

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525452	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2024
NAME OF PROVIDER OR SUPPLIER Elroy Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 307 Royall Ave Elroy, WI 53929	

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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38882</p> <p>Based on observation, interview, and record review, the facility did not ensure that self-administration of medications was determined to be clinically appropriate for 1 of 1 resident (R2) reviewed for self-administration of medications out of a total sample of 9 residents.</p> <p>Surveyor observed R2 holding a med cup of pills in her room without staff present. The facility did not complete a self-administration of medication assessment on R2 and R2 did not have a physician order for administering her own medications.</p> <p>Evidenced by:</p> <p>The facility's policy, entitled Self-Administration by Resident, dated 2007, includes: Residents who desire to self-administer medications are permitted to do so with a prescriber's order and if the nursing center interdisciplinary team has determined that the practice would be safe, and the medications are appropriate and safe for self-administration .</p> <p>R2 admitted to the facility on [DATE] with diagnoses including unspecified dementia without behavioral disturbances.</p> <p>R2's most recent Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 6/21/24 indicates R2 has moderate cognitive impairment with a Brief Interview for Mental Status (BIMS) score of 11 out of 15.</p> <p>On 7/30/24 at 9:40 AM, Surveyors observed R2 in her room holding a medication cup with pills in it. R2 asked Surveyor to locate her pill cutter and cut two of the pills in half to make swallowing them easier. Surveyor asked what the pills were for and R2 was unsure what the pills were, but knew she was supposed to take them as a nurse had dropped them off. Surveyor reassured R2 that the nurse on the unit would have a pill cutter and called for assistance.</p> <p>On 7/30/24 at 9:48 AM, RN C (Registered Nurse) entered R2's room. RN C indicated R2 did not have an order for self-administering medications. RN C indicated R2 had not been assessed and deemed safe to self-administer her medications. RN C stated, I left them in the room. I knew better. I don't know what I was thinking.</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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 7/30/24 at 1:44 PM, NHA A (Nursing Home Administrator) indicated RN C told him she left medications with R2 and shouldn't have. NHA A indicated it is his expectations that medications are not left with residents to self-administer unless they have had a completed assessment showing they are safe to perform this act and have an order from their Personal Care Provider to self-administer medications.</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38882</p> <p>Based on observation and interview, the facility did not ensure each resident had a safe, clean, comfortable, and homelike environment for 6 of 9 sampled residents (R2, R1, R5, R3, R8, and R7).</p> <p>R8 and R7 indicated they have not had a working sink in their bathroom for over a week and have to go down the hallway in order to complete their personal hygiene.</p> <p>R2, R1, R5, and R3 voiced concerns regarding not having any hot water for about 3 weeks.</p> <p>Grievance Form, dated 7/12/24, indicates the facility has had concerns of no hot water since 7/12/24.</p> <p>Evidenced by:</p> <p>Facility policy, entitled Safe and Homelike Environment, dated 6/16/22, includes in accordance with residents' rights the facility will provide a safe, clean, comfortable, and home-like environment allowing the residents to use his or her personal belongings to the extent possible . A home-like environment is one that de-emphasizes the institutional character of the setting . a determination of home-like should include the resident's opinion of the living environment . housekeeping and maintenance services will be provided as necessary to maintain a sanitary, orderly, and comfortable environment .</p> <p>Grievance Form, dated 7/12/24, includes Resident Representative . was concerned that there is no hot water . offered to show resident and resident representative temperature logs as well as the hot water in person .</p> <p>Example 1</p> <p>R7 admitted to the facility on [DATE] after sustaining a fracture of the neck of his right femur.</p> <p>R7's most recent Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 8/1/24 indicates R7's cognition is intact with a Brief Interview for Mental Status (BIMS) score of 13 out of 15.