

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525535	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2024
NAME OF PROVIDER OR SUPPLIER Augusta Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 901 Bridge Creek Lane Augusta, WI 54722	

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 observation, staff interview and record review, the facility did not ensure the comprehensive plan of care was implemented by staff for 2 of the 5 residents (R5 and R4) reviewed.</p> <p>R5's care plan was not followed to receive ambulation assistance to meals.</p> <p>R4's care plan was not followed to lie down for 1-2 hours between meals.</p> <p>This is evidenced by:</p> <p>Example 1:</p> <p>R5 was admitted to the facility on [DATE], with diagnoses including malignant neoplasm of bladder, hypertension, anemia, and anxiety disorder.</p> <p>R5's minimum data set (MDS) assessment, completed on 06/01/24, confirmed R5 scored 15 during a brief interview for mental status (BIMS), indicating impaired cognition. R5 requires set-up assistance with eating and oral hygiene. R5 requires moderate assistance from staff for personal hygiene, showering/bathing, toileting, transferring, dressing lower body, and putting on/taking off footwear.</p> <p>R5's care plan was initiated on 03/13/24, and included the following interventions:</p> <p>AMBULATION care plan:</p> <p>-Three times daily to meals with stand by assist, gait belt, and wheelchair to follow. As he becomes stronger, he may walk back to room as needed.</p> <p>R5's physician orders indicate:</p> <p>-Per Hospice: Please ambulate R5 three times daily to meals with stand by assist, walker, gait belt and wheelchair behind R5 when needed.</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 06/25/24 at 9:42 AM, Surveyor interviewed R5 and asked about cares and staff help. R5 indicated that no one provides him with ambulation assistance. R5 stated, I haven't walked in over 10 days, and it is ordered that staff ambulate me to meals. I feel staff are sitting around instead of helping me. R5 indicated that when he asks staff for assistance to walk, staff just disregard him, and he feels the staff wants him to stay stuck and not improve.</p> <p>On 06/25/24 at 11:55 AM, Surveyor observed R5 self-propel with wheelchair into dining room for lunch.</p> <p>On 06/25/24 at 12:39 PM, Surveyor observed R5 self-propel from dining room and wheel down the hall.</p> <p>On 06/25/24 at 12:43 PM, Surveyor observed R5 arrive in R5's room.</p> <p>On 06/25/24 at 12:59 PM, Surveyor interviewed Certified Nursing Assistant (CNA) D and asked CNA D if R5 is supposed to be ambulated to meals to keep R5's strength intact. CNA D indicated that R5 is a standby assist, and CNA D believes that R5 does ambulate to meals. CNA D indicated CNA D would have to look at the CNA care plan located in the bathroom on the door to know what exact care plan states. Surveyor asked if R5 has ambulated to breakfast and lunch today on 06/25/24. CNA D indicated that R5 has not walked today at all. CNA D suggested to R5 that after CNA D was draining the catheter bag that CNA D could ambulate R5 to the front corridor. Surveyor observed R5 smile and state, Finally someone can ambulate me, I have not been ambulated in over 10 days.</p> <p>On 06/25/24 at 1:11 PM, Surveyor interviewed CNA D and asked when R5 is ambulated do the staff document this in the Electronic Health Record (EHR). CNA D indicated that it would be documented in the EHR if ambulation is completed. Surveyor asked CNA D to see the documentation in R5's EHR of ambulation before meals. CNA D indicated that it has not been completed today on 06/25/24 so there is no documentation to be found.</p> <p>On 06/25/24 at 2:24 PM, Surveyor interviewed CNA F and asked when R5 is ambulated do the staff document this in the EHR. CNA F indicated that it would be documented in the EHR if it is completed. Surveyor asked if CNA F could show Surveyor documentation in R5's EHR of ambulation before meals. CNA F indicated there is no documentation on R5's ambulation for the day.</p> <p>On 06/25/24 at 2:35 PM, Surveyor interviewed Director of Nursing (DON) B and asked if R5 is supposed to be ambulated to meals to keep R5's strength intact. DON B indicated that R5 is to be ambulated to meals and ambulate at least three times a day as care planned. DON B indicated that CNA D should have ambulated R5 to breakfast and lunch today on 06/25/24.</p> <p>Example 2:</p> <p>R4 was admitted to the facility on [DATE] with diagnoses of dementia, insomnia, and osteoarthritis of the hip.</p> <p>R4's Comprehensive Care Plan, states in part; .get [R4] up in the morning and in the bathroom to do Activities of Daily Living (ADLs), lie [R4] down between meals for 1-2 hours so [R4] is not sitting all day .</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 06/25/24 at 9:32 AM, Surveyor observed R4 sitting in a wheelchair holding a stuffed animal in the commons room/TV room.</p> <p>On 06/25/24 at 10:45 AM, Surveyor observed R4 in a wheelchair in the hallway near room [ROOM NUMBER].</p> <p>On 06/25/24 at 11:10 AM, Surveyor observed CNA C come up behind resident and talk to resident and then walked away.</p> <p>On 06/25/24 at 11:12 AM, Surveyor observed a staff nurse push resident slowly down the hallway to the TV room.</p> <p>On 06/25/24 at 11:49 AM, CNA C removed R4 from the TV room and pushed R4 back to room. Surveyor asked CNA C, Why is [R4] in the room? CNA C replied, [R4] likes to listen to old country music and cats. CNA C handed resident a stuffed cat.</p> <p>On 06/25/24 at 12:04 PM, CNA D and CNA C transferred R4 the bathroom. At 12:12 PM, CNA D and CNA C transferred R4 from the bathroom to the wheelchair and taken to the dining room</p> <p>On 06/25/24 at 1:18 PM, R4 was being assisted with lunch by CNA C. CNA C then took R4 back to R4's room and was toileted again. At 1:30 PM, R4 was transferred from bathroom to the TV room.</p> <p>On 06/25/24 at 1:40 PM, Surveyor observed R4 sleeping in R4's wheelchair in the TV room.</p> <p>On 06/25/24 at 2:20 PM, Surveyor interviewed CNA C and asked if R4 is to lie down after breakfast. CNA C replied, After breakfast if [R4] is humming and holding the pet cat we leave [R4] up. Surveyor asked, Has [R4] laid down? CNA C replied, [R4] has not laid down at all today. Surveyor asked CNA C, If the resident's care plan states resident is to lay down for 1-2 hours between meals then what should you do if this resident is humming and holding the cat? CNA C replied, Then I would go to my charge nurse and asked her what I should do. Surveyor asked CNA C if the charge nurse was asked. CNA C replied, Yes. Surveyor asked what the charge nurse stated. CNA C replied, Take the resident back to [R4's] room and turn on some music to see if [R4] will get tired enough to lay down or try toileting [R4]. Charge nurse was not available for Surveyor to interview.</p> <p>On 06/25/24 at 2:54 PM, Surveyor interviewed DON B and asked why R4 was not laid down for 1-2 hours in between meals as per the comprehensive care plan. DON B replied, I can't tell you off hand. I know that [R4] is not supposed to lay down before 8 PM. If the resident is not able to lie down in between meals, then the CNA should tell the nurse and the nurse should document the reason why the care plan was not followed for the resident. Surveyor informed DON B there was no documentation today for R4. DON B did not know the reason for not following the care plan.</p>