

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 10/14/2024
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>40342</p> <p>Based on staff interview and record review, the facility did not implement policies and procedures that prohibit and prevent abuse for 2 of 8 facility and contracted staff reviewed for caregiver background checks.</p> <p>The facility did not ensure thorough and timely caregiver background checks were completed for Certified Nursing Assistant (CNA)-C and Maintenance Staff (MS)-D.</p> <p>Findings include:</p> <p>The facility's Abuse, Neglect and Exploitation policy, with a review date of 7/15/22, indicates: It is the policy of this facility to provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation, and misappropriation of resident property .Screening A. Potential employees will be screened for a history of abuse, neglect, exploitation, or misappropriation of resident property. 1. Background, reference, and credentials checks shall be conducted on potential employees, contracted temporary staff, students affiliated with academic institutions, volunteers, and consultants. Background checks, including re-checks, will be completed consistent with applicable state laws and regulation.</p> <p>On 10/14/24, Surveyor reviewed background check information for 8 facility and contracted staff, including CNA-C and MP-D.</p> <p>CNA-C's hire date was listed as 4/4/17. The facility did not provide proof that a Background Information Disclosure (BID) form, Department of Justice (DOJ) criminal background check letter, or Integrated Background Information System (IBIS) letter was obtained for CNA-C within the previous four years.</p> <p>MP-D's hire date was listed as 7/5/23. The facility provided a BID form and DOJ and IBIS letters for MP-D that were dated 2/23/24. The facility did not provide proof that a BID form, DOJ letter, or IBIS letter was obtained for MP-D prior to or on the date of MP-D's hire.</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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/14/24 at 12:21 PM, Surveyor interviewed Business Office Manager (BOM)-E who indicated BOM-E usually completes a caregiver background check before a new staff is brought into the facility. BOM-E indicated caregiver background checks should be completed every four years. Following a discussion of the above findings for CNA-C and MP-D, BOM-E indicated BOM-E would recheck their files. BOM-E indicated MP-D's documents, dated 2/23/24, may have been obtained if MP-D started to drive the facility's van.</p> <p>On 10/14/24 at 12:35 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A with BOM-E present. NHA-A indicated the facility was unable to find additional documents for CNA-C and MP-D. BOM-E indicated BOM-E's tracking sheet indicated all staff were up to date for caregiver background checks.</p> <p>On 10/14/24 at 1:47 PM, Surveyor reviewed an electronic spreadsheet used for caregiver background check tracking with BOM-E. BOM-E indicated the spreadsheet did not indicate when the most recent updates were entered. The spreadsheet indicated the most recent caregiver background check for CNA-C was completed on 4/13/21. BOM-E verified the facility had no proof the caregiver background check occurred because there were no documents in CNA-C's file. BOM-E verified MP-D's name was on the spreadsheet but there were no caregiver background check dates listed for MP-D.</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** 40342</p> <p>Based on staff interview and record review, the facility did not ensure an allegation of abuse was reported to the State Agency (SA) and local law enforcement in a timely manner for 1 resident (R) (R3) of 4 sampled residents.</p> <p>On 9/11/24, R3 alleged staff pushed R3 to the floor. The facility did not report the allegation of abuse to the SA or local law enforcement.</p> <p>Findings include:</p> <p>The facility's Abuse, Neglect and Exploitation policy, with a review date of 7/15/22, indicates: It is the policy of this facility to provide protections for the health, welfare, and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation, and misappropriation of resident property .Reporting/Response A. The facility will have written procedures that include: 1. Reporting of all alleged violations to the Administrator, State Agency, Adult Protective Services, and to all other required agencies (e.g., law enforcement when applicable) within specified timeframes.</p> <p>On 10/14/24, Surveyor reviewed R3's medical record. R3 was admitted to the facility on [DATE] with diagnoses including alcoholic cirrhosis of liver and personal history of other mental and behavioral disorders. R3's Minimum Data Set (MDS) assessment, dated 8/23/24, stated R3's Brief Interview for Mental Status (BIMS) score was 15 out of 15 which indicated R3 had intact cognition. R3's was responsible for R3's healthcare decisions.</p> <p>R3's medical record indicated R3 was transferred to an emergency room (ER) on 9/11/24. R3 returned to the facility on [DATE] but refused to exit the vehicle and left/was discharged from the facility against medical advice (AMA).