

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  01/30/2025
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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50285</p> <p>Based on observation, interview, and record review, the facility failed to ensure that the current copy of a resident's advance directive was reflected accurately in the resident's medical record, for 1 of 17 sampled residents (R312) reviewed for advance directives.</p> <p>The facility had an incorrect advanced directive order in R312's medical record.</p> <p>Evidenced by:</p> <p>The facility policy, entitled Advance Directives, dated ,d+[DATE], states, in part: . A. Policy: The Social Service Director and/or designee will assess, care plan and implement Advance Directives. B. Procedure: . 7. All advanced directive preferences will be documented in the resident's care plan and updated quarterly, annually and upon any significant changes in cognition. 8. If the resident or resident representative chooses to initiate/change any advance directives, the Social Service Director/designee will document changes and update the plan of care. 9. The resident will have a code status order entered in their physician orders in accordance with advance directives on file .</p> <p>R312 was admitted to the facility on [DATE], with diagnoses that include Chronic Kidney Disease (a long term condition where the kidneys gradually lose their ability to filter waste products from the blood), Type 2 Diabetes Mellitus (a long term condition where the body does not produce enough insulin or does not use insulin effectively), and Congestive Heart Failure (a condition where the heart muscle is weakened and cannot pump blood effectively).</p> <p>R312's Admission Minimum Data Set (MDS) Assessment, with Assessment Reference Date (ARD) of [DATE], shows R312 had a Brief Interview of Mental Status (BIMS) score of 12 indicating R312 has moderate cognitive impairment.</p> <p>On [DATE], an order was entered into R312's Electronic Health Record (EHR) indicating: YES CPR: Attempt Cardiopulmonary Resuscitation (CPR) Utilize all indicated modalities per standard medical protocol .</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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Of note, Full Code is a medical term used to indicate a patient's preference for receiving all possible life-saving measures in the event of a cardiac or respiratory arrest. Specifically, full code means that healthcare providers will: Perform Cardiopulmonary Resuscitation (CPR), use a defibrillator, Intubate the patient (insert a breathing tube), and administer medications and other treatments necessary to maintain life.</p> <p>On [DATE], a Do Not Resuscitate (DNR) order was signed by R312 and the Attending Health Care Professional. The DNR form was scanned into R312's EHR.</p> <p>Of note, a DNR indicates the person has chosen not to receive CPR in an emergency. The DNR order informs healthcare providers not to perform CPR if a person's heart stops beating or their breathing stops.</p> <p>On [DATE], surveyor observed the banner listed at the top of R312's EHR banner states Code Status: Attempt Resuscitation/CPR (Full Code).</p> <p>On [DATE] at 11:40 AM, Surveyor interviewed LPN C (Licensed Practical Nurse) and asked what she would do if she found a resident to be pulseless and non-breathing. LPN C stated she would check for pulse, respirations and code status. Surveyor asked LPN C where she would find a resident's code status. LPN C stated she would look on the resident's banner in the EHR, and that if the banner stated DNR, she would check the paperwork on file to prove it was a signed DNR. Together Surveyor and LPN C reviewed R312's banner in the EHR, which stated Full Code.</p> <p>On [DATE] at 11:43 AM, Surveyor interviewed RN D (Registered Nurse) and asked what she would do if she found a resident to be pulseless and non-breathing. RN D stated she would initiate CPR and call for a rapid response. Surveyor asked RN D where she would find a resident's code status. RN D replied that she would look on the resident's banner in the EHR. Together Surveyor and RN D reviewed R312's banner in the EHR, which stated Full Code.</p> <p>On [DATE] at 11:48 AM, Surveyor interviewed RN E and asked what she would do if she found a resident to be pulseless and non-breathing. RN E stated she would check the resident's breathing and start CPR. Surveyor asked RN E where she would find a resident's code status. RN E replied that she would look in the resident's chart in the EHR or at the nurse's desk. Together Surveyor and RN E reviewed R312's banner in the EHR, which stated Full Code. Surveyor asked RN E if she found R312 to be pulseless and non-breathing, would she provide CPR. RN E stated yes, she would provide R312 with CPR.</p> <p>On [DATE] at 12:01 PM, Surveyor interviewed DON B (Director of Nursing) and asked her if she expected the nursing staff to check a resident's code status before starting CPR. DON B replied yes, that was her expectation. Surveyor asked DON B if R312 was CPR or DNR. DON B reviewed the EHR and stated R312 was a Full Code and would receive CPR in the event of an emergency. Surveyor reviewed with DON B the copy of the DNR form signed by R312 on [DATE] that had been scanned into his EHR. DON B stated that R312 would be a DNR as of today.</p> <p>(continued on next page)</p>		

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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On [DATE] at 12:12 PM, Surveyor interviewed DSS F (Director of Social Services) and asked her if R312 was a Full Code or a DNR. DSS checked in R312's EHR and stated he was a Full Code. Surveyor asked DSS F if the EHR banner, physician orders, signed DNR form, and EHR code status should all match. DSS F stated they should all be the same. Surveyor asked DSS F if all of them should accurately reflect the resident's advance directive wishes. DSS F stated yes, everything in the resident's EHR should be accurate. Surveyor reviewed R312's DNR form signed on [DATE] by R312 and scanned into the resident's EHR, as well as the banner that indicated Full Code. DSS F indicated she would change that immediately.</p> <p>On [DATE] at 1:49 PM, NHA A (Nursing Home Administrator) supplied a copy of R312's revised order, which states in part: .NO CPR: Do Not Attempt Resuscitation (DNAR) . as well as a screen shot of R312's banner in the EHR, which now indicated: (Advance Directives): NO CPR. Do Not Attempt Resuscitation (DNAR).</p> <p>The electronic health record (EHR) did not accurately reflect R312's wishes to be a DNR.</p>