</p> <p>R7's Comprehensive Care Plan, initiated 7/15/24, indicates R7 requires the assistance of one staff member and a gait belt to complete the activity of daily living- transfer. R7's Care Plan also indicates R7 requires the assistance of one staff member to set him up to wash his own face, hands and to shave.</p> <p>On 7/30/24 at 10:00 AM, R7 indicated his bathroom has been inoperative for a week and he has to transfer into a wheelchair and go down the hallway to get to a sink he can use. R7 indicated the sink in his bathroom has been removed and there is a strong odor of mildew coming from there now.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 7/30/24 at 10:02 AM, Surveyor observed R7's bathroom to have a musty, mildew odor and no sink. Where the sink had been attached to the wall Surveyor observed holes with pipes coming through and dried drip lines of a dark green/black substance.</p> <p>On 7/30/24 at 11:28 AM, Director of Maintenance D indicated R7's sink is on his list.</p> <p>On 7/30/24 at 1:44 PM, NHA A (Nursing Home Administrator) indicated Director of Maintenance D is working on R7's sink.</p> <p>Example 2</p> <p>R8 admitted to the facility on [DATE].</p> <p>On 7/30/24 at 10:00 AM, R8 indicated he does not have a sink in his bathroom and staff have to take him down the hallway to a sink to use. R8 indicated he can smell mold or mildew coming from his bathroom and this bothers him.</p> <p>R8's Comprehensive Care Plan, initiated 7/25/24, indicates R8 requires the assistance of one staff member to meet his needs in transfer and personal hygiene.</p> <p>On 7/30/24 at 10:02 AM, Surveyor observed R8's bathroom to have a musty, mildew odor and no sink. Where the sink had been attached to the wall Surveyor observed holes with pipes coming through and dried drip lines of a dark green/black substance.</p> <p>On 7/30/24 at 11:28 AM, Director of Maintenance D indicated R8's sink is on his list.</p> <p>On 7/30/24 at 1:44 PM, NHA A (Nursing Home Administrator) indicated Director of Maintenance D is working on R8's sink.</p> <p>Example 3</p> <p>R2 admitted to the facility on [DATE] with diagnoses including unspecified dementia without behavioral disturbances.</p> <p>R2's most recent Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 6/21/24 indicates R2 has moderate cognitive impairment with a Brief Interview for Mental Status (BIMS) score of 11 out of 15.</p> <p>On 7/30/24 at 9:40 AM, R2 indicated she has not had hot water in her bathroom sink for about 3 weeks, stating, Go feel it for yourself. Surveyor recorded the following water temperatures:</p> <p>9:41AM-9:45AM hot faucet- temperature 66.4 degrees F (Fahrenheit)</p> <p>9:45AM-9:48AM cold faucet- temperature 66.4 degrees F</p> <p>Example 4</p> <p>R1 admitted to the facility on [DATE].</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R1's most recent MDS with ARD of 8/1/24 indicates R1's cognition is intact with a BIMS score of 15 out of 15.</p> <p>On 7/30/24 at 1:37 PM, indicated she has no hot water in her room and hasn't since 7/4/24. Surveyor recorded the following temperatures:</p> <p>1:29PM-1:32PM hot water faucet- temperature 65.8 degrees F</p> <p>1:32PM- 1:37PM cold water faucet- temperature 65.8 degrees F</p> <p>Example 5</p> <p>R3 admitted to the facility on [DATE].</p> <p>R3's most recent MDS with ARD of 6/25/24 indicates R3's cognition is intact with a BIMS score of 15 out of 15.</p> <p>On 7/30/24 at 1:28 PM, R3 indicated she does not have hot water in her room and hasn't had it for weeks. R3 stated Are we ever going to get hot water? I don't have any in my room.</p> <p>Example 6</p> <p>R5 admitted to the facility on [DATE].</p> <p>R5's most recent MDS with ARD of 5/10/24 indicates R5's cognition is intact with a BIMS score of 15 out of 15.</p> <p>On 7/30/24 at 1:38 PM, R5 indicated she does not have hot water in her room and hasn't had it for weeks. Surveyor recorded the following temperatures:</p> <p>1:29PM-1:32PM hot water faucet- temperature 65.8 degrees F</p> <p>1:32PM- 1:37PM cold water faucet- temperature 65.8 degrees F</p> <p>On 7/30/24 at 10:22 AM, CNA E (Certified Nursing Assistant) indicated the staff have been having problems for weeks getting hot water on this hallway. CNA E indicated sometimes they go to other areas of the home to transport hot water in basins to the residents. Other times staff just use cold water.</p> <p>On 7/30/24 at 10:25 AM, RN C (Registered Nurse) indicated it has been a couple weeks since they were able to get hot water on this hallway. RN C indicated staff wash their hands with cold water and some of the residents refuse showers because the water is not hot.