

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525435	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2024
NAME OF PROVIDER OR SUPPLIER Abbotsford Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 600 E Elm St Abbotsford, WI 54405	

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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>47284</p> <p>Based on observation, interview and record review, the facility did not provide sufficient nursing staff to provide nursing and related services to 20 of 53 residents (R) reviewed. (R13, R11, R14, R4, R12, R7, R8, R9, R1, R15, R16, R17, R18, R19, R20, R21, R22, R23, R28 and R29)</p> <p>This is evidenced by:</p> <p>Facility training completed on 4/24/24 on call light etiquette included the following:</p> <ol style="list-style-type: none"> 1) Answer call lights promptly 2) Call lights are not to be turned off until needs are met 3) Always ask if you can help with anything else before exiting the room 4) No call light should be unanswered for longer than 10 minutes <p>General resident information</p> <p>Surveyors requested information in relation to residents' falls and a list was provided. It lists 6 residents who were found on floor since May 1. Other witnessed falls include one fall from wheelchair, 4 falls while ambulating, 2 fall/bed incidents.</p> <p>The facility currently has 20 residents with treatments, 31 incontinent residents, 22 residents who require the assistance of 2 people, 24 residents on contact or enhanced barrier precautions, 3 residents who are on 30 min checks. 5 residents who are on 1 hour checks. 2 residents who are fed by tube, 1 resident who requires full assistance with meals, 3 residents who require supervision and occasional assistance with meals.</p> <p>On 06/04/24 at 7:40 PM, Surveyor reviewed the Daily Restorative Task sheet, which listed 26 residents and the restorative programs they have, some which are to be completed multiple times daily.</p> <p>Facility assessment dated updated 05/31/24 reads in part, Staffing plan 1:20 LN (Licensed Nurse) ratio on night shift 10 PM- 6 AM.</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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 06/03-04/24, Surveyor reviewed the daily staffing reports for May of 2024 which lists the facility census ranging from a low census of 49 on one day to a high census of 57. The report lists Night Shift 10 PM-6 AM and only lists 2 nurses on the schedule each night for the entire month. This results in a staffing ratio of 1 LN to 24.5 residents with a census of 49 to 1 LN to 28.5 residents with a census of 57. These ratios do not meet the facility's assessment of staffing needs.</p> <p>On 06/05/24 at 4:15 PM, Surveyor interviewed Nursing Home Administrator (NHA) A and Director of Nursing (DON) B about facility staffing. When asked about the staffing ratio information, NHA A stated he had been recently updating the assessment to better reflect the facility, and he missed updating the number of nurses for night shift.</p> <p>NHA A stated it should be 1:24 residents, then later added that he couldn't recall the exact number of residents for the nurse to resident ratio. DON B and NHA A both stated the facility has worked to have front loaded the first shift with the majority of tasks and workload as there are more staff on that shift, and then they staff heavier on that shift to complete the work. NHA A also stated the staffing plan on the facility assessment needs to be adjusted to account for the 12 hour shifts that the facility uses for licensed nursing coverage, instead of the 8 hour shifts it currently lists.</p> <p>Review of staff posting, and schedules for May 2024 indicated the following:</p> <p>Census from 49-57</p> <p>Certified Nursing Assistant (CNA) coverage:</p> <p>AM shift: 4-5</p> <p>PM shift: 4-4.5</p> <p>NOC (nights) shift: 3-4</p> <p>Licensed Staff (nurses) coverage:</p> <p>AM shift: 2-5</p> <p>PM shift: 2-3</p> <p>NOC shift: 1-2</p> <p>Observations:</p> <p>On 06/04/24 at 9:58 AM, upon arrival to the 200 hallway, Surveyor observed 5 call lights on. The following residents had their call lights on: R4, R11, R12, R13, and R14.</p> <p>On 06/04/24 at 10:00 AM, Surveyor observed 2 Certified Nursing Assistant (CNA) staff went into R13's room with a Hoyer lift. Surveyor observed Licensed Practical Nurse (LPN) C went into R11's room.</p> <p>On 06/04/24 at 10:08 AM, Surveyor observed LPN C came out of R11's room and went into R14's room.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 06/04/24 at 10:10 AM, Surveyor observed LPN C came out of R14's room and went into R4's room. R4 wanted to get up and ready for the day. LPN C said they will let the CNA staff know this. LPN C left R4's room and notified the 2 CNA staff (who were still working with R13) that R4 wanted to get ready for the day.</p> <p>On 06/04/24 at 10:12 AM, Surveyor observed LPN C went into R12's room and helped R12 to the toilet and then came out of the room and advised the 2 CNA staff that R12 was on the toilet. The 2 CNA staff were still helping R13.</p> <p>On 06/04/24 at 10:18 AM, Surveyor observed LPN C went back to R12's room.