

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525536	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/03/2024
NAME OF PROVIDER OR SUPPLIER Grace Healthcare of Oregon		STREET ADDRESS, CITY, STATE, ZIP CODE 354 N Main St Oregon, WI 53575	

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 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide or get specialized rehabilitative services as required for a resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33166</p> <p>Based on record review, resident and staff interviews the facility did not ensure therapy services were provided for 4 of 4 residents (R6, R1, R5, and R7) reviewed for therapy services.</p> <p>R6 has orders for Physical Therapy (PT) and Occupational Therapy (OT). R6 did not receive therapy services per R6's plan of care.</p> <p>R1 had an order for OT treatment 3 times a week. R1 did not receive OT services 3 times a week.</p> <p>R5 had an order for OT treatment 5 times a week. R5 did not receive OT services 3 times a week.</p> <p>R7 had an order for OT treatment 5 times a week. R7 did not receive OT services times a week.</p> <p>This is evidenced by:</p> <p>The facility policy titled, Scheduling Therapy Services, states in part . Policy Statement: Therapy Services shall be scheduled in accordance with the resident's treatment plan. Policy Interpretation and Implementation: 1. The therapist shall interview the resident and consult with the Attending Physician as to the type of treatment to be administered. 2. Therapy is scheduled in coordination with Nursing Services and is documented in the resident's medical records. 3. A listing of resident receiving therapy is posted at each nurses' station. 4. Nursing Services shall be responsible for preparing and escorting the resident to the therapy area unless such treatment is scheduled in the resident's room.</p> <p>Example 1</p> <p>R6 was admitted to the facility on [DATE] with diagnoses that include Nontraumatic Intracerebral Hemorrhage in brain stem, dysphagia, unsteadiness on feet, and muscle weakness.</p> <p>R6 Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/14/24 indicates R6 has a Brief Interview of Mental Status (BIMS) of 15 indicating R6 is cognitively intact. Section GG of the MDS indicates R6 requires supervision for eating, toilet use, oral hygiene, sit to stand, transfer from chair to bed and walking 10-50 feet. R6 requires substantial assistance/maximum assistance to shower and applying footwear. R6 requires partial/moderate assistance with upper and lower body dressing. Section O indicates R6 is receiving both PT (Physical Therapy) and OT (Occupational Therapy).</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 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R6's Physician Order dated 5/10/24 states in part; OT to treat 5 times per week for 90 days for skilled services to include OT evaluation- low complexity, therapeutic exercise, neuromuscular reeducation, group therapy 1-3 times a week for 15 minutes, therapeutic activities self-care/ADL's (Activities of Daily Living) and w/c (wheelchair) management.</p> <p>R6's Plan of Treatment for Rehabilitation dated 5/10/24 states in part; Insurance: A. Type: OT</p> <p>Onset Date: 4/30/24, Start of Care Date: 5/10/24, Primary Diagnosis: Nontraumatic Intracerebral Hemorrhage in brain stem, Treatment Diagnosis: Muscle Weakness and other lack of coordination. Assessment of Patient Complexity: presents with 3 personal factors and/or comorbidities that impact the plan of care. Presenting with weakness, balance deficits, cognitive deficits, and inability to perform ADL (Activities of Daily Living) tasks at PLOF (Previous Level of Functioning). Frequency/Duration 5/wk. x 90 days (5 times a week for 90 days). Emphasis Intended.</p> <p>R6 received OT on the following dates:</p> <p>Week of 5/13/24 -5/17/24: Received OT - 5 times this week.</p> <p>Week of 5/20/24 - 5/24/24: Received OT 2 times this week 5/21/24 and 5/24/24. Missed 3 days of OT.</p> <p>Week of 5/27/24-5/31/24: Did not receive OT this week.</p> <p>Of note, there is no discharge summary for R6 and no indication R6 met her OT goals.</p> <p>R6's Physician Order dated 5/10/24 states in part; PT to treat 3 times per week for 90 days for skilled services to include PT evaluation- moderate complexity, therapeutic exercise, neuromuscular reeducation, gait training, group therapy 1 time a week for 15 minutes, therapeutic activities.</p> <p>R6's Plan of Treatment for Rehabilitation dated 5/10/24 states in part; Insurance: A. Type: PT</p> <p>Onset Date: 5/10/24, Start of Care Date: 5/10/24, Primary Diagnosis: Nontraumatic Intracerebral Hemorrhage in brain stem, Treatment Diagnosis: Other abnormalities of gait and mobility, Weakness. Assessment of Patient Complexity: presents with 5 personal factors and/or comorbidities that impact the plan of care. Frequency/Duration 3/wk. x 90 days (3 times a week for 90 days). Emphasis Intended.</p> <p>Week of 5/13/24 -5/17/24: Received PT - 1 time this week 5/14/24. Missed 2 days of PT.</p> <p>Week of 5/20/24 - 5/24/24: Received PT 1 time this week 5/23/24. Missed 2 days of PT.</p> <p>Week of 5/27/24-5/31/24: Received PT 2 times this week 5/29/24 and Saturday 6/1/24.</p> <p>Of note, there is no discharge summary for R6 and no indication R6 met her PT goals.</p> <p>On 6/3/24 at 10:45 AM, Surveyor interviewed R6 regarding therapy services. R6 stated she has received therapy at least 1 or 2 times a week but not every day. R6 stated she does feel therapy is helping and that she is getting stronger. Surveyor asked R6 how if she knew how often she was to receive therapy and R6 stated, I thought every day.</p> <p>(continued on next page)</p>		

