

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525532	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/22/2025
NAME OF PROVIDER OR SUPPLIER Dove Healthcare - St Croix Falls		STREET ADDRESS, CITY, STATE, ZIP CODE 750 E Louisiana St St Croix Falls, WI 54024	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31086</p> <p>Based on interview and record review, the facility did not promptly notify and consult with a resident's physician when there was a significant change in a resident's clinical condition when blood sugar levels exceeded the threshold. This occurred for 1 of 3 residents (R) R4, reviewed for insulin use.</p> <p>This is evidenced by:</p> <p>The facility's STANDING ORDERS for SKILLED NURSING FACILITIES with the revised date of 2024, read in part, Diabetic Management .If DMII (diabetic mellitus type 2): Notify provider if two BG (blood glucose) results are <(less than) 70 or > (greater than) 400 in a 24-hour timeframe and/or change in condition; if no condition change, notify provider on the next business day .</p> <p>R4 was admitted to the facility on [DATE]. R4's current diagnoses include chronic kidney disease stage 3, congestive heart failure, type 2 diabetes mellitus, diabetic neuropathy, and diabetic retinopathy.</p> <p>Minimum Data Set (MDS) quarterly assessment, dated 10/04/24, documents R4's Brief Interview for Mental Status (BIMS) score of 15 out of 15, indicating R4 is cognitively intact and receives insulin injections.</p> <p>R4's physician orders include in part, carbohydrate controlled diet, 09/06/24 insulin glargine 65 units two times a day, 09/06/24 Novolog injection 18 units before meals and hold if BS (blood sugar) under 120, 01/04/25 empagliflozin (Jardiance) 10 mg, and 11/24/24 Ozempic 2mg.</p> <p>Review of the medication administration record (MAR) documented blood sugar (BS) results not within parameters.</p> <p>01/06/25 BS results of 500 at 4:00 p.m.</p> <p>01/07/25 BS results of 466 at 11:00 a.m. and 474 at 4:00 p.m.</p> <p>01/08/25 BS results of 498 at 4:00 p.m.</p> <p>01/09/25 BS results of 413 at 8:00 a.m. and 467 at 4:00 p.m.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 525532	If continuation sheet Page 1 of 4

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>01/10/25 BS results of 498 at 8:00 a.m.</p> <p>01/11/25 BS results of 409 at 4:00 p.m.</p> <p>01/12/25 BS results of 423 at 8:00 a.m. and 413 at 11:00 a.m.</p> <p>01/13/25 BS results of 505 at 8:00 a.m., 505 at 11:00 a.m., and 501 at 4:00 p.m.</p> <p>01/14/25 BS results of 413 at 11:00 a.m.</p> <p>01/18/25 BS results of 452 at 8:00 a.m. and 435 at 11:00 a.m.</p> <p>Surveyor's review of R4's progress notes and medical record did not identify the facility notified R4's physician of BS being elevated. The progress notes did not document R4's condition when BS was elevated.</p> <p>On 01/22/25 at 3:48 p.m., Surveyor interviewed [NAME] President of Clinical Operations (VP) C about R4's elevated BS and physician notification. VP C indicated staff should follow the facility's standing orders for BS over 400 and to call the physician. VP C indicated no documentation was found for physician notification in January and the physician should have been notified. We will be changing the MAR to direct nursing staff when BS are not within parameters.</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47807</p> <p>Based on interview and record review, the facility did not ensure that a resident who is unable to carry out daily living received the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. Residents were not receiving regular weekly showers. This affects two of five residents reviewed, R1 and R7.</p> <p>Findings include:</p> <p>Example 1</p> <p>The facility policy titled, Shower, reviewed in January 2025, states, It is the policy if this facility to assist resident with bathing to maintain proper hygiene, simulate circulation and help prevent skin issues as per current standards of practice . Residents will be provide showers as per request or as per facility scheduled protocols and based upon resident safety.</p> <p>R1 was admitted to the facility on [DATE] with the diagnoses of hypertension, diabetes mellitus, hyperlipidemia, arthritis, anxiety, and depression.</p> <p>R1's most recent Minimum Data Set (MDS), dated [DATE], indicated that R1 required substantial/maximal assistance - Helper does MORE THAN HALF the effort when showering/bathing.</p> <p>On 01/22/25 at 12:50 PM, Surveyor interviewed R1 and Family Member (FM) E simultaneously. R1 stated they are not receiving weekly showers, and it was their understanding that showers would be weekly. FM E confirmed that to their knowledge they did not believe that R1 had received a shower in at least two weeks if not longer. They were not sure why this happens, but they believed that if the facility did not have a shower aide that day, R1 would not get the showers they desired.</p> <p>Record review of R1's shower log revealed a blank space where an initial and time of shower should be recorded for the date of 01/14/25 was blank. Other PRN showers listed were labeled as DO-Did Not Occur. There was no indication of refusals.</p> <p>Record review of R1's progress notes revealed no notes regarding refusals of showers, and nothing listed on 01/14/25 that would indicate that R1 refused a shower.</p> <p>Example 2</p> <p>R7 was admitted to the facility on [DATE] with medically complex conditions including diagnoses of anemia, hypertension, hyperlipidemia, malnutrition, and depression.</p> <p>R7's most recent MDS indicated that R7 has a Brief Interview for Mental Status (BIMS) evaluation that scored a 12 out of 15, indicating mild cognitive concerns, and that R7 required substantial/maximal assistance to shower or bathe self.</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>Record review of R7's shower task indicated that R7 last received a shower on 01/06/25 which was over two weeks ago. The last two opportunities for a shower were not recorded, and there was no indication of a refusal from R7 in any progress notes.</p> <p>On 01/22/25 at 1:30 PM, Surveyor interviewed Registered Nurse (RN) D regarding the missing showers for R1 and R7. RN D indicated the facility expects residents to receive weekly showers and that is why they hired people specifically to perform showers. There are times that those showers would need to be moved around a day depending on availability, but they still expect those showers to happen every week. They have been having trouble with their shower aides recording the showers properly so RN D had no way of knowing if those showers had been completed or missed. RN D would expect shower aides to indicate on the shower sheet if they had refused or had a shower. RN D indicated there should be a progress note entered if a resident refused a shower.</p>