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50285</p> <p>Based on observation, interview, and record review, the facility did not ensure that each resident has a safe, clean, comfortable, and homelike environment, including, but not limited to receiving treatment and supports for daily living for 1 (R33) of 17 resident rooms observed.</p> <p>R33's room had both breakfast and lunch trays containing food and dirty dishes for hours after the meals had been served.</p> <p>This is evidenced by:</p> <p>The State of Operations Manual Appendix PP states in part: .</p> <p>Environment refers to any environment in the facility that is frequented by residents, including (but not limited to) the residents' rooms, bathrooms, hallways, dining areas, lobby, outdoor patios, therapy areas and activity areas.</p> <p>A homelike environment is one that de-emphasizes the institutional character of the setting, to the extent possible, and allows the resident to use those personal belongings that support a homelike environment. A determination of homelike should include the resident's opinion of the living environment.</p> <p>Orderly is defined as an uncluttered physical environment that is neat and well-kept.</p> <p>Sanitary includes, but is not limited to, preventing the spread of disease-causing organisms by keeping resident care equipment clean and properly stored. Resident care equipment includes, but is not limited to, equipment used in the completion of the activities of daily living .</p> <p>R33 was admitted to the facility on [DATE] with diagnoses that include need for assistance with personal cares, unspecified abnormalities of gait and mobility, generalized muscle weakness, and repeated falls.</p> <p>R33's most recent Minimum Data Set (MDS) Assessment, with an Assessment Reference Date (ARD) of 1/16/25 documented that R33 had a Brief Interview for Mental Status (BIMS) score of 14, indicating R33 is cognitively intact. Section GG0130 indicates that R33 needs setup and cleanup assistance with eating, but that resident is able to feed herself independently.</p> <p>On 1/29/25 at 1:41 PM, Surveyor observed R33 sitting in her wheelchair in her room, asleep, with her untouched lunch tray sitting before and her half-eaten breakfast tray sitting on the chair next to her.</p> <p>(continued on next page)</p>

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/29/25 at 1:54 PM, Surveyor interviewed CNA G (Certified Nursing Assistant) and asked her if she had been in R33's room and noticed her breakfast and lunch trays still sitting in her room. CNA G stated she had not been in R33's room since this morning. Surveyor asked CNA G if she would consider it a homelike environment for R33 if her breakfast and lunch trays with dirty dishes and old food were still sitting in her room. CNA G replied no, she did not consider that a homelike environment.</p> <p>On 1/29/25 at 1:56 PM, Surveyor interviewed LPN C (Licensed Practical Nurse) and asked her if she had been in R33's room and noticed her breakfast and lunch trays still sitting in her room. LPN C stated that she had been in R33's room to administer medications but had not noticed her trays. Surveyor asked LPN C if she would consider it a homelike environment for R33 if her breakfast and lunch trays with dirty dishes and old food were still sitting in her room. LPN C replied no, she did not consider that a homelike environment.</p> <p>On 1/29/25 at 1:59 PM, Surveyor interviewed CNA H and asked her if she would consider it a homelike environment if a resident had breakfast and lunch trays still sitting in their room with dirty dishes and food on them. CNA H stated no, she did consider it homelike, and she didn't let dirty dishes sit around in her own home. CNA H stated she had been in R33's room but had not noticed the trays sitting there.</p> <p>On 1/29/25 at 2:09 PM, Surveyor observed LPN C remove R33's breakfast tray and CNA H remove R33's lunch tray.</p> <p>On 1/29/25 at 3:00 PM, Surveyor interviewed R33 and asked her if she considered it a homelike environment to have her breakfast and lunch trays sitting in her room with dirty dishes and food on them. R33 indicated that she did not think that was a homelike environment and stated that it upsets her when they do that. R33 stated she would be embarrassed if visitors came to see her and there was nowhere to sit because the chair had a tray with dirty dishes on it.</p> <p>On 1/30/25 at 3:19 PM, Surveyor interviewed ADON I (Assistant Director of Nursing) and asked what her expectations would be for removing trays from resident rooms after meals. ADON I replied that R33 takes a long time to eat, and requests that her meal trays be kept in her room for longer. Surveyor asked ADON I if she would expect a breakfast tray to still be in the room after 2:00 PM. ADON I replied no, that was too long for the breakfast tray to still be in her room. Surveyor asked ADON I if she expected the residents to have a homelike environment, including free of clutter and dirty dishes. ADON I indicated yes, that was her expectation.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50285</p> <p>Based on observation, interview, and record review, the facility did not provide repositioning for dependent residents for 1 of 1 residents (R) reviewed for Activities of Daily Living (ADLs) assistance (R33).</p> <p>Staff did not assist R33 with repositioning in her wheelchair per her plan of care.</p> <p>Evidenced by:</p> <p>Facility policy, entitled Activities of Daily Living, dated 3/10/22, states in part: .assist resident to perform ADL's (grooming, dressing, oral hygiene, transfer, ambulation, toileting, etc.) and encourage resident to participate as much as the resident is able .</p> <p>R33 was admitted to the facility on [DATE] with diagnoses that include need for assistance with personal cares, transient ischemic deafness, unspecified abnormalities of gait and mobility, generalized muscle weakness, repeated falls, rheumatoid arthritis (a chronic autoimmune disease that primarily affects the joints causing inflammation, pain, stiffness, and damage to the joints), bilateral primary osteoarthritis of the knee (a common type of joint disease that causes pain, stiffness, and swelling in the joints that occurs when the cartilage that cushions the ends of bones in the joints wears down over time), primary generalized osteoarthritis, and ankylosing spondylitis of the spine (a chronic inflammatory disease that primarily affects the spine. It causes inflammation of the joints between the vertebrae, leading to pain, stiffness, and fusion of the spine over time).