

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525482	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/14/2024
NAME OF PROVIDER OR SUPPLIER  Burlington Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  677 E State St Burlington, WI 53105	

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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50742</b></p> <p>Based on record review and interview, the facility did not ensure that 2 (R47 &amp;R322) of 7 facility reported incidents investigations reviewed were reported to the State Survey Agency, within 5 working days of the incidents, after the initial reporting and with the results of the investigations of each alleged violation.</p> <p>Findings include:</p> <p>The facility's policy with no date and titled Abuse, Neglect and Exploitation documents:</p> <p>A. The facility will have written procedures that include:</p> <p>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>B. The Administrator will follow up with government agencies, during business hours, to confirm the initial report was received, and to report the results of the investigation when final within 5 working days of the incident, as required by state agencies.</p> <p>1. R47 was readmitted to the facility on [DATE] with a diagnosis that included of Unspecified Dementia without Behavioral Disturbance, Psychotic Disturbance, Mood Disturbance and Anxiety.</p> <p>R47's MDS (Add Date and type) documents a BIMS (Brief Interview for Mental Status) score of 0, indicating that R47 is severely cognitively impaired.</p> <p>Section E0100 (Potential Indicators of Psychosis) documents that R47 experiences hallucinations and delusions.</p> <p>Section GG0115 (Functional limitation in range of motion) no impairment to lower and upper extremities.</p> <p>The facility's self-report submitted to the State Agency dated 4/5/24 documents:</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>It was reported to the Administrator of a possible resident to resident altercation during a scheduled activity; Factual findings revealed: Through a detailed investigation, including resident statements, both residents were attending an activity in the activity room with activity staff present. Resident A was being very vocal that triggered resident b to become agitated. She kicked at him and made contact with his wheelchair. Resident B swung back as a reaction. Neither resident was physically or emotionally harmed due to the interaction.</p> <p>Staff statement:</p> <p>Today at the beginning of our 10 am activity, R47 told resident to shut up as she was talking loudly. She then yelled back at him and kicked the side of his chair. At this point, resident was pulling R47 back and staff was pulling away to de-escalate the situation. Both residents were cussing and yelling. While being separated, R47 made contact with the leg of resident.</p> <p>The facility's follow up report was submitted on 4/15/24. Surveyor noted that the subsequent investigation was not reported to state agency within 5 working days after the initial report.</p> <p>On 5/9/24 at 1:35 PM, Surveyor informed Nursing Home Administrator (NHA-A) of the above findings. Surveyor asked NHA-A why the facility had not submitted the above self-report to the state agency within 5 working days after the initial reporting on 4/5/24.</p> <p>NHA- A informed Surveyor that she was unsure why the facility did not report to the state agency within 5 working days of the initial reporting on 4/5/24 but that she would review the self-report and let Surveyor know.</p> <p>On 5/14/24 at 8:32 AM, NHA- A informed Surveyor that the facility attempted to follow the resident-to-resident altercation flow chart and was confused as to if the actions that were reported were willful or not. NHA-A informed Surveyor that the facility should have reported to the state agency within 5 working days of the initial report of 4/5/24. NHA-A informed Surveyor that going forward the facility would follow the reporting guidelines for investigations.</p> <p>No additional information as to why the facility did not report to the State Agency, within 5 working days of the incidents, after the initial reporting and with the results of the investigations of each alleged violation.</p> <p>42037</p> <p>2.) On 5/8/24 at 12:25 PM, Surveyor reviewed a Facility self-report with a report submitted date of 3/20/24. The Facility's self-report described an allegation of staff for potential misappropriation of \$60 from R322 that occurred on 3/11/24.</p> <p>On 5/8/24 at 3:15 PM, Surveyor conducted interview with NHA-A. Surveyor asked what staff members at the facility would be responsible for submitting self-reports of abuse, neglect or misappropriation allegations to the state agency. NHA-A responded that Facility's administration would be responsible for submission of self-reports. Surveyor noted the facility's self-report was submitted to the state agency on 3/20/24 at 1:18 PM.</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 5/9/24 at 3:22 PM, Surveyor asked NHA-A about the self-report regarding R322's allegations of potential misappropriation of \$60 and why it was not submitted within 5 days as required by the State Agency. NHA-A responded that there had been a misunderstanding as NHA-A was previously working in a different state that had different reporting requirements. NHA-A reported that they have since acclimated themselves to the state agency's reporting requirements.</p> <p>On 5/9/24 at 3:30 PM, Surveyor shared concerns with NHA-A that R322's allegation of suspected misappropriation that occurred on 3/11/24 was not reported to the state agency until 3/20/24 at 1:18 PM. No additional information was provided by the facility at this time.</p>