

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 04/17/2024
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43361</p> <p>Based on observation, staff interview, and record review, the facility did not ensure the necessary treatment and services were provided to prevent weight loss for 1 resident (R) (R17) of 5 sampled residents.</p> <p>R17 had a significant weight loss of 22 pounds between 10/11/23 and 4/22/24. During observations on 4/15/24 and 4/16/24, the facility did not ensure R17 received one-to-one (1:1) assistance with meals per R17's plan of care.</p> <p>Findings include:</p> <p>The facility's Resident Nutrition policy, with an effective date of 1/2017, indicates: If a resident is identified as being at risk for weight loss, has weight loss, or has an existing skin ulcer, a care plan will be implemented listing the interventions aimed at minimizing the risk. Options may include: .physical assistance with eating including cueing, partial or full assistance.</p> <p>Between 4/15/24 and 4/17/24, Surveyor reviewed R17's medical record. R17 was admitted to the facility on [DATE] with diagnoses including Parkinson's disease and dementia. R17's Minimum Data Set (MDS) assessment, dated 1/29/24, contained a Brief Interview for Mental Status (BIMS) score of 1 out of 15 which indicated R17 had severe cognitive impairment.</p> <p>Swallowing guidelines, completed on 12/21/22, indicated R17 required a 1:1 staff next to R17 to assist with mealtime.</p> <p>A quarterly nutrition assessment, completed on 10/9/23, indicated R17 had an 18 pound (lb) weight loss and required supervision at meals.</p> <p>A speech therapy recommendation form, completed on 1/24/24, indicated R17's liquids should be in a cup with a lid and straw. The recommendation form also indicated R17 required 1:1 assistance with feeding, loading utensils, and initiating hand-to-mouth motions.</p> <p>A speech therapy treatment note, completed on 2/7/24, indicated R17 was easily distracted by external distractions in the dining room and was unable to identify food items.</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: 525538	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/17/2024
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R17's care plan, revised on 2/9/24, indicated R17 was at risk for aspiration related to not consistently wearing dentures. The care plan also indicated R17 required assist/cues, had weight loss, and was at risk for further weight loss related to severe dementia. The care plan contained interventions to assist R17 with loading utensils and initiating hand-to-mouth motions with non-dominant hand and indicated R17 did best with finger foods and a sandwich cut in quarters. An intervention, revised on 1/31/24, indicated: Swallow Guidelines: 1:1 Certified Nursing Assistant (CNA) or nursing next to R17 to assist. Small bites/sips. R17's mealtime intake is required to be monitored and recorded. A nurse must be notified if R17 consumes less than 50% of meal.</p> <p>R17's medical record indicated R17 had a 22 lb weight loss from 10/11/23 to 4/10/24 which was a significant weight loss of 10% over six months. R17's medical record contained the following weights:</p> <p>~10/11/2023 - 220.0 lbs</p> <p>~12/12/2023 - 214.0 lbs</p> <p>~2/13/2024 - 208.0 lbs</p> <p>~4/10/2024 - 198.0 lbs</p> <p>On 4/15/24 at 11:28 AM, Surveyor observed the lunch meal on R17's unit. Surveyor observed R17 at a dining table near the nurses' station with 2 other residents. Surveyor did not observe a 1:1 staff seated with R17 and noted R17 was unassisted during the meal.</p> <p>On 4/16/24 at 10:57 AM, Surveyor interviewed CNA-C who stated part of CNA-C's duties included providing mealtime assistance to residents. CNA-C indicated R17 required observation, encouragement, and assistance during meals.</p> <p>On 4/16/24 at 11:24 AM, Surveyor observed staff serve lunch to R17. R17's eating utensils were within reach, however, R17 was seated alone at the table without staff assistance or supervision for the duration of the meal. Surveyor observed 3 staff members seated at a nearby table feeding 4 residents at that table. The 3 staff members had their backs to R17.</p> <p>On 4/16/24 at 11:34 AM, Surveyor observed CNA-C stand up from the nearby table, walk to R17's table, and provide R17 with verbal cues and encouragement to eat. R17 took R17's first bite of lunch with a butter knife. CNA-C then walked away from R17's table and sat down at the nearby table to assist another resident.</p> <p>On 4/16/24 at 11:41 AM, Surveyor observed R17 attempt to take a second bite of food with a butter knife. R17 put a small amount of food in R17's mouth, however, most of the food fell off the butter knife. R17 then picked up a spoon and moved food around R17's plate.</p> <p>On 4/16/24 at 11:44 AM, Surveyor observed R17 attempt to take a third bite of food with a spoon. Approximately half of the mashed potatoes fell off the spoon when R17 attempted to feed R17's self. Surveyor noted R17 was unsupervised as staff at a nearby table assisted other residents and had their backs to R17.</p> <p>(continued on next page)</p>		

