

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525497	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2025
NAME OF PROVIDER OR SUPPLIER The Pines Post Acute and Memory Care		STREET ADDRESS, CITY, STATE, ZIP CODE 1625 E Main St Clintonville, WI 54929	
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 0604 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	<p>Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment.</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 1 resident (R) (R1) of 3 sampled residents was free from being physically restrained.</p> <p>R1 had Alzheimer's disease and had a history of tearing apart R1's incontinence brief. On the 4/1/25 PM shift at approximately 9:30 PM, Certified Nursing Assistant (CNA)-C tied the sleeves of R1's nightgown closed with R1's arms inside and tucked a blanket across R1's lap and under both sides of the mattress after R1 repeatedly tried to rip off R1's brief. R1 was restrained in bed until approximately 12:10 AM when staff on the next shift did a routine check on R1. R1 was restrained in such a way that R1 could not access R1's hands or call light and could not move freely in bed.</p> <p>The facility's failure to ensure R1 was not physically restrained and its failure to ensure R1 could move freely in bed and had access to R1's hands and call light created a finding of immediate jeopardy that began on 4/1/25. Nursing Home Administrator (NHA)-A was notified of the immediate jeopardy on 4/24/25 at 5:00 PM. The immediate jeopardy was removed and corrected on 4/2/25. This is being cited as past noncompliance.</p> <p>Findings include:</p> <p>The facility's Restraint Assessment, Physical policy, revised 8/2007, indicates: It is the policy of this facility to ensure that no resident is placed in physical restraints for the purpose of discipline or convenience and that restraints are only applied to treat the resident's medical symptoms. A physical restraint is defined as any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body, that the resident cannot remove easily, and restricts freedom of movement or normal access to one's body.</p> <p>On 4/24/25, Surveyor reviewed R1's medical record. R1 was admitted to the facility on [DATE] and had diagnoses including Alzheimer's disease, hemiplegia (weakness on one side of the body) and hemiparesis (paralysis on one side of the body) following cerebral infarction (stroke) affecting the right dominant side, major depressive disorder, and aphasia (an inability to comprehend or formulate language due to damage to the brain). R1's Minimum Data Set (MDS) assessment, dated 2/4/25, documented a Brief Interview for Mental Status (BIMS) score of 2 out of 15 which indicated R1 had severe cognitive impairment. R1 had a court appointed Guardian who was responsible for R1's healthcare decisions.</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 0604</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>R1's medical record indicated R1 required total assistance of one staff for lower torso cares including incontinence brief changes. R1 could wash R1's face if instructed to do so.</p> <p>R1's plan of care indicated R1 had been tearing R1's incontinence brief apart since 3/2/20 and contained an intervention for staff to check and change R1 frequently. R1's plan of care plan also indicated R1 would sit on R1's bed with R1's legs crossed at times.</p> <p>On 4/24/25, Surveyor reviewed a facility investigation that indicated Licensed Practical Nurse (LPN)-D entered R1's room to provide care on 4/2/25 at 12:10 AM. LPN-D pulled back R1's bedding and noted the sleeves of R1's nightgown were tied tightly shut with R1's arms inside and prevented R1 from being able to access R1's hands. LPN-D also observed a folded blanket placed across R1's waist and tucked under the mattress on both sides of the bed. LPN-D immediately untied the sleeves of R1's nightgown and untucked the blanket from the mattress. When LPN-D asked Certified Nursing Assistant (CNA)-E what was mentioned during shift change report for R1, CNA-E stated the PM shift agency CNA (CNA-C) said R1 was ripping off R1's brief and throwing things around but CNA-C got R1 to stop. Physical and pain assessments were completed with no sign of injury. Bruising was noted on the tops of R1's hands, however, a nurse determined they were not new bruises. The facility's Social Worker (SW) interviewed R1 and determined R1 felt safe did and did not recall an altercation. NHA-A, local law enforcement, R1's Guardian, R1's physician, and the State Agency (SA) were notified timely. CNA-C was removed from all future shifts. Ongoing physical and psychosocial monitoring was initiated for R1.</p> <p>On 4/24/25 at 12:10 PM, Surveyor interviewed LPN-G via phone. LPN-G verified LPN-G worked the 4/1/25 PM shift. LPN-G indicated the last time LPN-G saw R1 was at approximately 6:30 PM when LPN-G observed R1 in a chair in R1's room watching TV. LPN-G was unsure what time R1 was assisted to bed and indicated last rounds by PM CNAs were usually done between 9:30 PM and 10:00 PM. LPN-G did not know when CNA-C restrained R1 and indicated LPN-G was upset when LPN-G heard what had happened.</p> <p>On 4/24/25 at 1:41 PM, Surveyor interviewed NHA-A who indicated the facility determined CNA-C restrained R1 during last rounds on the 4/1/25 PM shift at approximately 9:30 PM.</p> <p>On 4/24/25 at 2:06 PM, Surveyor interviewed LPN-D via phone. LPN-D indicated R1 was restless at the beginning of the overnight shift from 4/1/25 into 4/2/25. LPN-D indicated R1 appeared in no distress but was not sleeping like R1 usually did. LPN-D discovered R1 at approximately 12:00 AM with R1's arms inside R1's night gown lying loosely on R1's abdominal area. LPN-D indicated the sleeves of R1's night gown were turned inside out on the inside of the night gown and indicated R1 may have done that by R1's self. LPN-D indicated R1 was wearing an incontinence brief which R1 had a habit of shredding. LPN-D indicated LPN-D immediately untied the sleeve ends and provided care to R1.</p> <p>On 4/24/25, Surveyor reviewed an email from CNA-C's agency, dated 4/2/25, that stated, .Here is the statement received from (CNA-C) .Yeah. That was a dumb idea. The resident was ripping stuff apart and trying to smear stuff on the walls so I tied the end of the sleeves so (R1) couldn't rip at anything anymore. I don't recall putting the blanket under the mattress. I remember tucking it under (R1) like I usually do .</p> <p>On 4/24/25 at 9:31 AM, Surveyor interviewed R1 who was only able to provide yes/no and one word answers. R1 indicated R1 felt fine and staff were nice to R1. R1 indicated no one had hurt R1 at the facility. R1 was observed in a wheelchair in the day room with no visible restraints.</p> <p>(continued on next page)</p>		