</p> <p>A progress note, dated 9/11/24, indicated R3 entered other residents' rooms and was assisted out of the rooms by staff. The note indicated R3 became increasingly aggressive with staff while looking for R3's spouse. R3 lost R3's balance and fell to the floor. The note indicated R3 continued to scream, did not allow anyone to touch R3, and wanted to be sent to the hospital. R3 alleged R3 was pushed down.</p> <p>On 10/14/24, Surveyor reviewed a fall investigation for R3's fall. The investigation did not mention R3's allegation of physical abuse (being pushed).</p> <p>On 10/14/24 at 12:39 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A who, following a discussion of the above note in R3's medical record, verified R3's allegation of being pushed was an allegation of abuse. NHA-A could not recall when NHA-A was notified of R3's fall. NHA-A verified the facility did not report R3's allegation of abuse to the SA.</p> <p>(continued on next page)</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>On 10/14/24 at 12:54 PM, Surveyor interviewed NHA-A with Director of Nursing (DON)-B present. DON-B indicated DON-B could not recall if DON-B was notified of R3's allegation of abuse. DON-B verified the nurse on duty did not mention R3's allegation of abuse on 9/11/24 when the nurse called DON-B about sending R3 to the hospital. NHA-A indicated if NHA-A had been notified of R3's allegation of abuse in a timely manner, NHA-A would have reported the allegation of abuse to the SA.</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>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40342</p> <p>Based on staff interview and record review, the facility did not ensure an allegation of abuse was thoroughly investigated for 1 resident (R) (R3) of 4 sampled residents.</p> <p>On 9/11/24, R3 alleged staff pushed R3 to the floor. The facility did not thoroughly investigate the allegation of abuse.</p> <p>Findings include:</p> <p>The facility's Abuse, Neglect and Exploitation policy, with a review date of 7/15/22, indicates: It is the policy of this facility to provide protections for the health, welfare, and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation, and misappropriation of resident property .An immediate investigation is warranted when an allegation or suspicion of abuse, neglect, or exploitation, or reports of abuse, neglect, or exploitation occur. B. Written procedures for investigations include: .4. Identifying and interviewing all involved persons, including the alleged victim, alleged perpetrator, witnesses, and others who might have knowledge of the allegation(s) .6. Providing complete and thorough documentation of the investigation.</p> <p>On 10/14/24, Surveyor reviewed R3's medical record. R3 was admitted to the facility on [DATE] with diagnoses including alcoholic cirrhosis of liver and personal history of other mental and behavioral disorders. R3's Minimum Data Set (MDS) assessment, dated 8/23/24, stated R3's Brief Interview for Mental Status (BIMS) score was 15 out of 15 which indicated R3 had intact cognition. R3 was responsible for R3's healthcare decisions.</p> <p>R3's medical record indicated R3 was transferred to an emergency room (ER) on 9/11/24. R3 returned to the facility on [DATE], but refused to exit the vehicle and left/was discharged from the facility against medical advice (AMA).</p> <p>A progress note, dated 9/11/24, indicated R3 entered other residents' rooms and was assisted out of the rooms by staff. The note indicated R3 became increasingly aggressive with staff while looking for R3's spouse. R3 lost R3's balance and fell to the floor. The note indicated R3 continued to scream, did not allow anyone to touch R3, and wanted to be sent to the hospital. R3 alleged that R3 was pushed down.</p> <p>On 10/14/24, Surveyor reviewed a fall investigation for R3's fall. The investigation did not mention R3's allegation of physical abuse (being pushed). The investigation contained interviews with three staff and indicated witness statements were attached. Surveyor was not provided with the witness statements.</p> <p>On 10/14/24 at 12:39 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A who, following a discussion of the above note in R3's medical record, verified an allegation of being pushed was an allegation of abuse.</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 10/14/24 at 12:54 PM, Surveyor interviewed NHA-A with Director of Nursing (DON)-B present. NHA-A indicated the facility was unable to locate witness statements associated with R3's allegation of abuse on 9/11/24. DON-B indicated witness statements were written on 9/11/24; however, the witness statements were destroyed the next morning (9/12/24) after DON-B entered the information in the facility's electronic fall investigation document. DON-B indicated DON-B could not recall if DON-B was notified of R3's allegation of abuse. DON-B verified the nurse on duty did not mention R3's allegation of abuse on 9/11/24 when the nurse called DON-B about sending R3 to the hospital. NHA-A indicated if NHA-A had been notified of R3's allegation of abuse in a timely manner, NHA-A would have immediately initiated abuse investigation procedures, including a thorough investigation.</p>		