

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525608	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/06/2024
NAME OF PROVIDER OR SUPPLIER  Ridgewood Care Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  3205 Wood Rd Racine, WI 53406	

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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 18947</b></p> <p>Based on policy review, record review and interview, the facility failed to ensure the family member and Activated Responsible Party (FM1) of one Resident (R1) out of nine residents reviewed in the sample was provided with information required to make informed decisions about the residents health care. FM1 was not notified prior to rehabilitation services being discontinued for R1. This failure created the potential for the resident's rehabilitation services to be unnecessarily and/or prematurely discontinued.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Notification of Changes dated 01/2024 read, in pertinent part, The purpose of this policy is to ensure the facility promptly informs the resident, consults the resident's physician; and notifies, consistent with his or her authority, the resident's representative when there is a change requiring notification.</p> <p>Review of R1's Admission Record, dated 12/06/24 and found in the Electronic Medical Record (EMR) under the Profile Tab, indicated the resident was admitted to the facility on [DATE]. The record indicated family member (FM1) was her activated Medical Power of Attorney (MDPOA)/ Responsible Party.</p> <p>Review of R1's quarterly Minimum Data Set (MDS) found in the EMR under the MDS Tab and with an assessment reference date (ARD) of 12/03/24, revealed the Brief Interview for Mental Status (BIMS) score was 15 out of 15, which indicated the resident was cognitively intact.</p> <p>Review of R1's Power of Attorney for Health Care Statement of Incapacity documentation, dated 08/12/24, signed by two physicians, and found in the EMR under the Miscellaneous Tab, revealed the resident was not capable of making her own health care related decisions and indicated FM1 was activated as R1's legal health care representative.</p> <p>Review of R1's physician's orders found in the EMR under the Orders Tab, revealed an original order dated 09/03/24, for the resident to be evaluated and treated by Occupational Therapy (OT) and Speech Therapy (SLP), and with an original order dated 10/01/24, for the resident to be evaluated and treated by Physical Therapy (PT) under her Medicare B benefit.</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:  525608	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/06/2024
NAME OF PROVIDER OR SUPPLIER  Ridgewood Care Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  3205 Wood Rd Racine, WI 53406	
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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R1's care plan, most recently dated 09/18/24 and found in the EMR under the Care Plan Tab, revealed the resident planned to remain in the facility for long-term care and indicated, POA- Keep in Contact with (FM1)/Activated Healthcare as needed/requested.</p> <p>Review of R1's skilled therapy documentation dated 09/03/24 through 11/11/24 and provided directly to the surveyor, revealed the resident received skilled OT and PT services consistently per physician's orders during that time period.</p> <p>Review of R1's Advance Beneficiary Notice (ABN) document, dated 11/11/24, signed by R1 herself, and found in the EMR under the Miscellaneous Tab, revealed the resident was provided notification her rehabilitation services were ending.</p> <p>Review of R1's EMR revealed no documentation to indicate FM1 was notified that R1's rehabilitation therapy services were ending or was given the opportunity to appeal to have R1 potentially continue to receive therapy.</p> <p>During an interview with FM1 on 12/04/24 at 1:47 PM, she confirmed she was R1's activated MDPOA and had not been notified that R1's therapy was ended or given an opportunity to appeal the discontinuation of therapy services. She indicated this had been upsetting to her as she felt R1 may have benefited from continued therapy.</p> <p>During an interview with Director of Rehabilitation (DOR) on 12/06/24 at 12:10 PM, she confirmed the ABN notice had been provided and signed by R1 rather than FM1. She stated she should have provided the notice to FM1.</p> <p>During an interview with the Director of Nursing (DON) on 12/06/24 at 2:00 PM, she stated her expectation was the ABN notice should have been provided to FM1 rather than R1 since FM1 was R1's activated MDPOA.</p>		