

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 12/03/2024
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51043</p> <p>Based on staff interview and record review, the facility did not ensure a physician and resident representative were notified timely of a change in condition for 1 resident (R) (R1) of 3 sampled residents.</p> <p>On 11/10/24, staff observed a suspected burn on R1's skin following use of a hot pack. Staff did not notify R1's Nurse Practitioner (NP) until 11/11/24 and did not notify R1's Power of Attorney for Healthcare (POAHC) until 11/14/24.</p> <p>Findings include:</p> <p>The facility's First Aid Treatment policy, with a revision date of 1/2024, indicates: .11. For residents who refuse treatment, the charge nurse and attending physician are notified. 12. Regardless of the nature or severity, any resident injury or illness is reported to the resident's attending physician and family, and documented in the resident's medical record. If the resident's attending physician is not available, follow the facility policy for Emergency Physician Care.</p> <p>On 12/3/24, Surveyor reviewed R1's medical record. R1 was admitted to the facility on [DATE] and had diagnoses including acute and sub-acute endocarditis (infection of the inner heart lining and valves), end stage renal disease, dependence on dialysis, and discitis (infection of the spinal discs resulting in severe back pain and limited mobility). R1 had an activated POAHC who was responsible for R1's healthcare decisions. R1's Minimum Data Set (MDS) assessment, dated 10/17/24, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R1 did not have impaired cognition.</p> <p>R1's medical record indicated Licensed Practical Nurse (LPN)-C notified Director of Nursing (DON)-B via email on 11/10/24 at 6:42 AM that R1 had an ovular, raised, reddened burn on the lateral right hip after placement of a hot pack that was removed within two minutes. DON-B notified Nursing Home Administrator (NHA)-A via email on 11/10/24 of R1's skin alteration. NHA-A acknowledged receipt of the email on 11/10/24. DON-B notified R1's NP on 11/11/24 at 10:21 AM that R1 asked for a hot pack to be removed approximately five minutes after it was applied. R1 had what appeared to be two small blisters that were not fluid-filled. The nurse applied muscle rub to the same area less than an hour before applying the hot pack which may have contributed to the blisters. NHA-A notified R1's POAHC via email on 11/14/24 at 1:12 PM that R1 had a skin alteration described as a small, raised area after using a hot pack for less than two minutes.</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: 525611	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/03/2024
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 12/3/24 at 10:32 AM, Surveyor interviewed LPN-C who stated the raised, reddened blister-like area was discovered at approximately 6:15 AM by CNA-D and CNA-F who called LPN-C and LPN-E to observe the area. LPN-C notified DON-B and completed paperwork. LPN-C did not update R1's NP because LPN-C assumed LPN-E would follow-up since it was the end of LPN-C's shift.</p> <p>On 12/3/24 at 11:00 AM, Surveyor interviewed LPN-E who thought LPN-C had updated the appropriate people.</p> <p>On 12/3/24 at 2:14 PM, Surveyor interviewed DON-B who indicated typically the NP would be updated on the next rounding day unless it was urgent and required immediate attention. When Surveyor asked when R1's POAHC should have been notified, DON-B indicated the nurse who identified the concern should have followed through with notification. DON-B indicated the facility did not have documentation that staff education was completed for resident representative and provider notification and indicated staff were verbally updated.</p>

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 12/03/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for 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** 51043</p> <p>Based on staff and resident interview and record review, the facility did not ensure the resident environment remained as free of accident hazards as possible for 1 resident (R) (R1) of 3 sampled residents.</p> <p>R1 developed skin redness with blisters (similar to second degree burn) following the use of a hot pack approximately 15 minutes after Licensed Practical Nurse (LPN)-C applied a topical analgesic (pain reducing) cream.</p> <p>Findings include:</p> <p>The facility's First Aid Treatment policy, with a revision date of 1/2024, indicates: .Goal is to provide first-aid intervention to injured residents .10. Residents and employees have the right to refuse first-aid treatment .11. For residents who refuse treatment, the charge nurse and attending physician are notified.