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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>525612 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                              | (X3) DATE SURVEY COMPLETED<br><br>07/18/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Park Manor Ltd |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>250 Lawrence Ave<br>Park Falls, WI 54552 |  |

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| (X4) ID PREFIX TAG  | SUMMARY STATEMENT OF DEFICIENCIES<br>(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 - Some</p> | <p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46694</p> <p>Based on staff interview and record review, the facility did not accurately code Minimum Data Set (MDS) 3.0 assessments for 4 residents (R) (R43, R25, R35 and R34) of 18 sampled residents.</p> <p>Findings:</p> <p>The facility's policy titled, COMPREHENSIVE ASSESSMENTS reviewed 4/18/2024, states in part: .</p> <p>7. A significant error is an error in an assessment where:</p> <p>a. The resident's overall clinical status is not accurately represented (i.e., miscoded) on the erroneous assessment and/or results in an inappropriate plan of care; and</p> <p>b. The error has not been corrected via submission of a more recent assessment.</p> <p>8. A significant error differs from a significant change because it reflects incorrect coding of the MDS and NOT an actual significant change in the resident's health status.</p> <p>Example 1</p> <p>R43 was admitted on [DATE] with a Brief Interview of Mental Status (BIMS) unable to complete or assess. Diagnoses included dementia, psychotic disorder, and anxiety.</p> <p>R43 was marked for no Preadmission Screening and Resident Review (PASARR) level II with diagnosis.</p> <p>On 07/15/24 at 10:55 AM, Surveyor asked Director of Nursing (DON) B for R43's PASARR level II and was this was readily provided to Surveyor. The MDS indicator in the Long Term Care Survey Process (LTCSP) program showed no PASSAR level II. Review of the annual MDS dated [DATE] is the last MDS that addresses section 1500 PREADMISSION SCREENING AND RESIDENT REVIEW. The MDS section 1500 has No checked.</p> <p>On 07/15/24 at 11:13 AM, MDS Coordinator, MDSC F, who works remotely, returned phone call to Surveyor. Surveyor informed MDSC F that the MDS has under section 1500 marked No, that there is no PASARR level II completed. MDSC F acknowledged the MDS was coded inaccurately.</p> <p>Example 2</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.

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| 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 - Some</p>                    | <p>R35 was admitted on [DATE] with a BIMS of 15 and diagnoses of schizoaffective disorder (mental disorder in which a person experiences a combination of symptoms of schizophrenia and mood disorder) and anxiety. R35 had an admission 5-day MDS dated [DATE] with section 1500 marked No, for completion of PASARR level II with diagnosis. Surveyor reviewed the medical record and noted that R35 has a PASARR level II completed.</p> <p>Example 3</p> <p>R34 was admitted on [DATE] with a BIMS of 15 and diagnoses of schizoaffective disorder, anxiety, and depression with an annual MDS date 04/10/24 under section 1500 marked No, for completion of PASARR level II. Surveyor reviewed the medical record and noted a PASARR level II was completed.</p> <p>Example 4</p> <p>R25 was admitted on [DATE] with a BIMS of 15 (indicating normal cognitive function) on the annual MDS dated [DATE]. R25 had diagnoses of bipolar II, anxiety, and depression.</p> <p>On 07/15/24 at 12:55 PM, Surveyor reviewed medical chart for R25 and found the annual MDS dated [DATE] has under section 1500 marked No for completion of PASARR level II with diagnosis. Surveyor reviewed the medical record and noted the PASARR level II was completed.</p> <p>On 07/16/24 at 1:38 PM, Surveyor interviewed DON B asking why R25, R35, and R34 were incorrectly coded on the MDS for no PASARR level II being completed. DON B informed Surveyor this information is incorrect and will be given to MDS coordinator for correction.</p> <p>On 07/18/24 at 7:53 AM, Surveyor noted in the medical chart that R43, R25, R35 and R34 have a 'Sig. Change' in process for this correction.