STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525483	A. Building B. Wing	06/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ellsworth Health Services	403 N Maple St Ellsworth, WI 54011

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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47284 Based on observation, interview and record review, the facility failed to ensure residents (R) receive treatment and care in accordance with professional standards of practice for residents experiencing changes in condition for 1 of 4 residents (R10) reviewed for changes in condition regarding congestive heart failure. This is evidenced by: According to the National Institutes of Health (NIH) Congestive Heart Failure (CHF): Nursing Diagnosis, 2023, indicates nurse assessment of CHF is to assess current symptoms such as dyspnea, fatigue, orthopnea, peripheral edema, vital signs, cardiovascular examination such as (abnormal heart sounds, jugular venous distention), respiratory examination such as (auscultate lung sounds for crackles or wheezing and assess respiratory effort), daily weights, edema assessments, dietary habits, weight changes, medication adherence and any side effects related to diuretics or blood pressure medications, and assess emotional well-being related to potential anxiety or depression related to the chronic nature of CHF. R10 was admitted to the facility on [DATE], and had diagnoses that included in part: CHF, hypertensive heart disease, mitral valve stenosis, pulmonary hypertension, nonrheumatic aortic valve stenosis, peripheral venous insufficiency, chronic kidney disease (CKD) stage 4 of 5, and diabetes. R10's care plan, dated 1/11/23, states: .The resident has altered cardiovascular status related to CHF, mitral valve stenosis, pulmonary hypertension, hypertensive heart with heart failure, aortic valve stenosis. Interventions include (in part): o Assess for chest pain Enforce the need to call for assistance is pain starts. Start date 1/11/23. o Assess for shortness of breath and cyanosis. Start date 1/11/23. o Monitor VITAL SIGNS per order. Notify MD (Medical Doctor) of significant abnormalities. Start date 1/11/23. (continued on next page)

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	o Monitor/document/report PRN (as needed) any signs and symptoms of Congestive Heart Failure: dependent edema of legs and feet, periorbital edema, SOB (shortness of breath) upon exertion, cool skin, dry cough, distended neck veins, weakness, weight gain unrelated to intake, crackles and wheezes upon auscultation of the lungs, orthopnea, weakness and/or fatigue, increased heart rate (Tachycardia) lethargy and disorientation. Start date 4/19/23 . R10's provider note dated 2/19/24 stated weight continues with slow increase, however no increase in edema or change in respiratory status, likely related to increase caloric intake from snacking. Dietary working with resident to make healthier snack choices. R10 with mild bilat LE (lower extremity) edema. Currently on Bumex 3mg BID (twice a day). Metolazone 2.5mg twice weekly had been d/c (discontinued) due to increased BUN/creatinine (kidney function tests). Current weight increased by about 20 pounds in 4 months, however no increase in edema or change in respiratory status. Plan: continue to monitor weight, edema, and respiratory status, with update if indicated. Encourage healthy snack choices. Cardiology follow up 6/2024. Restart Metolazone 2.5mg 30 minutes before first Bumex dose weekly on Wednesday. Recheck BMP (lab for kidney function/ electrolytes) on 2/29/24. R10's lab levels were checked on a regular basis by the provider due to CKD history and on diuretics. Tubi socks (help with compression for edema) were documented as on during the day as ordered. R10's medical administration record (MAR) documentation of edema and monitor SOB when flat, at rest, and exertion each shift was documented by the nurses. R10 had chronic 1+ pitting edema with some increase to 2+ pitting edema in the afternoons for the month of April 2024. R10 had SOB during exertion, lying flat, and at rest documented more frequently in the month of April 2024. The nurse's documentation on R10's MAR only indicated if the SOB or level of pitting edema was present. The nurses did not document a cardiovascular examination such as abnormal heart sounds, jugular venous distention or respiratory examination such as auscultate lung sounds for crackles or wheezing and assess respiratory effort. R10's progress notes in part: On 3/05/24 Weight Note: CBW (current body weight): 169 pounds. Resident triggers for significant weight gain of 5.6% in 30 days, 8. 