

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525454	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/03/2025
NAME OF PROVIDER OR SUPPLIER Oakwood Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 2512 New Pine Dr Altoona, WI 54720	

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 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** Based on record review, observation and interview, the facility did not ensure the residents remain free of possible accidental hazards. Facility did not ensure staff were applying the correct size Hoyer (mechanical full body lift) sling to prevent accidents for 1 of 10 residents (R) reviewed. (R3).</p> <p>Certified Nursing Assistants (CNA) used a size large instead of the care planned size medium Hoyer sling for R3. This occurred after nursing staff received education and skill checks within the last month.</p> <p>Findings include:</p> <p>Facility policy titled, NSG-Save Resident Handling and Transfers, dated 08/05/22, states: It is the policy of this facility to ensure that residents are handled and transferred safely to prevent or minimize risks for injury and provide and promote a safe, secure, and comfortable experience for the resident while keeping the employees safe in accordance with current standards and guidelines. Resident lifting and transferring will be performed according to the resident's individual plan of care.</p> <p>R3 was admitted to the facility on [DATE] with diagnoses including right sided paralysis following a stroke, right hand contracture, neglect syndrome, and dementia.</p> <p>R3's care plan, dated 04/28/25, indicates that R3 is cognitively impaired and is rarely/never understood. R3 requires the use of a purple (medium) sized sling for all Hoyer transfers. R3 is dependent on staff for all position changes and transfers. R3's medical record, dated 06/02/25, indicates R3's weight was 134.4. R3's weight according to manufacturer's guidelines identifies that only a purple (medium) sling should be used.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 06/03/25 at 12:16 PM, Surveyor observed R3 sitting in the dining room in a broda chair with a green sling under him. Surveyor asked CNA C to identify R3. Survey asked if CNA C were training, where would a new staff member go for directions on how to care for R3. Surveyor followed CNA C down to R3's room and opened the closet to show Surveyor the plan in the closet. Surveyor asked CNA C to read how to transfer R3. CNA read from the plan, Assist of 2, Full body mechanical lift, size medium Purple full body or divided split leg sling. CNA C also stated another place to look is on the computer in the hallway where the CNAs chart. CNA C demonstrated the plan there also stated the same as mentioned above. Surveyor asked CNA C to follow her to the dining room, look at R3, and asked if there were any concerns. CNA C stated, Oh no! It's green! Surveyor asked CNA C if education and skill checks were done. CNA C stated they were just done in the last month or so and did not know how this could have happened.</p> <p>At 12:32 PM, Surveyor interviewed Nursing Home Administrator (NHA) A. Surveyor asked NHA A how they ensure staff are competent and follow the plan of care. NHA stated they just educated and completed skill checks on the nursing staff. Surveyor then informed Nursing Home Administrator (NHA) A on the finding noted above.</p> <p>On 06/03/25 at 1:12 PM, NHA A informed Surveyor that all residents that require Hoyer lifts were checked for correct sling size, and all but R3's sling were correct.</p>		