

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525604	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/17/2024
NAME OF PROVIDER OR SUPPLIER Southpointe Care and Rehab Center LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 4500 W Loomis Rd Greenfield, WI 53220	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36461</p> <p>Based on observation, record review, interview, and review of the Resident Assessment Instrument (RAI) 3.0 manual, the facility failed to accurately code the Minimum Data Set (MDS) for three of 26 sampled residents (Resident (R) 23, R27, and R89) reviewed for MDS assessments. This deficient practice increased the potential for missed opportunities of care or services.</p> <p>Findings include:</p> <p>1. Review of R23's undated Admission Record located in the electronic medical record (EMR) under the Profile tab indicated an admitted [DATE] and diagnoses of chronic obstructive pulmonary disease (COPD), pulmonary hypertension and anxiety.</p> <p>Review of R23's quarterly MDS with an Assessment Reference Date (ARD) of 10/08/24, located in the EMR under the MDS tab, revealed the resident was marked No for receiving hospice services.</p> <p>Review of R23's Progress Notes located in the EMR under the Progress Note tab, revealed R23 was receiving hospice services until her passing on 10/15/24.</p> <p>2. Review of R27's undated Admission Record located in the EMR under the Profile tab, indicated an admitted [DATE] and diagnoses of chronic obstructive pulmonary disease (COPD), nicotine dependence and anxiety.</p> <p>Review of R27's annual MDS with an ARD of 12/22/23, located in the EMR under the MDS tab, revealed the resident was marked No for smoking. R27 was a current smoker.</p> <p>Review of R27's quarterly MDS with an ARD of 09/22/24, located in the EMR under the MDS tab, indicated R27 had a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicated the resident was cognitively intact.</p> <p>Observations on 10/16/24 at 2:00 PM and on 10/17/24 at 11:00 AM, R27 smoked independently, in the designated smoking area and no difficulties noted.</p> <p>16752</p> <p>3. Review of R89's Admission Record located in the resident's EMR Profile tab revealed the resident was admitted to the facility on [DATE].</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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R89's Admission Smoking assessment dated [DATE] located in the resident's EMR Assessment tab documented that the resident smokes three to four times a day and did not wish to quit smoking.</p> <p>Review of R89's Admission MDS with an ARD of 08/05/24 located in the MDS tab documented the resident had a BIMS score of 12 out of 15 points which indicated the resident had moderately impaired cognition and decision-making ability. The assessment tool documented that the resident did not smoke.</p> <p>Review of the facility's list of smokers that was provided to the survey team on 10/14/24, revealed R89 was listed as a smoker.</p> <p>Interview on 10/17/24 at 3:35 PM, the MDSC stated she felt she read the assessment to mean the resident had desired to smoke but would not.</p> <p>During an interview on 10/17/24 at 1:35 PM, the Minimum Data Set Coordinator (MDSC) stated R23's MDS with an ARD of 10/08/24 was coded incorrectly and should have been Yes to reflect that R23 was receiving hospice services. The MDSC stated that R27's MDS with an ARD of 12/22/23 should have been Yes for smoking. The MDSC stated the facility MDS nurses followed the RAI manual for coding.</p> <p>Review of the RAI 3.0 manual dated October 2023 indicated, .Code the Hospice section yes if the resident is receiving hospice services . and for residents who use tobacco the manual indicated, .Code the tobacco section yes if the resident indicates they used tobacco in some form during the seven-day look back period .</p>		

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<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** 16752</p> <p>Based on record review, interview, and policy review, the facility failed to develop a care plan for one of five residents (R)89 identified for smoking behaviors in the sample of 26. This failure has the potential to place the resident risk for unmet care needs and the inability to meet the maximum practicable level of functioning.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Resident Smoking dated 05/31/23 indicated, .All safe smoking measures will be documented on each resident's care plan .</p> <p>Review of the facility's policy titled Comprehensive Care Plan dated 9/2024 indicated, The care planning process will include an assessment of the resident's strengths and needs and will incorporate the resident's personal and cultural preferences in developing goals of care. Services provided or arranged by the facility, as outlined by the comprehensive care plan, shall be culturally competent and trauma informed.</p> <p>Review of R89's Admission Record located in the resident's EMR in the Profile tab revealed the resident was admitted to the facility on [DATE] with diagnoses that included Parkinson's Disease with dyskinesia (involuntary movements of the face, arms, legs, or trunk), spondylopathy in the lumbar region, systemic atrophy affecting the central nervous system, and striatonigral degeneration (progressive neurodegenerative disease).</p> <p>Review of R89's Admission Smoking assessment dated [DATE] located in the resident's EMR tab titled Assessment documents the resident smokes three to four times a day and did not wish to quit smoking.</p> <p>Review of R89's care plan dated 08/13/24 in the EMR Care Plan tab did not reveal a smoking care plan had been developed for this resident.</p> <p>Interview on 10/16/24 at 1:45 PM, the Administrator stated that R89 only smokes with family members and they maintain his cigarettes, which should be documented in R89's care plan.</p> <p>Interview on 10/16/24 at 1:20 PM, the Unit Manager stated that R89's smoking care plan was not developed.</p>		