</p> <p>47657</p> <p>Example 5</p> <p>R25 had an error in Section N0415, wherein the use of a high-risk drug class of an antipsychotic use was not identified as being taken.</p> <p>R25 was admitted to the facility on [DATE] with a diagnosis of adjustment disorder with depressed mood.</p> <p>On 07/17/24 at 8:04 AM, Surveyor reviewed R25's physician orders which indicated a physician order dated 03/29/23 for Aripiprazole (an antipsychotic) 10 mg one time daily for antidepressant augmentation with a gradual dose reduction on 04/12/24 to Aripiprazole 5mg one time daily for antidepressant augmentation.</p> <p>On 07/18/24 at 9:22 AM, Surveyor reviewed R25's annual MDS dated [DATE] and a quarterly MDS completed on 06/29/24 which were not coded accurately identifying R25 receives an antipsychotic.</p> <p>On 07/17/24 at 2:29 PM, Surveyor interviewed DON B, asking about the inaccurate MDS entries. DON B stated the expectation would be that a resident on an antipsychotic be accurately coded on the MDS.</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46694</p> <p>Based on interview and record review, the facility did not develop a comprehensive person-centered care plan for 2 of 18 sampled residents (R46 and R60).</p> <p>The facility did not develop a care plan for R46 and R60 for respiratory care.</p> <p>Findings:</p> <p>The facility policy titled, COMPREHENSIVE PERSON-CENTERED CARE PLANNING reviewed 05/15/24, states in part: .Policy Interpretation and Implementation</p> <p>1) The interdisciplinary team (IDT), in conjunction with the resident and representative and/or family, develops and implements a comprehensive, person-centered care plan for each resident .</p> <p>3) The care plan interventions are derived from a thorough analysis of the information gathered as part of the comprehensive assessment .</p> <p>Example 1</p> <p>R46 was admitted on [DATE] with diagnoses of pneumonitis (inflammation of lung tissue due to non-infectious causes, which results in cough without mucus or phlegm, shortness of breath and fatigue), sepsis, acute bronchitis, acute respiratory failure with hypoxia (is a below-normal level of oxygen in your blood).</p> <p>R46 had doctor's orders that include budesonide for acute respiratory failure with hypoxia. Albuterol nebulizer as needed for shortness of breath. Mucus relief tablet for cough.</p> <p>R46 had a progress note in the medical chart dated 04/14/2024 titled Infection Note.</p> <p>Note text: Resident is receiving antibiotic for aspiration pneumonia with no adverse effects noted. Resident also receiving budesonide nebulizer treatment in conjunction with albuterol nebulizer treatment, both scheduled. Lungs auscultate faint inspiratory wheezes prior to nebulizer, resolved post nebulizer, occasional throat clearing, cough noted. Does not appear short of breath, oxygen saturation was 92% on room air.</p> <p>On 07/17/24 at 9:36 AM, Surveyor asked Director of Nursing (DON) B for a comprehensive care plan regarding R46's respiratory care.</p> <p>On 07/17/24 at 9:53 AM, DON B provided discharge summary dated 04/30/24 care plan General Nutrition &amp; Hydration. No care plan found that was specific to respiratory cares provided.</p> <p>Example 2</p> <p>(continued on next page)</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>R60 was admitted on [DATE] with diagnoses of Respiratory Syncytial Virus (RSV causes infections of the lungs and respiratory tract), acute bronchiolitis due to RSV, acute respiratory failure with hypoxia, dependence on supplemental oxygen.</p> <p>R60 had doctor's orders that included albuterol nebulizer for shortness of breath. Guaifenesin as needed for a cough. Oxygen every shift for shortness of breath.</p> <p>On 07/17/24 at 8:47 AM, Surveyor was unable to find a respiratory care plan and asked DON B to provide this.</p> <p>On 07/17/24 at 9:37 AM, Surveyor interviewed DON B. DON B informed Surveyor that there was no comprehensive respiratory care plan on the resident, but we are starting one now.</p> |   |  |

