heart Failure/Hypertension). Date Initiated: 2/26/25. Revision on: 2/27/24 . Interventions: Monitor weights and parameters as ordered. Date Initiated: 2/27/24. Monitor/document vital signs per protocol/as ordered. Notify MD of significant abnormalities. Date Initiated: 2/26/24 .</p> <p>R3's Treatment Administration Record (TAR) states, in part: Weights on T & F (Tuesday and Friday) - Monitor for weight gain > than 3 lbs (pounds). Update NP every day shift every Tuesday, Friday related to Acute on Chronic Diastolic (Congestive) Heart Failure. Order Date: 3/10/25 .</p> <p>R3's weight documentation includes, in part:</p> <p>April 2025: no weights documented</p> <p>On 5/2/25: 309 pounds</p> <p>On 5/5/25: 309 pounds</p> <p>Of note: no other weights were documented in May</p> <p>On 6/6/25: 319.2 pounds (of note, R3 has a 10 pound weight gain.)</p> <p>On 6/9/25: 319.2 pounds</p> <p>On 6/13/25: 319 pounds</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525418	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/18/2025
NAME OF PROVIDER OR SUPPLIER Evansville Manor Nursing and Rehab, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 470 Garfield Ave Evansville, WI 53536	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/16/25: 307.8 pounds</p> <p>On 6/18/25: 321 pounds</p> <p>Of note: no other weights were documented in June.</p> <p>Of note: Monitoring weight is an indicative measure to assess CHF exacerbation. A sudden weight gain can mean that more fluid is building up and your heart failure is getting worse. Standard of practice indicates that a weight gain of greater than 3 pounds in a day or 5 pounds in a week would warrant prompt MD notification.</p> <p>On 6/18/25 at 12:23 PM, Surveyor interviewed CNA E (Certified Nursing Assistant) and asked her if R3 ever refused to have her weight taken. CNA E stated no, she doesn't refuse that, and even if she did, they have a Hoyer lift that automatically weighs the resident during transfer. CNA E stated that if R3 ever did refuse to have her weight taken, she would tell the nurse who would put a note in (electronic health record).</p> <p>On 6/18/25 at 2:33 PM, Surveyor interviewed CNA F and asked her if R3 ever refused to have her weight taken. CNA F stated no, not to her knowledge does R3 refuse to have her weight taken.</p> <p>On 6/18/25 at 2:38 PM, Surveyor interviewed CNA D and asked her if R3 ever refused to have her weight taken. CNA D stated no, R3 has never refused to have her weight taken when she has cared for her.</p> <p>On 6/18/25 at 4:27 PM, Surveyor interviewed DON B (Director of Nursing) and asked her if the staff should be monitoring and documenting R3's weight per physician orders. DON B stated that she would have to look into it but they were probably refusals. Surveyor asked DON B if the facility has a Hoyer lift that automatically obtains the resident's weight when used. DON B stated yes, they do have a Hoyer lift with that capability. Surveyor asked DON B if she would expect the staff to follow physician orders of obtaining R3's bi-weekly weights and notifying the NP per standards of practice. DON B stated yes, that would be her expectation.</p> <p>The facility failed to ensure that R3 received treatment and care in accordance with professional standards of practice, as they did not do an assessment with potential skin breakdown, did not obtain bi-weekly weights per physician orders, did not notify the attending physician in a timely manner, and failed to monitor symptoms of CHF exacerbation adequately.</p>		