</p> <p>The facility's Compress or Soak, Applying Warm policy, with a revision date of 11/2024, indicates: .If applying a reusable warm compress: 1. Follow instructions for heating reusable warm pack per manufacturer's instruction .check the skin under the application every five minutes .The following information should be recorded in the resident's medical record: 1. The date and time that the procedure was performed . 4. The condition of the resident's skin .6. All assessment data obtained during the procedure .7. How the resident tolerated the procedure .8. If the resident refused the procedure, the reason(s) why and the intervention taken .</p> <p>On 12/3/24, Surveyor reviewed R1's medical record. R1 was admitted to the facility on [DATE] and had diagnoses including endocarditis (infection of the inner heart lining and valves), end stage renal disease, dependence on dialysis, and discitis (infection of the spinal discs that can result in severe back pain and limited mobility). R1 had an activated Power of Attorney for Health Care (POAHC). R1's Minimum Data Set (MDS) assessment, dated 10/17/24, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R1 did not have impaired cognition.</p> <p>A progress note, written by LPN-C on 11/10/24 at 6:33 AM, indicated R1 used a hot pack and had a reddened, raised burn on the right hip. LPN-C placed a hot pack on R1's right lateral hip at approximately 12:00 AM due to R1's complaint of pain. LPN-C stated R1 felt the hot pack prior and had no concerns with the temperature. Shortly after the hot pack was applied, R1 indicated it was too hot and LPN-C removed it. On the 11/10/24 AM shift, Certified Nursing Assistant (CNA)-D and CNA-F discovered the reddened area and notified LPN-C and LPN-E.</p> <p>A progress note, written by LPN-E on 11/10/24 at 11:31 AM, indicated the reddened area was tender to touch and didn't bother R1 when in R1's chair.</p> <p>(continued on next page)</p>		

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 12/03/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A progress note, written by LPN-H on 11/10/24 at 10:11 PM, indicated the reddened area did not appear raised, however, two blisters were noted. One blister was oval and measured 2 centimeters (cm). The other blister was round and measured 1 cm. There was also a pink/red area with a white center. R1 denied pain. LPN-H indicated LPN-H would contact the wound nurse.</p> <p>A progress note, written by LPN-C on 11/11/24 at 6:47 AM, indicated the 2 cm oval blister was intact and the skin was loose with no fluid present. The 1 cm round blister was pink and moveable with no fluid present. The third area was not related to the hot pack and appeared to be the start of a pressure injury. After LPN-C followed up with DON-B and the wound care nurse, LPN-C put metahoney (sic) (treatment used to promote healing of wounds) on the first blister.</p> <p>A progress note, dated 12/2/24 at 10:58 PM, indicated Registered Nurse (RN)-I completed a dressing change for an open blister on R1's right hip. A scab remained with no drainage or redness noted.</p> <p>On 12/3/24 at 10:32 AM, Surveyor interviewed LPN-C who indicated around 12:00 AM on 11/10/24, R1 complained of back pain, was in tears, and was concerned about an infection. R1 asked LPN-C to apply Muscle Rub (LPN-C could not remember the name of the product) to R1's right upper gluteal area. Approximately 10-15 minutes later, LPN-C gave R1 a hot pack. LPN-C indicated the hot pack was heated in the microwave for less than 2 minutes. After removing the hot pack from the microwave, LPN-C squeezed the hot pack to distribute the heat gel evenly. LPN-C put a cover on the hot pack, put the hot pack on LPN-C's wrist, and walked to R1's room. LPN-C put the hot pack on R1's right gluteal area and rolled R1 onto R1's back. R1 stated the hot pack was too hot. LPN-C repositioned the hot pack in the same area but R1 stated it was still too hot. LPN-C indicated the hot pack was in contact with R1's skin for a maximum of 2 minutes. LPN-C stated R1 requested the hot pack again for the same area between 1:30 and 2:00 AM. LPN-C reheated the hot pack for 30 seconds, put a cover on the hot pack, and returned to R1's room with the hot pack on LPN-C's wrist. When LPN-C put the hot pack on R1's gluteal area, R1 stated the hot pack did not feel good. LPN-C indicated the hot pack was covered and was put on top of R1's brief and gown. LPN-C left the hot pack on the bed within reach of R1 and indicated the hot pack was not touching R1 when LPN-C left the room. LPN-C verified LPN-C did not check