STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525449	A. Building B. Wing	04/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook at Oconto Falls	100 E Highland Dr Oconto Falls, WI 54154

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40342 Based on staff interview and record review, the facility did not ensure 4 residents (R) (R48, R36, R42, and R1) of 5 residents reviewed for unnecessary medications had documentation that indicated the resident or their legal representative was informed in advance of the risks and benefits of the prescribed medications. R48 was prescribed mirtazapine (an antidepressant medication). R48's consent for mirtazapine, dated 4/12/24, was not completely filled out when signed by R48. R36 was prescribed quetiapine (an antipsychotic medication), mirtazapine, and venlafaxine (an antidepressant and nerve pain medication). R36's consents for quetiapine and venlafaxine, dated 4/10/24, were not completely filled out when signed by R36's Power of Attorney for Healthcare (POAHC). R36's consent for mirtazapine, dated 11/17/23, was not completely filled out when signed by R36's POAHC. R42 was prescribed quetiapine. R42's consent for quetiapine, dated 12/28/23, was not completely filled out when signed by R42. R1 was prescribed lorazepam (a sedative medication), escitalopram (an antidepressant medication), duloxetine (an antidepressant and nerve pain medication), Ambien (a sedative medication), and Benadryl (an antihistamine medication). R1's consents for the medication were not completely filled out when signed by R1. Findings include: The Department of Health Services (DHS) website at https://www.dhs.wisconsin.gov/forms/medbrandname.htm indicates: .form series provides uniformity and accuracy regarding side effects of medications that are used for psychotropic purposes. If not completed, the medication cannot be administered without a court order unless in an emergency . (continued on next page)

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F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The facility's Psychotropic Management policy, dated July 2020, indicates: A psychotropic medication is considered a chemical restraint when it is used as the first intervention to control behavior, mood, or mental status. Psychotropic medications can also be considered chemical restraints when they are the only intervention for the treatment of a psychiatric condition .Practice Guidelines 1. Upon receipt of new orders for psychotropic medication, the licensed nurse will implement the following: .b. Complete the appropriate psychotropic medication consent form; .c. Education of the resident and/or the resident representative is conducted to communicate the risks and benefits of the medication . 1. On 4/28/24, Surveyor reviewed R48's medical record. R48 was admitted to the facility on [DATE] with diagnoses including multiple fractures and internal injuries following a motor vehicle accident. R48's Minimum Data Set (MDS) assessment, dated 4/10/24, stated R48's Brief Interview for Mental Status (BIMS) score was 15 out of 15 which indicated R48 had intact cognition. R48's medical record indicated R48 was responsible for R48's healthcare decisions. R48's care plan indicated R48 was feeling bad about R48's current medical issues. R48 had a physician's order for mirtazapine 7.5 mg (milligrams) once daily. On 4/29/24, Surveyor reviewed R48's Informed Consent for Medication document for mirtazapine which was signed and dated by R48 on 4/12/24. The Informed Consent for Medication did not contain any information in the Anticipated Dosage Range box in Section 2 regarding Alternative mode(s) of treatment other than or in addition to medications and did not contain any added information in Section 3 regarding Probable consequences of not receiving the proposed medication. In addition, R48 did not initial or date each page of the Informed Consent for Medication as required. On 4/29/24 at 12:14 PM, Surveyor interviewed Director of Nursing (DON)-B who indicated the facility's MDS nurse was responsible for obtaining consent for psychotropic medications but the staff nurses completed the consent process for orders received outside of business hours. DON-B verified R48's mirtazapine consent did not contain an anticipated dose range, alternative modes of treatment, or probable consequences. DON-B verified the missing information was important for informed consent. DON-B also verified R48's mirtazapine consent did not contain R48's initials and date on each page. 2. On 4/28/24, Surveyor reviewed R36's medical record. R36 was admitted to the facility on [DATE] with diagnoses including anxiety disorder, major depressive disorder, and unspecified dementia without behavioral disturbances. R36's MDS assessment, dated 4/10/24, stated R36's BIMS score was 6 out of 15 which indicated R36 had severely impaired cognition. R36's medical record indicated R36's POAHC was responsible for R36's healthcare decisions. On 4/29/24, Surveyor reviewed R36's Medical Administration Record (MAR) which indicated R36 received 25 mg of quetiapine daily. On 4/29/24, Surveyor reviewed R36's Informed Consent for Medication document for quetiapine which was signed and dated by R36's POAHC on 4/10/24 and indicated an anticipated dose range of 50-800 mg daily. R36's POAHC did not initial or date each page of the Informed Consent for Medication document as required. On 4/29/24, Surveyor reviewed R36's Informed Consent for Medication document for venlafaxine which was signed and dated by R36's POAHC on 4/10/24. R36's POAHC did not initial or date each page of the Informed Consent for Medication document. (continued on next page)

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F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 4/29/24, Surveyor reviewed R36's Informed Consent for Medication document for mirtazapine which was signed and dated by R36's POAHC on 11/17/23. The Informed Consent for Medication did not contain an anticipated dose range, did not contain the name of who prepared the form, and did not contain a staff contact name or phone number. In addition, R36's POAHC did not initial or date each page of the Informed Consent for Medication document. On 4/30/24 at 1:29 PM, Surveyor interviewed DON-B who verified R36's Informed Consent for Medication forms were not completed as required. 3. On 4/28/24, Surveyor reviewed R42's medical record. R42 was admitted to the facility on [DATE] with diagnoses including unspecified dementia without behavioral disturbances. R42's MDS assessment, dated 3/28/24, stated R42's BIMS score was 6 out of 15 which indicated R42 had severely impaired cognition. R42's medical record indicated R42 was responsible for R42's healthcare decisions until R42's POAHC was activated on 2/1/24. R42 had a physician's order for quetiapine 50 mg once daily. On 4/30/24, Surveyor reviewed R42's Informed Consent for Medication document for quetiapine which was signed and dated by R42 on 12/28/23. R42 did not initial or date each page of the Informed Consent for Medication as required. On 4/30/24 at 1:29 PM, Surveyor interviewed DON-B who verified R42's Informed Consent for Medication document was not completed as required. 43361 4. R1 was admitted to the facility on [DATE] and had diagnoses including quadriplegia, anxiety, depression, and insomnia. R1's MDS assessment, dated 4/3/24, stated R1 had a BIMS score of 15 out of 15 which indicated R1 had intact cognition. Between 4/28/24 and 4/30/24, Surveyor reviewed R1's medical record and noted R1 was prescribed the following medications with a black box warning: lorazepam 1 milligram (mg) every 12 hours for anxiety; escitalopram 5 mg for depression; duloxetine 90 mg for depression; Ambien 10 mg for insomnia; and Benadryl for anxiety. Surveyor reviewed R1's Informed Consent for Mediation documents for the above medications. Surveyor noted the consents for the medication were signed by R1 on 4/24/24, but pages one, two, and three were not initialed and dated by R1. On 4/30/24 at 1:29 PM, Surveyor interviewed DON-B who verified R1's Informed Consent for Medication documents were not completed as required.