</p> <p>R33's most recent Minimum Data Set (MDS) Assessment, with an Assessment Reference Date (ARD) of 1/16/25 documented that R33 had a Brief Interview for Mental Status (BIMS) score of 14, indicating R33 is cognitively intact. Section GG0130 indicates that R33 needs assistance or setup with bed and chair mobility and turning.</p> <p>R33's Care Plan, initiated on 7/7/22, includes, in part:</p> <p>Focus: [Resident Name] has an ADL self-care performance deficit related to having weakness and inability to care for self. Intervention: Encourage use of positioning device for bed mobility as needed. Date Initiated 7/20/22 .</p> <p>Focus: Potential for alteration in skin integrity related to having weakness which may impact ability to always offload enough to avoid friction or shearing . Intervention: Position body with pillows/support devices. Date initiated 7/20/22 .</p> <p>Focus: Potential for pain related to diagnosis of Rheumatoid Arthritis, Bilateral Arthritis to knees . Intervention: Position resident for comfort. Date initiated 7/22/22 . Reposition resident as necessary. Date initiated 7/20/22 .</p> <p>January, 2025 Certified Nursing Assistant (CNA) Point of Care (POC) charting indicates in part: Turned and Repositioned at no greater than every 2 hours based on resident need .</p> <p>(continued on next page)</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Repositioning was documented as follows:</p> <ul style="list-style-type: none"> <li>-One time per shift on 4 days</li> <li>-Twice per shift on 12 days</li> <li>-Three times per shift on 13 days</li> </ul> <p>Of note: no days in January were documented as repositioning every 2 hours.</p> <p>On 1/28/25 at 9:06 AM, Surveyor interviewed R33 who was sitting in her room in her wheelchair. R33 indicated that she is in pain when she sits for a long period of time due to her arthritis in her knees. R33 stated she feels like the staff are ignoring her.</p> <p>On 1/30/25 at 8:34 AM, Surveyor observed R33 in her wheelchair in her room, with her head forward on her chest. R33 appeared to be sleeping.</p> <p>On 1/30/25 at 9:42 AM, Surveyor observed R33 in her wheelchair in her room, with her head forward on her chest. R33 appeared to be sleeping.</p> <p>On 1/30/25 at 10:05 AM, Surveyor observed R33 in her wheelchair in her room, with her head forward on her chest. R33 appeared to be sleeping.</p> <p>On 1/30/25 at 11:02 AM, Surveyor observed R33 in her wheelchair in her room, with her head forward on her chest. R33 appeared to be sleeping.</p> <p>On 1/30/25 at 12:00 PM, Surveyor observed R33 in her wheelchair in her room, with her head forward on her chest. R33 appeared to be sleeping.</p> <p>On 1/30/25 at 12:53 PM, Surveyor observed R33 in her wheelchair in her room, with her head forward on her chest. R33 appeared to be sleeping.</p> <p>On 1/30/25 at 12:57 PM, Surveyor interviewed CNA J (Certified Nursing Assistant) and asked if R33 was able to reposition herself in her wheelchair. CNA J stated that sometimes R33 can reposition herself and if she needs help, she will ask.</p> <p>On 1/30/25 at 2:50 PM, Surveyor observed R33 in her wheelchair in her room, with her head forward on her chest. R33 appeared to be sleeping.</p> <p>Of note, at no time throughout the day did R33 appear to have been moved or repositioned in her wheelchair. Surveyor did not observe staff interacting with R33, nor were there any pillows or repositioning devices used to assist R33 with offloading.</p> <p>On 1/30/25 at 2:56 PM, Surveyor interviewed RN K (Registered Nurse) and asked if R33 was able to reposition herself in her wheelchair. RN K stated that at times R33 needs help and that the aides help her.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/30/25 at 3:09 PM, Surveyor interviewed CNA L and asked if R33 was able to reposition herself in her wheelchair. CNA L stated no, R33 could not reposition herself and that she needs help because of her bad knees.</p> <p>On 1/30/25 at 3:19 PM, Surveyor interviewed ADON I (Assistant Director of Nursing) and asked what her expectation was for staff for repositioning with R33. ADON I indicated she expected the staff to help turn R33 and help her get off her bottom by putting pillows under her and making sure she is comfortable. Surveyor asked ADON I how often the staff should be assisting R33 with repositioning. ADON I stated she expected the staff would do rounds every 2 hours, that included checking on R33 and all the residents and making sure their needs were met. Surveyor asked ADON I if it was acceptable for R33 to be sitting in the same position in her wheelchair for 6 hours. ADON I indicated no, that would not be acceptable.</p> <p>Cross Reference: F688, F697</p>

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50285</p> <p>Based on interview and record review, the facility did not ensure that a resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility for 1 of 1 residents reviewed for mobility (R33).</p> <p>The facility was not walking R33 in accordance with her plan of care.</p> <p>This is evidenced by:</p> <p>Facility policy titled Restorative Nursing Program, dated 3/10/22 states, in part: Policy: It is the policy of this facility that a resident is given the appropriate treatment and services to enable residents to maintain or improve his or her abilities and to promote the resident's ability to adapt and adjust to living as independently and safely as possible . 1. The purpose of the Restorative Nursing Program is to: a. Restore to original status or improve level of independence after a decline in Activities of Daily Living (ADLs), and/or . d. Maintain or improve functional abilities in ADLs, and/or . e. Promote ability and wellness and where possible, prevent decline or loss of independence, and/or . f. Enable residents to attain or maintain their highest practicable level of functioning . 2. A Restorative Nursing Program may be established: . b. When restorative needs arise during the course of a longer-term stay . 3. Activities provided by restorative nursing staff include: c. Bed mobility . e. Walking .</p> <p>Facility policy titled Walking/Ambulation, dated 3/10/22 states, in part: Definition: Ambulation refers to activities provided to improve or maintain the resident's self-performance in walking, with or without assistive devices. RNP (Restorative Nursing Program) walking programs are individualized to the resident's needs, planned, monitored, evaluated, and documented in the resident's medical record . Considerations: 1. The purpose of RNP walking programs is to: a. Promote increased independence . b. Promote circulation, stimulation, and muscle strengthening . c. Reduce potential for falls . d. Increase self-esteem .