

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525538	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/30/2024
NAME OF PROVIDER OR SUPPLIER Bethany Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1226 Berlin Street Waupaca, WI 54981	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40342</p> <p>Based on staff interview and record review, the facility did not ensure thorough assessments were completed post-fall for 2 residents (R) (R1 and R2) of 3 sampled residents.</p> <p>Staff did not consistently complete vital signs per the facility's policy following R1's fall on 9/5/24.</p> <p>Staff did not consistently complete vital signs per the facility's policy following R2's fall on 7/19/24.</p> <p>Findings include:</p> <p>The facility's Neurological Assessment policy, with a review date of 3/2022, indicates: Vital signs every shift for 24 hours post fall .</p> <p>1. On 9/30/24, Surveyor reviewed R1's medical record. R1 was admitted to the facility on [DATE] with diagnoses including Alzheimer's disease. R1's Minimum Data Set (MDS) assessment, dated 7/25/24, indicated R1 was rarely/never understood. R1's medical record indicated R1's Power of Attorney for Healthcare (POAHC) was responsible for R1's healthcare decisions.</p> <p>R1's medical record indicated R1 had an unwitnessed fall on 9/5/24.</p> <p>Surveyor reviewed a neurological review document for R1, dated 9/6/24. At the top of the document the instructions stated, Document vital signs in (named electronic medical record system) every shift for 24 hours post fall. No vital signs were written on the form.</p> <p>A Fall Review for R1, dated 9/5/24, indicated R1's vital signs after the fall were: Blood pressure (BP) 134/64, Pulse (P) 74, Respirations (R) 18, Temperature (T) 97.7 and Oxygen Saturation (O2 Sat) 94%. R1's medical record contained no documented vital signs after 7/21/24.</p> <p>On 9/30/24 at 11:27 AM, Surveyor interviewed Assistant Director of Nursing (ADON)-C who verified R1's medical record did not contain vital signs after 7/21/24 and only contained one set of vitals signs on the 9/5/24 Fall Review. When asked how staff knew the facility's policy to obtain vital signs every shift for 24 hours post fall, ADON-C indicated fall packets with a checklist were available.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 9/30/24 at 12:03 PM, Surveyor interviewed ADON-C who provided Surveyor with 24 hour report sheets that contained vital signs for R1. ADON-C verified the 24 hour report sheets were not part of R1's medical record. ADON-C indicated R1 fell at approximately 6:30 PM on 9/5/24.</p> <p>Surveyor noted the 24 hour report sheets contained one set of vital signs for the 9/5/24 PM shift that were different from the set of vital signs listed on R1's Fall Review. There were no vital signs documented for the 9/6/24 night (NOC) shift. One set of vital signs was documented for the 9/6/24 AM shift. No vital signs were documented for the 9/6/24 PM shift.</p> <p>On 9/30/24 at 12:45 PM, Surveyor interviewed ADON-C who indicated R1's ER report contained a set of vital signs. ADON-C indicated R1's physician saw R1 on 9/6/24 and R1's vital signs were listed in the physician notes. ADON-C was unsure of the time of the physician's visit.</p> <p>R1's medical record indicated R1 returned to the facility on [DATE] at 11:55 PM. A hospital ER summary, dated 9/5/24, contained one set of vital signs. R1's physician notes, dated 9/6/24, contained the same vital signs documented on the 24 hour report sheet for the 9/6/24 AM shift.</p> <p>On 9/30/24 at 1:18 PM, Surveyor interviewed Medical Doctor (MD)-D who indicated MD-D asked staff to add residents to a rounding list whenever an ER visit occurred. MD-D indicated MD-D asked staff to add R1 to a rounding list on 9/6/24 at 8:10 AM. MD-D indicated MD-C would have seen R1 within a couple of hours of that time.</p> <p>2. On 9/30/24, Surveyor reviewed R2's medical record. R2 was admitted to the facility on [DATE] with diagnoses including Alzheimer's disease. R2's MDS assessment, dated 8/22/24, stated R2's Brief Interview for Mental Status (BIMS) score was 6 out of 15 which indicated R2 had severe cognitive impairment. R2's medical record indicated R2's POAHC was responsible for R2's healthcare decisions.</p> <p>R2's medical record indicated R2 had an unwitnessed fall on 7/19/24.</p> <p>Surveyor reviewed a neurological review document for R2, dated 7/19/24. At the top of the document the instructions stated, Document vital signs in (named electronic medical record system) every shift for 24 hours post fall. No vital signs were written on the form.</p> <p>A Fall Review for R2, dated 7/19/24, indicated R2's vital signs after the fall were: BP 146/62, P 71, R 18, T 98.2 and O2 sat 95%.</p> <p>R2's medical record contained the following documented vital signs:</p> <p>~ 7/19/24 at 5:52 AM (same vital signs as R2's Fall Review listed above)</p> <p>~ 7/19/24 at 1:45 PM (first shift post fall)</p> <p>R2's medical record contained no further documented vital signs until 7/22/24 at 9:51 AM.</p> <p>On 9/30/24 at 11:27 AM, Surveyor interviewed ADON-C who verified R2's medical record did not contain vital signs for the second and third shifts post-fall on 7/19/24. When asked how staff knew the facility's policy to obtain vital signs every shift for 24 hours post-fall, ADON-C indicated fall packets with a checklist were available.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 9/30/24 at 12:03 PM, Surveyor interviewed ADON-C who provided Surveyor with 24 hour report sheets that contained vital signs for R2. ADON-C verified the 24 hour report sheets were not part of R2's medical record.</p> <p>Surveyor noted the 24 hour report sheets for R2 indicated R2 fell at 4:30 AM on 7/19/24. One set of vital signs was documented for the 7/19/24 AM shift. No vital signs were documented for the 7/19/24 PM shift or the 7/20/24 NOC shift.</p> <p>On 9/30/24 at 12:21 PM, Surveyor interviewed ADON-C who verified R1 and R2's medical records should contain a set of vital signs at the time of the fall plus three more sets each shift post-fall for a full 24 hours. ADON-C verified R1 and R2 had missing vital signs.</p>		