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43361 Based on observation, staff interview, and record review, the facility did not provide the necessary care and services to prevent the development of or promote healing for 1 resident (R) (R4) of 3 residents reviewed for pressure injuries. R4 had a pressure injury on the left heel. During observations on 4/28/24 and 4/29/24, R4 was not wearing a left heel boot as ordered. Certified Nursing Assistant (CNA) staff was not aware R4 should wear a heel boot when out of bed and R4's care plan was not updated to reflect the intervention. Findings include: The facility's Skin Management policy, with a revision date of July 2020, indicates: 5. A care plan is developed upon admission, and reviewed upon readmission .and interventions implemented to promote healing and prevent further breakdown. The care plan should address, but is not limited to the following: .C. Preventive devices . R4 was admitted to the facility on [DATE] with diagnoses including multiple sclerosis, osteoarthritis, and history of falling. R4's Minimum Data Set (MDS) assessment, dated 2/16/24, stated R4 had a Brief Interview for Mental Status (BIMS) score of 11 out of 15 which indicated R4 had moderately impaired cognition. A care plan initiated on 1/26/24 indicated: (R4) has potential for impairment to skin integrity. (R4) has wound to left heel. A wound note, dated 3/28/24, contained a change in treatment that indicated R4 should wear a left heel boot instead of a slipper. The order originally indicated R4 should wear heel boots only while in bed. On 3/30/24, the treatment order changed to heel protector boot at all times except during walking and transfers. On 4/28/24 at 10:22 AM, Surveyor observed R4 in a wheelchair in R4's room with slippers on both feet. Surveyor observed a green heel boot on R4's bed. R4 stated R4 only wore the heel boot while in bed. On 4/29/24 at 9:49 AM, Surveyor observed R4 at the nurses' station wearing slippers and without a heel boot. On 4/29/24 at 11:28 AM, Surveyor observed R4 in a wheelchair in R4's room with slippers on both feet. Surveyor observed a green heel boot on R4's bed. On 4/29/24 at 2:07 PM, Surveyor interviewed CNA-H who stated R4 only needed to wear the left heel boot at night or when in bed. During the interview, Licensed Practical Nurse (LPN)-I approached Surveyor and CNA-H and stated R4 should wear the heel boot at all times except for ambulation or transfers. LPN-I indicated R4 refused to wear the boot that day and wanted to wear R4's shoe. CNA-H stated to LPN-I that CNA-H did not know R4's heel boot needed to be on during the day. (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 4/29/24 at 2:10 PM, Surveyor asked CNA-H how CNA-H is made aware when orders change or when residents should wear heel boots. CNA-H stated CNA-H follows the interventions on the resident's Kardex (an abbreviated care plan used by nursing staff) and care plan. When Surveyor requested to see R4's Kardex, CNA-H confirmed that an intervention to wear a heel boot on the left heel at all times was not on R4's Kardex. CNA-H also verified R4's Kardex did not indicate R4 should wear a heel boot at night. CNA-H then reviewed R4's care plan and confirmed R4's care plan did not contain an intervention for the heel boot. CNA-H indicated CNA-H did not know R4 should be wear the left heel boot at all times. On 4/30/24 at 10:14 AM, Surveyor interviewed Director of Nursing (DON)-B who confirmed R4's care plan should be updated to indicate when and how R4's left heel boot should be worn. DON-B also confirmed staff should document if R4 refused to wear the heel boot.

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40342 Based on observation, staff interview, and record review, the facility did not provide appropriate care and services to prevent urinary tract infections (UTIs) for 2 residents (R) (R20 and R18) of 2 residents with indwelling catheters. R20 and R18's uncovered catheter drainage bags were observed in contact with the floor. Findings include: On 4/29/24 at 10:49 AM, Surveyor reviewed the facility's policy and procedure for catheter care and Relias training provided annually to nursing staff. The facility's undated Catheter Policy indicates: It is the policy of this facility to ensure that residents with indwelling catheters receive appropriate catheter care and maintain their dignity and privacy when indwelling catheters are in use .2. Privacy bags will be available and catheter drainage bags will be covered at all times while in use . The facility's Catheter Policy did not address positioning/placement of tubing or drainage bags. The facility's Care of a Urinary Catheter Relias training indicates: .Many of the people you provide care for will have a urinary catheter. Unfortunately, urinary catheters often lead to infections and complications. According to the Agency for Healthcare Regency and Quality (2017), as many as 50-70% of urinary catheter-related infections can be prevented. You are in a position to prevent infections and complications caused by urinary catheters. By providing proper catheter care and understanding how infections and complications can develop, you can take steps to prevent them .Regular catheter care is important to prevent infection and other complications. Microbes, which cause infection, can enter the body through: .Portions of the equipment that touch a non-sterile surface, such as the floor .Follow your organization's policy on catheter care. Here are the steps to follow to provide basic catheter care: .11. Position and secure the drainage bag. The bed frame is a good place to hang the bag while the person is in bed. The drainage bag should be kept below the level of the person's bladder at all times. Do not place it on the floor. Once a bag touches the floor, it is contaminated. Place a bag cover over the bag to preserve the person's privacy . On 4/28/24, Surveyor reviewed R20's medical record. R20 was admitted to the facility on [DATE] and had diagnoses including chronic kidney disease. R20's Minimum Data Set (MDS) assessment, dated 4/24/24, stated R20 had a Brief Interview for Mental Status (BIMS) score of 12 out of 15 which indicated R20 had moderately impaired cognition. On 4/28/24 at 1:32 PM, Surveyor observed R20 in bed and noted R20's uncovered catheter drainage bag was visible from the hallway and in contact with the floor. (continued on next page)