</p> <p>R33 was admitted to the facility on [DATE] with diagnoses that include need for assistance with personal cares, transient ischemic deafness, unspecified abnormalities of gait and mobility, generalized muscle weakness, repeated falls, rheumatoid arthritis (a chronic autoimmune disease that primarily affects the joints causing inflammation, pain, stiffness, and damage to the joints), bilateral primary osteoarthritis of the knee (a common type of joint disease that causes pain, stiffness, and swelling in the joints that occurs when the cartilage that cushions the ends of bones in the joints wears down over time), primary generalized osteoarthritis, and ankylosing spondylitis of the spine (a chronic inflammatory disease that primarily affects the spine. It causes inflammation of the joints between the vertebrae, leading to pain, stiffness, and fusion of the spine over time).</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R33's most recent Minimum Data Set (MDS) Assessment, with an Assessment Reference Date (ARD) of 1/16/25 documented that R33 had a Brief Interview for Mental Status (BIMS) score of 14, indicating R33 is cognitively intact. Section GG0120 indicates that R33 uses a walker and a wheelchair as assistive devices for ambulation. Section GG0170 indicates that R33 requires supervision and/or touch assistance for sitting to lying and lying to sitting in the bed, for moving from sitting to standing, for all transfers and for walking.</p> <p>R33's Care Plan, initiated on 7/7/22, includes, in part:</p> <p>Focus: [Resident Name] has an ADL (Activities of Daily Living) self-care performance deficit related to having weakness and inability to care for self . Intervention: Provide walker as needed for ambulation. Date initiated 7/20/22 . Intervention: Provide wheelchair as needed for mobility. Date initiated 7/20/22 . Intervention: Transfer with assist of 1 with gait belt and walker. Date initiated 7/20/22 .</p> <p>Focus: Potential for alteration in skin integrity related to having weakness which may impact ability to always offload enough to avoid friction or shearing . Intervention: Encourage mobility and/or ambulation. Date initiated 7/20/22 .</p> <p>Focus: [Resident Name] requires assistance with ambulation. Resident requires task segmented directions to participate in ambulation activities with staff. Decreased ability to walk, Risk for falls, Weakness . Goal: [Resident Name] will ambulate with gait belt and walker and 1 person assist from her room to the nurse's station daily as tolerated . Intervention: Provide 1 assist with gait belt and walker to ambulate from bed to bathroom daily as tolerated. Date initiated 7/20/22 . Intervention: Set up assistive device to aid in assisting resident to a standing position. Date initiated 7/20/22 . Intervention: Stand along side of resident to provide verbal cues/guidance/assist while ambulating. Date initiated 7/20/22 .</p> <p>R33's Physician Orders state, in part: Ambulate with staff using walker and gait belt 1x daily every evening shift for restorative care ambulate with patient with appropriate DME (Durable Medical Equipment) . Order Date: 1/22/25. Start Date: 1/23/25.</p> <p>R33's Documentation Survey Report states, in part: A Nursing Rehab: Walking [Resident Name] will ambulate with gait belt and 4-wheeled walker from her room to the nurse's station . Frequency Q-shift (once per shift) .</p> <p>R33's Restorative Nursing Assessment, dated 1/16/25, states, in part: Based on the assessment the Residents priority programs will be: . c. Bed Mobility/Walking . Goal: Walking [Resident Name] will ambulate with gait belt and 4-wheeled walker from her room to the nurse's station .</p> <p>In November, 2024, the Documentation Survey report indicates:</p> <p>-27 shifts left blank for walking R33, and</p> <p>-27 shifts documented N/A (Not Applicable)</p> <p>In December, 2024, the Documentation Survey report indicates:</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-20 shifts left blank for walking R33, and</p> <p>-41 shifts documented N/A</p> <p>In January, 2025, the Point of Care (POC) charting by the CNAs (Certified Nursing Assistants) indicates:</p> <p>-21 shifts left blank for walking R33</p> <p>On 1/28/25 3:42 PM, Surveyor interviewed R33 who stated that she has arthritis in her legs, and that the pain at times is a 10 out of 10. Surveyor asked R33 if staff knew she was in so much pain. R33 states yes, staff knew about her pain. R33 indicated that walking would help with her pain, but that it wasn't happening because there wasn't enough staff. R33 stated that the pain was so bad that at times she wanted to sit and cry.</p> <p>On 1/28/25 at 3:57 PM, Surveyor interviewed CNA/Med Tech M (Certified Nursing Assistant/Medication Technician) who stated that R33 does have pain in her knees before she gets the cortisone shots. Surveyor asked CNA M if the staff were assisting R33 with walking. CNA M stated they will walk her back and forth to the bathroom once per shift. Surveyor notified CNA/Med Tech M that R33 was endorsing 10 out of 10 pain. CNA M stated she would look into it.</p> <p>On 1/28/25 at 4:00 PM, Surveyor interviewed CNA H who stated that R33 does have ongoing pain. Surveyor asked CNA H if the staff were assisting R33 with walking. CNA H replied that they have not been walking R33 in the hall lately, but at bedtime they walk her from the bathroom to bed.</p> <p>On 1/28/25 at 4:04 PM, Surveyor interviewed PTA O (Physical Therapy Assistant) who stated that R33 does have a restorative program and that she loves to walk. PTA O indicated that ADON I (Assistant Director of Nursing) was in charge of the restorative program.</p> <p>On 1/29/25 at 8:36 AM, Surveyor interviewed LPN C (Licensed Practical Nurse) who stated that she didn't know about the aides walking with R33 in the hall but that she has seen her walk with physical therapy.</p> <p>On 1/29/25 at 3:00 PM, Surveyor interviewed R33 and asked if any of the staff had assisted her with walking in the hallway today. R33 replied no. Surveyor asked R33 if she ever refused to walk due to pain. R33 replied no, that she never refuses. R33 again stated that therapy wants her to walk. R33 said she felt like the staff did not want to walk with her because they didn't have time.</p> <p>On 1/29/25 at 3:28 PM, Surveyor interviewed CNA H and asked her what N/A in the charting meant. CNA H replied that it was not a refusal, as that would be marked as R. Surveyor asked specifically about walking with R33. CNA H stated that for this resident N/A meant they didn't have enough time or an opportunity to get her out of her room to walk.