</p> <p>On 06/04/24 at 10:21 AM, Surveyor observed LPN C came out of R12's room and went into R14's room. Director of Nursing (DON) B went to R4's room as the call light was still on because the resident was waiting for CNA staff to help get her ready for the day. DON B said she would let the CNA staff know this. DON B went to tell the same 2 CNA staff that R4 was wanting to get ready for the day. The 2 CNA staff were still busy with R13. R4's call light was still on.</p> <p>On 06/04/24 at 10:27 AM, Surveyor observed LPN I talking with R4. R4 said she was very upset about having to wait to get ready for the day. LPN I said to R4 she would go find help. LPN I came back to R4's room to let her know the CNA staff were helping another resident right now and then will help R4 get ready.</p> <p>On 6/04/24 at 10:42 AM, Surveyor observed the 2 CNA staff went into R4's room to help get her ready for the day.</p> <p>Note that R4 had her call light on since Surveyor arrived on the hallway at 9:58 AM. Staff did not go into R4's room to get R4 ready for the day until 10:42 AM, almost 45 minutes later from the time R4 called for assistance.</p> <p>Staff appeared to be rushed during this time, going from room to room and not able to answer call lights.</p> <p>On 06/05/24 at 8:05 AM, Surveyor observed direct care staff delivering breakfast to the residents on the memory care unit. No other staff helping. While staff were handing out the meal, R7 took R8's food and drinks and started to eat and drink. Staff came over to R7 after they had started eating the food. Per interview of staff, both R7 and R8 were on mechanical soft diet and R7 did not have any allergies. Staff obtained new food and drink for R8. Staff assisted R8 as they needed full help to eat. Staff appeared rushed.</p> <p>Interviews:</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 06/04/24 at 1:50 PM, Surveyor interviewed R4 and asked her about this morning having to wait for staff to get ready. R4 said staff were always busy running to help us residents. The staff work hard, but there were not enough staff to keep up with the work. R4 said she put her call light on this morning at 9:15 AM to get ready for the day and they did not get me ready for the day until around 10:45 AM. R4 said when they did get me ready for the day the CNAs said I was soaked with urine in my brief. R4 said she had waited on the bed pan for over 30 minutes before. R4 said she had not had her hair cleaned in over a month but does get bed baths 1 to 2 times a week. Bed baths were her choice. R4 said last night she did not get night cares. Surveyor asked R4 if administration helps answer call lights. R4 said no. Surveyor asked R4 if she had voiced her concerns with staffing to administration. R4 said yes. R4 was total dependence on staff for cares with two person assist.</p> <p>On 06/05/24 at 9:50 AM, Surveyor interviewed R9 and asked if staff were able to help her with her needs. R9 shook her head and said staffing was not good here. Staff were rushed because they were needing to get to the next resident, not because they were wanting to leave. We wait for cares in the morning and night times. Some staff do not clean me up good because they were rushed. Surveyor asked R9 if administration helps to answer call lights. R9 said no help from administration. R9 had a leg brace that needed to be adjusted throughout the day and that was not being completed like it should be. R9 was a two person assist.</p> <p>On 06/04/24 at various times, Surveyor interviewed residents who indicated they feel the facility is short staffed. That call lights take a long time to get answered. A resident said that it's hard to wait an hour on the toilet. A resident said you get a red ring on your butt and it's sore from sitting too long on the toilet. A resident said that it really takes too long for staff to come help you, but you don't want to say anything because it comes back at you in different ways, people are slower, forget, or maybe you don't get something you need. A resident said, they have some good staff here, they are just running to try to get things done and they can't be in 2 places at once.</p> <p>On 06/05/24 at 12:15 PM, Surveyor interviewed R1 who stated the facility is short staffed. R1 stated they fell trying to do something themselves, because they had waited so long, over an hour, and couldn't wait any longer. R1 stated the staff were frequently very busy, helping others and weren't available to come any sooner than 30-45 minutes most of the time. R1 felt the care at the facility is suffering because people are having to wait so long. R1 stated that she frequently did not get washed up for bed because there were not enough staff to assist with this.</p> <p>On 06/04/24 at 12:20 PM, Surveyor interviewed an anonymous staff (AS) and asked if able to get their work completed. AS said it was very difficult and started to cry. AS said the residents were like family and we tried to do our best to care for them. AS said corporate had cut staff because of our census, but they did not consider the high acuity most of our residents have. Some of the residents were larger people and required a lot of time to get cares done especially showers can take about one hour to complete. The PM shift was even worse with not being able to get work done. During the day, we may have 6 lights going off all at the same time. Administration staff do not come out to help us unless state was here and then they answer the lights. Surveyor asked if the nurses help. AS said only a very few nurses help. AS said they have voiced their concerns to the administration, but nothing is really done. Told we need to work together to get the work done. AS said we have to double document our work like the baths, weights, input/output in the computer and then on paper documentation that goes into a large binder at the nurse's station. AS said many residents have voiced their concerns of lack of staff.</p> <p>(continued on next page)</p>

