

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525508	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/30/2024
NAME OF PROVIDER OR SUPPLIER Alden Meadow Park Hcc		STREET ADDRESS, CITY, STATE, ZIP CODE 709 Meadow Park Dr Clinton, WI 53525	

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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Not transfer or discharge a resident without an adequate reason; and must provide documentation and convey specific information when a resident is transferred or discharged.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 29360</p> <p>Based on interview and record review, the facility did not permit a resident to remain in the facility and not discharge the resident from the facility when R1 was pending Medicaid eligibility.</p> <p>On 8/7/24, R1 was given a Discharge Notice indicating R1 was going to be discharged on [DATE] to a hotel or apartment due to nonpayment. R1 was actively applying for Medicaid and a decision was pending. The facility discharged R1 despite pending Medicaid eligibility.</p> <p>Evidenced by:</p> <p>The facility's Discharge Planning policy, dated 11/17, includes, in part, the following:</p> <p>A. Policy: The resident's potential to discharge will be assessed with the resident/their representative initially, quarterly, annually and with significant changes. Once the Interdisciplinary Team (IDT) determines the resident is a candidate for discharge or the resident/resident representative expresses a desire to discharge that is feasible, under the supervision of the Social Service Director of designee, active discharge planning will ensure.</p> <p>B. Procedure:</p> <p>2. The Social Services Director or designee will formulate a plan of care addressing the potentiality for discharge, resident's/representative's discharge goals and any discharge needs and preferences based on the assessment completed with the resident/representative and IDT.</p> <p>3. Discharge to the community is determined to not be feasible, it should be documented in an assessment, plan of care, and/or progress note.</p> <p>4. Upon the knowledge of a discharge date , the IDT shall develop a plan and coordinate services needed.</p> <p>5. The Social Services Director or designee will be responsible for making referrals to a home health agency, durable medical equipment company, and other care agencies (i.e. Local Contact Agency) of the resident's choosing, as appropriate.</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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>6. The Nursing Department will obtain a discharge order including orders for referrals to home health, and for durable medical equipment, as appropriate, from the resident's physician.</p> <p>7. The Social Service Director or designee will be responsible for coordinating care with other agencies as appropriate.</p> <p>10. The IDT shall complete the Discharge Summary Transition and Recapitulation Form for residents who are candidates for discharge.</p> <p>11. The Discharge Summary Transition and Recapitulation Form will include input (i.e. preferences and needs) from the resident and/or resident's representative, and the resident and/or representative will be informed about the final plan. The document will be signed and dated by the nurse, resident, and/or resident's representative. Supporting documentation will be provided.</p> <p>12. After the resident or resident's representative has signed the form indicating understanding of the discharge plan, the original will be provided to the resident/resident representative and a copy remains in the resident's medical record.</p> <p>The facility Notice Before Discharge policy, undated, includes, in part, the following: The written notice must state the location to which the resident is to be discharged . The resident may not be involuntarily discharged unless an alternate living arrangement has accepted the resident, and the alternate placement is arranged. A facility to which the resident is to be discharged must have accepted the resident for and in advance of the transfer, except in a medical emergency.</p> <p>R1 was admitted on [DATE]. R1's diagnosis include lung cancer, congestive heart failure, acute kidney failure, alcoholic cirrhosis of liver with ascites, depression, and anemia.</p> <p>R1's most recent Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/26/24 includes, in part, the following: R1 is understood and understands and R1 is cognitively intact. R1 has no behaviors and is independent with his own cares and toileting. R1 is currently receiving chemotherapy.</p> <p>R1's Care Plan Focus, Resident's discharge plans are undecided currently. Date Initiated: 10/5/23. Interventions include, in part, the following: Complete the Discharge Summary, Transfer and Recapitulation form as before discharge. Involve the resident/family in the discharge process. Will reassess discharge plans quarterly and/or as needed.