</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/30/25 at 12:57 PM, Surveyor interviewed CNA J about walking with R33. CNA J stated that she walks R33 to the bathroom and back once per shift, but that if she is sitting in her wheelchair, she will just wheel her to the bathroom. CNA J stated that R33 will walk in the hallway with therapy, but that it doesn't happen very frequently. Surveyor asked CNA J what N/A on the chart meant. CNA J replied that if N/A was documented, that meant they couldn't get to walking her. Surveyor asked CNA J what a blank meant in the documentation. CNA J stated it either wasn't done or staff forgot to document it.</p> <p>On 1/30/25 at 3:19 PM, Surveyor interviewed ADON I (Assistant Director of Nursing) about R33's restorative walking program. Surveyor asked ADON I what her expectation was for someone on the walking program. ADON I indicated it was her expectation for staff to walk with them to meet their goal, and for the aides to walk them at least once a day if the resident wants to. Surveyor asked ADON I if someone was requesting to walk, would she expect staff to meet that need. ADON I replied yes, depending on the staffing situation. Surveyor asked ADON I what N/A meant in the CNA charting. ADON I stated that the restorative program was new to the facility and she planned to educate staff on how to chart appropriately. Surveyor asked ADON I what a blank meant in the documentation. ADON I indicated that a blank could mean staff forgot to go back and chart something. Surveyor asked ADON I if she would expect the care plan interventions and physician orders to be followed in walking R33. ADON I replied yes, she would expect the care plan and physician orders to walk with R33 to be followed.</p> <p>Cross Reference F677 and F697</p>		

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<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50285</b></p> <p>Based on observation, interview, and record review, facility staff did not adequately assess and treat pain and provide necessary care and services to attain or maintain the highest practicable physical well-being for 1 of 2 Residents (R) reviewed for pain (R33).</p> <p>The facility failed to adequately assess R33's pain or provide non-pharmacologic interventions to treat her pain.</p> <p>This is evidenced by:</p> <p>The facility policy titled, Pain Management, dated 4/19/12 states, in part: Policy: Our mission is to facilitate resident independence, promote resident comfort and preserve resident dignity. Procedure: 1. Residents shall be assessed for pain and his or her manner of expressing pain upon admission, re-admission, and annually . 3. Residents will be assessed for chronic pain or persistent pain (a pain state that continues for a prolonged period of time or recurs more than intermittently for months) when the symptoms present themselves . Plan of Care: For any resident with orders for scheduled pain management, staff will initiate an interdisciplinary plan of care based on the initial assessment and the development of pain relieving strategies. The plan will include both pharmacological and complementary interventions. Documentation: Document interventions and responses to pain management in the medical record as appropriate (i.e. medication administration record, treatment record, nursing progress notes, etc.) .</p> <p>R33 was admitted to the facility on [DATE] with diagnoses that include need for assistance with personal cares, transient ischemic deafness, unspecified abnormalities of gait and mobility, generalized muscle weakness, repeated falls, rheumatoid arthritis (a chronic autoimmune disease that primarily affects the joints causing inflammation, pain, stiffness, and damage to the joints), bilateral primary osteoarthritis of the knee (a common type of joint disease that causes pain, stiffness, and swelling in the joints that occurs when the cartilage that cushions the ends of bones in the joints wears down over time), primary generalized osteoarthritis, and ankylosing spondylitis of the spine (a chronic inflammatory disease that primarily affects the spine. It causes inflammation of the joints between the vertebrae, leading to pain, stiffness, and fusion of the spine over time).</p> <p>R33's most recent Minimum Data Set (MDS) Assessment, with an Assessment Reference Date (ARD) of 1/16/25 documented that R33 had a Brief Interview for Mental Status (BIMS) score of 14, indicating R33 is cognitively intact. Section J: Health Conditions indicates that R33 is on a pain medication regimen and received non-pharmacological interventions for pain. Section J0300 indicates pain is present. Section J0410 indicates pain is rarely or not at all present. Section J0600 indicates mild pain, with a numeric rating of 3.</p> <p>R33's Care Plan, initiated on 7/7/22, includes, in part:</p> <p>(continued on next page)</p>		

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<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Focus: [Resident Name] has an ADL (Activities of Daily Living) self-care performance deficit related to having weakness and inability to care for self . Intervention: Monitor for any signs and symptoms of pain/discomfort during ADLs. Date Initiated 7/20/22 . Intervention: Offer PRN (as needed) analgesics (pain relieving medication) prior to ADL activities and/or rehab if indicated. Date initiated 7/20/22.</p> <p>Focus: Potential for pain related to diagnosis of Rheumatoid Arthritis, Bilateral Arthritis to knees . Intervention: Administer pain strategies according to MAR (Medication Administration Record)/TAR (Treatment Administration Record). Date initiated 7/7/22 . Intervention: Assess pain every shift. Date initiated 7/20/22 . Intervention: Complete pain assessment. Date initiated 7/20/22 . Intervention: Monitor for non-verbal indicators of pain daily with care tasks and activities. Date initiated: 7/20/22 . Intervention: Observe resident for effectiveness of pain relief. Date initiated 7/20/22 . Intervention: Offer PRN analgesics prior to ADL activities and/or rehab if indicated. Date initiated 7/20/22 . Position resident for comfort. Date initiated 7/20/22 . Reposition resident as necessary. Date initiated 7/20/22 .</p> <p>R33's Physician Orders Include:</p> <p>Pain eval (evaluation) Q-shift (every shift). Start date: 6/30/22. No end date.</p> <p>Acetaminophen 500 mg (milligram) tablet. Give 2 tablets by mouth every 6 hours as needed for fever/pain management. Start date: 12/15/22. No end date.</p> <p>Acetaminophen 500 mg tablet. Give 2 tablets by mouth two times a day for pain management. Start date: 12/15/22. No end date.