3% in 3 months and 19% in 6 months. BMI (body mass index) 26.5; healthy for age . RD has no concern with weight gain as resident is at healthy weight for age, as long as resident has no issues with SOB or increased edema; updated nursing during WAR (weekly at risk) meeting with IDT (Interdisciplinary Team) today. Resident has potential for weight fluctuation r/t (related to) fluid shifts r/t edema BLE (bilateral lower extremity) and diuretic use and changes to diuretic medications. RD remains available for consult as needed. On 3/05/24 General Note: Weekly at-risk meeting-5.6% weight gain in 30 days, weight is healthy for her age, will monitor for SOB and edema. Continues to eat snacks of choice in her room. On 4/02/24 Weight Note: (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	CBW: 173 pounds Resident triggers for significant weight gain of 8.5% in 3 months and 17.7% in 6 months. BMI 27; healthy for age. Weight more stable the past month at ~170# +/- .RD has no concern with weight gain as resident is at healthy weight for age, as long as resident has no issues with SOB or increased edema. Resident has potential for weight fluctuation r/t fluid shifts r/t edema BLE and diuretic use. Resident had elevated TSH back on 2/29/24 which can impact weight. RD remains available for consult as needed. R10's assessment completed 4/04/24 indicated R10 was independent for most activities of daily living with no decline. Cardiopulmonary assessment indicated no oxygen used, regular heart rate, no respiratory distress, respirations are even and unlabored. Edema (mild) present. R10's assessment completed 4/04/24 did not include auscultation of lung sounds or heart sounds, or assessment of jugular venous distention. The standard pitting scale of 1-4 + pitting edema was not utilized. On 4/10/24, R10's Nutrition Assessment Note: Current weight: 174.4 pounds - 4/8/2024 Scale: Standup scale. BMI: 27.3. Significant weight change present. Weight history- 1 month ago: 168 pounds, 3 months ago: 164 pounds, 6 months ago: 149 pounds. 16.8% weight gain in 6 months. Gradual weight gain of ~10 pounds in the past 3 months. Skin condition: No skin issues noted. Edema present. 0-2+ Summary: . Resident has potential for weight fluctuation r/t fluid shifts. Resident continues with weight gain, likely r/t to a combination of edema and excess calories and sodium in diet .Continue current nutrition plan of care. Care plan reviewed and updated. On 4/10/24, R10's Summary Note: Resident is alert and orientated x 4 . is currently on RA (room air), VSS (vital signs stable) . Recent vitals: Temperature: T 97.8 - 3/27/2024 10:08 Route: Forehead (non-contact) Pulse: P 68 - 3/27/2024 10:08 Pulse Type: Regular Blood Pressure: BP 129/59 - 3/27/2024 10:08 Position: Sitting Respirations: R 18.0 - 3/27/2024 10:08 O2 Sat: O2 95.0 % - 3/27/2024 10:08 (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Concerning R10's summary note above, the nurses did not document a cardiovascular examination such as abnormal heart sounds, jugular venous distention or respiratory examination such as auscultate lung sounds for crackles or wheezing and assess respiratory effort. From 4/10/24 until 4/19/24, when R10 was sent out to the cardiology appointment, there were no assessments documented. The facility stated they document on exception meaning if there were no concerns, nothing would be documented. The facility lacked a complete cardiovascular and respiratory assessment on a regular basis to assess for fluid overload due to CHF. On 4/19/24 Nursing Note: Resident went out to cardiology appointment today. Son called and stated that resident was sent to the hospital from appointment to have fluid taken off of her and she will be out a couple of days. R10 attended the cardiology appointment on 4/19/24. The cardiologist determined at that appointment to send R10 to the hospital. R10 was hospitalized from 4/19/24 through 4/24/24 with diagnosis of acute on chronic diastolic congestive heart failure and CKD stage 4. R10's cardiology visit 4/19/24 provider note stated: R10 was here for worsening edema. Over the past 2-3 months R10 notes worsening shortness of breath, cough, edema, and weight gain. R10 was on Bumex 3mg twice daily and metolazone was restarted but she hasn't responded. Weight was 164 pounds in December now up to 185 pounds. She has a cough and notes orthopnea (shortness of breath when lying down) as well. Impression: 20 pounds weight gain in 3 months, worsening dyspnea on exertion, orthopnea/edema despite high dose diuretic. Reviewed vitals from nursing home. Weight has been steadily increasing. Creatinine worsened. Discussed admission to hospital for intravenous diuretic, echocardiogram and x-ray given lack of response to oral diuretic. R10 and son in agreement. No telemetry (cardiac monitoring) beds open yet, so patient will be transported to the emergency room . R10's hospitalization progress notes: History and Physical Note: R10 was admitted on [DATE] with CHF exacerbation. Patient seen earlier today at cardiology clinic with worsening lower extremity edema. She notes also that she has had increased dyspnea (SOB) on exertion. Notes that when she is ambulating from dining room to bathroom. Weight was 164 pounds in December now 185 pounds. She failed diuresis with oral diuretics as an outpatient and was directed to the emergency department for