</p> <p>R1's Care Plan Focus, (R1) is at risk for falls related to history of muscle weakness, abnormal gait, history of falls prior to admit. Use of antidepressant medication with potential side effects that may impact balance or coordination. Currently undergoing chemo therapy dx (diagnosis) of Lung cancer. Takes diuretic daily, independent with toileting. Date Initiated: 7/16/21. Interventions: Encourage and offer rest periods when walking long distances. Encourage resident to call, don't fall. Encourage resident to keep room free of obstacles. Monitor for changes in ability to navigate the environment. Monitor for changes in gait or ability to ambulate. Provide an environment clear of clutter. Provide proper, well-maintained footwear.</p> <p>(continued on next page)</p>		

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<p>F 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R1's Care Plan Focus, Potential for alteration in skin integrity, admitted with vascular wounds to bilateral lower front ext. (extremity) (have healed. Alert and oriented times three. At risk for skin breakdown related to diagnosis of venous insuff (insufficiency), and weakness which may impair his ability to always offload enough to avoid friction or shearing. DX of Kidney and Liver disease. Power Port Clearvue implantable port (chemo access) implant site - RT (right) IJ (intrajugular) cath length 24 cm (centimeter). (Oncology physician name and phone number) (ref # (reference number) lot number (number) located to right chest. Power Port Clearvue implantable port. Check power port right IJ site every shift. Date Initiated: 8/7/24. Interventions include in part, the following: Absorbent to wick up moisture. Bathe with mild soap. Check power port right IJ site every shift. Engage resident and/or family in risk reduction interventions. Monitor for s/s (signs and symptoms) of infection. Monitor labs, weight, and/or intake. Monitor nutritional status. Pressure reduction foam mattress or pressure redistribution support (low air or alternation air) in bed. Pressure reduction support on wheelchair. Treatment as ordered. Venous insufficiency interventions: Compression therapy, leg elevation, lubricate dry skin and ambulate as tolerated, if able.</p> <p>R1's Care Plan Focus: Potential for pain related to Dx of Stage 1 Bronchogenic Carcinoma Alert and oriented times three and able to utilize verbal pain scale indicator. Currently undergoing chemotherapy. Date Initiated: 7/16/21. Interventions include, in part, the following: Administer pain strategies according to MAR/TAR (Medication Administration Record/Treatment Administration Record). Allow for rest periods. Assess pain every shift. Monitor for nonverbal indicators of pain daily with care tasks and activities. Observe resident for effectiveness of pain relief. Offer PRN (as needed) analgesics prior to ADL (Activity of Daily Living) activities and/or rehab if indicated. Provide support and reassurance.</p> <p>R1's Care Plan Focus Receiving mirtazapine psychotropic medication. To manage behavior or mood issues of low appetite. Related to diagnosis of Appetite Stimulant. Date Initiated: 4/28/24. Interventions include, in part, the following: Assess nutritional and sleep patterns for disturbances and address accordingly.</p> <p>The facility's Discharge Notice, dated 8/7/24, includes, in part, the following:</p> <p>Dear (R1),</p> <p>This letter serves as a letter of discharge from (facility name). The reason for your being discharged is that:</p> <p>You've failed to pay, after having been given a reasonable notice and opportunity to pay, for your care at this facility.</p> <p>The anticipated date of your discharge is 9/7/24. The location to which you'll be moving is Hotel or apartment in Beloit, WI.</p> <p>You have a right to relocation assistance and to be prepared for and oriented to being discharged . A separate notice will be provided inviting you and others to a discharge planning conference.</p> <p>You have the right to contact an advocate to discuss this notice and seek assistance. You may call or write an Ombudsman (for persons over age 60) or a representative from Disability Rights Wisconsin (for persons under age 60).</p> <p>(continued on next page)</p>		