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| <p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 47657</p> <p>Based on observation, record review and interview, the facility did not ensure care plans were reviewed and revised to reflect changes in care for 2 of 18 residents (R45 and R6).</p> <p>According to the Resident Assessment Instrument, The comprehensive care plan is an interdisciplinary communication tool. It must include measurable objectives and time frames and must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental and psychosocial well-being. The care plan should be revised on an ongoing basis to reflect changes in the resident and the care that the resident is receiving.</p> <p>The facility policy entitled Comprehensive Person-Centered Care Planning and last reviewed on 05/15/24 with a Policy Statement: A comprehensive person-centered care plan that includes measurable objectives and goal dates to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident Section 12 of policy stated, The interdisciplinary team reviews and updates the care plan:</p> <ol style="list-style-type: none"> <li>a. When there has been a significant change in the resident's condition</li> <li>b. When the desired outcome is not met.</li> <li>c. When the resident has been readmitted to the facility from a hospital stay; and</li> <li>d. At least quarterly, in conjunction with the required quarterly MDS assessment.</li> </ol> <p>Example 1</p> <p>R45 was admitted to the facility on [DATE] with a diagnosis of retention of urine and has an indwelling urinary catheter since admission.</p> <p>R45's care plan revised on 06/05/24 states for toilet use resident does have an indwelling foley catheter (chronic), dependent upon staff for catheter management.</p> <p>On 07/15/24 at 9:42 AM, Surveyor interviewed R45 regarding management of catheter. R45 stated independence with emptying urinary bag and reports to staff the amount of urine emptied from bag each time. R44 confirmed preference managing the catheter independently.</p> <p>On 07/17/24 at 11:26 AM, Surveyor interviewed Certified Nursing Assistant (CNA) D regarding management of catheter. CNA D confirmed R45 usually manages catheter on own as is a very private person and doesn't like assistance.</p> <p>On 07/18/24 at 9:00 AM, Surveyor interview Director of Nursing (DON) B, who stated R45 was admitted with catheter and has always managed it independently and confirmed the care plan does not reflect current approaches accurately.</p> <p>(continued on next page)</p> |   |  |

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| <p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Example 2</p> <p>R45's care plan for fall risk was revised on 06/05/24 with an intervention of assuring call light is within reach.</p> <p>On 07/15/24 at 9:43 AM, Surveyor interviewed R45 stating recently having a fall, but was not aware of any interventions put into place to prevent further falls.</p> <p>On 07/17/24 at 12:06 PM, Surveyor reviewed R45's medical record and noted the care plan was not revised to reflect interventions:</p> <p>On 05/08/24 at 11:15 PM, R45 had a fall investigation that determined the root cause was due to R45 wearing socks. An intervention was documented to have R45 wear gripper socks.</p> <p>On 7/9/24 at 2:57 AM, R45 had a fall investigation that determined the root cause was due to R45 attempting to go to bathroom as felt catheter leg bag was full. An intervention was documented to have staff do frequent checks of catheter bag.</p> <p>On 07/18/24 at 9:00 AM, Surveyor interview DON B, who confirmed the care plan does not reflect current interventions accurately.</p> <p>Example 3</p> <p>R6 was admitted to facility on 10/09/23 with diagnosis of unspecified dementia and reduced mobility.</p> <p>R6's care plan problem for moderate risk for falls revised on 05/30/24, states current interventions of ensuring clear pathways in room and hall, ensure call light within reach and ensure personal items are within reach.</p> <p>On 07/15/24 at 10:14 AM, Surveyor observed a sign hanging on walker stating, Take me with you, an alarm on bed and an alarm on wheelchair to alert staff of self-transfers.</p> <p>On 07/17/24 at 10:38 AM, Surveyor interviewed Licensed Practical Nurse (LPN) E regarding R6's current fall interventions that were observed. Surveyor asked where to locate them in the care plan. LPN E pulled up R6's record and confirmed inability to locate current interventions of alarms and reminder sign on R6's care plan.