STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525579	A. Building B. Wing	06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Little Chute Health Services	1201 Garfield Ave Little Chute, WI 54140

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview and record review, the facility did not revise the comprehensive plan of care to reflect personal care needs for 1 resident (R) (R2) of 1 sampled resident. R2's care plan did not reflect specialized techniques of care that R2 required with activities of daily living. Findings include: The facility's Comprehensive Care Plan policy, revised 9/23/22, indicates: It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident .5. The comprehensive care plan will be reviewed and revised as appropriate by the interdisciplinary team after each Comprehensive and Quarterly Minimum Data Set (MDS) assessment and as needed with change in condition . On 6/13/25 at 9:20 AM, Surveyor reviewed R2's medical record. R2 was admitted to the facility on [DATE] and had diagnoses including cerebral vascular accident with right-sided hemiplegia, dysphagia, aphasia, depression, cognitive communication deficit, and epilepsy. R2's MDS assessment, dated 3/24/25, had a Brief Interview for Mental Status (BIMS) score of 0 out of 15 which indicated R2 had severe cognitive impairment. On 6/13/25 at 10:22 AM, Surveyor interviewed R2 who indicated staff were not gentle with R2 during cares. R2 did not want Surveyor to observe cares and did not want to provide any further details. On 6/13/25 at 12:22 PM, Surveyor interviewed Certified Nursing Assistant (CNA)-D who indicated R2 had right-sided weakness and staff should be careful during care since R2 had right arm pain with movement. CNA-D indicated R2 had same routine every day. CNA-D indicated CNA-D described each step of care to R2 during the process and carefully lifted R2's right arm due to R2's complaints of right arm pain with movement. CNA-D indicated R2 became easily frustrated if R2 was rushed and had confusion at times. CNA-D indicated it was important to ask if R2 needed a rest during cares. CNA-D indicated R2 often refused cares and only complained of right arm pain with movement. On 6/13/25 at 12:30 PM, Surveyor interviewed Licensed Practical Nurse (LPN)-E who indicated R2 had right-sided weakness and staff needed to work slowly and provide step-by-step explanation to R2 during care. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525579	A. Building B. Wing	06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Little Chute Health Services	1201 Garfield Ave Little Chute, WI 54140

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 6/13/25 at 1:13 PM, Surveyor interviewed CNA-F who indicated R2 required explicit explanation with each action during personal care because R2 got worked up with what to do next. CNA-F indicated R2's arm could be sore so it was necessary to monitor for pain and inform R2 whenever the arm would be lifted. CNA-F indicated R2 built up anxiousness during personal cares and the process could scare R2. CNA-F indicated once personal cares were completed, R2 had no complaints of pain. CNA-F indicated R2's personal care needs could be shared in shift report, however, CNA-F could not identify where specific actions to take during R2's cares were documented. On 6/13/25 at 2:05 PM, Surveyor interviewed CNA-G who indicated R2 tried not to move the right side if possible. CNA-G indicated it was important to talk through the care process while completing cares. CNA-G indicated R2 did not complain of right arm pain, however, CNA-G would contact the nurse if R2 reported any pain. On 6/13/25 at 2:09 PM, Surveyor interviewed CNA-H who indicated it was important to be extra careful with R2's right arm during personal cares because R2's right arm was sore. Surveyor noted R2's care plan, dated 6/11/25, indicated R2 had a right-sided deficit but did not provide patient-centered care technique specific to R2's needs during personal cares including to provide a detailed explanation prior to each step of the process, to provide care slowly and gently, to offer breaks during care, and to monitor for signs of increased frustration. The care plan also indicated R2 had muscle spasms and at times could shake R2's head yes/no when asked if having pain, however, R2 was inconsistent with reporting pain. A risk for difficulty in communication section contained an intervention for staff to explain each activity prior to starting it. On 6/13/25 at 1:50 PM, Surveyor interviewed [NAME] President of Success (VPS)-C, Director of Nursing (DON)-B, and Nursing Home Administrator (NHA)-A. VPS-C indicated R2's care plan addressed following personal choices. DON-B indicated staff were trained on techniques to provide care to a resident with deficits and R2 could express pain. NHA-A stated R2's mood goal indicated to offer choices to enhance a sense of control.