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 7/30/24 at 11:28 AM, Director of Maintenance D indicated the hot water system has been a struggle for him to figure out. Director of Maintenance D indicated he has been crawling around in the duct work looking for directional valves and trying to figure out why some of the building has too hot of water while other parts have no hot water. Director of Maintenance D indicated he has replaced parts throughout the water system, including recirculating pump, thermostat to the hot water heater, and the 100-gallon hot water storage tank. Director of Maintenance D indicated he has other parts on order to try including cartridge unit and sensor.</p> <p>On 7/30/24 at 1:44 PM, NHA A (Nursing Home Administrator) indicated the recirculating water system has been a struggle for a couple weeks and that there is one hallway that does not get hot water consistently. NHA A indicated the facility might have to call a Master Plumber to assist with the issue.</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38882</p> <p>Based on record review and interview, the facility did not ensure that all alleged violations involving abuse, neglect, exploitation, or mistreatment are reported immediately, but no later than 2 hours after the allegation is made, to the appropriate agencies in accordance with State law through established procedures for 1 of 1 sampled residents (R7).</p> <p>R7 voiced an allegation of abuse to Surveyor and to the facility using the grievance process. The facility failed to report the allegation of abuse to the state agency immediately within 2 hours.</p> <p>Evidenced by:</p> <p>Facility policy, entitled Abuse, Neglect, and Exploitation, dated 7/15/2022, includes: . Verbal abuse- means the use of oral, written, or gestured communication or sounds . includes disparaging language and derogatory terms to residents or their families, or within their hearing distance regardless of their age, ability to comprehend, or disability . Identification of abuse, neglect, or exploitation: . Verbal abuse of a resident overheard or inappropriate verbal conduct overheard . Reporting/Response: . Reporting of all alleged violations to the Administrator, state agency, adult protective services and to all other required agencies within the specified timeframe- immediately, but no later than 2 hours after the allegation is made if the events that cause the allegation involve abuse or result in bodily injury or not later than 24 hours if the events that caused the allegation do not involve abuse and do not cause bodily injury .</p> <p>R7 admitted to the facility on [DATE] with diagnoses, including unspecified injury of head and cognitive communication deficit.</p> <p>R7's most recent Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 8/1/24 indicates R7's cognition is intact with a Brief Interview for Mental Status (BIMS) score of 13 out of 15.</p> <p>R7's grievance form, dated 7/18/24, includes: describe grievance/complaint using factual terms: CNA F (Certified Nursing Assistant) and CNA G behaving like children, unprofessional, yelling, screaming, swearing, uncalled for behavior. Facility Follow-Up: 7/19/14 counseling provided to aides on professionalism in hallways and during shift change. Additional education to be added to monthly CNA meeting on professionalism .</p> <p>On 7/30/24 at 10:00 AM, during an interview, R7 indicated he had something bothering him and he wasn't sure if he should tell Surveyor about it. Surveyor assured him that she would listen to any concerns he had regarding his stay at the facility. R7 indicated his experience in the facility has been terrible and staff are rude to him. R7 stated, CNA G is a (explicit language used). She raises her voice, yells at me, swears, is abrasive, and she makes me feel like I am an idiot. I'm not an idiot. R7 indicated he has reported this, but nothing was done about it. R7 indicated CNA G continues to work with him and continues to treat him in this manner.</p> <p>(continued on next page)</p>		

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 7/30/24 at 1:44 PM, NHA A (Nursing Home Administrator) indicated a staff member yelling, screaming, swearing within earshot of a resident could be an allegation of abuse. NHA A indicated the incident happened in the hallway and the swearing, screaming, and yelling was not directed at R7 according to the two staff involved. NHA A indicated a person could think this interaction was directed at them if they overheard it or if they had a cognitive deficit or dementia and did not understand the interaction. NHA A indicated a staff member on the next shift reported R7's concern to him and he was unaware if there were any other witnesses to the incident. NHA A indicated he did not report the allegation of abuse to the state agency.		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38882</p> <p>Based on record review and interview, the facility did not ensure that all alleged violations involving abuse, neglect, exploitation, or mistreatment were thoroughly investigated for 1 of 1 residents reviewed (R7).