

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525622	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/02/2024
NAME OF PROVIDER OR SUPPLIER Soldiers Grove Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 101 Sunshine Blvd Soldiers Grove, WI 54655	

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 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>47807</p> <p>Based on interview and record review, the facility did not ensure a care plan was developed for nicotine use for 1 of 2 residents (R) 1 reviewed for comprehensive care plans.</p> <p>This is evidenced by:</p> <p>The facility policy, entitled Comprehensive Care Plan dated 09/23/22, states in part: It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that include measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the residents comprehensive assessment .</p> <p>2. The comprehensive care plan will be developed within 7 days after the completion of the comprehensive MDS assessment . Other factors identified by the interdisciplinary team, or in accordance with the resident's preferences, will also be addressed.</p> <p>On 03/19/24 at 8:30 AM, Surveyor conducted a record review of progress notes for Resident (R) 1. A note stating: 1/25/2024 03:41 .Behavior Note .Staff called to resident room tonight, found to be incontinent of stool .Staff began cleaning resident up, resident found to have multiple vape pens in his bed as well as a Dab pen and his phone. Staff cleaning resident and attempting to rolling him resident had to take a hit before moving. Staff then asked him to put them away as they were removing all bedding, which resident reluctantly complied.</p> <p>On 03/19/24 at 8:40 AM, Surveyor's record review of the care plan for R1 revealed no care plan for the resident related to nicotine products.</p> <p>On 03/19/24 at 10:03 AM, Surveyor interviewed R1 regarding the incident on 01/25/24. R1 said that R1 did wish to use tobacco products and now understands that R1 cannot use them in the building. R1 knew about the designated areas and said it did not bother them. R1 mentioned the new rule is that R1's materials are locked at the nurse's station, and R1 can access the smoking materials whenever R1 wishes. R1 usually took their smoking materials with R1 when leaving the facility with family. R1 did not see any problem with the current arrangement.</p> <p>On 03/19/24 at 11:05 AM, Surveyor interviewed Certified Nursing Assistant (CNA) E about R1's smoking habits. CNA E said CNA E did not even know that R1 used a vape or tobacco products.</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 03/19/24 at 11:52 AM, Surveyor interviewed Registered Nurse (RN) M and RN K regarding the process for R1 to receive R1's smoking materials. RN M and RN K said that R1 will come to the nurse's station whenever R1 liked, and the materials can be checked out. This is typically when R1 is leaving with family.</p> <p>On 03/19/24 at 12:20 PM, Surveyor interviewed Nursing Home Administrator (NHA) A and Director of Nursing (DON) B regarding R1 using tobacco products. After the nicotine products were discovered, NHA A and DON B put into place the lock box and made sure to let R1 know where and when R1 was allowed to use the products, as per their policy. R1 seemed agreeable and understood. Surveyor asked for R1's care plan related to nicotine use.</p> <p>On 03/19/24 at 12:39 PM, Surveyor interviewed DON B about the care plan. DON B said they did not have a care plan and when the incident occurred, they expected the Minimum Data Set (MDS) coordinator to update care plans and this was not being done. DON B said they would have expected the care plan to be updated in this instance.</p>		

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<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>47807</p> <p>Based on interviews and record reviews, the facility did not ensure that the resident environment remained as free of accident hazards as possible. The facility did not assess the resident's ability to use e-cigarettes after determining that the resident used nicotine products. This occurred for 1 of 2 residents (R) 1 reviewed for assessments related to nicotine use.</p> <p>This is evidenced by:</p> <p>The facility policy, entitled Smoking Policy dated 07/14/22, states in part: This center shall establish and maintain a safe resident environment, while maintaining resident rights, smoking or nicotine use will be limited to designated areas, supervision and safety plans . 1. Residents who smoke or use smokeless tobacco products shall have a Nicotine Assessment completed upon admission, quarterly, annual and PRN. Residents or responsible party must be in agreement to nicotine use . Unsafe practices will result in IDT review of Nicotine Assessment and care plan interventions.</p> <p>On 03/19/24 at 8:30 AM, Surveyor conducted record review of progress notes for Resident (R) 1. A note stating: 1/25/2024 03:41 .Behavior Note .Staff called to resident room tonight, found to be incontinent of stool .Resident initially couldn't remember why he put the light on, then remembered and stated he had an accident. Staff began cleaning resident up, resident found to have multiple vape pens in his bed as well as a Dab pen and his phone. Staff cleaning resident and attempting to rolling him resident had to take a hit before moving. Staff then asked him to put them away as they were removing all bedding, which resident reluctantly complied.</p> <p>On 03/19/24 at 8:40 AM, record review indicated that R1 had two nicotine safety assessments, with the most recent assessment on 05/10/23. The nicotine safety assessment indicated that R1 did not use nicotine or have cessation materials. The assessments were completed before the incident on 01/25/24. No further nicotine safety assessments were completed after the facility had knowledge R1 was using nicotine.</p> <p>On 03/19/24 at 10:03 AM, Surveyor interviewed R1 regarding the incident on 01/25/24. R1 said that they did wish to use tobacco products and now understands they cannot be used in the building. R1 knew about the designated areas and said it did not bother them. R1 then mentioned the new rule is that their materials are locked at the nurse's station, and R1 can access them whenever R1 wishes. R1 usually took their smoking materials with them when leaving the facility with family. R1 did not see any problem with the current arrangement.</p> <p>On 03/19/24 at 11:05 AM, Surveyor interviewed Certified Nursing Assistant (CNA) E about R1's smoking habits and CNA E said they did not even know that R1 used a vape or tobacco products.</p> <p>On 03/19/24 at 11:52 AM, Surveyor interviewed Registered Nurse (RN) M and RN K regarding the process for R1 to receive their smoking materials and safety. RN M and RN K said that R1 will come to the nurse's station whenever R1 liked, and the materials can be checked out. This is typically when R1 is leaving with family.</p> <p>(continued on next page)</p>		

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