STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525567	A. Building B. Wing	01/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northern Lights Hcc	706 Bratley Dr Washburn, WI 54891

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)
F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44863 Based on observation, interview, and record review, the facility failed to supervise a resident (R1) at risk for elopement, which resulted in R1 leaving the building unsupervised, putting R1 at risk for serious injury or death. -The facility did not ensure an unalarmed door was repaired to prevent residents from exiting without staff supervision. -The facility did not ensure R1's whereabouts were checked every 15 minutes as identified on the care plan. -The facility did not increase R1's supervision after R1 successfully eloped from the unalarmed door. The facility's failure to supervise a resident at risk for elopement created a finding of immediate jeopardy that began on 01/02/25. Surveyor notified Nursing Home Administrator (NHA) A of the immediate jeopardy on 01/22/25 at 11:05 AM. The immediate jeopardy was removed on 01/22/25, however, the deficient practice continues at a scope/severity level of E (pattern/potential for harm) as the facility continues to implement its action plan. Findings: The facility policy titled Elopement-Missing Resident reads in part, It is the policy of this community to implement all possible measures to protect/minimize any resident who attempts to elope. 1. Upon admission, all residents will be assessed for risk of elopement. 2. If a resident is found to be at risk for elopement, the care plan will include interventions for the prevention of elopement. 3. If the resident is thought to have eloped, the charge nurse will notify staff to do a room-to-room search. 6. Care plan interventions are documented or revised. 7. An immediate intervention is implemented to prevent further elopement. This may include 15-30 minute checks for at least eight hours, placement to secured unit, or use of Wander Guard. There are four residents (R1, R2, R3, and R4) in the facility who have been assessed as an elopement risk and wear Wanderguards. (continued on next page)

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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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	R1 was admitted on [DATE]. Diagnoses include Alzheimer's disease and dementia. On 11/01/24, R1 scored 04/15 during Brief Interview for Mental Status (BIMS), indicating severe cognitive impairment. R1 is ambulatory without any equipment. R1's care plan included the following: -MOOD/BEHAVIOR; shows increased confusion in evening and shows distress/anxiety related to unreal thoughts. Resident wanders and looks into other resident rooms. -AT RISK FOR FALLS; At risk for fall related to Alzheimer's disease, hypertension, and history of falls. -ELOPEMENT/UNIT PLACEMENT; potential for complications with elopement and/or disruptive behaviors requiring code alert bracelet/secured area related to altered cognitive status. History of wandering and/or attempting to exit facility without staff or family assistance. -INTERVENTIONS: -03/27/24, WanderGuard placement -12/28/24, 15-minute security checks -01/02/25, 1:1 through night shift -01/02/25, HCPOA updated -01/02/25, physical body assessment -01/02/25, WanderGuard function checked -01/02/25, Medical provider updated -01/03/25, medication increase On 01/21/25 at 10:36 AM, Surveyor observed R1 in her room. Surveyor observed R1 was ambulatory and did not require a walker or wheelchair to assist with ambulation. R1 was pleasant and talked with Surveyor. Surveyor determined R1 was not able to be interviewed as she was not able to answer questions accurately due to her diagnoses. R1 was wearing a WanderGuard on her ankle. Surveyor observed R1 during the survey and noted R1 frequently sat in a chair in the common area of the facility near the front doors. On 12/16/24, the facility noted exit door A6 was not shutting properly, and the door was not latching unless it was pulled tightly to ensure it was closed. The facility ordered a new door latch. Signs were placed on door A6, reminding staff to pull the door shut tightly to ensure it is closed. (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	The A6 door is located near the dining room, in a short hallway with two interior doors at each end. There are no resident rooms located in this hallway. A6 door opens directly to the outside of the facility and a keypad is utilized to open door A6. Door A6 is not alarmed. A6 door is used by facility staff to access the garbage dumpster and is used by staff as a smoking area. On 12/26/24, the facility received the part to fix A6 door, but did not