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 04/17/2024
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/16/24 at 11:49 AM, Surveyor observed R17 remove the lid and straw from R17's cup. Surveyor observed R17 drink water directly from the cup without staff supervision.</p> <p>On 4/16/24 at 12:12 PM, Surveyor observed a staff sit next to R17 and ask if R17 wanted R17's food reheated. R17 declined. Staff asked if R17 was hungry and R17 indicated R17 was finished eating. When staff encouraged R17 to take another bite of food, R17 took a fourth bite. Surveyor noted R17 consumed less than 20% of the meal.</p> <p>On 4/17/24, Surveyor reviewed R17's meal documentation for the 4/16/24 lunch meal. The documentation indicated R17 ate 51-75% of the meal.</p> <p>On 4/16/24 at 10:57 AM, Surveyor interviewed Director of Nursing (DON)-B who verified if R17's care plan indicated 1:1 meal supervision and R17 should have received 1:1 assistance.</p>		

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 04/17/2024
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45942</p> <p>Based on observation, staff and resident interview, and record review, the facility did not ensure 1 resident (R) (R216) of 1 sampled resident received the necessary care and treatment for respiratory therapy.</p> <p>R216 received respiratory therapy via oxygen concentrator and nasal cannula. R216's plan of care did not contain orders for staff to clean/change R216's equipment in accordance with the facility's policy.</p> <p>Findings include:</p> <p>The facility's Oxygen Therapy policy, dated 12/2017, indicates: Enter the following on resident's Plan of Service (POS) and Treatment Administration Record (TAR) .4) (ex) Oxygen (O2) at 1-3 liters per minute (LPM) via nasal cannula to keep O2 saturations >89%. Change O2 tubing and clean concentrator filter every 7 days. Change humidified oxygen container when empty, date container when initiated. 5) Add problem, goal, and interventions to care plan.</p> <p>On 4/15/24, Surveyor reviewed R216's medical record. R216 was admitted to the facility on [DATE] with diagnoses including malignant neoplasm (cancerous tumor) of unspecified part of right bronchus or lung, secondary malignancy of the bone, liver and brain, and acute and chronic respiratory failure with hypoxia. R216's Minimum Data Set (MDS) assessment, dated 4/8/24, contained a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R216 had intact cognition. R216's medical record indicated R216 was responsible for R216's healthcare decisions.</p> <p>On 4/15/24, Surveyor observed R216 who was receiving 5 LPM of O2 via nasal cannula. R216's oxygen tubing did not contain a label that indicated when the tubing was initiated or last changed. In addition, R216's medical record and care plan did not contain orders or a schedule to clean or change the equipment.</p> <p>On 4/17/24 at 10:49 AM, Surveyor interviewed Director of Nursing (DON)-B who verified R216 received oxygen therapy and reviewed R216's care plan and physician orders with Surveyor. DON-B confirmed R216's care plan and TAR did not contain a cleaning or replacement schedule but should instruct staff to clean R216's oxygen tubing/filter every 7 days.</p> <p>On 4/17/24 at 11:17 AM, Surveyor interviewed R216 who indicated R216's oxygen tubing/filter were not changed or cleaned since R216 was admitted on [DATE].</p>		

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 04/17/2024
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>45942</p> <p>Based on observation, staff interview, and record review, the facility did not provide pharmaceutical services to ensure all drugs and biologicals were accurately acquired, received, dispensed, and administered for 2 residents (R) (R44 and R48) of 5 residents reviewed for medication administration.</p> <p>R44's medication card labels for diltiazem (a blood pressure (BP) medication), carvedilol (a BP medication) and spironolactone (a BP medication) were not updated to reflect the orders in R44's Medication Administration Record (MAR).</p> <p>During an observation of medication administration on 4/16/24, staff crushed R48's potassium chloride extended release (ER) medication.</p> <p>Findings include:</p> <p>The facility's Oral Medications policy, dated 3/2018, indicates: Procedure: 1) Read the specific instructions that come with the prescription or the medication, e.g. give with food, rush the medication, etc</p> <p>The facility's Crushed Medication policy, updated 7/2023, indicates: Licensed nursing staff and medication technicians to assure that medications shall be crushed in accordance with standards of practice for safety and accuracy in medication administration taking into consideration the resident's preferences. Procedure: 5) Medications that typically should not be crushed include, but are not limited to: .c. Sustained-release or extended-release medications.</p> <p>1. From 4/15/24 through 4/17/24, Surveyor reviewed R44's medical record. R44 was admitted to the facility with diagnoses including hypertensive chronic kidney disease (chronic high blood pressure causing kidney damage), Parkinson's disease, and bradycardia (slow heart rate). R44's Minimum Data Set (MDS) assessment, dated 2/15/24, contained a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R44 had intact cognition.</p> <p>On 4/16/24 at 8:25 AM, Surveyor observed Licensed Practical Nurse (LPN)-F administer R44's AM medications from pharmacy cards that contained the following orders:</p> <p>~Diltiazem 24 hour ER 240 milligrams (mg) hold if systolic blood pressure (SBP) (measures the force the heart exerts on the walls of the arteries each time it beats) <90.</p> <p>~Spironolactone 25 mg hold if SBP <90</p> <p>~Carvedilol 3.125 mg hold if SBP <90.</p> <p>(continued on next page)</p>		