</p> <p>R7 voiced an allegation of abuse to Surveyor and to facility using the grievance process. The facility failed to protect R7 and failed to conduct a thorough investigation of the incident.</p> <p>Evidenced by:</p> <p>Facility policy, entitled Abuse, Neglect, Exploitation, dated 7/15/22, includes: .Verbal abuse- means the use of oral, written, or gestured communication or sounds . includes disparaging language and derogatory terms to residents or their families, or within their hearing distance regardless of their age, ability to comprehend, or disability . Identification of abuse, neglect, or exploitation: . Verbal abuse of a resident overheard or inappropriate verbal conduct overheard . Investigation of alleged abuse, neglect, exploitation: An immediate investigation is warranted when allegation or suspicion of abuse, neglect, or exploitation, or reports of abuse, neglect, or exploitation occur. Written procedures for investigating include: . investigating different types of alleged violations. Identifying and interviewing all involved persons, including the alleged victim, alleged perpetrator, witnesses, and others who might have knowledge of the allegation . Protection of resident: The facility will make efforts to ensure all residents are protected from physical and psychosocial harm during and after the investigation. Responding immediately to protect the alleged victim and integrity of the investigation. Examining the alleged victim for any signs of injury . psychosocial assessment if needed . Increased supervision of the alleged victim and residents . Room or staffing changes if necessary . protection from retaliation . providing emotional support and counseling to the resident during and after the investigation .</p> <p>R7 admitted to the facility on [DATE] with diagnoses, including cognitive communication deficit and unspecified injury of the head.</p> <p>R7's most recent Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 8/1/24 indicates R7's cognition is intact with a Brief Interview for Mental Status (BIMS) score of 13 out of 15.</p> <p>R7's grievance form, dated 7/18/24, includes describe grievance/complaint using factual terms: CNA F (Certified Nursing Assistant) and CNA G behaving like children, unprofessional, yelling, screaming, swearing, uncalled for behavior. Facility Follow-Up: 7/19/24 counseling provided to aides on professionalism in hallways and during shift change. Additional education to be added to monthly CNA meeting on professionalism .</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 7/30/24 at 10:00 AM, during an interview R7 indicated he had something bothering him and he wasn't sure if he should tell Surveyor about it. Surveyor assured R7 that she would listen to any concerns he had regarding his stay at the facility. R7 indicated his experience in the facility has been terrible and staff are rude to him. R7 stated, CNA G is a (explicit language used). She raises her voice, yells at me, swears, is abrasive, and she makes me feel like I am an idiot. I'm not an idiot. R7 indicated he has reported this, but nothing was done about it. R7 indicated CNA G continues to work with him and continues to treat him in this manner.</p> <p>Facility staffing schedule, dated July 21-August 3, 2024, indicates CNA F worked on the following dates: 7/22, 7/23, 7/24, 7/26, 7/27, 7/28 and indicates CNA G worked the following dates: 7/23, 7/24, 7/25, 7/27, 7/28.</p> <p>On 7/30/24 at 1:44 PM NHA A (Nursing Home Administrator) indicated a staff member yelling, screaming, or swearing within earshot of a resident could be an allegation of abuse. NHA A indicated the incident happened in the hallway and the swearing, screaming, and yelling was not directed at R7 according to the two staff involved. NHA A indicated a person could think this interaction was directed at them if they overheard it or if they had a cognitive deficit or dementia and did not understand the interaction. NHA A indicated a staff member on the next shift reported R7's concern to him and he was unaware if there were any other witnesses to the incident. NHA A indicated he did not remove staff from working with R7 and he did not conduct a thorough investigation regarding the allegation of abuse, including collecting statements by the two staff members involved, interviewing R7, and interviewing other staff or residents who may have information about this incident.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38882</p> <p>Based on interview and record review, the facility did not provide showers to 4 of 4 residents reviewed for Activities of Daily Living (ADL) assistance (R1, R2, R5, R3).</p> <p>R1, R2, R3, and R5 indicated they have missed showers due to the facility not having hot water.