</p> <p>Voltaren Gel 1% (Diclofenac Sodium). Apply 2 gram transdermally every 6 hours as needed for pain management. Apply to bilateral hands. Start date: 8/14/24. No end date.</p> <p>Voltaren Gel 1% (Diclofenac Sodium). Apply 2 gram transdermally every 6 hours as needed for pain management. Apply to bilateral knees. Start date: 8/14/24. No end date.</p> <p>Lidocaine External Patch 4% (Lidocaine). Apply to lower back topically as needed for pain management. Apply one patch on 12 hours daily. Start date: 12/30/24. No end date.</p> <p>Gabapentin 100 mg capsule. Give 1 capsule by mouth at bedtime for neuropathic pain. Start Date: 1/15/25. No end date.</p> <p>R33's Medical Record includes, in part:</p> <p>On 10/21/24 a Pain Management Evaluation states in part: . Pain Level: 0. Diagnosis: Does the resident have any diagnosis which would give you reason to believe he/she would be in pain? Yes. If yes, list: Rheumatoid Arthritis, Spondylitis of spine, Osteoarthritis of knee. What is your acceptable level of pain: 0 .</p> <p>(continued on next page)</p>		

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<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/28/24, a MD (Medical Director) Progress Note states in part: . Patient admitted to the SNF (Skilled Nursing Facility) on 7/7/22 for skilled nursing and rehab. Patient asked to be seen by therapy to optimize therapy, pain control . Assessment/Plan: Previously noted to likely be someone who would need every 3 months of knee injection for pain management. Received injections 10/9/24 and 7/9/24. Previous to that was March 2024. She reports effectiveness and success with pain control post injections . Pain, unspecified. Patient is high risk for functional impairment without therapy and adequate pain control .No apparent distress . No new concerns .</p> <p>Of note, MD Progress Notes dated 10/31/24, 11/8/24, 11/12/24, 11/21/24 state word for word the same as MD Progress Note on 10/28/24. No personalized or new interventions to address resident's pain.</p> <p>On 1/9/25, a Nurse Progress Note states in part: . Resident has rheumatoid arthritis and spine is kyphotic (excessive outward curvature of the spine); gets knee injections regularly per Dr. Lynch for this; that is effective for functional decline. Resident has chronic joint pain and takes scheduled Tylenol for this which has been effective .</p> <p>On 1/11/25, a Nurse Progress Note states in part: . Resident . has osteo and rheumatoid arthritis that primarily affect her knees and at times needs more assistance with ADLs. Sees Dr. Lynch regularly for knee injections that greatly improved her function .</p> <p>On 1/16/25, a Pain Management Evaluation states in part: . Pain Level: 0. Diagnosis: Does the resident have any diagnosis which would give you reason to believe he/she would be in pain? No .</p> <p>On 1/28/25 at 3:42 PM, Surveyor interviewed R33 in her room. R33 indicated that she has sharp pains in her feet and toes, and that she has told the nurses, but they don't believe her. R33 stated that she tells the nurse that she wants to see the nurse about her pain, but that the nurses never come in and ask her about her pain. R33 stated that this pain has been going on for over a month, and she feels ignored by staff. R33 stated that she also has arthritis in her legs, and that the pain at times is a 10 out of 10. R33 indicated that walking would help with her pain, but that it wasn't happening because there wasn't enough staff. R33 stated that the pain was so bad that at times she wanted to sit and cry.</p> <p>On 1/28/25 at 3:57 PM, Surveyor interviewed CNA/Med Tech M (Certified Nursing Assistant/Medication Technician) who stated that R33 does have pain in her knees before she gets the cortisone shots. Surveyor notified CNA/Med Tech M that R33 was endorsing 10 out of 10 pain. CNA M stated she would look into it.</p> <p>On 1/28/25 at 4:00 PM, Surveyor interviewed CNA H who stated that R33 does have ongoing pain. CNA H stated that R33's pain has been so bad in her knees lately that the staff have not been walking with her much.</p> <p>On 1/28/25 at 4:04 PM, Surveyor interviewed PTA O (Physical Therapy Assistant) who stated that R33 does have knee pain and gets cortisone shots that does help with the pain and her mobility.</p> <p>(continued on next page)</p>		

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<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/29/25 at 8:36 AM, Surveyor observed LPN C (Licensed Practical Nurse) administering morning medications to R33. LPN C went into R33's room and gave her a medication cup with her medications, then waited at the doorway to R33's room while she waited for R33 to take them. Surveyor asked LPN C if she had assessed R33 for pain before giving her medications. LPN C stated that she had not completed a pain assessment yet. Surveyor asked LPN C if she had marked anything in R33's EHR (Electronic Health Record) for pain. LPN C stated she had marked a zero for pain. Surveyor observed LPN C then go into R33's room and utilize the whiteboard to communicate with R33. (R33 is deaf and reads lips or reads the white board for communication). LPN C returned from R33's room and said that R33 had indicated that her legs hurt bad today and she had rated her pain 9 out of 10. LPN C stated she had just given R33 her scheduled acetaminophen for pain. Surveyor asked LPN C if R33 had any PRN (as needed) medications for breakthrough pain. LPN C stated R33 only had acetaminophen ordered, as R33's pain comes and goes. LPN C stated that R33 does get injections in her knees that help with her pain, mobility, and transfers, but then it wears off and R33 experiences more pain again. Surveyor asked LPN C if there were any non-pharmacological interventions for R33's pain, such as walking. LPN C stated she was unsure but had seen R33 walking with physical therapy.</p> <p>At 1/29/25 at 9:09 AM, Surveyor interviewed DON B (Director of Nursing) about R33's pain. DON B indicated that R33 had had previous orders for stronger narcotic medications for pain, but that R33 had refused to take them. Surveyor reviewed the NP (Nurse Practitioner) progress notes in R33's EHR (Electronic Health Record) with DON B. DON B stated that the NP tends to just copy and paste without reading the resident's chart, and that is a process they need to work on. Surveyor asked DON B what her expectation was for assessing resident's pain. DON B stated that she would expect the nurses to assess pain prior to giving medications. Surveyor shared with DON B her observation of LPN C not assessing R33's pain, and entering a zero for pain before assessing her, only to realize she had 9 out of 10 pain. DON B replied that sometimes R33 will tell you she has 10 out of 10 pain, but when the nurses do a pain assessment she will tell them 0 out of 10.