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 4/28/24, Surveyor reviewed R18's medical record. R18 was admitted to the facility on [DATE] and had diagnoses including multiple sclerosis, urinary tract infection and infection and inflammatory reaction due to urinary catheter. R18's MDS assessment, dated 4/8/24, stated R18 had a BIMS score of 13 out of 15 which indicated R18 had intact cognition. On 4/28/24 at 12:30 PM, Surveyor observed R18 in bed and noted R18's uncovered catheter drainage bag was visible from the hallway and in contact with the floor. On 4/28/24 at 1:22 PM, Surveyor interviewed Certified Nursing Assistant (CNA)-M who verified R20 and R18's catheter bags were uncovered and on the floor. CNA-M verified catheter bags should be covered with a dignity bag and not in contact with the floor. On 4/29/24 at 10:49 AM, Surveyor interviewed Director of Nursing (DON)-B who verified catheter bags should not be on the floor due to infection control issues. DON-B stated CNA education was provided at monthly CNA meetings, daily standup meetings, and during annual Relias training.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48794 Based on observation, staff interview, and record review, the facility did not ensure 3 residents (R) (R7, R12 and R2) of 3 residents with respiratory needs were provided with the necessary care and treatment. R7 used oxygen therapy. R7 did not have a physician's order for oxygen therapy. In addition, R7's plan of care did not address the use oxygen therapy. R12 and R2 were on droplet and contact precautions. R12 and R2's medical records did not contain consistent monitoring or assessments. Findings include: The facility's Liquid Oxygen Use policy, dated October 2020, states that residents should be provided oxygen therapy whenever possible for the purpose of ensuring maximum mobility in alignment with safety regulations .It is the responsibility of the nurse to provide emergency oxygen administration when necessary and to contact the physician as soon as possible to obtain a physician's order .Oxygen tubing including nasal cannula tubing should be changed weekly or more frequently if necessary .Residents who have oxygen orders should have oxygen saturation levels monitored and the physician should be notified of any concerns so the physician can make changes to the oxygen orders if necessary .Before administering, and while the resident is receiving oxygen, nursing should assess for signs and symptoms of cyanosis, hypoxia, toxicity, and monitoring vital signs, lung sounds, arterial blood gases and oxygen saturation, if applicable and other laboratory results as necessary. The facility's Isolation Precautions policy, revised in March 2020, did not contain specific information related to symptom monitoring or length of time needed for precautions. 1. On 4/28/24 at 12:48 PM, Surveyor interviewed R7 who was receiving oxygen via nasal cannula. Surveyor observed a portable oxygen concentrator and a stationary concentrator in R7's room. R7 stated R7 used oxygen because R7 had difficulty breathing at times. On 4/29/24, Surveyor reviewed R7's medical record. R7 was admitted to the facility on [DATE] with diagnoses including chronic obstructive pulmonary disease (COPD), asthma, chronic diastolic congestive heart failure, generalized anxiety disorder, and personal history of nicotine dependence. R7's Minimum Data Set (MDS) assessment, dated 4/2/24, stated R7 had a Brief Interview for Mental Status (BIMS) score of 11 out of 15 which indicated R7 had moderately impaired cognition. A nursing progress note, dated 4/23/24 at 3:14 PM, indicated R7 was seen by the physician and had new orders to increase R7's gabapentin (an anticonvulsant and nerve pain medication) to three times daily and start albuterol (a bronchodilator medication) four times daily as needed for congestion, shortness of breath and wheezing. A care conference note, dated 4/25/24 at 2:24 PM, indicated R7's chest X-ray showed COPD but no infection. (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R7's physician orders and plan of care did not indicate R7 had an order for oxygen therapy. On 4/30/24 at 10:12 AM, Surveyor interviewed Certified Nursing Assistant (CNA)-F who stated R7 used oxygen for as long as CNA-F worked on the unit which was at least two days. On 4/30/24 at 11:50 AM, Surveyor interviewed Director of Nursing (DON)-B who stated oxygen use was part of the facility's standing orders with the physician. Surveyor reviewed the standing orders, signed by the physician on 3/22/24, which included oxygen use and stated nursing staff may apply oxygen at 2-4 liters via nasal cannula to keep oxygen saturation levels above 90% and notify the physician for further orders. On 4/30/24 at 1:20 PM, Surveyor completed a follow-up interview with DON-B who stated DON-B expected staff to activate the standing orders for oxygen in R7's medical record, including to change the oxygen tubing every 7 days and update the physician. DON-B confirmed a care plan should have been initiated for R7's oxygen therapy. 2. On 4/28/24, Surveyor reviewed R12's medical record. R12 was admitted to the facility on [DATE] with diagnoses including respiratory distress syndrome (a condition that causes fluid to build up in the lungs). R12's MDS assessment, dated 2/29/24, stated R12 had a BIMS score of 13 out of 15 which indicated R12 had little cognitive impairment. R12's medical record indicated R12 was responsible for R12's healthcare decisions. On 4/29/24, Surveyor observed a an isolation supply cart and a transmission-based precautions sign outside R12's door that indicated R12 was on contact and droplet precautions. On 4/29/24 at 9:17 AM, Surveyor interviewed CNA-D who stated R12 was on transmission-based precautions because R12's roommate (R2) was diagnosed with pneumonia and was moved to a private room. CNA-D was unsure when R12's precautions started or when they would be discontinued. On 4/30/24 at 9:20 AM, Surveyor interviewed Infection Preventionist (IP)-C who verified R2 was diagnosed with pneumonia and moved to a private room on 4/25/24. IP-C stated R12 and R2 were placed on precautions on 4/23/24 and R12's precautions would be discontinued on 5/1/24. IP-C stated R12 needed to be on transmission-based precautions for 7 days due to exposure to the pneumonia. On 4/30/24, Surveyor reviewed R12's medical record which did not indicate R12 was monitored consistently for respiratory symptoms. R12's medical record indicated one pulse and one temperature were obtained on 4/25/24 and 4/27/24. R12's medical record did not contain any other documentation regarding respiratory symptoms. On 4/30/24, Surveyor reviewed R2's medical record which did not indicate R2 was monitored consistently for respiratory symptoms and effectiveness of treatment. R2's medical record contained an order, effective 4/29/24 at 3:00 PM, for staff to monitor R2 for signs and symptoms related to antibiotic treatment. R2's nursing progress notes contained one assessment on 4/28/24 related to R2's transmission-based precautions and respiratory status. (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 4/30/24 at 11:57 AM, Surveyor interviewed IP-C who confirmed vital signs (blood pressure, temperature, pulse, respirations, oxygen level and lung assessment) should be conducted every shift. IP-C indicated the requirement was not contained in the facility's isolation precaution policy but should be. IP-C confirmed only a few pulses and temperatures were documented for R12 and R2. IP-C also verified R12 and R2 did not have respiratory evaluations in their medical records.