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Definition of high acuity: A high acuity patient is a patient with a medical condition that requires a high level of care or monitoring. They may need more nursing resources and attention than other patients to maintain their quality of life. Take more time to complete tasks such as treatments, cares, or medication administration.</p> <p>On 06/04/24 at 6:35 PM, Surveyor interviewed CNA E and CNA F and asked if they were able to get their work completed. Both CNAs said it was difficult to get their work completed. They have cried because of this as they both care for the residents and want to do good care for them. Most of the residents on the 200 hallway were 2 assist (need for 2 staff) and there were residents who need 2 staff because of behaviors. CNAs said the residents were rehab residents and were high acuity and time consuming. Showers can take 45-60 minutes. It would be very helpful to have a shower aide to free up the other CNAs to help in other ways.</p> <p>On 06/04/24 at 6:53 PM, Surveyor interviewed an anonymous staff (AS) and asked if they were able to get their work completed. AS said no, they were not able to get the work done. The acuity of the residents was very heavy with wound vacs (device to help wounds heal), tube feed residents, as needed pain medications, and treatments like wound cares to name a few. Surveyor asked AS if there were any outcomes to residents because of staffing concerns. AS said yes, there have been an increase in residents' falls, wounds because staff unable to reposition the residents, residents sitting in incontinence causing skin breakdown, and behaviors have increased. AS said these issues have all increased/worsened the past few months. Surveyor asked AS if residents were sitting in wheelchairs waiting to be wheeled by staff. AS said yes, residents have been having to wait for a long time for staff to assist them. AS said the staffing levels have remained the same for the most part, but the resident acuity has increased. There are many residents who were needy with many treatments, cares, line of sight, and every 15-minute checks. Surveyor asked AS if they have voiced their concerns to administration. AS said yes, they have told administration all the time about their concerns of staffing, but they say we need to work together to get the work completed. Corporate will not allow for more staff and no agency help for a while now.</p> <p>On 06/05/24 at 8:05 AM, Surveyor interviewed staff working on the memory care unit while they were passing out the breakfast meal and asked if they normally serve the meals to the residents. They all said yes, we do many things around here. Staff said they normally have one CNA and one nurse in the memory care unit for days. Right now, we have another CNA, but they will be going to help with physical therapy later. LPN C said the residents were high acuity and difficult to get work completed. Increased behaviors take more time to care for these residents too.</p> <p>On 6/05/24 at 3:00 PM, Surveyor interviewed the facility's Scheduler H and asked if there were any open positions for direct care staff. Scheduler H said yes, we currently have two part time CNA positions one on day shift and one on PM shift. We also have two part time nurse positions one for day shift and one for night shift. We also have casual positions that work on an as needed basis.</p> <p>Surveyor asked Scheduler H about the call ins. Scheduler H said most call ins occur on the weekend. If a call in occurs during the week, we try to get a replacement, but if not, administration will help. We have a call list for nurses that we utilize for the weekends and if we cannot get the shift covered, the DON will come in to help. Scheduler H said we get on average a couple of call ins a week.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Surveyor asked about agency use. Scheduler H said we have not used agency staff for the past 2 to 3 months. Due to our rural location, it was difficult to get agency staff to help here. We did have an apartment for the agency staff to stay at, but we do not have anymore.</p> <p>Scheduler H said they do offer sign on bonus and a referral bonus. Scheduler H said they advertise online and there was a posting at the front entrance that they were hiring.