R1's skin after removing the hot pack and indicated R1 did not inform LPN-C of any concerns during the night. A CNA checked on R1 between 4:00 and 5:00 AM and R1 did not report any concerns. At approximately 6:15 AM, CNA-D and CNA-F notified LPN-C and LPN-E of redness on R1's right upper gluteal area. LPN-C and LPN-E assessed but did not measure the area. LPN-C completed the required documentation and notified Director of Nursing (DON)-B. LPN-C did not provide care to the area because R1 did not complain of pain or discomfort. LPN-C indicated R1 was offered something cool to put on the site. R1 refused and stated R1 was fine. LPN-C did not update R1's Nurse Practitioner (NP) or complete any further follow-up because it was the end of LPN-C's shift and LPN-C assumed LPN-E would complete the follow-up.</p> <p>Surveyor reviewed R1's November 2024 Medication Administration Record (MAR) and Treatment Administration Record (TAR) which indicated no topical cream or gel was administered.</p> <p>On 12/3/24, Surveyor observed a reusable hot/cold pack similar to what was used on R1. Instructions on the hot/cold pack indicated: Microwave Instructions for Hot Compress Use: 1. Place room temperature compress flat in microwave. Heat at full power for 45 seconds based on a 1200 [NAME] microwave .4. If additional heat is desired, reheat the compress for 10 seconds. Note: Let the compress return to room temperature before reheating.</p> <p>(continued on next page)</p>		

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 12/03/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 12/3/24 at 10:54 AM, Surveyor observed the microwave used to heat the hot pack and noted it was a 900 [NAME] microwave.</p> <p>On 12/3/24 at 11:00 AM, Surveyor interviewed LPN-E regarding R1's right gluteal area. LPN-E indicated after R1 stated the reddened area did not bother R1, LPN-E and LPN-C left R1's room. LPN-E stated R1 did not report any pain during the 11/10/24 AM shift. LPN-E visualized the area at 8:45 AM which was still pink, round, and slightly raised in the center. When Surveyor asked if LPN-E notified R1's NP, LPN-E indicated LPN-C completed the follow-up procedures and notified the appropriate people.</p> <p>On 12/3/4 at 12:43 PM, Surveyor interviewed R1 who stated R1 experienced back pain because R1's mattress sunk down while R1 was in bed. R1 stated LPN-C offered R1 a hot pack. R1 stated the hot pack felt cold but R1 decided to try it. LPN-C applied the hot pack and repositioned R1 who then fell asleep. R1 indicated LPN-C repositioned the hot pack approximately 10 to 15 minutes later and the hot pack remained there for the rest of the night. R1 stated the CNAs found the hot pack in the morning and stated, Guess we can take this out now. R1 stated the hot pack never felt hot. R1 denied asking LPN-C for Muscle Rub. R1 indicated R1 used topical pain medication for knee and shoulder pain. R1 indicated Muscle Rub would not work on R1's back because the pain was too deep and R1 needed help applying Muscle Rub due to arm pain. R1 denied pain in the reddened, blistered area and was not worried about scarring.</p> <p>On 12/3/24 at 1:17 PM, Surveyor interviewed CNA-D and CNA-F who indicated they were told during report that staff put a hot pack on R1's hip area but removed it after R1 indicated it was too hot. CNA-D and CNA-F indicated they knew to check the area for skin changes. CNA-D indicated a hot pack was not found in R1's bed. LPN-C and LPN-E were notified when CNA-D and CNA-F found the reddened area. LPN-C and LPN-E observed the area, but neither LPN offered R1 a cold pack. CNA-D stated R1 complained of pain every time the CNAs entered R1's room. CNA-F agreed.</p> <p>On 12/3/24 at 2:14 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A and Nurse Manager (NM)-G with DON-B on Speakerphone. NM-G indicated the topical medication should have been documented in R1's TAR. DON-B indicated the topical medication used on R1 was Muscle Rub (the facility's house stock) which was a medicated cream used to treat pain and arthritis. DON-B was unsure if Muscle Rub could be used with hot packs. DON-B indicated the facility had a standing order for the product and the order was activated for R1. DON-B and NHA-A did not provide documentation of staff education regarding the use of Muscle Rub concurrent with hot pack therapy.</p> <p>On 12/3/24 at approximately 2:45 PM, NM-G provided a Muscle Rub box and indicated there was not a package insert. Surveyor noted the active ingredients were menthol (chemical with cooling sensation) and methyl salicylate (analgesic pain reliever). The instructions stated not to use the product with a heating pad.</p>		