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48794 Based on staff interview and record review, the facility did not ensure they had a signed and dated contract that contained the correct name of the dialysis center for 1 resident (R) (R46) of 1 resident who received dialysis services. R46 received treatment at a dialysis center three times weekly. The facility did not have an accurate signed and dated contract with the dialysis center to ensure agreed upon communication and services were in place to provide the necessary care and treatment. Findings include: The facility's Hemodialysis policy, dated March 2023, indicates it is the policy of the facility to ensure each resident receives care and services for hemodialysis .As appropriate, the administrator, nursing director, medical director, and pharmacist, and the quality assurance committee should review the facility's dialysis care and services on an ongoing basis, including communication, training, supervision, and care coordination between the facility and the dialysis facility .Whether policies and procedures for dialysis are consistent with current standards of practice are being followed .Communication and coordination between the facility and dialysis center on sharing data about outcomes and processes and reviewing quality indicators and care issues. R46 was admitted to the facility on [DATE] with diagnoses including end stage renal disease, dependence on renal dialysis, morbid obesity due to excess calories, and acute renal failure. R46 received hemodialysis related to renal failure at an outside dialysis center 3 times weekly (Monday, Wednesday, and Friday). R46's Minimum Data Set (MDS) assessment, dated 3/19/24, stated R46 had a Brief Interview for Mental Status (BIMS) score of 14 out of 15 which indicated R46 had intact cognition. On 4/28/24 at 12:45 PM, Surveyor interviewed R46 who stated the facility assisted R46 with transportation to and from dialysis on Mondays, Wednesdays, and Fridays. On 4/29/24, Surveyor reviewed the facility's contract with the dialysis center. Surveyor noted in the first paragraph of the contract, the name of the original skilled nursing facility was blacked out and the current facility's name was typed on the same line. Surveyor also noted the name of the original dialysis center was blacked out and the name of a different dialysis center (DC-N) was typed on the same line. Surveyor noted DC-N was not the named dialysis center in R46's medical record. In addition, the contract was not dated and did not contain a signature page. On 4/29/24 at 11:53 AM, Surveyor interviewed Director of Nursing (DON)-B who stated that current dialysis center and DC-N merged which is why DC-N was named in the contract instead of the currently used dialysis center. Surveyor requested a signature page and documentation of the date of the contract which was not provided by the facility.

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook at Oconto Falls	100 E Highland Dr Oconto Falls, WI 54154

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40342 Based on staff interview and record review, the facility did not ensure timely administration of all drugs and biologicals for 1 resident (R) (R30) of 23 sampled residents. R30 was prescribed Fiasp (a short-acting insulin used to treat high blood sugar) with dosing based on blood sugar levels. On 4/29/24, R30 did not receive R30's morning dose of Fiasp timely following a blood sugar check. Findings include: On 4/28/24, Surveyor reviewed R30's medical record. R30 was admitted to the facility on [DATE] with diagnoses including diabetes mellitus. R30's Minimum Data Set (MDS) assessment, dated 2/25/24, stated R30's Brief Interview for Mental Status (BIMS) score was 15 out of 15 which indicated R30 had intact cognition. R30's medical record indicated R30 was responsible for R30's healthcare decisions. R30's medical record contained the following physician orders: ~Fiasp (insulin) 100 unit/ml (units per milliliter) Inject 18 units subcutaneously (under the skin) three times daily . Give with sliding scale ~ Fiasp 100 unit/ml Inject as per sliding scale: if (blood sugar) 140-180 = 8 (units); 181-220 = 10; 221-250 = 12; 251-300 = 14; 301-350 = 16; 351-400 = 18; 401-500 = 18; Update MD when blood sugar is 500 or greater, subcutaneously three times a day On 4/29/24 at 8:57 AM, Surveyor observed Licensed Practical Nurse (LPN)-J prepare R30's Fiasp for administration. During the preparation of Fiasp, LPN-J asked R30 if R30 wanted LPN-J to recheck R30's blood sugar. R30 declined. LPN-J did not provide education to R30 regarding the importance of obtaining blood sugar results to ensure a correct dose based on the sliding scale. When asked by Surveyor, LPN-J indicated LPN-J obtained R30's blood sugar at 7:45 AM on 4/29/24 which was 199 mg/dl (milligrams per deciliter) (a normal result is 70-110 mg/dl). Surveyor observed LPN-J administer 28 units of Fiasp to R30. On 4/29/24 at 9:02 AM, Surveyor interviewed LPN-J who verified Fiasp was a fast-acting insulin and there was approximately 1 hour and 15 minutes between the time LPN-J obtained R30's blood sugar and the time LPN-J administered R30's Fiasp. LPN-J indicated LPN-J should have educated R30 on the importance of accurate dosing based on blood sugar results and checked R30's blood sugar again to obtain a current result for an accurate dose. On 4/30/24 at 10:45 AM, Surveyor interviewed MD-P via phone. MD-P indicated short-acting insulin based on a sliding scale should be administered within 30 minutes following a blood sugar check.