</p> <p>Scheduler H said there has been a change to the census from what was before; they do not look at the resident acuity and we have a high acuity here. Surveyor asked Scheduler H what the perfect schedule would be. Scheduler H said 6 CNAs for AM shift, 5 CNAs for PM shift, and 4 CNAs for NOC shift and for nurses: 4 nurses for dayshift and 2 nurses for night shift or 3 nurses each day shift and 3 nurses each night shift. The nurses currently work 12 hour shifts. Scheduler H said if we had more staff, it would be easier on the team due to the heavy treatments and cares and there would be less complaints.</p> <p>Surveyor asked Scheduler H, to fit the current budget, what number of staff was scheduled. Scheduler H said currently we have CNA: AM 5, PM 4, Night 4.</p> <p>Surveyor asked Scheduler H about the CNAs helping with therapy. Scheduler H said the physical therapy department was short staffed, so we are currently using a virtual physical therapy program that needs a CNA to help facilitate. If we must do this, we do try to schedule another CNA to help.</p> <p>On 06/04/24 at 8:20 AM, Surveyor asked DON B if they have any agency direct care staff. DON B said no, they have not used agency staff since about two months ago.</p> <p>On 06/05/24 at 4:17 PM, Surveyor interviewed NHA A and DON B and asked if staff or residents had voiced their concerns with staffing. NHA A said no residents had voiced their concerns with staffing, but the staff had voiced their concerns. NHA A said he had spoken with corporate concerning this and will be having a sit down with them. NHA A said he had started to do a call light time audit and look at the residents' acuity as we do have some residents who were a 3 person assist. NHA A said he had completed about 10% of the call light time audit and still had more data to review and observe but could see that call light answer times were up. Surveyor asked if there had been an increase in resident falls, skin issues, or behaviors. DON B said no increase in falls or behaviors, but maybe an increase in skin issues in the past week due to the hot weather, not staffing.</p> <p>16692</p> <p>Resident Council Minutes</p> <p>On 06/04/24 and 06/05/24, Surveyor reviewed the Resident Council Minutes from the three previous months they contained the following information in part.</p> <p>Meeting Date 03/26/24, from 1:20-1:34 PM - 14 residents in attendance - under the heading Old Business states, Call lights being turned off - then leave - do not come back. In the typed version of the Resident Council minutes under the heading Old Business states. 2. Call lights not being answered in timely manner. I believe this will always be an issue. Call lights are answered as soon as possible.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Meeting Date 04/23/24, 1:30-2 PM- 11 residents in attendance- under the heading Old Business states, Call lights not answered timely. - ongoing concern not resolved. Snack cart not happening 3 times per day -staff will provide snack list and discuss with team. Under the heading New Business, Call light timeliness ongoing- # of Residents who share concern 4- reported to department manager- yes- response received- will investigate. Snack pass hit/miss - # of Residents who share concern - all present - reported to department manager- yes- response received- will investigate.</p> <p>Meeting Date 05/28/24, 1:30 PM - 11 residents in attendance (R15, R16, R17, R18, R19, R9, R20, R21, R22, R23, R1)- under the heading Old Business states, Call light timeliness ongoing - worse- not resolved. Snack pass hit/miss - worse - not resolved. Under the heading New Business, Call lights not answered wait 1/2-45 min - # of Residents who share concern 11- reported to department manager- yes- response received- will be speaking with staff. Snack pass hit/miss worse than last mo. - # of Residents who share concern - 11 - reported to department manager- working on correcting. Food Comm. - Not picking up room trays and arguing over who does it - 3 residents agree. The following information is also listed in the notes, but the notes do not identify residents associated with the concerns. When asked for H2O (water) told light turned off and no H2O (water) brought to resident. - will be addressed. No help getting into bed- Staff said get up and walk! - will be addressed with CNA Staff.</p> <p>Concern/Grievance review:</p> <p>On 06/04/24 and 06/05/24, Surveyors reviewed the facility grievance/concerns file for the month of May. It lists care under the complaint type for 8 of the 15 grievances filed. A random sample of these grievances/concerns were pulled and reviewed. One of the randomly sampled forms states - R28's daughter reported concerns with call light being on 30-45 minutes before staff answers it, and that staff will walk past the room when the light is on.</p> <p>A second randomly sampled grievance/concern R29 states, Over the last several weeks call lights are not being answered timely. I've experienced numerous times of it on in excess of an hour. In my situation I'm on a diuretic and waiting an hour for help can be a problem.</p> <p>The third randomly sampled grievance/concern R1 states, Resident reports concerns with her call light being on for 90 minutes before she self-transferred.</p>		