

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525476	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Luther Home		STREET ADDRESS, CITY, STATE, ZIP CODE 831 Pine Beach Rd Marinette, WI 54143	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45942</p> <p>Based on family representative interview, staff interview and record review, the facility did not notify a Power of Attorney for Healthcare (POAHC) about an allegation of abuse for 1 resident (R) (R1) of 3 sampled residents.</p> <p>On 8/30/24, Certified Nursing Assistant (CNA)-E alleged Licensed Practical Nurse (LPN)-D pushed R1 back into R1's wheelchair when R1 attempted to stand up. Staff did not notify R1's POAHC of the allegation of abuse.</p> <p>Findings include:</p> <p>The facility's Abuse, Neglect and Exploitation Prevention and Reporting Policies and Procedures, revised 6/20/21, indicates: Abuse Investigations .8) The Administrator will keep the resident and/or his/her representative informed of the progress of the investigation .11) The administrator will inform the resident and/or his/her representative of the results of the investigation and corrective action taken within 4 working days of the completion of the investigation.</p> <p>On 10/30/24, Surveyor reviewed R1's medical record. R1 was admitted to the facility on [DATE] with diagnoses including Alzheimer's disease, anxiety, and bipolar disorder. R1's Minimum Data Set (MDS) assessment, dated 9/4/24, had a Brief Interview for Mental Status (BIMS) score of 6 out of 15 which indicated R1 had severe cognitive impairment. R1 had an activated POAHC.</p> <p>On 10/30/24, Surveyor reviewed a facility-reported incident (FRI) investigation, dated 9/11/24, that indicated CNA-E alleged LPN-D pushed R1 back into R1's wheelchair when R1 attempted to stand up. The investigation did not indicate R1's POAHC (POAHC-C) was notified of the allegation of abuse.</p> <p>On 10/30/24 at 10:57 AM, Surveyor interviewed POAHC-C via telephone. POAHC-C indicated POAHC-C was not informed of the allegation of abuse. POAHC-C indicated the first time POAHC-C heard of the alleged abuse was when Surveyor called.</p> <p>On 10/30/24 at 2:06 PM, Surveyor interviewed Director of Nursing (DON)-B who verified there was no documentation to confirm POAHC-C was notified of the allegation of abuse. DON-B indicated POAHC-C was informed on a case-by-case basis which was determined by Nursing Home Administrator (NHA)-A. DON-B indicated since there was no injury, POAHC-C wasn't notified.</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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 10/30/24 at 2:42 PM, Surveyor interviewed NHA-A who confirmed POAHC-C was not notified of the allegation of abuse but should have been notified.		

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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>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45942</p> <p>Based on staff interview and record review, the facility did not implement policies and procedures that prohibit and prevent abuse for 1 (Licensed Practical Nurse (LPN)-D) of 1 contracted staff reviewed for a caregiver background check.</p> <p>The facility did not ensure a thorough and timely caregiver background check was completed for LPN-D.</p> <p>Findings include:</p> <p>The facility's Abuse, Neglect and Exploitation policy, with a review date of September 2024, indicates: Not only does the mission of our organization demand that residents be free from abuse, but so do Wisconsin and Federal regulations. In order to comply with the requirements of the Elder Justice Act, [NAME] Home will .4) Refrain from employing any individual who has been prohibited from a long-term care facility because of failure to report a suspicion of a crime against a resident of a long-term care facility.</p> <p>LPN-D was hired on 10/27/23.</p> <p>On 10/30/24 at 3:30 PM, Surveyor requested LPN-D's caregiver background check information from Nursing Home Administrator (NHA)-A. NHA-A indicated Human Resources (HR) was responsible for completing caregiver background checks for new staff. At 3:35 PM, NHA-A informed Surveyor that NHA-A was unable to obtain LPN-D's background check information because HR had left for the day. Surveyor requested NHA-A submit LPN-D's background check information via email. NHA-A indicated NHA-A would send the information via email the next day.</p> <p>On 10/31/24 at 11:15 AM, Surveyor emailed NHA-A and again requested LPN-D's background check information. Surveyor did not receive a response and has not received a Background Information Disclosure (BID) form, Department of Justice (DOJ) criminal background check letter, or Integrated Background Information System (IBIS) letter for LPN-D as of this writing.</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** 45942</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) (R1) of 3 sampled residents.</p> <p>On 8/30/24, Certified Nursing Assistant (CNA)-E alleged Licensed Practical Nurse (LPN)-D pushed R1 back into R1's wheelchair when R1 attempted to stand up. LPN-D was not provided abuse education prior to returning to resident care on 9/13/24.</p> <p>Findings include:</p> <p>The facility's Abuse, Neglect and Exploitation Prevention and Reporting Policies and Procedures, revised 6/20/21, indicates: Abuse Investigations .6) Employees of [NAME] Home who have been accused of resident abuse will be suspended from duty until the Administrator has reviewed the results of an investigation. If it is determined that an employee requires any training, the training must be completed before the employee is allowed to return to work.</p> <p>On 10/30/24, Surveyor reviewed R1's medical record. R1 was admitted to the facility on [DATE] with diagnoses including Alzheimer's disease, anxiety, and bipolar disorder. R1's Minimum Data Set (MDS) assessment, dated 9/4/24, indicated R1 had a Brief Interview for Mental Status (BIMS) score of 6 out of 15 which indicated R1 had severe cognitive impairment. R1 had an activated Power of Attorney for Healthcare (POAHC).</p> <p>On 10/30/24, Surveyor reviewed a facility-reported incident (FRI) investigation, dated 9/11/24, that indicated CNA-E alleged LPN-D pushed R1 back into R1's wheelchair when R1 attempted to stand up. The investigation indicated R1, other residents, and staff were interviewed and contained written statements from CNA-E and LPN-D. The alleged abuse was reported to the State Agency (SA) within the appropriate timeframe.</p> <p>On 10/30/24, Surveyor reviewed education on the facility's Abuse, Neglect, and Exploitation policy, dated 9/10/24, related to reporting incidents to administration in a timely manner. Surveyor reviewed the education sign-in sheets and noted LPN-D's name and signature were not on the sign in-sheets.</p> <p>On 10/30/24 at 1:27 PM, Surveyor called LPN-D but was unable to leave a message.</p> <p>On 10/30/24 at 2:06 PM, Surveyor interviewed Director of Nursing (DON)-B who indicated if LPN-D's name and signature were not on the education sheets, the facility did not have LPN-D's education. DON-B indicated staff are provided abuse education during orientation, annually, and as needed. DON-B agreed LPN-D should have been educated before LPN-D returned to work.</p>		