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F 0604 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	<p>The failure to ensure R1 was not physically restrained and the failure to ensure R1 access to R1's hands and call light and could move freely in bed created a reasonable likelihood for serious harm which led to a finding of immediate jeopardy. The facility removed the jeopardy and corrected the deficient practice on 4/2/25 when it completed the following:</p> <ol style="list-style-type: none">1. Initiated ongoing physical and psychosocial monitoring for R1.2. Completed skin assessment for other cognitively impaired residents.3. Notified CNA-C's staffing agency and did not allow CNA-C to return to the facility.4. Educated facility and agency staff on the facility's abuse and restraint policies.		

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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>38793</p> <p>Based on staff interview and record review, the facility did not implement policies and procedures to prevent abuse and complete a thorough and timely background check for 1 (Certified Nursing Assistant (CNA)-H) of 8 sampled staff.</p> <p>The facility did not ensure a background check was completed every four years for CNA-H, including a Background Information Disclosure (BID) form, Department of Justice (DOJ) report, and an Integrated Background Information System (IBIS) letter.</p> <p>Findings include:</p> <p>The facility's Pre-Employment Investigations policy, dated January 2022, indicates: Post Employment Offer Procedures: Wisconsin Department of Health Caregiver and Department of Justice Criminal Background Checks Required Every Four Years: These checks shall be performed every four years or at any time within that period that the company has reason to believe new checks should be obtained.</p> <p>On 4/24/25, Surveyor reviewed a sample of employees for caregiver background check compliance, including CNA-H.</p> <p>Surveyor noted CNA-H was an agency CNA who started working at the facility on 7/1/23. The background check information provided to Surveyor by the facility on 4/24/25 indicated CNA-H's BID form, DOJ report, and IBIS letter were last completed and reviewed by the agency on 8/14/19.</p> <p>On 4/24/25 at 1:50 PM, Surveyor interviewed NHA (Nursing Home Administrator)-A who indicated CNA-H was an agency staff who began working at the facility on 7/1/23. NHA-A verified CNA-H had worked in the facility in the last three months and the only background check information the facility had for CNA-H was dated 8/14/19. NHA-A stated it is the facility's policy to ensure background checks are completed every four years for all staff, including agency staff.</p>		