

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525554	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/07/2024
NAME OF PROVIDER OR SUPPLIER Bethel Home		STREET ADDRESS, CITY, STATE, ZIP CODE 225 N Eagle St Oshkosh, WI 54902	
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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48794</p> <p>Based on staff interview and record review, the facility did not ensure 3 Residents (R) (R50, R65 and R27) of 4 residents reviewed for hospitalization received a transfer notice that included the date of the transfer, the reason for the transfer, the location of the transfer, appeal rights, and contact information for the State Long-Term Care Ombudsman.</p> <p>R50 was transferred to the hospital on 4/5/24, 6/5/24, and 7/28/24. Neither R50 or R50's emergency contact were provided with a written transfer notice for R50's hospital transfers.</p> <p>R65 was transferred to the hospital on 6/24/24. Neither R65 or R65's representative were provided with a written transfer notice for R65's hospital transfer.</p> <p>R27 was transferred to hospital on 6/24/24. Neither R27 or R27's representative were provided with a written transfer notice for R27's hospital transfer.</p> <p>Findings include:</p> <p>1. Between 8/5/24 and 8/7/24, Surveyor reviewed R50's medical record. R50 was admitted to the facility on [DATE] with diagnoses including follicular lymphoma, chronic congestive heart failure, and type 2 diabetes. R50's Minimum Data Set (MDS) assessment, dated 6/11/24, stated R50 had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R50 had intact cognition. R50 was R50's own decision maker.</p> <p>R50's medical record indicated R50 was transferred to the hospital from 4/5/24 to 4/10/24, 6/5/24 to 6/7/24, and 7/28/24 to 7/31/24. R50's medical record did not indicate R50 or R50's emergency contact were provided with a written transfer notice.</p> <p>On 8/7/24 at 10:11 AM, Surveyor reviewed Bedhold for hospitalization and Therapeutic Leave forms for R50's 4/5/24 and 6/5/24 transfers. Surveyor noted the forms did not include the reason for transfer, appeal rights, and contact information for the State Long-Term Care Ombudsman. In addition, the facility did not have a Bedhold for hospitalization and Therapeutic Leave form for R50's 7/28/24 transfer.</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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. Between 8/5/24 and 8/7/24 Surveyor reviewed R65's medical record. R65 was admitted to the facility on [DATE] with diagnoses including nontraumatic intracerebral hemorrhage, intraventricular, acute kidney failure, and type 2 diabetes. R65's MDS assessment, dated 7/4/24, stated R65 had a BIMS score of 11 out of 15 which indicated R65 had moderately impaired cognition. R65 had an activated Power of Attorney for Healthcare (POAHC) to assist with healthcare decisions.</p> <p>R65's medical record indicated R65 was transferred to the hospital on 6/24/24 and returned to the facility on [DATE]. R65's medical record did not indicate R65 or R65's POAHC were provided with a written transfer notice.</p> <p>On 8/7/24 at 10:25 AM, Surveyor interviewed Director of Nursing (DON)-B who stated nursing staff are expected to issue Bedhold for hospitalization and Therapeutic Leave forms for all residents regardless of payer source, but because Medicaid residents are an automatic 15 day bed hold, staff do not always issue the forms for Medicaid residents.</p> <p>3. Between 8/5/24 and 8/7/24, Surveyor reviewed R27's medical record. R27 was admitted to facility on 3/10/17 with diagnoses including dementia, coronary artery disease, and asthma. R27's MDS assessment, dated 2/25/24, indicated R27's BIMS score was 2 out of 15 which indicated R27 had severe cognitive impairment. R27 had an activated POAHC.</p> <p>R27's medical record indicated R27 was transferred to the hospital on 6/24/24 for pneumonia. R27's medical record did not indicate R27 or R27's POAHC were provided with a written transfer notice.</p> <p>On 8/7/24 at 12:12 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A who stated NHA-A was not aware of a another written transfer notice that was completed and provided to residents or their representatives at the time of transfer besides the Bedhold for hospitalization and Therapeutic Leave. In addition, NHA-A stated the facility did not consistently provide the form to Medicaid residents because they had an automatic 15 day bed hold. NHA-A acknowledged the form provided to residents at the time of transfer did not contain all of the necessary information.</p>		

