

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525560	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2024
NAME OF PROVIDER OR SUPPLIER Shorehaven Hlth & Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 1305 W Wisconsin Ave Oconomowoc, WI 53066	

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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 19186</p> <p>Based on interview, record review, facility document review, and facility policy review, the facility failed to ensure staff applied a foot pedal to a wheelchair during transport of the resident to prevent an accident for 1 of 3 sampled residents (R1) reviewed for accidents.</p> <p>Findings included:</p> <p>R1 was admitted to the facility on [DATE]. The Resident Face Sheet revealed the resident had a medical history that included diagnoses of hemiplegia and hemiparesis following a cerebral infarction affecting the right side, vascular dementia, pain, and weakness.</p> <p>The quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 04/20/24, revealed R1 had a Staff Assessment for Mental Status (SAMS), which revealed the resident had moderately impaired cognitive skills for daily decision making. The MDS indicated the resident used a wheelchair for mobility and was dependent on staff for activities of daily living.</p> <p>R1's Care Plan, with a problem start date of 10/11/22 and revised on 05/14/24, documented the resident used a wheelchair to get around.</p> <p>The facility's undated investigation report revealed on 05/02/24 at 9:30 AM, staff noted R1 had increased pain on their right side, mostly in their leg. Per the report, later in the day on 05/02/24, it was witnessed that CNA C (Certified Nursing Assistant) wheeled R1 out of their room to the dining room without a foot pedal on the right side of the wheelchair. R1 put their right foot down while the wheelchair was in motion, and R1's foot went backwards. The report revealed during a routine visit by the Nurse Practitioner, on 05/07/24, the resident grimaced when their ankle was assessed and an x-ray was ordered.</p> <p>The x-ray report revealed R1 had moderate malleolar soft tissue swelling, acute distal fibular shaft fracture (the most common type of ankle fracture, usually the result of inversion), and an acute medial malleolus (lowest part of the long bone of the leg) fracture. According to the report, the facility was unable to determine how the fracture occurred because R1's pain began prior to the staff not utilizing the foot pedal.</p> <p>The investigation report revealed R1's care plan was updated to ensure staff knew they needed to place the right foot pedal on the resident's wheelchair.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 525560	Facility ID: 525560 If continuation sheet Page 1 of 2

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 06/24/2024 at 3:42 PM, CNA C stated she propelled R1 from their room to the dining room without the wheelchair pedal under R1's right foot. CNA C stated she noticed R1's right foot was under the wheelchair, when the resident cried out. CNA C stated she rolled the wheelchair backwards and got R1's foot out from under the wheelchair. CNA C stated LPN D (Licensed Practical Nurse) and RN E (Registered Nurse) came over, and LPN D went to R1's room to get the foot pedal. CNA C stated LPN D witnessed R1's foot under the wheelchair.</p> <p>During an interview on 06/25/24 at 10:35 AM, R1's Responsible Party (RP) stated when they pushed R1 in their wheelchair, the right wheelchair foot pedal was always in place. The RP stated R1 could propel themselves in the wheelchair with their left foot. The RP stated R1's right side was affected by a stroke.</p> <p>During an interview on 06/25/24 at 1:16 PM, RN E stated she heard R1 cry out, and went to ask R1 what was wrong. RN E stated the resident had a habit of crying out and was difficult to understand. RN E stated she did not witness R1's foot under the wheelchair, but did see that R1 did not have the right foot pedal on their wheelchair. RN E stated R1 did not seem to be in pain, after the incident, and went to the common area and played cards.</p> <p>During an interview on 06/25/24 at 2:00 PM, DON B (Director of Nursing) stated the resident had increased pain prior to the incident and she would not have expected an x-ray right away if the resident did not complain of pain.</p> <p>During an interview on 06/25/24 at 2:06 PM, NHA A (Nursing Home Administrator) stated accidents would happen and she expected staff to learn from the accident through education so that it would not happen again.</p> <p>During a return telephone call on 06/26/24 at 7:03 PM, LPN D stated she was in the dining room with her supervisor, RN E, when she heard R1 cry out. LPN B stated she turned around and saw R1's foot under the wheelchair and CNA C pulled the wheelchair back. LPN D stated she went to R1's room to get the right foot pedal for the resident's wheelchair. LPN D stated she did not assess R1's leg because the resident always had right leg pain and swelling, so it would be hard to determine if symptoms were the result of the incident. LPN D stated she had the Advanced Practice Nurse Practitioner look at R1's ankle, and an x-ray was ordered.</p>		