</p> <p>Evidenced by:</p> <p>Facility policy, entitled Activities of Daily Living (ADLS), dated 7/26/22, includes: The facility will . ensure a resident's abilities in ADLs do not deteriorate unless deterioration is unavoidable. Care and services will be provided for the following ADLs: bathing, dressing, grooming, oral care, transfer, ambulation, toileting, eating, using speech . A resident who is unable to carry out ADLs will receive the necessary services to maintain good . grooming and personal and oral hygiene .</p> <p>Example 1</p> <p>R1 admitted to the facility on [DATE].</p> <p>R1's most recent Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 8/1/24 indicates R1's cognition is intact with a Brief Interview for Mental Status (BIMS) score of 15 out of 15.</p> <p>On 7/30/24 at 1:37 PM, indicated she missed her shower due to the facility not having any hot water on her hallway and went 9 days without a shower.</p> <p>R1's Comprehensive Care Plan, initiated 4/28/23, indicates R1 requires the assistance of 1 staff member to meet her needs in the following areas: bathing/showering, dressing, locomotion. R1's Care Plan indicates she is non-ambulatory at this time.</p> <p>R1's shower documentation, 7/1/24-7/30/24, indicates R1 was not offered a shower on 7/10/24. (It is important to note there is a box to document if R1 refuses her shower and this box is not checked on this date.)</p> <p>Example 2</p> <p>R2 admitted to the facility on [DATE] with diagnoses including unspecified dementia without behavioral disturbances.</p> <p>R2's most recent MDS with ARD of 6/21/24 indicates R2 has moderate cognitive impairment with a BIMS score of 11 out of 15.</p> <p>On 7/30/24 at 9:40 AM, R2 indicated she has missed showers due to the facility not having hot water.</p> <p>(continued on next page)</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R2's Comprehensive Care Plan, initiated 10/15/20, indicates she requires extensive assistance to meet her needs in bathing/showering. R2's Care Plan also indicates she is scheduled to take showers on Tuesday morning and Friday morning.</p> <p>R2's shower documentation, 7/1/24-7/30/24, indicates R2 was not offered a shower on 7/12/24 and 7/19/24. (It is important to note there is a box to document if R2 refuses her shower and this box is not checked on these dates.)</p> <p>Example 3</p> <p>R3 admitted to the facility on [DATE].</p> <p>R3's most recent MDS with ARD of 6/25/24 indicates R3's cognition is intact with a BIMS score of 15 out of 15.</p> <p>On 7/30/24 at 1:28 PM, R3 indicated she has missed showers due to the facility not having hot water.</p> <p>R3's Comprehensive Care Plan, initiated 7/20/18, indicates R3 requires assistance to meet her needs in bathing/showering. It also indicates she is scheduled for a bath/shower on Monday mornings and Thursday mornings.</p> <p>R3's shower documentation, 7/1/24-7/30/24, indicates R3 was not offered a shower/bath on 7/4/24 and 7/11/24. (It is important to note there is a box to check if R3 refuses to take her shower/bath and this box was not checked for these dates.)</p> <p>Example 4</p> <p>R5 admitted to the facility on [DATE].</p> <p>R5's most recent MDS with ARD of 5/10/24 indicates R5's cognition is intact with a BIMS score of 15 out of 15.</p> <p>On 7/30/24 at 1:38 PM, R5 indicated she has missed showers due to the facility not having hot water.</p> <p>R5's Comprehensive Care Plan, initiated 2/2/24, indicates R5 requires the assist of one staff member to meet her needs in showering/bathing.</p> <p>R5's shower documentation, 7/1/24-7/30/24, indicates R5 was not offered a shower on the following dates: 7/3/24 and 7/10/24. (It is important to note there is a box that can be checked if R5 refuses her shower, and this box was not checked on either of these dates.)</p> <p>On 7/30/24 at 10:22 AM, CNA E (Certified Nursing Assistant) indicated the staff have been having problems for weeks getting hot water on this hallway. CNA E indicated sometimes they go to other areas of the home to transport hot water in basins to the residents. Other times staff just use cold water. CNA E indicated showers have been missed due to the issue of not having hot water.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525452	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2024
NAME OF PROVIDER OR SUPPLIER Elroy Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 307 Royall Ave Elroy, WI 53929	

