

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525605	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/02/2024
NAME OF PROVIDER OR SUPPLIER Meadow View Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 3613 S 13th St Sheboygan, WI 53081	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43361</p> <p>Based on observation, staff interview, and record review, the facility did not ensure interventions were followed to prevent a fall for 1 resident (R1) of 4 sampled residents.</p> <p>On 6/1/24, Certified Nursing Assistant (CNA)-C did not transfer R1 according to R1's plan of care which resulted in a fall with a left hip fracture.</p> <p>Findings include:</p> <p>On 7/2/24, Surveyor reviewed R1's medical record. R1 was admitted to the facility on [DATE] and had diagnoses including displaced fracture of base of neck of left femur, subsequent encounter for closed fracture with routine healing, pressure ulcer of right heel, unstageable, fracture of unspecified part of neck of right femur, and pneumonia. R1's Minimum Data Set (MDS) assessment, dated 5/12/24, stated R1 had a Brief Interview for Mental Status (BIMS) score of 14 out of 15 which indicated R1 had intact cognition. R1 did not have an activated power of attorney (POA).</p> <p>A progress note, dated 6/1/24 at 1:54 PM, indicated: At approximately 8:15 AM, the writer heard a bang from down the hall. The writer was called to R1's room and observed R1 on the floor on R1's right side with R1's head against the nightstand. CNA-C stood between R1 and R1's walker which was tipped over. A wheelchair was in the middle of R1's room. The writer noted R1 had slippers on both feet and a skin tear that measured approximately 2.0 cm (centimeters) (length) x 2.0 cm (width) x 0.1 cm (depth). The writer assessed R1 and noted no internal rotation of R1's lower extremities. R1 complained of excruciating pain-shooting pain to the right lower extremity with movement. The writer was unable to give PRN (as needed) APAP (acetaminophen) (used to treat minor aches and pains) because R1 received APAP at the beginning of the AM shift for lower back pain. R1 was assisted to R1's wheelchair. R1's skin tear was cleansed with normal saline and covered with a bordered gauze dressing. R1's vital signs and neurochecks were at baseline. There were no bruises or injuries noted to R1's head and no headache noted. The writer updated the physician regarding the fall and that R1 was prescribed anti-coagulant (blood thinning) medication. R1 was sent to the emergency room (ER) for evaluation and treatment. Per the physician, R1 needed to ambulate before discharge from the hospital and requested a computed tomography (CT) scan be completed if R1 was unable to ambulate.</p> <p>R1's hospital discharge summary, dated 6/5/24, indicated R1 had a closed right hip fracture related to the fall on 6/1/24.</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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/1/24, the facility completed staff interviews related to the incident. Through observation and interviews, the facility noted CNA-C (an agency staff) did not follow R1's care plan which indicated R1 required the assistance of 2 staff for transfers. The facility's investigation indicated CNA-C transferred R1 alone and did not use a gait belt during the transfer.</p> <p>On 6/1/24, the facility started staff education related to safe resident handling/transfers, referencing a resident's Kardex (an abbreviated care plan used by nursing staff) for transfer status, and that a gait belt must be used for hands-on care.</p> <p>Surveyor reviewed staff education signature sheets and compared them to the staff list provided by the facility. The staff list included direct hire and contracted/agency staff. Surveyor noted the facility provided a list of approximately 10 agency staff. Surveyor compared signatures and noted 8 agency staff had not signed the education. Surveyor reviewed schedules between 6/1/24 and 7/2/24 and noted the following agency staff worked between 6/1/24 and 7/2/24 and had not been provided education:</p> <ul style="list-style-type: none"> ~ CNA-D worked on 6/22/24 ~ Registered Nurse (RN-E) worked on 6/22/24, 6/23/24, and 7/1/24 ~ CNA-F worked on 6/22/24 ~ RN-G worked on 6/21/24 ~ RN-H worked on 6/8/24, 6/9/24, and 6/14/24 ~ RN-I worked on 6/15/24 <p>On 7/2/24 at 3:00 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A who stated the facility could not provide signatures for education for the requested agency staff. NHA-A stated the education was provided in person and the agency staff could have worked a shift when administrative staff weren't in the building. NHA-A confirmed all agency staff should have been provided education about transfers prior to working their next shift.</p>		