STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525622	A. Building B. Wing	09/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Soldiers Grove Health Services	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)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39713 Based on interview and record review, the facility did not immediately consult with the resident's physician when there is a need to alter treatment for 1 out of 3 residents (R) reviewed for physician notification (R1). R1 had a change of condition and the facility failed to update the physician. R1 had an oxygen saturation level outside of parameters on several occasions and the physician was not updated. Facility staff also increased R1's oxygen without updating the physician or receiving orders to increase oxygen. This is evidenced by: Facility policy, titled, Change in Condition of the Resident, last reviewed 9/20/22, states in part . Policy: A facility should immediately inform the resident; consult with the resident's physician; and notify consistent with his or her authority, the resident representative(s) when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); or a need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment). 1. Assess the resident's need for immediate care / medical attention. Provide emergency care as needed. 2. Assess/evaluate the resident. 3. Notify resident's physician - Use INTERACT Change in Condition: When to report to the MD/NP/PA (Medical Doctor, Nurse Practitioner, Physician Assistant) as a guideline. a. Immediate notification: Immediate notification for any symptom, sign or apparent discomfort that is: i. Acute or sudden onset, and: ii. A marked change (i.e., more severe) in relation to usual symptoms and signs, or: iii. Unrelieved by measures already prescribed requires a phone call to the provider. 5. Monitor resident's condition frequently until stable or transported to a higher level of care, if needed. Facility document titled, Standing Orders Facility Protocol, states in part . Oxygen therapy 1-3L/min (liters a minute) per nasal canula to keep O2 sat (saturation) above 90% (percent) for SB (shortness of breath), dyspnea, or chest pain. (continued on next page)

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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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interact Version 4.5 Tool for Change in Condition: When to report to the MD/NP/PA, states in part . Immediate Notification: Any symptom, sign or apparent discomfort that is: Acute or Sudden in onset, and: A Marked Change (i.e., more severe) in relation to usual symptoms and signs, or Unrelieved by measures already prescribed. Vital Signs: Report Immediately: Oxygen saturation <90% (less than 90 percent). R1 was admitted to the facility on [DATE], with diagnoses, including, but not limited to: malignant neoplasm of unspecified part of bronchus or lung (lung cancer), secondary malignant neoplasm of bone (bone cancer), acute and chronic respiratory failure with hypoxia, pulmonary hypertension (high blood pressure in the lungs arteries), and nonrheumatic mitral insufficiency (mitral valve does not close properly). R1's most recent Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 5/7/24 indicates R1 is cognitively intact with a Brief Interview for Mental Status (BIMS) score of 15 out of 15. R1's hospital discharge summary, dated 5/1/24, states in part . Oxygen-outpatient/home use therapy Oxygen for portability Equip (equipment): Concentrator and Cylinders w/ (with) contents and Regulators. O2 Use: 3 LPM (liters per minute) at rest nasal canula and 3 LPM w/ activity nasal canula. Lifetime need. Recommendations: Continue supplemental oxygen: 3L (liters) at rest, 3L with activity. Physician progress note from 5/9/24, states in part . Plan: .2. Lung cancer with Mets (metastasis/spread) to bone and brain. Add in his brother [sic]. They are hopeful that with some rehab here at the nursing home that it [sic] can get stronger and return to chemotherapy treatments. He is [sic] albuterol neb as needed. Oxygen 3 liters/minute. He has Decadron 0.5 daily. Bactrim DS (antibiotic) once daily as prophylaxis for this immunocompromise state . R1's physician orders for May 2024, include, in part: Oxygen at 3l/min (liters per minute) via nasal cannula. Start Date: 5/1/24. R1's Medication Administration Record (MAR) from May 2024, includes, in part: Check O2 sat every shift. R1's documented O2 saturations, state in part . (continued on next page)

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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	5/02/24, AM (day) shift, 98% at 4L/min 5/03/24, NOC (night) shift, 89% at 4L/min 5/04/24, NOC shift, 89% at 4L/min 5/07/24, AM (day) shift, 85% at 4L/min 5/07/24, NOC shift, 89% at 4L/min 5/08/24, AM shift, 87% at 3L/min 5/08/24, PM (evening) shift, 88% at 3L/min 5/08/24, NOC shift, 87% at 3L/min 5/09/24, AM shift, 85% at 3L/min. Physician in on rounds and assessed R1. 5/09/24, NOC shift, 89% at 3L/min 5/10/24, AM shift 94% at 4L/min. 5/10/24, NOC shift, 88% at 3L/min 5/11/24, AM shift, 84% at 3L/min 5/11/24, PM shift, 80 % at 3L/min 5/11/24, NOC shift, 86% at 3L/min 5/12/24, AM shift, 84% at 3L/min. MD notified of status. 5/12/24, PM shift, 89% at 4L/min 5/12/24, NOC shift, 67% at 4L/min 5/13/24, AM shift, 69% at 4L/min. R1 sent to hospital. Note: Facility staff did not obtain orders to increase R1's oxygen above the ordered 3L/min. R1's oxygen was increased above 3 on several occasions as noted above. Note: Facility staff did not update the physician when R1's oxygen saturation levels would fall below 90% following the INTERACT guidelines. (continued on next page)

