

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525583	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/08/2024
NAME OF PROVIDER OR SUPPLIER Rennes Health and Rehab Center- Appleton		STREET ADDRESS, CITY, STATE, ZIP CODE 325 E Florida Ave Appleton, WI 54911	

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44862</p> <p>Based on staff and resident interview, and record review, the facility did not review and revise the plan of care for 1 Resident (R) (R1) of 7 residents.</p> <p>R1 received a new order for a restorative ambulation program. The facility did not update R1's care plan to incorporate the ambulation program.</p> <p>Findings include:</p> <p>The facility's Review of Care Plans policy, dated 12/2016, indicates: The Interdisciplinary Team must review and update the care plan.</p> <p>On 4/8/24, Surveyor reviewed R1's medical record. R1 was admitted to the facility on [DATE] with diagnoses including myelodysplastic syndrome, hypertension, atrial fibrillation, and diabetes. R1's Minimum Data Set (MDS) assessment, dated 1/24/24, contained a Brief Interview for Mental Status Score (BIMS) score of 15 out of 15 which indicated R1 had intact cognition. The MDS also indicated R1 was independent with ambulation. A care plan, initiated on 1/17/24, indicated R1 required assistance with ambulation.</p> <p>R1's medical record contained a therapy order for R1 to ambulate in the hallway with a 2 wheeled walker with assistance once daily as tolerated. Nursing documentation indicated R1 walked in R1's room and walked once in the hallway between 2/28/24 and R1's discharge on 3/4/24. Surveyor noted the ambulation program was not added to R1's care plan.</p> <p>On 4/8/24 at 12:16 PM, Surveyor interviewed Certified Nursing Assistant (CNA)-C who stated R1 chose not to walk in the hallway but would often walk in R1's room. CNA-C stated CNA-C offered R1 the option to walk or use a wheelchair and R1 chose the wheelchair. CNA-C stated ambulation programs are listed on CNA care cards and showed Surveyor R1's care card.</p> <p>On 4/8/24 at 2:15 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A who verified R1's ambulation program was listed on R1's CNA care card but was not added to R1's care plan.</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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