

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  08/21/2024
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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47248</b></p> <p>Based on staff interview and record review, the facility did not ensure 3 Residents (R) (R31, R30, and R32) of 3 residents reviewed for hospitalization received the proper notice of transfer, reason for transfer, location of transfer, appeal rights, and contact information for the State Long-Term Care Ombudsman. In addition, the facility did not notify the Ombudsman of the transfers.</p> <p>R31 was transferred to the hospital on 1/16/24 and 6/5/24. R31, R31's representative, and the Ombudsman were not provided with written notice of the transfers.</p> <p>R30 was transferred to the hospital on 6/8/24. R30, R30's representative, and the Ombudsmen were not provided with written notice of the transfer.</p> <p>R32 was transferred to the hospital on 8/19/24. R32, R32's representative, and the Ombudsmen were not provided with written notice of the transfer.</p> <p>Findings include:</p> <p>The facility's Transfers and Discharges document, dated 12/1/08, indicates: As members of the Interdisciplinary Team, Social Services staff will participate in all room transfers and discharges including room changes, transfers between facilities, and transfers between distinct parts within the same building . Transfers and discharges should be handled appropriately to assure proper notification and assistance to residents and families in accordance with federal and state specific regulations . The Social Services Director will ensure systems are implemented to provide written notification to the resident and family prior to the transfer. If the resident has been adjudicated, the legal guardian will be notified of the transfer .The timing of the notification will be based on state and federal regulations. The resident and their family will be notified verbally for unplanned acute transfers (the written notice will follow the verbal notification as soon as possible). A copy of the written notice of transfer is to be included in the resident's record.</p> <p>1. From 8/19/24 to 8/21/24, Surveyor reviewed R31's medical record. R31 had diagnoses including Alzheimer's dementia and chronic obstructive pulmonary disease (COPD) with associated chronic respiratory failure frailty and deconditioning. R31's Minimum Data Set (MDS) assessment, dated 6/10/24, had a Brief Interview for Mental Status (BIMS) score of 1 out of 15 which indicated R31 had severely impaired cognition.</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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R31's medical record indicated R31 was transferred to the hospital on 1/16/24 due to complications of COPD, shortness of breath, and a possible urinary tract infection. Surveyor also noted R31 was transferred to the hospital on 6/5/24 due to a low oxygen level, shortness of breath, coughing, and vomiting. R31's medical record did not indicate a written transfer notice was provided to R31, R31's representative, or the Ombudsman.</p> <p>On 8/20/24, Surveyor requested transfer notifications for R31 from Nursing Home Administrator (NHA)-A who indicated transfer notifications were not provided for R31's hospital transfers on 1/16/24 and 6/5/24.</p> <p>2. From 8/19/24 to 8/21/24, Surveyor reviewed R30's medical record. R30 was admitted to the facility on [DATE] with diagnoses including cerebral vascular accident, hemiplegia (paralysis on one side of the body), muscle weakness, dysphasia (difficulty swallowing), and renal failure. R30's MDS assessment, dated 7/16/24, had a BIMS score of 9 out of 15 which indicated R30 had moderately impaired cognition. R30 had an activated Power of Attorney (POA).</p> <p>R30's medical record indicated R30 was transferred to the hospital on 6/18/24 for dehydration. R30's medical record did not indicate a transfer notice was provided to R30, R30's POA, or the Ombudsman.</p> <p>3. From 8/19/24 to 8/21/24, Surveyor reviewed R32's medical record. R32 was admitted to the facility on [DATE] with diagnoses including kidney failure, coronary artery disease, chronic obstructive pulmonary disease (COPD), and venous insufficiency. R32's MDS assessment, dated 7/16/24, had a BIMS score of 8 out of 15 which indicated R32 had moderately impaired cognition. R32 had an activated POA.</p> <p>R32's medical record indicated R32 was transferred to the hospital on 1/9/24 for evaluation of tachycardia (an increased heart rate), diaphoresis (excessive sweating), and increased lethargy. R32's medical record did not indicate a transfer notice was provided to R32, R32's POA, or the Ombudsman.</p> <p>On 8/20/24 at 1:15 PM, Surveyor interviewed Social Services (SSD)-C who stated SSD-C was responsible for transfer notifications including notification to the Ombudsman. Surveyor requested transfer notifications sent to the Ombudsman.</p> <p>On 8/21/24 at 7:45 AM, Surveyor received a list of residents who were emergently transferred within the last six months. Surveyor observed a note from SSD-C on the list that indicated there were no notifications sent to the Ombudsman since the previous Social Services Director left.</p> <p>On 8/21/24 at 8:08 AM, Surveyor interviewed SSD-C who stated when SSD-C receives notification of a transfer, SSD-C files the notification and does not provide the resident and/or their representative with a written notification. SSD-C confirmed the facility's policy and procedure for transfer notices was not being followed.</p>		