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40342 Based on staff interview and record review, the facility did not ensure monitoring for adverse reactions or the effectiveness of psychotropic medication was initiated for 1 resident (R) (R48) of 5 residents reviewed for unnecessary medications. R48 was prescribed mirtazapine (an antidepressant medication). R48's plan of care did not contain interventions for staff to monitor R48 for adverse reactions or the effectiveness of mirtazapine. Findings include: On 4/28/24, Surveyor reviewed R48's medical record. R48 was admitted to the facility on [DATE] with diagnoses including multiple fractures and internal injuries following a motor vehicle accident. R48's Minimum Data Set (MDS) assessment, dated 4/10/24, stated R48 had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R48 had intact cognition. R48's medical record indicated R48 was responsible for R48's healthcare decisions. R48's care plan indicated R48 was feeling bad about R48's current medical issues. R48's medical record contained a physician's order for mirtazapine oral tablet 7.5 mg (milligrams) once daily. R48's plan of care did not contain interventions for staff to monitor R48 for adverse reactions or the effectiveness of mirtazapine. On 4/29/24 at 1:20 PM, Surveyor interviewed Director of Nursing (DON)-B who verified R48's plan of care should contain interventions for staff to monitor R48 for adverse reactions and the effectiveness of mirtazapine.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40342 Based on observation, staff interview, and record review, the facility did not ensure it was free of a medication error rate of 5% or greater. During medication administration observations, 5 errors occurred during 25 opportunities which resulted in a 20% medication error rate that affected 3 residents (R) (R2, R23, and R30) of 3 residents observed during medication pass. On 4/29/24, R2 was administered an incorrect dose of Miralax (used to treat/prevent constipation). On 4/29/24, R23 was administered the wrong medication for vitamin B-complex with folic acid (used as a supplement), was administered the wrong dose of vitamin B-12 (used as a supplement), and was administered the wrong medication for a multivitamin (used as a supplement). On 4/29/24, Surveyor intervened before staff administered an incorrect dose of Fiasp (a fast-acting insulin used to treat high blood sugar). Findings include: The facility's Medication Administration policy, with a revision date of January 2023, indicates: Resident medications are administered in an accurate, safe, timely, and sanitary manner .Medications are administered in accordance with written orders of the attending physician . 1. On 4/29/24, Surveyor reviewed R2's medical record. R2 was admitted to the facility on [DATE] with diagnoses including unspecified dementia without behavioral disturbance. R2's Minimum Data Set (MDS) assessment, dated 3/2/24, stated R2 had a Brief Interview for Mental Status (BIMS) score of 3 out of 15 which indicated R2 had severely impaired cognition. R2's medical record indicated R2's Power of Attorney for Healthcare (POAHC) was responsible for R2's healthcare decisions. On 4/29/24 at 8:33 AM, Surveyor observed Licensed Practical Nurse (LPN)-J prepare and administer R2's AM medication which included Miralax 17 grams mixed in approximately six ounces of water. During medication administration, LPN-J assisted R2 with drinking some of the Miralax to swallow R2's oral medications that were in pill or capsule form. Surveyor observed R2 consume approximately one-third of the Miralax. Surveyor observed LPN-J empty the remaining Miralax in R2's bathroom. On 4/29/24 at 8:35 AM, Surveyor interviewed LPN-J who verified R2 received approximately one-third of the ordered Miralax dose. LPN-J stated, Definitely my mistake. 2. On 4/29/24, Surveyor reviewed R23's medical record. R23 was admitted to the facility on [DATE], was legally blind, and had diagnoses including pneumonia. R23's MDS assessment, dated 4/5/24, stated R23 had a BIMS score of 12 out of 15 which indicated R23 had moderately impaired cognition. R23's medical record indicated R23 was responsible for R23's healthcare decisions. On 4/29/24 at 8:48 AM, Surveyor observed LPN-J prepare and administer R23's AM medications which included one vitamin B complex (without folic acid), one 500 mcg (micrograms) vitamin B12 and two 100 mcg vitamin B12 (to equal 700 mcg of vitamin B12), and one multivitamin with minerals. (continued on next page)

