

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525456	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/09/2024
NAME OF PROVIDER OR SUPPLIER Sheboygan Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 3129 Michigan Ave Sheboygan, WI 53082	

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** 38793</p> <p>Based on staff interview and record review, the facility did not ensure the environment remained as free of accident hazards as possible for 1 resident (R) (R1) of 3 residents reviewed for falls.</p> <p>R1 fell in the facility on 1/26/24. The root cause of the fall was not identified and R1's plan of care was not updated to prevent future falls.</p> <p>Findings include:</p> <p>The facility's Accidents and Supervision policy, with a review date of 7/14/22, indicates: Evaluation and analysis of a fall involves examining the data to identify specific hazards and risks and developing targeted interventions to reduce the potential for accidents. Interventions will be implemented based on results of the fall evaluation and analysis of information about hazards and risks based on relevant standards. The facility will also ensure interventions are implemented correctly and evaluate the effectiveness of new interventions.</p> <p>On 4/9/24, Surveyor reviewed R1's medical record. R1 was admitted to the facility on [DATE] with diagnoses including Parkinson's disease, dementia, type 2 diabetes, and arthritis. R1's most recent Minimum Data Set (MDS) assessment, dated 1/15/24, contained a Brief Interview for Mental Status (BIMS) score of 2 out of 15 which indicated R1 had severely impaired cognition.</p> <p>An admission assessment, dated 1/12/24, indicated R1 was at risk for falls and included the following interventions: bed in low position and non-slip footwear.</p> <p>A fall assessment, dated 1/26/24, indicated R1 was found on the floor. The assessment indicated R1's bed was in a low position and R1 did not sustain any injuries. The assessment indicated floor mats were added as a fall intervention.</p> <p>An Interdisciplinary Team (IDT) progress note, dated 1/27/24, indicated the IDT reviewed R1's fall and added an intervention to keep R1's bed in the lowest position. The IDT did not identify a root cause for the fall.</p> <p>Surveyor noted R1's fall care plan did not contain an intervention for fall mats and did not contain any interventions after 1/12/24.</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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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 4/9/24 at 2:13 PM, Surveyor interviewed [NAME] President of Success (VPS)-C who verified there were no interventions implemented after R1's fall. VPS-C verified the IDT should have implemented a different intervention since the low bed was already in place prior to the fall.		