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<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>47248</p> <p>Based on staff interview and record review, the facility did not ensure 1 Resident (R) (R31) of 3 residents reviewed for hospitalization received written information of the duration of the bed hold policy, the reserve bed payment policy, and the right to return to the facility.</p> <p>R31 was transferred to the hospital on 1/16/24 and 6/5/24. R31 and/or R31's representative were not provided with a bed hold notification.</p> <p>Findings include:</p> <p>The facility's Bed Hold document, dated April 2018, indicates: It is the practice and policy of the facility that all residents upon discharge will be notified of his/her right to hold a bed .Upon transfer, the charge nurse on duty will write the resident's name and current date on the bed hold agreement. The charge nurse will send the yellow copy with the resident at the time of the transfer. The charge nurse will place the pink copy under the Social Services tab in the resident's chart. The white copy will be given to Social Services to follow up and obtain a signature from the resident and will be given to the billing department following the signature .</p> <p>From 8/19/24 to 8/21/24, Surveyor reviewed R31's medical record. R31 had diagnoses including Alzheimer's dementia and chronic obstructive pulmonary disease (COPD) with associated chronic respiratory failure frailty and deconditioning. R31's Minimum Data Set (MDS) assessment, dated 6/10/24, had a Brief Interview for Mental Status (BIMS) score of 1 out of 15 which indicated R31 had severely impaired cognition.</p> <p>R31's medical record indicated R31 was transferred to the hospital on 1/16/24 due to complications of COPD, shortness of breath, and a possible urinary tract infection. R31 was also transferred to the hospital on 6/5/24 with a low oxygen level, shortness of breath, coughing, and vomiting. R31's medical record did not indicate R31 or R31's representative were provided with a bed hold notification for the transfers.</p> <p>On 8/20/24, Surveyor requested bed hold notifications for R31 from Nursing Home Administrator(NHA)-A who indicated bed hold notifications were not provided for R31's hospital transfers on 1/16/24 and 6/5/24.</p> <p>On 8/21/24 at 8:08 AM, Surveyor interviewed Social Services Director (SSD)-C who stated when SSD-C receives a transfer notification, SSD-C files the notification and does not provide the resident and/or their representative with a written bed hold notification. SSD-C confirmed the facility's policy and procedure for bed hold notification was not being followed.</p>		

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<p>F 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49010</p> <p>Based on staff interview and record review, the facility did not ensure timely transmission of a Resident Assessment Information (RAI)/Minimum Data Set (MDS) assessment for 1 Resident (R) (R34) of 14 sampled residents.</p> <p>R34's Quarterly MDS assessment was completed on 6/13/24. The assessment was electronically submitted on 8/21/24 which was 55 days late and not within the 14-day required timeframe.</p> <p>Findings include:</p> <p>The Long-Term Care Facility Resident Assessment Instrument (RAI) 3.0 User's Manual, Version 1.18.1, dated October 2023, indicates: All Medicare and/or Medicaid-certified nursing homes must complete and transmit required MDS records to the Centers for Medicare and Medicaid Services' (CMS') Quality Improvement and Evaluation System (QIES) Assessment Submission and Processing (ASAP) system. Required MDS records include Admission, Quarterly, Annual, Discharge Assessments, Death, and Entry Tracking records. Omnibus Budget Reconciliation Act (OBRA) regulations require nursing homes that are Medicare certified, Medicaid certified or both, to conduct initial and periodic assessments for all their residents. OBRA non-comprehensive assessments include: Quarterly. The Assessment Reference Date (ARD) of an assessment drives the due date of the next assessment. The MDS must be transmitted (submitted and accepted into QIES) electronically no later than 14 calendar days after the MDS completion date.</p> <p>On 8/20/24, Surveyor reviewed R34's medical record. R34 was admitted to the facility on [DATE]. R34's Quarterly MDS assessment was completed on 6/13/24 and was due for submission to CMS' QIES program by 6/27/24 to meet the 14-day submission requirement. R34's Quarterly MDS assessment was not transmitted as of 8/20/24.</p> <p>On 8/20/24, Surveyor requested a final validation report from the facility regarding R34's Quarterly MDS assessment.</p> <p>On 8/21/24 at 8:20 AM, Surveyor reviewed the final validation report for R34's 6/13/24 Quarterly MDS assessment which indicated the assessment was completed three minutes prior at 8:17 AM which was 55 days after the 14-day required submission period.</p> <p>On 8/21/24 at 8:20 AM, Surveyor interviewed Nursing Home Administrator (NHA)-A who acknowledged R34's 6/13/24 Quarterly MDS assessment was electronically transmitted that morning. NHA-A stated NHA-A was aware of the 14-day submission requirement and indicated there was a communication breakdown.