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 4/29/24, Surveyor reviewed R23's medical record which contained the following physician orders: ~Vitamin B complex with folic acid give 1 tablet by mouth once daily for supplement ~Cyanocobalamin (vitamin B12) Give 2500 mcg by mouth once daily for supplement ~Multivitamin give 1 tablet by mouth once daily for supplement On 4/29/24 at 10:04 AM, Surveyor interviewed LPN-J and observed the bottles LPN-J used to administer the above medications to R23. LPN-J verified the vitamin B complex administered to R23 did not contain folic acid. When asked which bottles LPN-J used to administer R23's vitamin B12, LPN-J pulled two bottles from a drawer in the medication cart: one bottle of 1000 mcg and one bottle of 100 mcg. LPN-J indicated LPN-J gave two of the 1000 mcg and one of the 100 mcg (which would have equaled 1100 mcg). Following a discussion of what Surveyor observed during medication administration, LPN-J removed a bottle of 500 mcg from the drawer and indicated LPN-J must have administered one 500 mcg instead of one 100 mcg. When Surveyor reiterated the above observation of medication administration, LPN-J stated, Now I can't remember what I gave. LPN-J verified LPN-J administered a multivitamin with minerals to R23 instead of a multivitamin (without minerals) as ordered by R23's physician. 3. On 4/29/24, Surveyor reviewed R30's medical record. R30 was admitted to the facility on [DATE] with diagnoses including diabetes mellitus. R30's MDS assessment, dated 2/25/24, stated R30 had a BIMS score of 15 out of 15 which indicated R30 had intact cognition. R30's medical record indicated R30 was responsible for R30's healthcare decisions. On 4/29/24 at 8:47 AM, Surveyor observed LPN-J prepare R30's Fiasp for administration. LPN-J handed the syringe of Fiasp to Surveyor and stated, Twenty eight units. Surveyor observed 32 units in the syringe. Following a discussion of unit markings on the syringe, LPN-J verified the dose was incorrect and indicated LPN-J needed to prepare a new syringe. Surveyor observed LPN-J place the syringe with 32 units in a sharps container and prepare a new syringe which Surveyor verified contained the correct dose of 28 units. Surveyor observed LPN-J administer the correct dose of Fiasp to R30. On 4/29/24 at 1:17 PM, Surveyor interviewed Director of Nursing (DON)-B who verified the above observations were considered medication errors.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40342 Based on observation, staff interview, and record review, the facility did not maintain an infection prevention and control program designed to provide a safe and sanitary environment to prevent the transmission of communicable disease and infection. The facility did not maintain an infection tracking and surveillance log which had the potential to affect all 50 residents residing in the facility. In addition, staff did not perform appropriate hand hygiene or sanitize equipment during the provision of cares for 2 residents (R) (R30 and R4) of 2 residents and did not don appropriate personal protective equipment (PPE) for 1 (R2) of 2 residents on transmission-based precautions. The facility did not consistently maintain infection surveillance logs designed to assist with the detection of disease transmission patterns. During an observation on 4/28/24, Laundry Aide (LA)-L entered R2's room and did not don the appropriate PPE. During an observation on 4/29/24, Licensed Practical Nurse (LPN)-J did not perform appropriate hand hygiene during the provision of care for R30. During an observation on 4/30/24, LPN-I used a scissors to cut and remove a soiled dressing during wound care for R4. Without sanitizing the scissors, LPN-I used the scissors to cut a clean dressing that was placed over R4's wound. Findings include: The facility's Infection Prevention and Control Program policy, dated 5/2023, indicates in part: The designated Infection Preventionist is responsible for oversight of the program and serves as a consultant to our staff on infectious diseases, resident room placement, implementing isolation precautions, staff and resident exposures, surveillance, and epidemiological investigations of exposure of infectious diseases .3 .A system of surveillance is utilized for prevention, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon a facility assessment and accepted national standards. b. The Infection Preventionist serves as the leader in surveillance activities, maintains documentation of incidents, findings, and any corrective actions made by the facility and reports surveillance findings to the facility's Quality Assessment and Assurance Committee. The facility's Isolation Precautions policy, dated 3/20, indicates in part: Purpose: To establish transmission-based precautions for residents who are suspected or confirmed to have communicable disease/infections that can be transmitted to others .1. Transmission-based precautions will be used when transmission cannot be reasonably be prevented by standard precautions alone. 2. Appropriate communication/notices will identify the resident/room with isolation precautions implemented Contact Precautions: .3. Prior to entering the isolation room, the following steps are required: a. Perform hand-hygiene and apply gloves and gown prior to entering room .Droplet Precautions: (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	.3. Prior to entering the isolation room, the following steps are required: a. Perform hand-hygiene and apply gloves and mask prior to entering room . The facility's Hand Hygiene policy, with a revision date of September 2022, indicates: To provided guidelines to staff for proper and appropriate hand washing and hygiene techniques that will aid in the prevention of the transmission of infections .Hand hygiene is always the final step after removing and disposing of personal protective equipment (PPE) .If hands are not visibly soiled, use an alcohol-based hand rub for all the following situations: .c. Before applying gloves and after removing gloves or other PPE . The facility's Infection Prevention and Control Program policy, with a revision date of May 2023, indicates: 11. Equipment Protocol: a. All reusable items and equipment requiring special cleaning, disinfection, or sterilization shall be cleaned in accordance with our current procedures governing the cleaning and sterilization of soiled or contaminated equipment. Centers for Disease Control and Prevention (CDC) guidelines at https://www.cdc.gov/hicpac/recommendations/core-practices.html indicates: Maintain separation between clean and soiled equipment to prevent cross contamination. Any unused disposable supplies that enter the patient/resident's care area should remain dedicated to that patient/resident or be discarded. They should not be returned to the clean supply area. If supplies are dedicated to an individual patient/resident, they should be properly labeled and stored in a manner to prevent cross-contamination or use on another patient/resident (e.g., in a designated cabinet in the patient/resident's room). 1. On 4/28/24 at 9:30 AM, Surveyor asked Infection Preventionist (IP)-C for the facility's infection control policies and procedures and the facility's infection surveillance logs. On 4/29/24 at 1:20 PM, IP-C provided the infection surveillance logs for 2023 and 2024, however, April 2024 was not completed. On 4/30/24 at 9:15 AM, Surveyor asked IP-C for the infection surveillance log for April 2024. Surveyor was provided the log through 4/25/24. Surveyor noted R17 remained on intravenous (IV) antibiotics and oral vancomycin as of 4/30/24; however, the infection surveillance log indicated the infection was resolved on 4/23/24. On 4/30/24 at 9:15 AM, Surveyor interviewed IP-C regarding the April 2024 infection surveillance log. IP-C stated IP-C was behind on documentation for the log due to a project IP-C was working on. IP-C stated IP-C filled out the April surveillance log the night prior and was only able to complete the log through 4/25/24. When asked about R17's antibiotic treatment, IP-C sated IP-C incorrectly listed the date the infection was resolved and stated that was the date the MD continued R17's IV and oral antibiotics. On 4/30/24 at 10:20 AM, Surveyor interviewed Director of Nursing (DON)-B regarding the timeliness of obtaining antibiotic surveillance reports and indicated the April 2024 infection surveillance log was completed the night prior and only through 4/25/24. DON-B verified infection surveillance documentation should be completed timely. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	2. On 4/28/24 at 10:15 AM, Surveyor observed contact and droplet precautions signs outside R2's door and observed LA-L enter R2's room to deliver laundry without performing hand hygiene and donning gloves, a gown, and a mask. During the observation, LA-L had a brief conversation with R2. Upon leaving R2's room, LA-L did not perform hand hygiene. Immediately following the observation, Surveyor interviewed LA-L regarding the contact and droplet precautions sign outside R2's room. LA-L stated LA-L did not have to follow the posted precautions if LA-L did not touch R2. On 4/29/24 at 1:20 PM, Surveyor interviewed IP-C regarding staff PPE requirements for contact and droplet precautions. IP-C stated all staff should follow the PPE guidelines when entering an isolation room. When Surveyor shared the above observation with IP-C, IP-C stated IP-C would discuss the incident with the laundry department. On 4/29/24 at 1:55 PM, Surveyor interviewed DON-B who verified DON-B expected staff to use full PPE for contact and droplet precautions, including gloves, gowns, and masks. When Surveyor asked if this included laundry staff, DON-B stated, Yes. It does. 3. On 4/29/24, Surveyor reviewed R30's medical record. R30 was admitted to the facility on [DATE] with diagnoses including diabetes mellitus. R30's Minimum Data Set (MDS) assessment, dated 2/25/24, stated R30 had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R30 had intact cognition. R30's medical record indicated R30 was responsible for R30's healthcare decisions. On 4/29/24 at 11:47 AM, Surveyor observed LPN-J obtain R30's blood sugar. During the provision of care, Surveyor observed LPN-J perform hand hygiene, don gloves, obtain R30's blood sugar via finger stick, and remove gloves. Without performing hand hygiene, LPN-J put the glucometer in a box, wrote with pen on a paper on top of the medication cart, and touched the mouse on the computer. LPN-J then removed R30's insulin from a medication cart drawer, donned clean gloves, prepared and administered R30's insulin, removed gloves, and cleansed hands. On 4/29/24 at 11:56 AM, Surveyor interviewed LPN-J who verified LPN-J should have performed hand hygiene after glove removal after LPN-J obtained R30's blood sugar. On 4/29/24 at 1:17 PM, Surveyor interviewed DON-B who verified LPN-J should have performed hand hygiene immediately following glove removal. 43361 4. R4 was admitted to the facility on [DATE] with diagnoses including multiple sclerosis and osteoarthritis. R4's MDS assessment, dated 2/16/24, contained a BIMS score of 11 out of 15 which indicated R4 had moderately impaired cognition. A care plan, initiated on 1/26/24, indicated R4 had potential for impairment related to skin integrity and had a wound on the left heel. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 4/30/24 at 9:32 AM, Surveyor observed LPN-I complete a wound treatment for R4's left heel. Surveyor observed LPN-I bring supplies to R4's room, including a scissors and a stock supply of saline solution. Surveyor observed LPN-I use the scissors to cut the existing bandage off R4's left heel. LPN-I then placed the scissors on a clean towel. Later in the observation, Surveyor observed LPN-I use the same scissors to cut a clean bandage to place over R4's left heel wound. Surveyor did not observe LPN-I disinfect the scissors before cutting off the old bandage or prior to cutting the clean bandage. On 4/30/24 at 9:53 AM, LPN-I confirmed LPN-I did not disinfect the scissors prior to use or after LPN-I cut off R4's soiled bandage and prior to cutting R4's new bandage. LPN-I indicated the scissors were LPN-I's scissors and were not just used for R4. LPN-I confirmed the saline solution was a stock supply that was used for other residents as well. LPN-I stated each resident had a drawer with supplies that were labeled; however, the scissors and saline solution used during the observation were not from R4's drawer. On 4/30/24 at 10:14 AM, Surveyor interviewed DON-B who stated DON-B expected staff to clean scissors when going from dirty to clean. DON-B also indicated stock supplies should not enter a resident's room. DON-B stated each resident had a box for scissors and supplies that were dedicated to that resident.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40342 Based on staff interview and record review, the facility did not ensure vaccinations were reviewed, offered, and administered for 4 residents (R) (R17, R18, R20, and R23) of 5 residents reviewed for vaccines. The facility did not review R17's vaccination history or offer R17 the PCV20 (Prevnar 20(R)) vaccine. The facility did not review R18's vaccination history or offer R18 the Prevnar 20(R) vaccine. The facility did not review R20's vaccination history or offer R20 the Prevnar 20(R) vaccine. The facility did not review R23's vaccination history or offer R23 the Prevnar 20(R) vaccine. Findings include: Abbreviations (www.cdc.gov): PCV13: 13-valent pneumococcal conjugate vaccine (Prevnar13(R)) PCV20: 20-valent pneumococcal conjugate vaccine (Prevnar 20(R)) PPSV23: 23-valent pneumococcal polysaccharide vaccine (Pneumovax23(R)) The most recent Centers for Disease Control and Prevention (CDC) recommendations for pneumococcal vaccinations indicate: For adults [AGE] years or older who have only received PPSV23, the CDC recommends: Give 1 dose of PCV15 or PCV20. The PCV20 dose should be administered at least 1 year after the most recent PPSV23 vaccination. Regardless of if PCV20 is given, an additional dose of PPSV23 is not recommended since they already received it. For those who have received PCV13 and 1 dose of PPSV23, the CDC recommends you give 1 dose of PCV20 at least 5 years after the last pneumococcal vaccine. For adults [AGE] years or older who have received PCV13, give 1 dose of PCV20 or PPSV23 at least 1 year after PCV13. Regardless of vaccine used, their vaccines are then complete. The facility's Consent for Immunization document indicates: Pneumococcal Conjugate (Prevnar) vaccine or Pneumococcal Polysaccharide (Pneumovax) and/or booster will be offered to residents upon admission to the facility. 1. R17 was admitted to the facility on [DATE] with diagnoses including chronic kidney disease (CKD). R17 received a PPSV23 vaccine on 10/15/13 and a PCV13 vaccine on 3/30/17. R17's medical record did not indicate R17 was offered or administered the PCV20 vaccine. 2. R18 was admitted to the facility on [DATE] with diagnoses including multiple sclerosis. R18 received a PPSV23 vaccine on 4/24/19 and a PCV13 vaccine on 9/12/16. R18's medical record did not indicate R18 was offered or administered the PCV20 vaccine. (continued on next page)