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 04/17/2024
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/16/24 at 8:32 AM, Surveyor asked LPN-F if LPN-F obtained R44's BP prior to administering R44's AM medication. LPN-F indicated LPN-F did not obtain R44's BP. When Surveyor asked if R44's BP should have been obtained prior to administering diltiazem, spironolactone and carvedilol, LPN-F indicated LPN-F did not realize the medication cards contained directions to hold the medications if R44's SBP was < 90. LPN-F reviewed the medication cards with Surveyor and confirmed the cards contained BP parameters. LPN-F indicated LPN-F thought R44 was removed from BP monitoring and stated LPN-F would clarify with LPN-F's supervisor (LPN-D).</p> <p>On 4/16/24 at 8:35 AM, Surveyor interviewed LPN-D who indicated R44's BP parameters were initiated in October 2023, however, R44's provider was updated in January 2024 and changed the order to weekly BP/update provider with any issues. LPN-D stated the order was faxed to pharmacy to discontinue R44's BP parameters. LPN-D indicated the pharmacy did not update R44's diltiazem, spironolactone, and carvedilol medication cards. Surveyor requested a copy of the fax which was not provided.</p> <p>On 4/16/24 at 9:23 AM, Surveyor interviewed Consultant Pharmacist (CP)-G via phone regarding BP parameters for R44's diltiazem, spironolactone, and carvedilol. CP-G indicated if a medication card contains BP parameters, CP-G expects staff to check a resident's BP prior to administration of the medication. CP-G confirmed R44's diltiazem, spironolactone, and carvedilol medication cards contained BP parameters. CP-G verified the pharmacy did not remove R44's BP parameters because the pharmacy did not receive an order to discontinue the BP parameters. CP-G indicated the pharmacy's medication cards reflect the most current order, therefore, directions on the cards should be followed. CP-G stated if the order on a card is not current, the facility should contact the pharmacy and clarify the order. CP-G stated if R44's BP parameters were discontinued in January, the facility should have updated the pharmacy. CP-G confirmed the pharmacy did not receive a fax from the facility to discontinue R44's BP parameters.</p> <p>On 4/16/24 at 9:37 AM, Surveyor reviewed R44's medical record and noted a progress note, dated 1/12/24, that indicated:</p> <p>~Order Note: Fax sent with request to decrease BP monitoring. Provider response: Thanks for update BPs are variable, but overall acceptably controlled, as are heart rates (HR). No reported symptoms related to BP/HR or meds. Check BP/HR once weekly per unit routine and update PRN (as needed) concerns.</p> <p>On 4/16/24 at 9:44 AM, Surveyor reviewed R44's physician orders and noted the following:</p> <p>~Carvedilol oral tablet, give 3.125 mg by mouth in the morning for hypertension and give 6.25 mg by mouth at bedtime for hypertension</p> <p>~Diltiazem HCl ER oral capsule 24 hour, give 240 mg by mouth in the morning for hypertension</p> <p>~Spironolactone oral tablet, give 25 mg by mouth in the morning for hypertension</p> <p>2. From 4/15/24 through 4/17/24, Surveyor reviewed R48's medical record. R48 was admitted to the facility with diagnoses including Parkinsonism, hypokalemia (low potassium), and dementia. R48's MDS assessment, dated 3/17/24, contained a BIMS score of 14 out of 15 which indicated R48 had intact cognition.</p> <p>(continued on next page)</p>		

