

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525573	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/22/2025
NAME OF PROVIDER OR SUPPLIER Rennes Health and Rehab Center-Depere		STREET ADDRESS, CITY, STATE, ZIP CODE 200 S Ninth St DE Pere, WI 54115	

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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</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 a grievance was documented, thoroughly investigated, or resolved for 1 resident (R) (R1) of 5 sampled residents.</p> <p>R1 and R1's activated Power of Attorney for Healthcare ((POAHC)-C) reported a grievance involving staff. The facility did not document, investigate, resolve, or provide follow-up for the grievance.</p> <p>Findings include:</p> <p>The facility's Grievances/Complaints, Recording and Investigating policy, revised April 2017, indicates all grievances and complaints filed with the facility will be investigated and corrective actions will be taken to resolve the grievance .2. Upon receiving a grievance and complaint report, the Grievance Officer (Administrator) will begin an investigation into the allegations .5. The Resident Grievance/Complaint Investigation Report Form will be filed with the Administrator within 5 working days of the incident .6. The resident, or person acting on behalf of the resident, will be informed of the findings of the investigation, as well as any corrective actions recommended, within 5 working days of the filing of the grievance or complaint .8. A summary of all grievances must be signed and will be made available to the resident or person acting on behalf of the resident upon his/her request.</p> <p>On 1/22/25, Surveyor reviewed R1's medical record. R1 was admitted to the facility on [DATE] and had diagnoses including hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease, dependence on renal dialysis, depression, anxiety disorder, and unspecified hearing loss. R1's Minimum Data Set (MDS) assessment, dated 8/16/24, had a Brief Interview for Mental Status (BIMS) score of 11 out of 15 which indicated R1's cognition was moderately impaired. R1's medical record indicated R1 had an activated POAHC to assist with healthcare decision making. R1 discharged from the facility on 10/20/24.</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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/22/25 at 9:17 AM, Surveyor interviewed POAHC-C who indicated R1 told POAHC-C that Certified Nursing Assistant (CNA)-E was rude and physically rough with R1 and requested that CNA-E not provide care for R1. POAHC-C stated Director of Nursing (DON)-B was aware of the concern and indicated DON-B would take care of it, however, R1 told POAHC-C that CNA-E continued to enter R1's room. POAHC-C indicated POAHC-C was in R1's room on one occasion when CNA-E responded to R1's call light and asked, What do you want? POAHC-C asked nursing staff why CNA-E was caring for R1 and was told the facility was short-staffed. POAHC-C stated POAHC-C was not informed of the results of the grievance and did not know if a grievance form was completed on POAHC-C or R1's behalf.</p> <p>On 1/22/25 at 12:28 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A and DON-B. NHA-A stated after POAHC-C's first few grievances, DON-B and POAHC-C agreed that DON-B would be the point person for POAHC-C to contact with questions and concerns. DON-B indicated DON-B was aware of a concern with a CNA who POAHC-C and R1 did not care for. DON-B indicated POAHC-C originally told Unit Manager (UM)-H that the concern was with CNA-E, however, POAHC-C's description of the CNA and the reported statements made by the CNA did not match CNA-E. Based on the information, DON-B and UN-H assumed the CNA was CNA-D. DON-B stated CNA-D was educated on appropriate and professional communication and was instructed only to enter R1's room if necessary and with another staff. DON-B denied that physical roughness was reported. DON-B stated DON-B and POAHC-C verbally discussed the concerns which were resolved immediately, therefore, a grievance form was not completed. NHA-A stated POAHC-C did not request to file a formal grievance.</p> <p>On 1/22/25 at 12:53 PM, Surveyor interviewed CNA-D who confirmed CNA-D received education regarding interactions with R1 and was instructed not to go into R1's room. CNA-D stated CNA-D did not provide care to R1 following the education.</p> <p>On 1/22/25 at 1:19 PM, Surveyor interviewed CNA-E who denied any knowledge regarding R1 and concerns with CNAs.</p> <p>On 1/22/25 at 2:18 PM, Surveyor interviewed UN-H who denied any knowledge regarding R1 having concerns with a specific CNA.</p> <p>On 1/22/25 at 2:52 PM, Surveyor again interviewed POAHC-C who provided an accurate description of CNA-E and provided Surveyor with CNA-E's name.</p>		