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49010</p> <p>Based on observation, staff interview, and record review, the facility did not ensure food was stored in a sanitary manner. This practice had the potential to affect multiple residents residing in the facility.</p> <p>Kitchen equipment and food storage areas were not in a clean and sanitary condition.</p> <p>Findings include:</p> <p>On 8/19/24 at 9:15 AM, Kitchen Supervisor (KS)-D stated the facility follows the Food and Drug Administration (FDA) Food Code.</p> <p>The 2022 FDA Food Code documents at 3-305.11 Food Storage: Except as specified in paragraph (B) and (C) of this section, food shall be protected from contamination by storing the food: (1) In a clean, dry location; (2) Where it is not exposed to splash, dust, or other contamination; and (3) At least 15 centimeters (6 inches) above the floor.</p> <p>The 2022 FDA Food Code documents at 3-305.12 Food Storage, Prohibited Areas: Food may not be stored: (F) Under sewer lines that are not shielded to intercept potential drips; (G) Under leaking water lines, including leaking automatic fire sprinkler heads, or under lines on which water has condensed; (H) Under open stairwells; or (I) Under other sources of contamination.</p> <p>The 2022 FDA Food Code documents at 4-501.11 Good Repair and Proper Adjustment: Proper maintenance of equipment to manufacturer specifications helps ensure that it will continue to operate as designed. Failure to properly maintain equipment could lead to violations of the associated requirements of the Code that place the health of the consumer at risk. For example, refrigeration units in disrepair may no longer be capable (FDA Food Code 2022 Annex 3).</p> <p>The facility's contracted service's Food Storage Policy, dated 3/30/24, indicates: Sufficient storage facilities will be provided to keep food safe, wholesome, and appetizing. Food will be stored in an area that is clean, dry, and free from contaminants. Racks and other storage surfaces should be clean and protected from splashes, overhead pipes, and contamination (ceiling sprinklers, sewer/waste disposal pipes, vents, etc.).</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an initial kitchen tour on 8/19/24 at 9:23 AM, Surveyor and KS-D observed the walk-in freezer and noted packages and boxes of food on the shelving units. The shelves and seal near the door entrance contained extensive frost. In addition, the back third of the freezer contained significant ice buildup. Surveyor noted solid ice hung from the ceiling, motor/fan units, and shelves and there was thick ice buildup on the walls and in two lines on the floor. The ice on the floor was higher than 1.5 inches high where it appeared to drip down in two rows of solid ice humps affixed to the floor. There were flat areas of ice around the ice humps and the floor of the freezer was slippery. Ice on the fans, ceiling, walls, and shelves appeared to collect from dripping condensation or water in the back of the freezer. KS-D indicated the frost near the door probably occurred when the door was left open and stated the frost and ice would be addressed with maintenance staff. KS-D verified the ice on the floor, walls, and shelves was a problem. KS-D used KS-D's hand to brush off the frost build up on shelving near the door/entrance.</p> <p>On 8/20/24 at 9:42 AM, Surveyor interviewed KS-D who stated KS-D spoke with Maintenance Staff (MS)-G regarding the ice buildup and MS-G ordered a new gasket for the freezer door. Surveyor and KS-D again viewed the walk-in freezer. The ice observed on the floor, walls, ceiling, motor/fan units, and shelves was still present and in the same condition. The frost near the door/entrance was removed. KS-D stated the ice in the back of the freezer had not been cleaned up because it would just keep happening.</p> <p>On 8/20/24 at 12:50 PM, Surveyor interviewed KS-D, Certified Dietary Manager (CDM)-F, and Regional Manager (RM)-E. CDM-F was not sure how long the freezer has been collecting and dripping ice but stated it had been that way for a few months. CDM-F chopped the ice with a [NAME] every few days to knock it down and clear it off. CDM-F mentioned the issue to maintenance staff a couple of times. RM-E stated the last time RM-E was in the walk-in freezer was approximately one and a half months prior to the survey and the ice buildup was happening then. KS-D started in May of 2024 and stated the freezer had been malfunctioning and collecting ice buildup since then.</p> <p>On 8/20/24 at 12:57 PM, Surveyor interviewed MS-G who initially stated MS-G was made aware of the issue the day prior and ordered a new seal for the freezer door to prevent frost near the entrance. When Surveyor and MS-G viewed the ice buildup in the freezer, MS-G acknowledged the ice buildup was an ongoing issue which had been occurring for awhile. MS-G previously removed ice from the ceiling, shelves, and floor. MS-G stated the buildup happens because kitchen and food vendor staff leave the door open too long while the motor is on which causes condensation and dripping water on the floor, walls, ceiling, motor/fan units, and shelves.</p> <p>On 8/20/24 at 1:06 PM, MS-G showed Surveyor two signs (one on the freezer door and one near a switch outside the door) that indicate staff should turn off the freezer to prevent ice buildup when loading/unloading/keeping the door open. MS-G stated the ice collection from dripping condensation was a safety issue for the food in the freezer and potential staff injury and needed to be addressed.</p>		