inpatient admission. Laboratory evaluation notable for hemoglobin 9.9, BNP (CHF indicator) 2204, troponin elevation of 30 with no significant change in delta troponin. Chest x-ray impression stated lungs are hypoinflated with bibasilar atelectasis. No focal consolidation, pleural effusion, or pneumothorax. Principle Problem: Acute on chronic heart failure with preserved ejection fraction. Admit inpatient, given 3mg of IV Bumex in emergency department. Of note, IV Bumex on national shortage. Will switch to IV furosemide infusion. Monitor intake and output. Consult cardiology. Check echo. Interviews: (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 06/10/24 at 2:17 PM, Surveyor interviewed R10 who said she was in the hospital recently for fluid overload/heart failure. R10 said the staff weigh her every day. R10 with compression socks on both legs. R10 said she was aware to elevate legs to help with swelling. On 06/12/24 at 9:05 AM, Surveyor interviewed Certified Nursing Assistant (CNA) C and asked if she had worked with R10 in March and April this year before the hospital admission. CNA C said yes, she worked with R10 in March/April 2024 before the hospital stay. Surveyor asked CNA C if R10 had any concerns such as difficulty breathing or increased swelling before the hospital admission. CNA C said yes, R10 had increased swelling to her legs and had increased difficulty walking with trouble breathing. CNA C said we weighed R10 regularly. Surveyor asked CNA C if the nurses were aware of this. CNA C said yes, they were aware. On 06/12/24 at 9:08 AM, Surveyor interviewed R10 and asked if she remembered how she was before she was admitted to the hospital on 4/19/24. R10 said they took off 15 pounds of fluid while I was in the hospital. Surveyor asked R10 how she felt now. R10 said she felt much better. On 06/12/24 at 9:12 AM, Surveyor interviewed Registered Nurse (RN) D and asked how R10 was prior to hospitalization on [DATE]. RN D said R10 always had edema. R10 did not have any shortness of breath or indicators of CHF exacerbation prior to admit. RN D said we would update the provider on a regular basis and was aware of the gradual increase of weight. That was why the provider wanted to get R10's cardiology appointment moved up sooner. R10 did not show any signs or symptoms that indicated she needed to be sent out to the hospital sooner. On 06/12/24 at 9:45 AM, Surveyor interviewed Director of Nursing (DON) B and asked how R10 was prior to hospitalization on [DATE]. DON B said we were monitoring R10's weights and signs symptoms of heart failure. R10 eats salty snacks that she has in her room. We have educated the resident on salt intake. The provider was adjusting R10's diuretics and monitoring the labs because R10 also had CKD stage 4. R10 was doing fine with no indicators that she needed to be sent out to be evaluated at the hospital. The primary provider here at the facility wanted to get R10 seen by the cardiologist to have her medications adjusted as it was hard to adjust due to her poor kidney function. We also were keeping a close eye on R10 for any change in symptoms and discussed her case at our weekly at risk (WAR) meetings. Surveyor informed DON B the concern of incomplete assessments for CHF in the week prior to the hospitalization . Surveyor asked DON B for CHF assessments, that would include lung sounds and cardiovascular assessment during this time frame. DON B said the nurses documented the edema and shortness of breath symptoms on the MAR and review documentation during the WAR meetings. On 06/12/24 at 10:04 AM, Nursing Home Administrator (NHA) E provided R10's MAR documentation. Surveyor asked NHA E what the 1 and 2 meant for documentation of edema. NHA E said it meant the pitting edema levels. No WAR documentation for R10 for the month of April was provided. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	4+ = 8mm very deep pit, >20 seconds to rebound. Surveyor asked what standards the facility follows to determine immediate vs non-immediate response for a resident presenting with CHF symptoms. The facility provided the Interact tool for shortness of breath which indicated the following: Immediate - abrupt onset of shortness of breath with pain, fever, or respiratory distress, or with progressive leg edema. Non-immediate - recently progressive or persistent minor shortness of breath without other symptoms. On 06/12/24 at 2:00 PM, Surveyor interviewed RN D who said R10 was at baseline with no need to send her out to the hospital. If R10 did need to be sent out to the hospital, a change in condition would have been completed if warranted, but R10 did not warrant this. RN D said she spoke with MD F often to update on R10. RN D said they were all surprised that R10 was admitted to the hospital from her cardiology clinic appointment on 4/19/24. After R10's hospital admission, the facility did not provide education or training to the nurses concerning cardiac/respiratory assessments with a resident who had CHF concerns.