

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525512	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/10/2024
NAME OF PROVIDER OR SUPPLIER Skaalen Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 400 N Morris St Stoughton, WI 53589	

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 0606</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Not hire anyone with a finding of abuse, neglect, exploitation, or theft.</p> <p>49434</p> <p>Based on interview and record review, the facility did not ensure that it did not employ individuals who were found guilty of abuse, neglect, exploitation, or mistreatment by failure to conduct timely and complete background checks for 4 (RN D, CNA E, MT C and HK F) of 8 facility staff.</p> <p>RN D (Registered Nurse), CNA E (Certified Nursing Assistant), and MT C (Medication Technician) did not have a background check completed every four years.</p> <p>HK F (Housekeeper) indicated on HK F's Background Information Disclosure (BID) form that HK F had been convicted of disorderly conduct in January 2024. The facility did not request a copy of HK F's criminal complaint, judgement of conviction, or any other relevant court or police documents as instructed by the BID form.</p> <p>This is evidenced by:</p> <p>The DHS memo P-00274 titled Wisconsin Caregiver Program: Offenses Affecting Caregiver Eligibility for Chapter 50 Programs, dated 4/2020, states: This document lists Wisconsin crimes and other offenses that the Wisconsin State Legislature, under the Caregiver Law, Wis. Stat. S 50.065, has determined require rehabilitation review approval before a person may receive regulatory approval, work as a caregiver, reside as a non-client resident at, or contract with an entity. Additional information must be obtained when:</p> <p>-The Background Information Disclosure (BID) or DOJ (Department of Justice) response indicates a conviction of any of the following, where the conviction occurred five years or less from the date on which the information was obtained .</p> <p>6. Disorderly conduct</p> <p>.These convictions do not prohibit employment but do require the entity to obtain the criminal complaint and judgment of conviction from the Clerk of Courts office in the county where the person was convicted.</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 0606</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The facility's Policy and Procedure entitled, Abuse Prevention Resident Rights Program, dated 1/2/2023, states in part: . The facility will take all necessary measures to identify and prevent resident abuse, neglect, exploitation, and misappropriation of property . The facility will conduct a pre-employment screening of applicants for all departments, which will include employment reference checks, criminal background checks, drug testing and relevant state licensing checks .</p> <p>The facility's Policy and Procedure entitled, Background Information Disclosure, dated 6/25/2020, states in part: Policy: All staff members must disclose (self-report) in writing by the next business day any changes to the information included on the BID (Background Information Disclosure) form . Purpose: With this in place, [Facility Name] does not have to require staff to complete a BID form every four years.</p> <p>(Of note: While the facility does not have to require a BID form to be completed every four years, according to regulation, the facility does still need to complete a background check every four years which consists of a Department of Justice (DOJ) and Department of Health Services/Department of Safety and Professional Services (DHS/DSPS) information at the time of hire and every four years thereafter.)</p> <p>Example 1</p> <p>RN D was hired 1/17/2018. RN D did not have a background check completed every four years. Surveyor requested the caregiver background check information on 9/5/2024 and the caregiver background check provided by the facility was conducted on 9/6/2024.</p> <p>Example 2</p> <p>CNA E was hired 3/18/2008. CNA E did not have a background check completed every four years. Surveyor requested the caregiver background check information on 9/5/2024 and the caregiver background check provided by the facility was conducted on 9/6/2024.</p> <p>Example 3</p> <p>MT C was hired 1/14/1991. MT C did not have a background check completed every four years and the previous background check provided to Surveyor was conducted 2/19/2015. Surveyor requested the caregiver background check information on 9/5/2024 and the most recent caregiver background check provided by the facility was conducted on 9/6/2024.</p> <p>On 9/9/2024 at 3:33 PM, Surveyor interviewed NHA A (Nursing Home Administrator). NHA A explained the facility background check process that includes a pre-hire checklist, a background check, drug screening, and human resources will interview an applicant if anything is flagged in the background check process. NHA A also stated that the facility completes background checks upon hire and when staff self-report violations or pending charges. NHA A stated that background checks are not completed every four years. Surveyor asked NHA A if background checks should be completed every four years. NHA A stated that she does not know, and that she believed they were performed according to policy.</p> <p>Example 4</p> <p>(continued on next page)</p>		