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	525449	A. Building B. Wing	04/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook at Oconto Falls	100 E Highland Dr Oconto Falls, WI 54154

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	3. R20 was admitted to the facility on [DATE] with diagnoses including cancer. R20 received a PPSV23 vaccine on 11/13/12 and a PCV13 vaccine on 8/25/15. R20's medical record did not indicate R20 was offered or administered the PCV20 vaccine. 4. R23 was admitted to the facility on [DATE] with diagnoses including pneumonia. R23 received a PPSV23 vaccine on 9/28/17 and a PCV13 vaccine on 6/7/16. R23's medical record did not indicate R23 was offered or administered the PCV20 vaccine. On 4/29/24 at 10:35 AM, Surveyor interviewed Infection Preventionist (IP)-C who indicated residents should be offered the PCV20 vaccine upon admission; however, IP-C had not audited or offered the PCV20 vaccine to existing residents. IP-C indicated IP-C was working with regional support to develop a process to monitor PCV20 vaccines.

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Keep all essential equipment working safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48794 Based on observation and staff and resident interview, the facility did not ensure mechanical lift equipment used to transfer residents was maintained in a safe operating condition. This had the potential to affect 17 residents who were transferred via lift. The facility's mechanical lift equipment showed signs of wear and tear. Residents and staff expressed concerns with the condition of the equipment and the length of time it took to transfer residents. In addition, the emergency pull was broken on one of the lifts. Findings include: The facility's Sling Safety Inspection and Care policy, dated April 2020, contains a Lift Inspection Checklist that indicates the following are to be inspected monthly: 1) [NAME] base; 2) Shifter handle; 3) Mast; 4) Boom; 5) Swivel bar; 6) Electric actuator assembly; 7) Emergency release. The checklist also indicates moving parts on the lifts are to be lubricated every 6 months. The manufacturer's recommendations for Invacare Reliant Lifts RPL450-1 and RPL600-1 state regular maintenance of patient lifts and accessories is necessary to assure proper operation .After the first six months of operation, inspection should be done on all pivot points and fasteners for wear. If the metal is worn, the parts must be replaced. Repeat this inspection every six months. The manual also states the expected service life is eight years, presuming the product is used daily and in accordance with safety instructions and maintenance instructions. The manufacturer's recommendations for Stand-Up Lifts RPS350-1 and RPS440ee state that all parts of the Invacare lift are made of the best grades of steel, but metal to metal contact will wear after considerable use. There is no adjustment or maintenance of the casters, other than cleaning, lubrication and checking axle and swivel bolts for tightness. Remove all debris, etc. from the wheel and swivel bearings. If any parts are worn, replace the parts immediately. The manual also indicates all parts should be inspected every 6 months. On 4/28/24, Surveyor reviewed R9's medical record. R9 was admitted to the facility on [DATE] with diagnoses including type 2 diabetes mellitus with diabetic neuropathy, muscle wasting and atrophy, pressure ulcer of left heel stage 2, pressure ulcer of right hip stage 3, pressure ulcer of other site stage 3, recurrent, pressure ulcer of sacral region stage 4, chronic pain syndrome, intervertebral disc disorder with myelopathy lumbar region, and presence of unspecified artificial knee joint. R9's Minimum Data Set (MDS) assessment, dated 1/28/24, stated R9 had a Brief Interview for Mental Status (BIMS) score of 14 out of 15 which indicated R9 had intact cognition. On 4/28/24, Surveyor reviewed R46's medical record. R46 was admitted to the facility on [DATE] with diagnoses including end stage renal disease, dependence on renal dialysis, morbid obesity due to excess calories, muscle wasting and atrophy, and localized edema. R46's MDS assessment, dated 3/19/24, stated R46 had a BIMS score of 14 out of 15 which indicated R46 had intact cognition. (continued on next page)