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<p>F 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>This notice is signed by R1 and NHA A (Nursing Home Administrator) and dated 8/7/24.</p> <p>R1's Discharge Summary, Transition and Recapitulation Form 10.2023 -V2, includes, in part, the following: Effective Date 9/11/2024, 14:07 (2:07 PM), 2. Transition Information. a. Transition Time and Date: 9/12/24, 03:00 (PM). b. Transition to 5. Other. C. LTC (Long Term Care) or other: Motel 6. Transition with d. Alone. Transition Via: h. Car. l. Reason for Discharge: 2. Financial Reasons/Insurance Non-Coverage. m. Discharge Initiated by 2. Facility. Pharmacy: a. Name, contact person and phone number: (Name of Pharmacy, Town Pharmacy is in) 2 months prescriptions sent. Signed by: RN C (Registered Nurse). Signed Date: 09/27/2024.</p> <p>R1's Progress Notes include, in part, the following:</p> <p>8/7/2024 11:49 (AM) Type: Interdisciplinary Team Note:</p> <p>Note Text: Admissions Director and SSD (Social Services Director) had a conversation with resident regarding non-payment and involuntary discharge. Social Services presented notice of involuntary transfer and indicated that resident had failed, after reasonable and appropriate notice, to pay for his stay at the facility. Explained to resident that IVD (Involuntary Discharge) process can be stopped by agreeing to payment plan, applying for public aid, and/or bringing their account current. Offered to make referrals to alternate facilities of choice. If no alternate site is identified/secured, informed resident that he would be discharged to a local Hotel on September 6, 2024, as he stated that he cannot go live with family. SSD provided resident with list of alternative placement options and will assist with and supervise transfer. Admissions and SSD explained resident's right to appeal the involuntary transfer and provided resident with a stamped, addressed envelope along with the request for hearing. Resident stated he understood what Social Services had explained and stated he had no questions. Admissions placed a copy of the notice of involuntary transfer in resident's chart. Author: SSD D.</p> <p>9/10/2024 12:36 (PM) Type: Interdisciplinary Team Note:</p> <p>Note Text: Spoke with (R1) regarding his discharge and that would take place on Thursday. He stated that he called his Medicare insurance, and they suggest appealing his discharge. It was explained to him that an appeal cannot be done as he has not had a Medicare stay to appeal. Writer called the appeal company and left a message for a return call to discuss the appeal that was filed. (R1) also is not willing to turn over his income to help pay for his stay here at the facility. Author: SSD D.</p> <p>9/12/2024 17:16 (5:16 PM) Type: Orders Note for eMAR (electronic Medication Administration Record)</p> <p>Note Text: . Resident discharged from facility. Author: RN E (Registered Nurse)</p> <p>9/23/2024 15:57 (3:57 PM) Type: Social Services</p> <p>(continued on next page)</p>		

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<p>F 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>NHA A provided Surveyor with a timeline as follows:</p> <p>8/7/2024 - IVD served, explained to both (R1) and his son including payment plans and appeal rights.</p> <p>8/12/2024 - Social Services and Administrator offered payment plan to (R1), (R1) denied stating that he needs his money.</p> <p>8/20/2024 - Social Services and Administrator asked (R1) about his discharge plans, offered a discharge planning conference and brought up payment plan again. (R1) walked away stating that he did not need help.</p> <p>8/30/2024 - Social Services and Administrator tried to speak with (R1). (R1) walked away without saying a word.</p> <p>9/3/2024 - Social Services and Administrator spoke to (R1) about his discharge plans, where he would like to go, appeal rights, payment plans, etc. (R1) stated that he would go with his son but was avoidant with other questions. Administrator asked (R1) if he would like a hotel in Beloit or Janesville, (R1) stated he would take care of himself.</p> <p>9/6/2024 - Social Services and Administrator attempted to speak with (R1) about the above stating that his discharge date would be 9/12/2024. (R1) refused further conversation, just said ok. Administrator let (R1) know she would get him a hotel in Janesville to be close to appointments and Walmart.</p> <p>9/10/2024 - Reinterated (sic) conversation on 9/6/2024, offered payment plan again. (R1) stated he needed his money and could not turn over income. (R1) stated he was working on Medicaid. Administrator let (R1) know, that is a great start, but we would still need his patient liability.</p> <p>9/12/2024 - Hotel information given to (R1), appointments, transportation information all given to (R1). Offered to help pack, (R1) denied, but got him boxes. Offered transportation to the hotel, (R1) stated that his son would take him. Spoke again of payment plan and staying, (R1) stated he would be fine and stay with his son. Administrator let (R1) know hotel was paid for so he had the option to use that as well. 2 months of medications was called into the Walmart across the street from his hotel as well. (R1) said OK. Signed by NHA A and SSD D.