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<p>F 0606</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>HK F began employment at the facility on 7/24/2024 and completed a BID form on 7/22/2024. In Section A - Disclosures, HK F stated that HK F was convicted of disorderly conduct in January 2024. A review of HK F's Department of Justice letter (DOJ) shows that HK F was charged with disorderly conduct in April 2020, May 2020, June 2020, July 2020, March 2022, and twice in April 2024. The DOJ letter also shows that HK F was convicted of disorderly conduct in June 2020, March 2022, and April 2024. There is no evidence of this at the facility.</p> <p>On 9/10/2024 at 1:32 PM, Surveyor interviewed the NHA again, following a request for further documentation regarding the previously mentioned background checks. NHA confirms at this time that the background checks of RN D, CNA E, and MT C were run on 9/6/2024, and that there are no other background checks run in the past four years. NHA reports that there was some confusion regarding the policy with staff who interpreted their policy to include both the BID and background check, when the policy and statute does require the background check be run every 4 years. NHA A confirmed that background checks should be run every four years. NHA A also confirmed, after speaking with human resources, that there is no additional documentation regarding HK F's background check.</p> <p>According to the Wisconsin Caregiver Program Manual Wisconsin, Statute 50.065 (2) bb states in part; Additional Required Information must be obtained when:</p> <p>3. The BID or DOJ response indicates a conviction of .</p> <p>o Disorderly conduct Wis. Stat. S 947.01(1)</p> <p>. where the conviction occurred five years or less from the date on which the information was obtained; .</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38882</p> <p>Based on observation, interview, and record review, the facility did not ensure the preparation of food in a clean and sanitary environment with the potential to affect all 52 residents residing in the facility.</p> <p>Surveyor observed a coat of dust on light fixtures and electrical cords above food preparation area while food was being prepared.</p> <p>Surveyor observed food to be in circulation that was expired and observed food in circulation to be opened and undated.</p> <p>Evidenced by:</p> <p>Example - dust</p> <p>On [DATE] at 9:12 AM, during initial tour of the kitchen, Surveyor and DM H (Dietary Manager) observed 3 plastic light covers in the ceiling and electrical cord unit suspended from the ceiling directly over the food preparation area. The light covers and electrical cord had a layer of dust on them.</p> <p>On [DATE] at 9:13 AM, DM H indicated staff in the Maintenance Department are responsible for cleaning the light covers and the electrical cord. DM H indicated there is potential for the dust to dislodge into the open food underneath.</p> <p>Example food dating/expiration</p> <p>Facility policy, entitled Food Brought To Residents From Outside Sources, effective date [DATE], includes, in part: the facility . is responsible for storing food brought in by family or visitors in a way that is either separate or easily distinguishable from facility food . all food or beverages brought into the facility for resident consumption will only be accepted if it is in good condition and not expired . food or beverages brought in . will be labeled with the resident's name . dated with an expiration date/use by date .</p> <p>Facility policy, entitled Labeling and Dating Food, dated [DATE], includes in part: . food is labeled and monitored with an expiration date to clearly state when food is safe to eat . the date marked by the food establishment may not exceed the manufacturers use by date . any unopened food, beverage, condiment that is missing a manufacturer's date or a use by date will be discarded .</p> <p>On [DATE] at 9:13 AM, Surveyor and DM H observed a brown frozen substance in a cup with a plastic dome lid and a straw coming out of the hole on the lid in the facility's freezer. Surveyor and DM H also observed an opened bag of hashbrowns. These items were not labeled or dated. DM H indicated she was unsure who the shake belonged to and indicated items placed in the freezer are to be labeled with a name and dated with a use by date. DM H indicated she was unsure if the shake belonged to a staff member or a resident and stated staff and resident food should not be stored together.</p> <p>(continued on next page)</p>		

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