

| | | | |
|---|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525513 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/14/2024 |
| NAME OF PROVIDER OR SUPPLIER Kinnic Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 1663 E Division St River Falls, WI 54022 | |

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48793</p> <p>Based on interview and record review, the facility did not develop and initiate a comprehensive care plan with targeted interventions for a resident to identify and manage behavioral tendencies. This occurred for 1 of 5 residents (R) reviewed for care planning (R4).</p> <p>Facility did not develop and implement a behavioral care plan with intervention identified for handling potential inappropriate sexual behaviors for R4.</p> <p>Findings include:</p> <p>R4 was admitted to the facility on [DATE] with diagnoses including in part, paraplegia unspecified, type 2 diabetes mellitus, and muscle weakness. R4 was admitted with knowledge of being registered on sex offender list for minor issues.</p> <p>R4's Minimum Data Set (MDS) assessment, dated 09/08/24 identified R4 had a Brief Interview for Mental Status (BIMS) score of 15. This indicated R4 has intact cognition. The MDS assessment also identified R4 required substantial to maximal assistance of two people for transfers, chair to bed, and toileting. R4 required moderate assistance of one person for bed mobility and rolling left to right. R4 is independent once in wheelchair and able to self-propel when in wheelchair.</p> <p>Surveyor reviewed admission documentation and noted that R4 has a history of illicit sexual behavior.</p> <p>Surveyor reviewed R4's care plan. R4 did not have a behavioral care plan for R4's potential sexual inappropriate behaviors related to R4 being registered on the sex offender list.</p> <p>On 10/14/24 at 1:30 PM, Surveyor interviewed Nursing Home Administrator (NHA) A and asked does the staff know that R4 is a registered sex offender and how do staff address potential inappropriate sexual behaviors. NHA A indicated the facility was trying to keep it low key as to not create turmoil for R4. Surveyor asked NHA A if R4 had a care plan in place to address measures and interventions for staff to minimize or implement alternative measures if potential inappropriate sexual behaviors arise. NHA A indicated there should be interventions put into place to address the potential inappropriate sexual behaviors that could arise and there is not a care plan in place at this time.</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 |
|---|-------|-----------|

| | | | |
|--|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525513 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/14/2024 |
| NAME OF PROVIDER OR SUPPLIER Kinnic Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 1663 E Division St River Falls, WI 54022 | |
| 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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>On 10/14/24 at 1:47 PM, Surveyor interviewed Director of Nursing (DON) B and asked how staff address potential inappropriate sexual behaviors that may occur with R4. DON B indicated that staff have never complained of R4 being inappropriate, and R4 has been very pleasant in the facility. Surveyor asked DON B if R4 had a care plan in place to address measures and interventions for staff to minimize or implement alternative measures if potential inappropriate sexual behaviors arise. DON B indicated there should be interventions put into place to address the potential inappropriate sexual behaviors that could arise but there is not. DON B indicated that R4 does not have a care plan in place for potential inappropriate sexual behaviors and how to address. DON B indicated that DON B would develop a behavioral care plan right away for R4.</p> | | |