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 7/30/24 at 10:25 AM, RN C (Registered Nurse) indicated it has been a couple weeks since they were able to get hot water on this hallway. RN C indicated staff wash their hands with cold water and some of the residents refuse showers because the water is not hot.</p> <p>On 7/30/24 at 11:28 AM, Director of Maintenance D indicated the hot water system has been a struggle for him to figure out. Director of Maintenance D indicated he has been crawling around in the duct work looking for directional valves and trying to figure out why some of the building has too hot of water while other parts have no hot water. Director of Maintenance D indicated he has replaced parts throughout the water system, including recirculating pump, thermostat to the hot water heater, and the 100-gallon hot water storage tank. Director of Maintenance D indicated he has other parts on order to try including cartridge unit and sensor.</p> <p>On 7/30/24 at 1:44 PM, NHA A indicated the recirculating water system has been a struggle for a couple weeks and that there is one hallway that does not get hot water consistently. NHA A indicated the residents should be able to have a hot shower.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525452	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2024
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38882</p> <p>Based on observation and interview, the facility did not ensure resident environments remained free of potential accidents/hazards for 3 of 9 residents (R6, R4, and R9) reviewed for hot water temperatures.</p> <p>R6, R4, and R9 voiced concerns of their water being too hot. Surveyor recorded unsafe temperatures on her thermometer of R6's, R4's, and R9's bathroom water.</p> <p>Evidenced by:</p> <p>Facility policy, entitled Safe Water Temperatures, dated 6/16/2022, includes, in part: It is the policy of the facility to maintain appropriate water temperatures in resident care areas. Direct staff will monitor residents during prolonged exposure to warm or hot water for any signs or symptoms of burns and will respond appropriately. Staff will be educated on safe water temperatures upon employment and on a regular basis. Water temperatures will be set to a temperature of no more than the state's allowable maximum water temperature .</p> <p>According to the Center for Medicare and Medicaid State Operations Manual, Appendix PP, reviewed 2/3/23, the time required to obtain a third degree burn at water temperatures of 127 degrees F (Fahrenheit) is one minute . The time required to obtain third degree burns at 124 degrees is 3 minutes . The time required to obtain a third degree burn at 120 degrees F is 5 minutes.</p> <p>Example 1</p> <p>R4 admitted to the facility on [DATE].</p> <p>R4's most recent Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 6/3/24 indicates R4's cognition is intact with a Brief Interview for Mental Status (BIMS) score of 15 out of 15.</p> <p>On 7/30/24 at 10:15 AM, Surveyor asked permission to take a temperature reading of R4's water. R4 warned Surveyor, Be careful, it is really hot today. Surveyor held thermometer in the stream of hot water. After 1 minute, the thermometer read 127.6 degrees F (Fahrenheit).</p> <p>Example 2</p> <p>R6 admitted to the facility on [DATE].</p> <p>R6's most recent MDS with ARD of 7/10/24 indicates R6 has moderate cognitive impairment with a BIMS score of 11 out of 15.</p> <p>On 7/30/24 at 11:00 AM, R6 indicated her water is way too hot at times. Surveyor held thermometer in the hot water stream from 11:05 AM to 11:07 AM and the thermometer read 123.4 degrees F.</p> <p>Example 3</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R9 admitted to the facility on [DATE].</p> <p>R9's most recent MDS with ARD of 4/29/24 indicates R9's cognition is intact with a BIMS score of 14 out of 15.</p> <p>On 7/30/24 at 11:07 AM, R9 indicated his water is too hot at times. Surveyor held thermometer in the hot water stream for two minutes and the thermometer read 122.7 degrees F.</p> <p>On 7/30/24 at 11:28 AM, Director of Maintenance D indicated the hot water system has been a struggle for him to figure out. Director of Maintenance D indicated he has been crawling around in the duct work looking for directional valves and trying to figure out why some of the building has too hot of water while other parts have no hot water. Director of Maintenance D indicated he has replaced parts throughout the water system, including recirculating pump, thermostat to the hot water heater, and the 100-gallon hot water storage tank. Director of Maintenance D indicated he has other parts on order to try including cartridge unit and sensor.</p> <p>On 7/30/24 at 1:44 PM, NHA A (Nursing Home Administrator) indicated the recirculating water system has been a struggle for a couple weeks and that there is one hallway that does not get hot water consistently and another that gets too hot of water. NHA A indicated he is not aware of any injuries that have occurred due to the water being too hot. NHA A indicated he will educate staff to monitor more closely on the hallway where the water is too hot. NHA A indicated the facility might have to call a Master Plumber to assist with the issue.</p>