</p> <p>01/29/25 at 11:06 AM, Surveyor interviewed CNA O. Surveyor asked CNA O if R33 had ever complained of pain. CNA O replied yes, that R33 has pain when they get her up in the morning. Surveyor asked CNA O if R33 rated her pain when they were getting her up. CNA O stated no, but that she will scrunch up her face in pain and ask them to move slow because of her pain. Surveyor asked CNA O if she ever notifies the nurse of R33's pain. CNA O stated no, they just move slower and give R33 time to rest. Surveyor asked CNA O if she should stop and tell the nurse if R33 is exhibiting pain. CNA O stated yes, she should probably get the nurse.</p> <p>On 1/29/25 at 1:16 PM, Surveyor interviewed FM Q (Family Member) of R33. FM Q indicated that R33 has rheumatoid arthritis that is bone on bone, and very painful. FM Q stated that the steroid shots help but when they wear off the pain is really bad. FM Q said that facility staff tell her that R33 is getting old and imagining things but that R33's mind is actually very sharp. FM Q stated that she feels that the facility looks at R33 and her age and that she is deaf and they don't treat her like she knows what she is talking about. FM Q indicated that she thinks the facility could be doing more to address R33's pain.</p> <p>(continued on next page)</p>		

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<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/29/25 at 3:00 PM, Surveyor interviewed R33 and asked her if anyone had come in and assessed her pain today. R33 replied, no, that is part of the problem. Surveyor asked R33 if she had walked in the hall today with staff. R33 replied no, that no one had offered to walk with her. Surveyor asked R33 if she ever refused to walk due to pain. R33 replied no, that she never refuses. R33 again stated that therapy wants her to walk and that it helps with the pain in her legs. R33 said she felt like the staff did not want to walk with her because they didn't have time.</p> <p>On 1/30/25 at 2:56 PM, Surveyor interviewed RN K. Surveyor asked RN K how she assesses R33's pain. RN K replied she usually asks her, and that R33 can read her lips. Surveyor asked RN K if R33 ever endorsed pain greater than a 1. RN K said no, not to her.</p> <p>Of note, R33's documented pain ratings in the EHR have consistently been documented as 1's and 0's. In December 2024, R33's MAR (Medication Administration Record) indicates six pain evaluations documented as 1 and the rest are documented as 0. In January 2025, R33's MAR indicates ten pain evaluations documented as 1 and the rest are documented as 0.</p> <p>On 1/30/25 at 3:19 PM, Surveyor interviewed ADON I (Assistant Director of Nursing) about R33's pain. Surveyor asked ADON I what her expectation was for assessing a resident's pain. ADON I stated she would expect the staff to complete a pain assessment when the resident has signs or symptoms of pain or is reporting any pain or if they are asking for a pain medication. Surveyor asked ADON I if R33 had concerns with pain. ADON I stated no, she had never heard that R33 complained of pain. Surveyor reviewed R33's pain assessment with ADON I and asked if the information in it was correct. ADON I replied no, that R33 does have a diagnosis that would indicate pain ADON I reviewed R33's EHR and confirmed that R33 has rheumatoid arthritis which would indicate pain.</p> <p>The facility failed to recognize and evaluate R33's ongoing pain, and failed to treat her pain with appropriate pain management interventions and strategies. R33's has diagnoses that indicate pain. Staff are aware that R33 has unrelieved pain, and that walking can help the pain, however documentation shows that staff are often not walking with her. R33 indicates that she has pain daily and that staff are not assessing or treating her pain.</p> <p>Cross Reference F677 and F688</p>		

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<p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>38882</p> <p>Based on interview and record review, the facility did not ensure accurate reporting of the mandatory submission of staffing information based on payroll data to the Centers for Medicare &amp; Medicaid Services (CMS.) This has the potential to affect all 65 residents residing within the facility.</p> <p>The facility failed to enter accurate data in their Payroll Based Journal (PBJ) reporting and triggered for four fiscal year quarters for excessively low weekend staffing, triggered one fiscal year quarter for failure to have licensed nursing coverage 24 hours a day, and triggered for one fiscal year quarter for failure to have RN (registered nurse) hours each day</p> <p>Evidenced by:</p> <p>According to <a href="https://www.cms.gov/medicare/quality/nursing-home-improvement/staffing-data-submission">https://www.cms.gov/medicare/quality/nursing-home-improvement/staffing-data-submission</a> Example the Centers for Medicare &amp; Medicaid Services (CMS) has long identified staffing as one of the vital components of a nursing home's ability to provide quality care. CMS has utilized staffing data for a myriad of purposes in an effort to more accurately and effectively gauge its impact on quality of care in nursing homes . Therefore, CMS has developed a system for facilities to submit staffing information - Payroll Based Journal (PBJ). This system allows staffing information to be collected on a regular and more frequent basis than previously collected. It is auditable to ensure accuracy . The first mandatory reporting period began July 1,2016 . The deadlines for each reporting period are as follows: Fiscal Quarter 1-October 1- December 31 due February 14, Fiscal Quarter 2- January 1- March 31 due May 15, Fiscal Quarter 3- April 1 - June 30 due August 14, Fiscal Quarter 4- July- September 30 due November 14 . November 1, 2017, CMS began posting a public use file containing PBJ staffing data submitted by long term care facilities. The file includes the hours nursing staff are paid to work each day, for each facility. The categories of nursing staff include director of nursing, registered nurses with administrative duties, registered nurses, licensed practical nurses with administrative duties, licensed practical nurses, certified nurse aides, medication aides, and nurse aides in training. The file also includes a facility's census for each day within the quarter as calculated using the minimum data set (MDS) submission.</p> <p>Example 1:</p> <p>CMS's PBJ Staffing Data Report, for fiscal year quarter 1 2024 (October 1 - December 31), includes: This Staffing Report identifies areas of concern that will be triggered . requires follow-up during survey . Excessively Low Weekend Staffing: Triggered - Submitted Weekend Staffing data is excessively low . Possible reasons for suppressed metrics: Invalid data, Facility is too new to rate, Special Focus Facility .</p> <p>Facility failed to provide Surveyor a copy of CASPER Report 1702D, Individual Daily Staffing Report from 10/1/2024-12/31/24. (It is important to note this report would have showed the hours that were reported to CMS.)</p> <p>Example 2:</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  01/30/2025