repair A6 door. On 12/28/24, R1 eloped out the facility's front door twice within 15 minutes. Both elopements were witnessed by staff, and R1 was immediately brought back into the facility. The facility added 15-minute checks to R1's care plan. The front door is the only door in the facility alarmed with a WanderGuard alarm, which was functioning when R1 exited the building on 12/28/24. On 01/02/25 at 9:50 PM, R1 was observed in the facility common area. At approximately 10:10 PM, staff were unable to locate R1 in the facility. At approximately 10:15 PM, R1 was brought back to the facility by law enforcement. R1 was assessed and noted to not have any injuries. On 01/02/25, the weather was approximately 14 degrees with light snow. R1 was wearing a sweater, long pants, Croc shoes, and no socks. The facility added 15-minute checks and placed R1 on 1:1 through the night. Of note, 15 minute checks were implemented on 12/28/24 when R1 first eloped. This is not increased supervision for R1. The facility investigation noted R1 was found by staff from the assisted living facility (ALF) next door. The ALF staff called law enforcement, and R1 was returned to the skilled nursing facility (SNF). The facility determined R1 exited through A6 door, as this is the only door not alarmed. On 01/22/25 at 9:00 AM, Surveyor walked out A6 door towards the ALF, to determine the path R1 may have taken. The route would have taken R1 down a hill and through an employee parking lot with only one entrance/exit at the opposite end of the parking lot and is not a heavily trafficked area. R1 would have walked approximately 165 feet from the SNF to the ALF where she was found. The doors to the ALF were locked and not able to be opened from the outside. On 01/21/25, Surveyor reviewed the 15-minute checks documentation on R1 and noted from 12/28/24-01/19/25, documentation was not fully completed on 12/29/24, 12/30/24, 12/31/24, 01/01/25, 01/02/25, 01/04/25, 01/10/25, 01/15/25, 01/18/25, 01/19/25. Specifically, 15-minute check documentation was not completed on 01/02/25 from 2:00 PM through 10:30 PM. Staff responsible to complete this on 01/02/25 was Certified Nursing Assistant (CNA) F. The facility provided a copy of a verbal warning given to CNA F on 01/03/25 for failure to complete 15-minute check documentation. (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	On 01/22/25 at 9:28 AM, Surveyor interviewed CNA F. CNA F confirmed she worked the PM shift on 01/02/25 and was responsible for caring for R1. CNA F reported she was not aware R1 had been placed on 15-minute checks, and this is why she did not complete the documentation. CNA F stated she clocked out for work at approximately 10 PM but had observed R1 in the common area of the facility about 10 minutes before her shift ended. CNA F stated she did not hear any alarms around this time. CNA F was made aware R1 had eloped from the facility as Director of Nursing (DON) B had called her after her shift. CNA F stated she was not sure which door R1 exited when she eloped from the facility but thought she may have exited through the front doors, stating, She is always near the front doors and is always looking out. On 01/22/25 at 8:35 AM, Surveyor called local law enforcement to ask about the incident. Surveyor left a voicemail message requesting a return call. On 01/22/25 at 8:39 AM, Surveyor called the ALF to speak with staff about the incident. Surveyor left a voicemail message requesting a return call. On 01/03/25, the facility's maintenance department replaced the latch on A6 door. A6 door continued to not shut properly unless the door was pulled shut. On 01/09/25, the facility had a Safety Huddle meeting regarding A6 door. The facility concluded A6 door needed to be replaced. The Safety Huddle meeting documentation indicated a plan to, Look at purchasing a new door. On 01/10/25, the facility implemented a system to check A6 door daily to ensure it latches shut after opening or closing. Surveyor observed a document posted on the wall next to A6 door, titled A6 Door Latch Checklist. Surveyor requested a copy of this checklist and noted the document was not completed on 01/11/25, 01/12/25, 01/14/25, and 01/15/25. On 01/21/25 at 11:01 AM, Surveyor observed A6 door. Surveyor observed doors at each end of the hallway were open. Surveyor observed signs on A6 door instructing staff to pull the door shut. Surveyor interviewed Maintenance Director (MD) C. MD C reported the door frame is pulling away from the building, so the latch is not the problem, but the door is not square. Surveyor observed MD C needed to forcefully pull on the door to ensure it was closed completely. Surveyor asked MD C to not forcefully pull the door shut and observed that if door A6 is not pulled shut it does not close