

| | | | |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525589 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 08/08/2024 |
| NAME OF PROVIDER OR SUPPLIER Rennes Health and Rehab Center-Rhineland | | STREET ADDRESS, CITY, STATE, ZIP CODE 1970 Navajo St Rhineland, WI 54501 | |

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 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30570</p> <p>Based on record review and interview, the facility did not conduct a Preadmission Screening and Resident Review (PASRR) Level II screen for R7, who has a serious mental disorder and is taking psychotropic medication to treat symptoms of major mental disorder to ensure he received care and services in the most integrated setting appropriate to his needs. The facility practice affected 1 of 2 residents reviewed (R7).</p> <p>This is evidenced by:</p> <p>Surveyor requested and reviewed the policy titled Forward Health Update, Your First Source of Forward Health Policy and Program dated November 2023. The policy in part read:</p> <p>PASRR Level II Referrals:</p> <p>~As part of the PASRR Level I screen process in the portal, if required, the completed Level I screen will be forwarded on to Wisconsin's PASRR onto Wisconsin's PASRR Level II screen.</p> <p>~The Level II screen is in place to determine if a person has a .serious mental illness as defined by federal PASRR regulations. Responses completed during the Level I screening process will determine if a Level II screen should be completed.</p> <p>~If the Level I screen requires a Level II screen referral any relevant documentation must be submitted .</p> <p>~Once the Level II contractor completes the Level II screen, the results will be accessible through the portal .</p> <p>R5 was admitted [DATE] with diagnoses that included, bipolar disease: current episode-depressed moderate, unspecified mood disorder and anxiety disorder.</p> <p>Surveyor reviewed R7's record and noted his physician orders included Trazadone and Fluoxetine (Psychotropic) medication since his admission on 11/09/23.</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 |
|---|-------|-----------|

| | | | |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525589 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 08/08/2024 |
| NAME OF PROVIDER OR SUPPLIER Rennes Health and Rehab Center-Rhineland | | STREET ADDRESS, CITY, STATE, ZIP CODE 1970 Navajo St Rhineland, WI 54501 | |
| 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 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Surveyor reviewed R5's record and located a Level 1 Preadmission Screening and Resident Review (PASARR) screening dated 11/09/23 noting R7 has a major mental disorder and has taken psychotropic medications to treat symptoms or behaviors of a major mental disorder under a short-term hospital discharge exemption-30-day maximum.</p> <p>Surveyor reviewed R7's record and could not locate a Level II PASRR screening.</p> <p>On 8/07/24 at 9:03 AM, Surveyor interviewed Social Services Director (SSD) C who is responsible in part for the facility's PASRR screening process. SSD C explained R7 was initially admitted for short-term rehabilitation from the hospital under a 30-day exemption. A Level 1 PASRR screening was needed at admission due to R7 having a serious mental health condition and on medication of Trazadone and Prozac (Fluoxetine). A request was submitted for a 30-day exemption on admission 11/09/23. The request was sent to human services. The facility did not receive the exemption back. Normally the facility receives the requests back in about a week and if not received a call would be placed. Normal process would be to request a Level 2 PASRR after the 30-day exemption ended.</p> <p>The facility did not receive the Level I exemption back thus a Level 2 was missed. A Level II should have been completed. The Level 2 would need to be submitted once the 30 day exemption ended. SSD C indicated R7 still needs an exemption and Level 2 completed and it will be done today. SSD C stated the purpose of the PASRR screenings are to ensure residents with such diagnosis and on prescription medications are in the most appropriate setting and do not need additional services in a different setting.</p> | | |