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 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>CMS's PBJ Staffing Data Report, for fiscal year quarter 3 2024 (April 1 - June 30), includes: This Staffing Report identifies areas of concern that will be triggered . requires follow-up during survey . One Star Staffing Rating: Triggered-Star Staffing Rating Equals 1 . Excessively Low Weekend Staffing: Triggered - Submitted Weekend Staffing data is excessively low . Possible reasons for suppressed metrics: Invalid data, Facility is too new to rate, Special Focus Facility .</p> <p>Facility failed to provide Surveyor a copy of CASPER Report 1702D, Individual Daily Staffing Report from 4/1/24-6/30/24. (It is important to note this report would have showed the hours that were reported to CMS.)</p> <p>Example 3:</p> <p>CMS's PBJ Staffing Data Report, for fiscal year quarter 2 2024 (January 1 - March 31), includes: This Staffing Report identifies areas of concern that will be triggered . requires follow-up during survey . Excessively Low Weekend Staffing: Triggered - Submitted Weekend Staffing data is excessively low . Possible reasons for suppressed metrics: Invalid data, Facility is too new to rate, Special Focus Facility .</p> <p>Facility failed to provide Surveyor a copy of CASPER Report 1702D, Individual Daily Staffing Report from 1/1/24-3/31/24. (It is important to note this report would have showed the hours that were reported to CMS.)</p> <p>Example 4:</p> <p>CMS's PBJ Staffing Data Report, for fiscal year quarter 4 2024 (July 1 - September 30), includes: This Staffing Report identifies areas of concern that will be triggered . requires follow-up during survey . One Star Staffing Rating: Triggered-Star Staffing Rating Equals 1 . Excessively Low Weekend Staffing: Triggered-Submitted Weekend Staffing data is excessively low . Failed to have Licensed Nursing Coverage 24 Hours/Day: Triggered-Four or More Days Within the Quarter with less than 24 Hours/Day Licensed Nursing Coverage. See Infraction Dates . Possible reasons for suppressed metrics: Invalid data, Facility is too new to rate, Special Focus Facility . Infraction Dates:</p> <p>No RN (Registered Nurse) Hours: 07/01 (MO); 07/02 (TU); 07/03 (WE); 07/04 (TH); 07/05 (FR); 07/06 (SA); 07/07 (SU); 07/08 (MO); 07/09 (TU); 07/10 (WE); 07/11 (TH); 07/12 (FR); 07/13 (SA); 07/14 (SU); 07/15 (MO); 07/16 (TU); 07/17 (WE); 07/18 (TH); 07/19 (FR); 07/20 (SA); 07/21 (SU); 07/22 (MO); 07/23 (TU); 07/24 (WE); 07/25 (TH); 07/26 (FR); 07/27 (SA); 07/28 (SU); 07/29 (MO); 07/30 (TU); 07/31 (WE) 08/01 (TH); 08/02 (FR); 08/03 (SA); 08/04 (SU); 08/05 (MO); 08/06 (TU); 08/07 (WE); 08/08 (TH); 08/09 (FR); 08/10 (SA); 08/11 (SU); 08/12 (MO); 08/13 (TU); 08/14 (WE); 08/15 (TH); 08/16 (FR); 08/17 (SA); 08/18 (SU); 08/19 (MO); 08/20 (TU); 08/21 (WE); 08/22 (TH); 08/23 (FR); 08/24 (SA); 08/25 (SU); 08/26 (MO); 08/27 (TU); 08/28 (WE); 08/29 (TH); 08/30 (FR); 08/31 (SA) 09/01 (SU); 09/02 (MO); 09/03 (TU); 09/04 (WE); 09/05 (TH); 09/06 (FR); 09/07 (SA); 09/08 (SU); 09/09 (MO); 09/10 (TU); 09/11 (WE); 09/12 (TH); 09/13 (FR); 09/14 (SA); 09/15 (SU); 09/16 (MO); 09/17 (TU); 09/18 (WE); 09/19 (TH); 09/20 (FR); 09/21 (SA); 09/22 (SU); 09/23 (MO); 09/24 (TU); 09/25 (WE); 09/26 (TH); 09/27 (FR); 09/28 (SA); 09/29 (SU); 09/30 (MO)</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  01/30/2025
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 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Failed to have Licensed Nursing Coverage 24 Hours/Day: 07/01 (MO); 07/02 (TU); 07/03 (WE); 07/04 (TH); 07/05 (FR); 07/06 (SA); 07/07 (SU); 07/08 (MO); 07/09 (TU); 07/10 (WE); 07/11 (TH); 07/12 (FR); 07/13 (SA); 07/14 (SU); 07/15 (MO); 07/16 (TU); 07/17 (WE); 07/18 (TH); 07/19 (FR); 07/20 (SA); 07/21 (SU); 07/22 (MO); 07/23 (TU); 07/24 (WE); 07/25 (TH); 07/26 (FR); 07/27 (SA); 07/28 (SU); 07/29 (MO); 07/30 (TU); 07/31 (WE) 08/01 (TH); 08/02 (FR); 08/03 (SA); 08/04 (SU); 08/05 (MO); 08/06 (TU); 08/07 (WE); 08/08 (TH); 08/09 (FR); 08/10 (SA); 08/11 (SU); 08/12 (MO); 08/13 (TU); 08/14 (WE); 08/15 (TH); 08/16 (FR); 08/17 (SA); 08/18 (SU); 08/19 (MO); 08/20 (TU); 08/21 (WE); 08/22 (TH); 08/23 (FR); 08/24 (SA); 08/25 (SU); 08/26 (MO); 08/27 (TU); 08/28 (WE); 08/29 (TH); 08/30 (FR); 08/31 (SA) 09/01 (SU); 09/02 (MO); 09/03 (TU); 09/04 (WE); 09/05 (TH); 09/06 (FR); 09/07 (SA); 09/08 (SU); 09/09 (MO); 09/10 (TU); 09/11 (WE); 09/12 (TH); 09/13 (FR); 09/14 (SA); 09/15 (SU); 09/16 (MO); 09/17 (TU); 09/18 (WE); 09/19 (TH); 09/20 (FR); 09/21 (SA); 09/22 (SU); 09/23 (MO); 09/24 (TU); 09/25 (WE); 09/26 (TH); 09/27 (FR); 09/28 (SA); 09/29 (SU); 09/30 (MO)</p> <p>Facility failed to provide Surveyor a copy of CASPER Report 1702D, Individual Daily Staffing Report from 1/1/24-3/31/24. (It is important to note this report would have showed the hours that were reported to CMS.)</p> <p>On 1/28/25 at 11:00 AM, NHA A (Nursing Home Administrator) indicated the Corporate Office staff submit the PBJ data to CMS. NHA A indicated the data was submitted inaccurately and because of this the facility's star rating dropped to a 1 out of 5. NHA A indicated the facility used a computer system to store PBJ data and the company went under. Then the Corporate Office staff had to manually enter the data into the CMS website. NHA A explained the Corporate Office staff entered page one data and clicked to page two. She did not press the save button. Then page two data was entered, and the Corporate Office Staff clicked to page 3 without pressing save. After page three data was entered the Corporate Office staff pressed submit thinking all three pages would be submitted, but only page three was submitted. NHA A indicated page one and page two populated with all zeroes while page three data read correctly. NHA A indicated after submitting the data the page locks and there is no way to correct or add an addendum. NHA A indicated she understands the requirements set by CMS and the information was not reported accurately.</p>		