</p> <p>On 9/24/24 at 10:50 AM, Surveyor interviewed R1 via telephone. R1 stated he was discharged from the facility and the facility had paid for a 10-day stay at Motel 6 from 9/12/24 through 9/22/24. R1 stated he was told he had to leave due to no payment source. R1 stated he had applied for Medicaid and was awaiting approval. R1 stated he has nowhere to go; R1 stated he could not live with his son. R1 stated he was discharged with no medications and no food. R1 stated someone had delivered food to the motel for him - it was spoiled, and the front desk staff threw it away. R1 did not know where it came from. R1 stated the motel front desk staff had given him some food. R1 stated he was informed his medications could be picked up at Walmart, but he could not find a ride to get to Walmart. R1 stated he has an appointment on 9/26/24 to have a chemotherapy treatment for lung cancer but was unsure if he would be able to find a ride to the clinic, which was downtown and not within walking distance.</p> <p>(continued on next page)</p>		

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<p>F 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 9/27/24 at 11:55 AM, Surveyor interviewed R1 via telephone. R1 stated he needed to have blood work done prior to his chemotherapy treatment. R1 stated he called the physician's office and was told to go to the hospital for the blood work. R1 called 911 to go to the hospital and was discharged back to the motel. R1 stated he had missed his chemotherapy treatment on 9/26/24 due to not having a ride. Surveyor asked if R1 had picked up his medications at Walmart. R1 stated he could not find a ride and did not feel safe walking to Walmart as he needed to cross a six-lane highway and it was a longer distance than he could walk. R1 stated he had an appointment on 9/30/24 with ECHO to receive assistance to get into a men's homeless shelter. R1 stated he had called the ADRC, APS, and Ombudsman for assistance and was assisted with staying at the hotel until 10/1/24.</p> <p>On 9/30/24 at 9:35 AM, Surveyor interviewed SSD D. Surveyor asked about R1. SSD D stated R1 was a very private man and would not cooperate with filling out his Medicaid renewal and refused to turn over his income/liability to the facility. R1 had Medicaid since his initial admission in 2021, his Medicaid was up for renewal in March 2024. SSD D stated she offered to assist R1 with filling out his Medicaid application and he refused, stating he wanted to do it himself. SSD D stated that R1 did not cooperate and R1's Medicaid was no longer effective in March.</p> <p>Surveyor asked SSD D how and when did R1 receive his Involuntary Discharge Notice. SSD D stated R1 was given an involuntary discharge due to non-payment of his liability. SSD D stated she read the entire notice to R1. SSD D stated she felt R1 understood the notice, including how to appeal. SSD D stated she did not send any referrals to other facilities, nursing homes, or assisted livings since R1 did not have a payor source. SSD D stated R1 did file an appeal through Lavanta, but that was denied since he did not have a Medicare stay. R1 had no private funds, he would not disclose his income.</p> <p>Surveyor asked SSD D where R1 was discharged to. SSD D stated the facility paid for two weeks at a motel for R1. R1's medications were called into Walmart. SSD D stated she was unsure if R1 picked up his medications and was unsure if R1 could sustain paying for the motel since he refused to disclose his income to the facility. SSD D stated she thought R1 could take public transport to and from any doctor appointments, SSD D was unsure of how close public transport was to the motel R1 was discharged to.</p> <p>On 9/30/24 at 9:45 AM, Surveyor interviewed AD H (Admissions Director). Surveyor asked AD H if she delivered R1's monthly statements from the facility. AD H stated R1 owed between \$40,000 - \$50,000 and would not talk about his finances. AD H stated she personally handed R1 his monthly statements and felt that R1 understood he owed the facility money. AD H stated she offered to assist R1 in filling out his Medicaid application. R1 refused assistance from AD H.</p> <p>On 9/30/24 at 9:53 AM, Surveyor interviewed NHA A (Nursing Home Administrator). Surveyor asked NHA A to explain R1's discharge. NHA A stated R1 refused to talk to NHA A about his discharge. NHA A stated she asked R1 about whether he wanted to live in an apartment or if he would like referrals made to other nursing homes or assisted livings, R1 refused to talk about anything. NHA A stated R1 told her that he could live with his son when he was not living with his mother. NHA A stated that R1 finally filled out the Medicaid application after he was given his bill at the end of June. NHA A stated she was aware that R1 now has Medicaid, however he would not tell the facility about his finances or liability. NHA A stated she thought R1 received about \$2000 a month from Social Security. NHA A stated R1 had offered to pay \$200 a month and refused to talk about anything else.</p> <p>(continued on next page)</p>		

