

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 06/06/2024
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47248</p> <p>Based on observation, staff and family interview, and record review, the facility did not ensure 1 resident (R) (R44) of 18 residents had a call light within reach or a means to call staff for assistance.</p> <p>During two observations, Surveyor noted R44's call light was not within reach. In addition, R44 did not have the correct call light to meet R44's needs according to R44's plan of care.</p> <p>Findings include:</p> <p>From 6/4/24 to 6/6/24, Surveyor reviewed R44's medical record. R44 was admitted to the facility on [DATE] and had diagnoses including senile degeneration of brain, vascular dementia, and encounter for palliative care. R44's Minimum Data Set (MDS) assessment, dated 3/21/24, contained a Brief Interview for Mental Status (BIMS) assessment that indicated R44 was rarely or never understood. R44 was admitted to Hospice services on 3/15/24. R44's spouse was R44's activated Power of Attorney (POA).</p> <p>R44's plan of care contained interventions for a soft-touch call light (dated 8/24/23) and to keep R44's call light within reach (dated 7/12/23).</p> <p>On 6/4/24 at 10:51 AM, Surveyor interviewed R44's spouse and noted R44's call light was clipped to a blanket on top of R44's right shoulder. Surveyor noted the call light contained a push button instead of a soft-touch pad. R44's spouse indicated R44 was not able to reach the call light in that position because R44 could not raise R44's arms that high and would probably not be able to push the button.</p> <p>On 6/5/24 at 1:01 PM, Surveyor observed R44 in R44's room in Broda chair with the back of the chair against R44's bed. Surveyor noted R44's push button call light was laying on R44's bed and not within R44's reach.</p> <p>On 6/5/24 at 1:19 PM, Surveyor and Director of Nursing (DON)-B entered R44's room and observed R44's call light. DON-B confirmed R44's care plan indicated R44 should have a soft-touch call light within reach.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47248</p> <p>Based on staff interview and record review, the facility did not develop a comprehensive care plan for 1 resident (R) (R44) of 3 sampled residents.</p> <p>The facility's Matrix and R44's Significant Change Minimum Data Set (MDS) assessment indicated R44 received Hospice services. R44 did not have a care plan for Hospice services.</p> <p>Findings include:</p> <p>The facility's Hospice Program policy, revised 11/2016, indicates: The care plan shall be revised and updated as necessary to reflect the resident's current status.</p> <p>On 6/5/24, Surveyor reviewed R44's medical record. R44's was admitted to the facility on [DATE] and was admitted to Hospice services on 3/15/24. R44 had diagnoses including senile degeneration of the brain, vascular dementia, and encounter for palliative care. R44's Significant Change Minimum Data Set (MDS) assessment, dated 3/12/24, contained a Brief Interview for Mental Status (BIMS) assessment that indicated R44 was rarely or never understood and received Hospice services. R44's spouse was R44's activated power of attorney (POA).</p> <p>On 6/4/24 at 11:50 AM, Surveyor interviewed R44's spouse who confirmed R44 received Hospice services.</p> <p>On 6/6/24 at 2:24 PM, Surveyor interviewed Director of Nursing (DON)-B who confirmed R44 did not have a care plan for Hospice services. DON-B indicated a care plan should be completed the day a resident signs on to Hospice services and should be updated with a Significant Change MDS assessment.</p>