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<p>F 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 6/3/24 at 2:20 PM, Surveyor interviewed NHA A (Nursing Home Administrator). Surveyor asked NHA A what her expectations were for therapy services. NHA A stated that if a resident has therapy orders they should be followed.</p> <p>The facility failed to ensure R6 received therapy as ordered.</p> <p>39713</p> <p>Example 2</p> <p>R1 was admitted to the facility on [DATE]. R1's diagnoses include in part . Quadriplegia C1-C4 incomplete, muscle weakness, and abnormal posture.</p> <p>R1's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/9/24 indicates that R1 has a Brief Interview for Mental Status (BIMS) of 15 indicating R1 is cognitively intact.</p> <p>Therapy Note dated 5/8/24 states in part . Plan of Treatment for Rehabilitation: Type: OT (Occupational Therapy). Frequency/Duration: 3/wk. (3 days a week) x (times) 90 days. Certification: 5/8/2024 - 8/5/2024.</p> <p>Physician Order dated 5/8/24 states in part . OT to treat 3 times per week for 90 days for skilled services to include Occupational Therapy Evaluation-Low complexity, Therapeutic Exercise, Neuromuscular Reeducation, Group Treatment: 1-3x/wk. (one to three times a week) x (times) 15 min (minutes), Therapeutic Activities, Self -Care / ADL (activities of daily living), W/C (wheelchair) Management.</p> <p>Surveyor reviewed R1's therapy notes which include treatments dates. R1 was noted to receive OT on the following dates: 5/8/24, 5/9/24, 5/10/24, 5/13/24, 5/14/24, 5/16/24.</p> <p>Note: R1 has not received any OT services since 5/16/24.</p> <p>Example 3</p> <p>R5 was admitted to the facility on [DATE] with diagnoses that include in part . Multiple Sclerosis, weakness, dementia, difficulty walking, cognitive communication deficit and contractures of left and right knees.</p> <p>R5's Minimum Date Set (MDS) with an Assessment Reference Date (ARD) of 2/22/24 indicates R5 has a Brief Interview for Mental Status (BIMS) of 5 indicating severe cognitive impairment.</p> <p>Therapy Noted dated 5/8/24 states in part . Plan of Treatment for Rehabilitation: Type: OT (Occupational Therapy). Frequency/Duration: 3/wk. (3 days a week) x (times) 90 days. Certification: 5/8/2024 - 8/5/2024.</p> <p>Physician Order dated 5/8/24 states in part . OT to treat 3 times per week for 90 days for skilled services to include Occupational Therapy Evaluation-Low complexity, Therapeutic Exercise, Neuromuscular Reeducation, Group Treatment: 1-3x/wk. (one to three times a week) x (times) 15 min (minutes), Therapeutic Activities, Self-Care/ADL (activities of daily living), W/C (wheelchair) Management.</p> <p>(continued on next page)</p>		

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<p>F 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 6/3/24 at 11:25 AM, Surveyor interviewed CNA E (Certified Nursing Assistant). Surveyor asked CNA E if she is aware of how often therapy staff are in the building and which residents receive therapy services. CNA E stated that therapy was in the building over the weekend but unsure who they saw for residents. Therapy used to be here all the time but not as much now. I do only work part-time though.</p> <p>On 6/3/24 at 11:30 AM, Surveyor interviewed DON B (Director of Nursing). Surveyor asked DON B if she known when therapy is in the building. DON B stated, Therapy depends on the day of the week. I am unsure how often therapy comes. I can't tell you I don't interact with them much at all. Surveyor asked DON B what therapy company is used by the facility. DON B stated I don't know we will need to ask the NHA A (Nursing Home Administrator).</p> <p>On 6/3/24 at 12:20 PM, Surveyor interviewed ITD C (Interim Therapy Director). Surveyor asked ITD C how often therapy services are offered in the building. ITD C stated, as we are winding down on our caseload at this time. We discharged 2 residents last week and potentially one to two more this week. We have one full-time OT, and the rest of the staff are PRN and there are 6 of those across all the disciplines, OT, PT, and ST (Speech Therapy). Surveyor asked ITD C about residents who have orders for therapy receiving those services. ITD C stated, R6 had a last covered day for therapy on 5/31/24 but was originally 5 days a week. Last week we did not get 5 full days from OT as she had a fractured arm and was unable to work but will be back this week. Surveyor asked ITD C about other residents on the therapy caseload. ITD C stated R1 doesn't look like he has been seen for two weeks but will back getting his therapy this week. R5 was seen on 5/21 but has not been seen for 2 weeks but again she will be starting again this week. For R7 his OT started on 5/8/24 and PT started 5/4/24. OT was for 3 times a week and PT 2-3 times a week. R7 last had OT on 5/16/24 and last PT was 5/29/24 due to the COTA (Certified Occupational Therapy Assistant) being out with a fractured arm but she is back today 6/3/24. Surveyor asked ITD C if they contact anyone if they are unable to get therapy completed for a resident. ITD C stated she is unsure.</p> <p>On 6/3/24 at 1:10 PM, Surveyor interviewed NHA A (Nursing Home Administrator). Surveyor asked NHA A what her expectations were for therapy services. NHA A stated that if a resident has therapy orders they should be followed. Surveyor asked NHA A if therapy was unable to complete therapy as ordered what the expectation would be. NHA A stated, the expectation would be to notify me (NHA) and have an alternate plan in place. Surveyor asked NHA A if the physician should be notified if therapy orders were not able to be completed or followed. NHA A stated, notification to anyone would typically be done by clinical staff and they should update if they are aware. Surveyor asked NHA A if she was aware that OT and PT were not being completed as ordered by the physician. NHA A stated she was not aware.</p> <p>The facility failed to ensure that residents who had orders for therapy received the therapy they needed.</p>		