but rests on the outside of the door frame, stopping the door from closing. Surveyor noted the temperature on this date was -21 degrees. MD C confirmed A6 door could be alarmed with door security alarms. MD C stated the doors at each end of the hall remain open for heating purposes. MD C reported he has reached out to contractors to request an estimate for purchasing a new door but had not received any return calls yet. MD C was aware R1 was at risk for elopement and stated, She walks all over this facility. (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	On 01/21/25 at 12:20 PM, Surveyor interviewed Dietary Manager (DM) D. DM D reported A6 door does not shut all the way and stays open if it is not pulled shut. DM D stated, You really need to pull it shut. DM D confirmed the door is used frequently by staff to access the dumpster. DM D reported MD C told her, in passing, to make sure the door was shut tight. DM D reported she passed this information to her dietary staff. DM D stated the dietary staff have not received any formal education or inservice related to the A6 door or resident elopement. On 01/21/25 at 1:31 PM, Surveyor interviewed NHA A. NHA A reported the facility completed the following related to A6 door: a Safety Huddle meeting to discuss fixing the door, placed signs on the door reminding staff to pull door shut, and daily checks on the door. Surveyor informed NHA A of observations of A6 door indicating the door is still not closing properly, the door is not alarmed, the daily checks were not completed, and there is no current plan for A6 door to be replaced. NHA A stated, I get what you are saying. NHA A confirmed the doors at each end of the hall, where A6 door is located, remain open as ambulatory residents like to walk the facility for exercise, and keeping these doors open allows the residents to walk a circle within the facility. On 01/22/25 at 8:55 AM, Surveyor interviewed NHA A. NHA A stated, We did some things last night. We called a 24/7 locksmith and installed a doorbell alarm on A6 door, another alarm was ordered and will be here tomorrow. Education was provided to PM staff and NOC shift about the new alarm and to keep the two corridor doors closed and locked. Reeducated maintenance department related to A6 door. AM staff to be educated this morning. Surveyor observed the two doors at the end of the hallways where A6 door is located were closed and locked to prevent access to the area. Surveyor reviewed the weather from 01/02/25-01/21/25 and noted the average temperature during this time was -13 degrees. On 01/21/25 at 10:43 AM, Surveyor interviewed Certified Nursing Assistant (CNA) G. CNA G was working on R1's hall on this day and was responsible for R1's care. CNA G reported the staff are updated with any changes at shift change or use a whiteboard for communication. Staff would be updated of residents at risk of elopement or placed on 15-minute checks through these processes. CNA G confirmed the CNAs are responsible for completing the 15-minute check documentation. CNA G stated, I think R1 is still on 15-minute checks. On 01/21/25 at 12:24 PM, Surveyor interviewed CNA E. CNA E stated the facility has not provided any education related to A6 door not closing properly, and staff have been told to make sure it's shut all the way. CNA E confirmed he was aware a resident had eloped from the facility and thought it was R1. CNA E confirmed the facility had not provided any education since R1's elopement on 01/02/25. On 01/22/25 at 9:28 AM, Surveyor interviewed CNA F. CNA F stated she has not received any education or inservice from the facility related to resident elopement or A6 door needing to be replaced. CNA F confirmed the facility has not provided education on what staff should do when a resident elopes from the facility. The facility's failure to supervise a resident at risk for elopement created a reasonable likelihood for serious harm, which created a finding of immediate jeopardy. The facility removed the immediacy on 01/22/25 when they implemented the following: (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	A6 door alarmed. A6 door aligned/adjusted door and hinges. Aligned ANSI strike plate on door jam. Repaired door closer that was not attached to the door. Installed bolts on the screws that were stripped. Adjusted the preload on the door closer. Close/locked off both back hallway doors. Reverse locks so they open with a key. Education with SNF staff regarding residents being on 15-minute checks, purpose of 15 minute checks and further direction that need to be completed on the form. Direct care staff are to complete the form based on the instructions. A6 door audits are checked daily. Maintenance staff has been trained regarding door checks on the A6 door.