</p> <p>On 07/17/24 at 10:49 AM, Surveyor interviewed DON B who stated DON B was not aware that current interventions were not accurately documented in care plans.</p> |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Provide and implement an infection prevention and control program.</p> <p>30570</p> <p>Based on observation, record review and interview, the facility did not implement enhanced barrier precautions consistent with current infection control standards of practice for 1 of 3 residents reviewed on enhanced barrier precautions (R29).</p> <p>This is evidenced by:</p> <p>Surveyor requested and reviewed the facility policy titled Infection Prevention and Control dated as most recently reviewed on 2/20/2023. The policy in part read:</p> <p>Standards of Practice:</p> <p>Centers of Disease Control (CDC)</p> <p>Association for Professionals in Infection Control (APIC)</p> <p>Enhanced Barrier Precautions</p> <p>Implementation of Personal Protective Equipment in Nursing Homes to Prevent the Spread of Novel or Targeted Multi-Drug-resistant Organisms (MDRO's) updated: July 29, 2019.</p> <p>Enhanced Barrier Precautions expands the use of PPE beyond situations in which exposure to blood and body fluids is anticipated, refers to the use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDRO's to staff hands and clothing.</p> <p>Examples of high-contact resident care activities requiring gown and glove use for Enhanced Barrier Precautions include .</p> <p>Wound Care: any skin opening requiring a dressing.</p> <p>Surveyor reviewed R29's record and noted:</p> <p>R29's diagnosis included:</p> <p>3/12/24: Encounter for orthopedic aftercare following surgical amputation</p> <p>3/12/24 Acquired absence of right leg below knee</p> <p>R29's medical record directs staff on isolation as follows:</p> <p>Onset: 3/12/24</p> <p>Enhanced Barrier Precautions</p> <p>PPE Requirements: Gloves and Gowns</p> <p>(continued on next page)</p> |   |  |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Route of Transmission: Direct Contact</p> <p>On 7/16/24 at 10:29 AM, Surveyor observed Registered Nurse (RN) C enter R29's room without gown or gloves. Surveyor observed a Personal Protective Equipment (PPE) cart outside R29's room. The room door had signage that read STOP: Transmission Based Precautions: Contact Precautions with Gown, Gloves and may come out of room boxes checked. The PPE cart outside R29's room had a sign that read Gloves and Gowns ONLY. The PPE cart contained gloves, gowns, garbage bags, face masks and Sani-hands wipes.</p> <p>RN C placed gauze, tape and scissors on a towel placed on R29's foot of the bed. RN C cut the tape with scissors, performed hand hygiene and donned gloves. RN C did not don a gown. RN removed tape and dressing from R29's lower leg/stump. RN C then dampened the incision with saline, removed gloves, performed hand hygiene when done wiping stump. No redness with 2 open areas on top of stump. RN C was not wearing a gown with direct contact with R29.</p> <p>Surveyor asked RN C what precautions R29 is on and what should be worn for direct contact/wound treatment. RN C indicated R29 is on Enhanced Barrier precautions/contact precautions. RN C then said, Oh shucks I was yapping too much and didn't put on a gown. RN C then stepped out of room to PPE cart and donned a gown. RN C expressed it is required for her to don a gown and gloves before any direct contact with R29 as part of enhanced barrier precautions/contact precautions and she should have donned a gown prior to any contact with R29. RN C was observed completing the remainder of R29's wound care with expected enhanced barrier precautions.</p> <p>On 07/16/24 at 2:50 PM, Surveyor interviewed Director of Nursing (DON) B about R29's incisional wounds and expected precautions for any staff contact with R29. DON B expressed R29 has areas on the incision line which are chronic and non-healing. The areas have no infection. The areas were last cultured on 5/14/24 with no growth noted. R29 is on enhanced barrier precautions with the expectation to wear gown and gloves with any close contact with her including wound care to keep area free of infection. RN C should have donned gown and gloves prior to any direct contact with resident per the facility policy and standards of practice.</p> |   |  |