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<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48794</p> <p>Based on staff interview and record review, the facility did not ensure 3 Residents (R) (R50, R65, and R27) of 4 residents reviewed for hospitalization received the proper bed hold notice when transferred to the hospital.</p> <p>R50 was transferred to the hospital on 4/5/24 and 7/28/24. The facility did not provide R50 or R50's emergency contact with a bed hold notification.</p> <p>R65 was transferred to the hospital on 6/24/24. The facility did not provide R65 or R65's legal representative with a bed hold notification.</p> <p>R27 was transferred to the hospital on 6/24/24. The facility did not provide R27 or R27's legal representative with a bed hold notification.</p> <p>Findings Include:</p> <p>1. Between 8/5/24 and 8/7/24, Surveyor reviewed R50's medical record. R50 was admitted to the facility on [DATE] with diagnoses including follicular lymphoma, chronic congestive heart failure, and type 2 diabetes. R50's Minimum Data Set (MDS) assessment, dated 6/11/24, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R50 had intact cognition. R50 was R50's own decision maker.</p> <p>R50's medical record indicated R50 was transferred to the hospital from 4/5/24 to 4/10/24 and 7/28/24 to 7/31/24. R50's medical record did not indicate R50 or R50's emergency contact were provided with a bed hold notification for either transfer.</p> <p>On 8/6/24, Surveyor reviewed a bed hold form, dated 6/5/24, for another of R50's hospital transfers. The bed hold form contained the reason for the transfer, the location of the transfer, and the date of the transfer with a printed date of 6/5/24 and R50's signature.</p> <p>On 8/7/24 at 10:11 AM, Surveyor reviewed a bed hold form for R50's 4/5/24 transfer. Surveyor noted the reason for the transfer, the location of the transfer, and the signature and printed date matched R50's 6/5/24 transfer bed hold form, however, the form was dated 4/5/24.</p> <p>On 8/7/24 at 10:25 AM, Surveyor interviewed Director of Nursing (DON)-B who stated Nurse Manager (NM)-F did some research that day and was under the impression the Social Worker spoke with R50's family regarding the transfer, but a bed hold notice was not completed. DON-B stated NM-F wrote the 4/5/24 date on the 6/5/24 form.</p> <p>On 8/7/24 at 10:56 AM, Surveyor interviewed NM-F who confirmed NM-F made a copy of the 6/5/24 bed hold form and wrote the 4/5/24 date based on when R50 was transferred to the hospital. NM-F confirmed a bed hold form was not completed at time of the transfer and R50 was not provided with a bed hold notification for the 4/5/24 transfer.</p> <p>(continued on next page)</p>		

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<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 8/7/24 at 12:06 PM, Surveyor interview Nursing Home Administrator (NHA)-A who stated the bed hold notification should have been completed at the time of the transfer and not backdated.</p> <p>2. Between 8/5/24 and 8/7/24, Surveyor reviewed R65's medical record. R65 was admitted to the facility on [DATE] with diagnoses including nontraumatic intracerebral hemorrhage, intraventricular, acute kidney failure, and type 2 diabetes. R65's MDS assessment, dated 7/4/24, had a BIMS score of 11 out of 15 which indicated R65 had moderately impaired cognition. R65 had an activated Power of Attorney for Healthcare (POAHC) to assist with healthcare decisions.</p> <p>R65's medical record indicated R65 was transferred to the hospital on 6/24/24 and returned to the facility on [DATE]. R65's medical record did not indicate R65 or R65's POAHC were provided with a bed hold notification for the transfer.</p> <p>3. From 8/5/24 to 8/7/24, Surveyor reviewed R27's medical record. R27 was admitted to the facility on [DATE] with diagnoses including dementia, coronary artery disease, and asthma. R27's MDS assessment, dated 2/25/24, indicated R27's BIMS score was 2 out of 15 which indicated R27 had severe cognitive impairment. R27 had an activated POAHC.</p> <p>R27's medical record indicated R27 was transferred to the hospital on 6/24/24 for pneumonia. R27's medical record did not indicate R27 or R27's POAHC were provided with a bed hold notice for the transfer.</p> <p>On 8/7/24 at 10:42 AM, Surveyor interviewed DON-B who stated DON-B expects staff to provide a bed hold notification for all residents regardless of payer source. DON-B stated since Medicaid residents were an automatic bed hold, Medicaid residents did not always receive a bed hold notice.</p> <p>On 8/7/24 at 12:06 PM, Surveyor interviewed NHA-A who confirmed not all Medicaid residents received a bed hold notice because Medicaid residents were an automatic 15 day bed hold.</p>		