| | | | |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525589 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 08/08/2024 |
| NAME OF PROVIDER OR SUPPLIER Rennes Health and Rehab Center-Rhineland | | STREET ADDRESS, CITY, STATE, ZIP CODE 1970 Navajo St Rhineland, WI 54501 | |
| 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 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** 47657</p> <p>Based on observation, interview and record review, the facility did not develop and implement a comprehensive individualized care plan to meet the needs of 2 of 18 residents (R) R29 and R8.</p> <p>This is evidenced by:</p> <p>According to the Resident Assessment Instrument, The comprehensive care plan is an interdisciplinary communication tool. It must include measurable objectives and time frames and must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental and psychosocial well-being. The care plan should be revised on an ongoing basis to reflect changes in the resident and the care that the resident is receiving.</p> <p>Example 1</p> <p>R29 was admitted to the facility on [DATE] with diagnosis of neurocognitive disorder with Lewy bodies-with behavior disturbance and dementia and is on palliative care.</p> <p>R29's most recent Minimum Data Set (MDS) is an annual assessment with a date of 07/20/24 indicating R29 requires partial to moderate assistance for personal hygiene, dependent for putting on footwear, dependent for dressing lower body, substantial to maximum assist to roll left to right, and dependent going from sitting to lying.</p> <p>R29 has short-term and long-term memory impairment and has severely impaired daily decision-making abilities.</p> <p>R29's Braden Scales (assessment for predicting pressure sore risk) dated 01/18/24 indicated a score of 15 (at risk) and on 04/19/24 indicated a score of 14 (moderate risk).</p> <p>R29's care plan dated 05/03/19 with a goal target date of 10/23/24 for resident to remain free from complications related to deep tissue injury (DTI) on left (L) heel.</p> <p>R29's physician orders dated 04/09/24 state to wear blue boots to bilateral heels at all times.</p> <p>R29's nurses notes state in part, Resident has an DTI area 3.5 cm L x 2 cm W. that has an area that is scabbed 70% w/brown scab, nonviable tissues 30%, cream colored to left heel. No drainage noted. No odor noted. Betadine with foam dressing change every 3 days and PRN. Blue boots to bilateral feet.</p> <p>R29's DTI resolved on 05/29/24.</p> <p>On 08/07/24 at 9:54 AM, Surveyor observed Certified Nursing Assisant (CNA) E and CNA D assist R29 to utilize the bedpan and morning cares. During observation, Surveyor did not see either CNA place or attempt to place blue heel boots to offload bilateral lower extremities per care plan or offer an alternate intervention to float heels.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525589 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 08/08/2024 |
| NAME OF PROVIDER OR SUPPLIER Rennes Health and Rehab Center-Rhineland | | STREET ADDRESS, CITY, STATE, ZIP CODE 1970 Navajo St Rhineland, WI 54501 | |
| 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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>On 08/07/24 at 1:03 PM, Surveyor observed R29 lying on back with heels directly on mattress.</p> <p>On 08/07/24 at 1:07 PM, Surveyor interviewed CNA D, who stated that R29 no longer has issues with heels, and is unaware if resident is supposed to wear the blue boots anymore.</p> <p>On 08/07/24 at 2:11 PM, Surveyor interviewed Director of Nursing (DON) B regarding the observation of R29 not wearing blue heel boots per care plan. DON B stated probably because R29 refuses the boots and is care planned of frequently refusing interventions. Surveyor shared observation of cares this AM by staff and no attempt of placing blue heel boots or offering an alternate approach to float heels. R29 was not given the opportunity to accept or refuse the blue heel boots.</p> <p>DON B provided Surveyor a copy of the care plan which indicated the approach of blue boots to offload to bilateral lower extremities, at all times, if refuses the boots free float heels as tolerated. DON B confirmed the care plan intervention was not implemented for R29.</p> <p>40590</p> <p>Example 2</p> <p>R8 was admitted to the facility on [DATE] and has a diagnosis of hypertensive heart and chronic kidney disease with heart failure. R8 is on hospice care.</p> <p>According to nursing documentation, a new sore in middle of coccyx was discovered on 07/24/24.</p> <p>Surveyor reviewed the medical record and could not locate a comprehensive care plan for R8's Pressure Injury (PI).</p> <p>On 8/7/24 at approximately 11:00 a.m., Surveyor interviewed DON B, asking about the PI care plan.</p> <p>On 08/07/24 at 11:30 AM, Surveyor received a care plan from DON B for R8's facility acquired pressure injury with problem start date of 08/07/24. This was developed after Surveyor asked for the information on 8/7/24.</p> | | |