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<p>F 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>NHA A stated R1's son gave R1 a ride to the motel. R1 had not been in contact with the facility since he left. NHA A stated she was contacted by staff from both ADRC (Aging and Disability Resource Center) and APS (Adult Protective Services).</p> <p>On 9/30/24 at 11:55 AM, Surveyor interviewed R1. R1 stated he still did not have any ride services set up for his physician's appointments or chemotherapy treatment, which was rescheduled for later in the week. R1 stated he needs to take a steroid medication the day before his chemotherapy treatment, or the treatment will be canceled.</p> <p>Surveyor asked R1 about the day he discharged , 9/12/24. R1 stated he returned from a physician's appointment and was told he had to leave. R1 stated no one offered to assist R1 with transportation to the motel. R1 said he called FM I to help him. FM I came to the facility after he was done with work, assisted R1 to pack and drove R1 to the motel. R1 stated on 9/14/24, FM I gave R1 a ride back to the facility to pick up the rest of his belongings. R1 stated he asked staff if he could have his medications as he was unable to pick them up from Walmart. Staff stated no, they were unable to give him his medications.</p> <p>Surveyor asked R1 if the facility allowed him to return would he return to the facility. R1 stated yes, he would return as he had lived there for three years.</p> <p>On 9/30/24 at 1:20 PM, Surveyor asked NHA A if she had informed the Ombudsman prior to R1's discharge. NHA A stated she had spoken with Ombudsman J on the phone and Ombudsman J was in the facility after R1 discharged .</p> <p>Surveyor asked NHA A if she would allow R1 to return to the facility. NHA A stated she would allow R1 back if financial payment would be prearranged.</p> <p>On 9/30/24 at 2:14 PM, Surveyor interviewed FM I via telephone. FM I stated he was made aware of R1's discharge when R1 called him on 9/12/24 to arrange for a ride to the motel. FM I stated he assisted R1 with packing his belongings and drove R1 to the motel. R1 had no money and the voucher for the room was for 10 days. FM I stated he bought some food for R1 to get through a couple of days as he had no food and no medications. FM I stated he had no idea how R1 got any more food as there was nothing close to the motel to buy food and R1 did not have any money. Surveyor asked FM I if he thought R1 could walk to Walmart. FM I stated no, R1 could walk but not that far due to his lung cancer.</p> <p>Surveyor asked FM I if R1 could live with him. FM I stated no. Surveyor asked FM I if he knew where R1 would go after his motel stay. FM I stated the only place he knew of was a men's homeless shelter. FM I stated he thought R1 would return to the facility if they allowed him to.</p> <p>On 10/1/24 at 10:30 AM, Surveyor interviewed Ombudsman J. Surveyor asked Ombudsman J when she was made aware of R1's discharge from the facility. Ombudsman J stated she was not notified of R1's involuntary discharge from the facility until 2 days after his discharge when R1 called her. Ombudsman J stated on 9/16/24 she emailed NHA A regarding not being notified of the involuntary discharge. Ombudsman J received an email from NHA A on 9/18/24 stating that a care conference was offered to R1 to work through options, but he refused. NHA A stated she did not know she had to contact the Ombudsman when giving an involuntary discharge notice.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525508	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/30/2024
NAME OF PROVIDER OR SUPPLIER Alden Meadow Park Hcc		STREET ADDRESS, CITY, STATE, ZIP CODE 709 Meadow Park Dr Clinton, WI 53525	
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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/4/24 at 9:45 AM, Surveyor interviewed APS K (Adult Protective Services). Surveyor asked APS K if she had made contact with R1. APS K stated she had made contact with R1, R1 was working on getting into the men's homeless shelter, he had an interview to see if he was an appropriate candidate.</p> <p>On 8/7/24, the facility gave R1 an Involuntary Discharge Notice. R1 had filled out a Medicaid application, which the facility was aware of, and awaiting approval. On 9/12/24, R1 was discharged to a motel in which the facility paid for a 10-night stay for R1. R1 had no transportation to Walmart, which was 0.6 mile from the motel, across a 6-lane highway, to be able to pick up his medications. R1 missed a chemotherapy treatment due to no transportation to the clinic. R1 was not provided a safe and sustainable discharge from the facility.</p>		