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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 9/4/24 at 1:30 PM, Surveyor interviewed DON B (Director of Nursing). Surveyor asked DON B what standard of practice the facility uses. DON B stated, interact or AMDA (American Medical Directors Association) guidelines. Surveyor asked DON B if staff should increase oxygen on a resident without a physician's order. DON B stated, staff should not have gone above the ordered 3L/min without an MD (medical doctor) order. Surveyor asked DON B if the physician should have been notified when R1's oxygen saturation levels decreased below 90%. DON B stated, absolutely, if saturations dropped below 90%. On 9/4/24 at 1:45 PM, Surveyor interviewed RN C (Registered Nurse). Surveyor asked RN C what standard of practice the facility uses. RN C stated, Interact. Surveyor asked RN C if a residents oxygen saturation drops below 90% what should be done. RN C stated, that is not normal and would require physician notification. Surveyor asked RN C if staff should increase oxygen without physicians orders. RN C stated, no, would need an order to increase oxygen. On 9/4/24 at 2:30 PM, Surveyor interviewed RN D. Surveyor asked RN D what standard of practice the facility uses. RN D stated, Interact. Surveyor asked RN D if staff should increase oxygen without physicians orders. RN D stated, no, unless it is below what we have for standing orders but would still need to update the physician. On 9/4/24 at 2:40 PM, Surveyor interviewed ADON E (Assistant Director of Nursing). Surveyor asked ADON E about R1's care in the facility. ADON E stated, the resident's family was not accepting of his diagnoses. Surveyor asked ADON E if staff should increase a resident's oxygen without a physician's order and when a physician should be notified. ADON E stated, anything under 90% requires physician notification. Staff could increase oxygen short-term while calling the physician, but oxygen should not be turned up and left without that notification. The facility failed to update R1's physician of oxygen saturation levels below 90% and failed to update when oxygen increased above the physician's order of 3L/min.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 29360 Based on observation, record review, and resident and staff interviews, the facility did not develop and implement a comprehensive resident-centered care plan for 1 of 5 sampled residents reviewed (R2). R2 has a history of making false allegations. This is not on R2's comprehensive care plan. Evidenced by: The facility's Comprehensive Care Plan policy, dated 9/23/22, includes, in part, the following: Policy: 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 includes measurable objectives and timeframes to meet a resident's medical, nursing, and psychosocial needs that are identified in the resident's comprehensive assessment. Policy Explanation and Compliance Guidelines: f. Resident specific interventions that reflect the resident's needs and preferences and align with the resident's cultural identity, as indicated. g. Individualized interventions for trauma survivors that recognizes the interrelation between trauma and symptoms of trauma, as indicated. Trigger-specific interventions will be used to identify ways to decrease the resident's exposure to triggers which re-traumatize the resident, as well as identify ways to mitigate or decrease the effect of the trigger on the resident. R2 was admitted to the facility on [DATE]. R2's diagnoses includes stroke, vascular dementia, and anxiety. R2's most recent Minimum Data Set (MDS), dated [DATE], includes in part, the following: R2 has severe cognitive impairment and does not have any behaviors. The facility's self-report, dated 7/2/24, includes, in part the following: Brief Summary of Incident: LPN F (Licensed Practical Nurse) called this writer and reported that HHS (Health and Human Services) had called her and reported that they were made aware of R2 reporting that [NAME] (sic) Nurse left bruises on her. RN C (Registered Nurse) is our only Male Nurse. R2 has a BIMS (Brief Interview of Mental Status) of 0. A complete head to toe assessment of the resident was performed this evening. The RN was removed from the schedule for tomorrow and we will notify law enforcement on 7/3 and conduct a full investigation. Outcome: . The Sheriff's Department reported interviewing FM G (Family Member) who is R2's guardian and reports that the guardian had no suspicions or concerns about (R2's) safety and well-being. Also (FM G) reports that his mother (R2) has a history of making false abuse allegations. On 9/4/24 at 2:10 PM, Surveyor interviewed DON B (Director of Nursing). Surveyor asked DON B if she was aware of R2's history of making false allegations. DON B stated R2 has been making false allegations since she was admitted . Surveyor asked DON B if R2 is making false allegations has the facility care planned this; DON B stated no, this was not on R2's comprehensive care plan but should be.