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 04/17/2024
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/16/24 at 8:12 AM, Surveyor observed LPN-F prepare R48's AM medications which included potassium chloride ER 20 milliequivalents (mEq). LPN-F crushed the potassium chloride ER with R48's other medications, except fluoxetine (an antidepressant medication).</p> <p>On 4/16/24 at 8:14 AM, Surveyor asked LPN-F to clarify which medications were crushed prior to administration. LPN-F reviewed R48's MAR and confirmed R48's potassium chloride ER was crushed, but should not have been crushed.</p> <p>On 4/16/24 at 10:33 AM, Surveyor reviewed R48's physician orders and noted the following:</p> <p>~Potassium chloride ER oral tablet, give 20 mEq by mouth in the morning for low potassium prevention. May be broken in half and each half swallowed separately, or dissolve in 4 ounces (oz) of water.</p> <p>-May crush medications unless contraindicated</p> <p>On 4/16/24 at 1:11 PM, Surveyor interviewed Director of Nursing (DON)-B who indicated if a medication card does not coincide with the order in a resident's medical record, staff should clarify the order with pharmacy. DON-B also indicated since R48's BP parameters were discontinued in January, staff should have already clarified the discrepancy with pharmacy.</p> <p>On 4/17/24 at 8:27 AM, Surveyor interviewed DON-B regarding the facility's policy on ER medications, including potassium chloride ER. DON-B indicated if the directions state don't crush, staff should not crush the medication.</p>		

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 04/17/2024
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 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42423</p> <p>Based on staff interview and record review, the facility did not ensure adequate monitoring of a high-risk medication for 1 resident (R) (R4) of 6 sampled residents.</p> <p>R4 was prescribed digoxin (used to treat atrial fibrillation (abnormal heart rhythm)). Staff indicated R4 was administered digoxin without an apical pulse taken one minute prior to administration. In addition, R4's digoxin level was not checked as indicated in R4's plan of care.</p> <p>Findings include:</p> <p>The [NAME] Drug Guide copyright 2024 indicates: Monitor apical pulse for 1 full minute before administering digoxin. Hold dose and notify health care professional if pulse rate is <60 beats per minute (bpm) in an adult, <70 bpm in a child, or <90 bpm in an infant. Notify health care professional promptly of any significant changes in rate, rhythm, or quality of pulse.</p> <p>The National Institutes for Health (NIH) website, dated 1/19/23, indicates: Digoxin: Important considerations during administration include: If bradycardia is present, re-evaluate and withhold treatment as necessary; Digoxin levels should be checked one week after starting the medication and regularly afterward.</p> <p>On 4/17/24 at 10:52 AM, Surveyor reviewed R4's medical record. R4 was admitted to the facility on [DATE] with diagnoses including congestive heart failure (CHF), essential hypertension (high blood pressure), and paroxysmal atrial fibrillation. R4's Minimum Data Set (MDS) assessment contained a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R4 had intact cognition.</p> <p>A Hospital Discharge Summary indicated R4 presented to the hospital on 2/26/24 with shortness of breath and a large pericardial effusion (buildup of extra fluid in the space around the heart). On 2/28/24, R4 underwent left-sided ultrasound-guided thoracentesis (removal of fluid) during which 550 mls (milliliters) of fluid were removed. A pericardial window procedure (a procedure that allows fluid to drain) was also performed and R4 was started on digoxin. R4's hospital digoxin laboratory level indicated in process at the time R4 was discharged on [DATE]. R4's discharge medication orders indicated R4 should start taking digoxin 125 mcg (micrograms) by mouth every morning. for atrial fibrillation and cardiac failure. R4's care plan indicated R4 took digoxin related to atrial fibrillation. The care plan contained instructions to check R4's apical pulse for one minute prior to administration, hold according to the physician-ordered parameter (i.e. <60 bpm), check R4's digoxin level as ordered, and report abnormal levels to R4's physician (date initiated: 3/15/24).</p> <p>On 4/17/24 at 11:08 AM, Surveyor interviewed Licensed Practical Nurse (LPN)-D related to digoxin and asked if R4's pulse was monitored prior to administration. LPN-D stated, We should. LPN-D reviewed R4's Hospital Discharge Summary and stated, If it is not ordered on the discharge summary, then we are not. LPN-D confirmed R4 did not have an order to check R4's digoxin level and verified R4's most recent lab draw was on 3/4/24 prior to discharge from the hospital.</p> <p>(continued on next page)</p>		

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 04/17/2024
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 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/17/24 at 12:33 PM, Surveyor interviewed Director of Nursing (DON)-B who indicated the facility does not have a policy related to high-risk medication monitoring. DON-B confirmed DON-B expects staff to obtain a pulse prior to administering digoxin.</p> <p>On 4/17/24 at 3:35 PM, Surveyor interviewed Medical Doctor (MD)-E who indicated MD-E expects staff to alert MD-E if R4's pulse is low.</p>		