

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525611	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/05/2024
NAME OF PROVIDER OR SUPPLIER Portage Cty Hlth Care Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 825 Whiting Ave Stevens Point, WI 54481	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48794</p> <p>Based on staff interview and record review, the facility did not ensure an allegation of abuse was reported to the State Agency (SA) for 1 resident (R) (R4) of 4 sampled residents.</p> <p>On 9/20/24, R4 alleged Certified Nursing Assistant (CNA)-C was rough during cares and staff reported there were red marks on R4's arms. The facility did not report the allegation of abuse to the SA.</p> <p>Findings include:</p> <p>The facility's Abuse, Neglect, Mistreatment and Misappropriation of Resident Property policy, with a revision date of 9/11/24, indicates: It is the policy of the facility to encourage and support all residents, staff, families, visitors, volunteers, and resident representatives in reporting any suspected acts of abuse, neglect, exploitation, involuntary seclusion or misappropriation of resident property .It is the policy of this facility that abuse allegations (abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property) are reported per federal and state law. The facility will ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the Administrator of the facility and to other officials (including the State Agency and Adult Protective Services .).</p> <p>On 11/5/24, Surveyor reviewed R4's medical record. R4 was admitted to the facility on [DATE] and had diagnoses including cerebral infarction, type 2 diabetes, hypertensive chronic kidney disease, and a history of falling. R4's Minimum Data Set (MDS) assessment, dated 10/21/24, had a Brief Interview for Mental Status (BIMS) score of 10 out of 15 which indicated R4 had moderate cognitive impairment. R4's medical record indicated R4 had an activated Power of Attorney for Healthcare (POAHC) to assist with healthcare decisions.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 525611	Facility ID: 525611 If continuation sheet Page 1 of 4

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Surveyor reviewed a grievance, dated 9/20/24, that indicated CNA-D reported to Licensed Practical Nurse (LPN)-E that R4 wanted to talk with the Social Worker. CNA-D stated R4 told CNA-D that CNA-C took too long with cares, made R4 do most of the cares, and was rough with R4. CNA-D reported to LPN-E that R4 had red marks on R4's arms. The grievance indicated LPN-E assessed R4's arms and noted flat and irregular red areas in various spots. R4 denied pain or itchiness. The allegation of abuse was not reported to the SA.</p> <p>Surveyor also reviewed a facility-reported incident (FRI), dated 9/27/24, that indicated another resident (R2) alleged that CNA-C was rough during cares. The allegation of abuse was reported to the SA.</p> <p>On 11/5/24 at 12:06 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A who confirmed the facility did not report R4's allegation of abuse to the SA. NHA-A was unsure why R4's allegation of abuse was not reported on 9/20/24, but R2's allegation of abuse was reported on 9/27/24.</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48794</p> <p>Based on staff interview and record review, the facility did not ensure an allegation of abuse was thoroughly investigated for 1 resident (R) (R4) of 4 sampled residents.</p> <p>On 9/20/24, R4 alleged Certified Nursing Assistant (CNA)-C was rough during cares and staff reported there were red marks on R4's arms. The facility did not thoroughly investigate the allegation of abuse.</p> <p>Findings include:</p> <p>The facility's Abuse, Neglect, Mistreatment and Misappropriation of Resident Property policy, with a revision date of 9/11/24, indicates: It is the policy of the facility to encourage and support all residents, staff, families, visitors, volunteers, and resident representatives in reporting any suspected acts of abuse, neglect, exploitation, involuntary seclusion or misappropriation of resident property .E .It is the policy of this facility that abuse allegations .are promptly and thoroughly investigated .a. When an incident or suspected incident of abuse is reported, the Administrator or designee will investigate the incident with the assistance of appropriate personnel. The investigation will include: .ii. Resident statements .iv. Involved staff and witness statements of events .vi. Injuries present including a resident assessment .It is the policy of this facility that the resident(s) will be protected from the alleged offender(s) .The alleged perpetrator will immediately be removed and the resident protected. Employees accused of alleged abuse will be immediately removed from the facility and will remain removed pending the results of a thorough investigation .Examine, assess, and interview the resident and other residents potentially affected immediately to determine an injury and identify any immediate clinical interventions necessary.</p> <p>On 11/5/24, Surveyor reviewed R4's medical record. R4 was admitted to the facility on [DATE] and had diagnoses including cerebral infarction, type 2 diabetes, hypertensive chronic kidney disease, and a history of falling. R4's Minimum Data Set (MDS) assessment, dated 10/21/24, had a Brief Interview for Mental Status (BIMS) score of 10 out of 15 which indicated R4 had moderate cognitive impairment. R4's medical record indicated R4 had an activated Power of Attorney for Healthcare (POAHC) to assist with healthcare decisions.</p> <p>Surveyor reviewed a grievance, dated 9/20/24, that indicated CNA-D reported to Licensed Practical Nurse (LPN)-E that R4 wanted to talk to the Social Worker. CNA-D stated R4 told CNA-D that CNA-C took too long with cares, made R4 do most of the cares, and was rough with R4. CNA-D reported to LPN-E that R4 had red marks on R4's arms. The grievance indicated LPN-E assessed R4's arms and noted flat and irregular red areas in various spots. R4 denied pain or itchiness. Surveyor noted the grievance did not indicate how the facility provided protection to R4 and other residents following the allegation of abuse and did not indicate if other residents were interviewed. The grievance also did not contain a skin assessments of R4's arms, notification to R4's physician, or corrective actions the facility took to prevent further potential abuse.</p> <p>Surveyor also reviewed a facility-reported incident (FRI), dated 9/27/24, that indicated another resident (R2) alleged that CNA-C was rough during cares.</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 11/5/24 at 12:06 PM, Surveyor interviewed Director of Nursing (DON)-B who confirmed there was no documentation that nursing skin assessments were completed.</p> <p>On 11/5/24 at 12:06 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A who confirmed other residents were not interviewed following R4's allegation of abuse because NHA-A felt confident that abuse did not occur. NHA-A stated when NHA-A spoke with R4, there were no red marks on R4's arms and R4 reported no concerns with cares. NHA-A confirmed CNA-C was not removed from resident care areas following the allegation of abuse.</p> <p>On 11/5/24 at 12:19 PM, Surveyor interviewed CNA-D who confirmed CNA-D saw red marks on R4's arms at the time the allegation was made and confirmed R4's exact word was that CNA-C was rough with cares.</p> <p>On 11/5/24 at 12:50 PM, Surveyor interviewed LPN-E who confirmed LPN-E assessed R4's arms immediately after the allegation and noted red marks on both of R4's arms. LPN-E did not recall if LPN-E completed a follow-up skin assessment.</p>