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 4/28/24 at 12:45 PM, Surveyor interviewed R46 who stated R46's primary concerns involved the facility's equipment. R46 stated the lifts used to transfer R46 were old, slow to lift, and did not work well. R46 stated R46 did not feel safe in the lifts at times. On 4/29/24 at 10:24 AM, Surveyor interviewed R9 who expressed a concern regarding the facility's transfer equipment. R9 stated the facility's lifts were old, scary to use, and the lift batteries did not always work. R9 stated the lifts were slow and R9 was often stuck in the lift for long periods of time which was painful. R9 stated staff expressed concerns about the lifts as well. On 4/29/24, Surveyor toured all units of the facility and observed the following lifts: 2 Hoyer lifts with model number RPL450-1, and Hoyer lift RPL600-1. Surveyor noted the lifts had a rust-like substance on the bottom of the legs and wheels and hair was caught in all 4 wheels of each lift. In addition, one RPL450-1 lift had duct tape on the right handle with padding underneath. On 4/29/24 at 11:44 AM, Surveyor interviewed Certified Nursing Assistant (CNA)-F who stated CNA-F worked on all the units and expressed concerns with the facility's lift equipment. CNA-F stated the lifts were old, rickety, and wobbly, and the legs widened and spread out during transfers. CNA-F also stated the lifts were [NAME] regardless of how much a resident weighed. CNA-F stated a number of residents expressed concerns about the lifts and stated they didn't feel safe in them. CNA-F mentioned R46 as one of the residents with concerns. On 4/29/24 at 12:01 PM, Surveyor interviewed CNA-E who also expressed concerns about the safety of the lift equipment. CNA-E stated the lifts were old, the wheels didn't always work, and sometimes residents were stuck in the up position for longer than necessary because it took awhile for the lifts to lower. CNA-E showed Surveyor stand lift RPS440ee and demonstrated that the emergency pull did not work. Surveyor observed a slow progression to lower the lift with no change in speed when the emergency pull was engaged. CNA-E stated the slowness caused more pull on residents' arms and they often complained about it. On 4/30/24 at 10:12 AM, Surveyor observed CNA-F and CNA-G transfer R9 via lift. While in the lift, R9 stated to Surveyor that the lift was newer and nicer and not the lift staff usually used to transfer R9. R9 stated Director of Nursing (DON)-B switched out the older lift with the newer lift prior to the transfer. CNA-F confirmed the lift was not the lift usually used to transfer R9 and verified the lift was switched out with a newer lift that morning. R9 stated the transfer was nice and smooth compared to the other lift. CNA-F and CNA-G agreed. Upon exiting R9's room, Surveyor interviewed CNA-F and CNA-G and observed a lift in the hallway that CNA-F confirmed was the lift staff usually used to transfer R9. CNA-F stated staff use the RPL450 or RPL600 lifts because they have a scale which allows staff to weigh R9. CNA-F stated the lift used to transfer R9 earlier did not have a scale and was usually stored on a different wing. CNA-G stated all the lifts are broken in some way. CNA-G showed Surveyor hair stuck in the wheels of all 3 lifts on the 200 wing. CNA-G stated the legs on the Hoyer lifts shift during transfers and start to go sideways which CNA-G demonstrated on an RPL450 lift. Surveyor observed one leg shift in the opposite direction from where CNA-G turned the lift. CNA-G also showed Surveyor lifts on the 400 wing, specifically the RPS440ee stand lift, and stated the emergency pull did not always work. (continued on next page)

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 4/30/24 at 12:03 PM, Surveyor interviewed Maintenance Supervisor (MS)-O who stated maintenance staff inspect the lifts at least once per month. MS-O stated staff put in verbal or written requests for repairs. MS-O verified MS-O was aware that some bariatric residents had concerns including hitting their head on the crossbar of the lifts that contained scales. MS-O stated maintenance staff put pool noodles on the crossbar to prevent injury. MS-O confirmed the emergency pull went out on the RPS440ee lift a few months prior and stated the lift was pulled from the floor until the parts arrived and the repair was completed. MS-O stated most lift concerns were related to battery life which was often due to user error when placing new batteries in the lifts. On 4/30/24 at 12:12 PM, Surveyor reviewed monthly lift inspection sheets from April 2023 to the present. An inspection sheet, dated 11/29/23, indicated the RPS440ee lift was pulled from the floor on 11/9/23. All other inspection sheets contained a check mark next to the lift and staff initials. No other concerns with lifts were noted on the checklist. Surveyor requested a list of repairs/requests for repairs which was not provided. On 4/30/24 at 1:37 PM, Surveyor interviewed DON-B who verified DON-B swapped the Hoyer lift usually used to transfer R9 with the newer lift prior to Surveyor's observation of R9's transfer. DON-B stated during a conversation with R9 on 4/28/24, R9 expressed concerns that the lifts were old and R9 did not like them. DON-B indicated DON-B was not aware of any other residents who had concerns with the lifts. DON-B stated the facility was in the process of ordering parts for the lifts because staff reported the legs shifted during transfers.