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 05/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Soldiers Grove Health Services	101 Sunshine Blvd Soldiers Grove, WI 54655

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 47657 Based on record review and interview, the facility did not ensure that each resident receives adequate supervision and assistance devices to prevent accidents for 1 of 6 residents (R21). Findings include: The facility policy entitled, Fall Prevention and Management Guidelines, last reviewed/revised on 11/09/22, lists in part . -provide interventions that address unique risk factors. -interventions will be monitored for effectiveness. -contributing factors to fall -review of investigation and determination of potential root cause of fall. The facility policy entitled, Resident Alarms, last reviewed/revised on 09/09/22, states in part, The facility shall establish and utilize a systematic approach for the safe and appropriate use of resident alarms which includes verifying alarms are working properly. R21 was admitted to facility on 08/27/21 and has diagnoses that include, Alzheimer's disease, unspecified dementia, difficult in walking and muscle weakness. R21's most recent Minimum Data Set (MDS) Assessment, which was a significant change in condition, dated 02/12/24, and indicates R21 has both short term and long-term memory problems, severely impaired - rarely/never made decisions and Bed/chair alarms are used daily. Facility fall risk assessment completed on 02/07/24 indicates R21 is at moderate risk for falls. R21's physician order with start date of 09/01/22 states to change battery for all alarms on the 1st of every month. R21's physician order with start date of 07/06/23 states to check for proper placement and functioning of alarms every shift. (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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R21's care plan initiated on 09/07/21 and last updated on 02/01/24 indicates R21 is at risk for falls due to history of falls, impaired balance/poor coordination, syncope/vertigo, and unsteady gait. R21's current fall interventions include: -Ensure antiroll back brakes initiated on 12/14/21 are functioning properly. -Bed and chair alarms at all times initiated on 01/23/22. -Ensure Dycem is in wheelchair prior to assisting into wheelchair initiated on 10/27/23. -Provide assistance to transfer and ambulate initiated on 09/07/21. -Reinforce need to call for assistance initiated on 09/07/21. -Gripper socks and/or shoes at all times revised on 08/10/23. Noted care planned prior to have gripper socks at all times initiated on 09/29/22. On 05/07/24 at 11:18 AM, Surveyor reviewed R21's fall investigations and noted: R21 had an unwitnessed fall on 12/29/23 at 5:30 PM, wherein R21 was found lying on the bathroom floor, bowel movement in toilet, wheelchair alarm not sounding, and brakes not locked. -Interventions put into place at time of fall were changing the batteries in alarm and re-situated Dycem as old was crinkled up on top of alarm. -Treatment record on 12/29/23 indicated that alarms were checked every shift for proper placement and functioning of alarms by nursing staff and no indication of not functioning properly was noted. -No investigation/intervention was completed as to why the alarm not functioning. -No intervention/intervention was completed as to why the wheelchair brakes were not functioning. R21 had an unwitnessed fall on 01/18/24 at 3:20 AM, wherein R21 was found on floor next to bed and bed alarm was unplugged. -Interventions put into place were to remind staff to put gripper socks on and plug in bed alarm. -Treatment record on 01/18/24 indicated that alarms were checked every shift for proper placement and functioning of alarms by nursing staff and no indication of not functioning properly was noted. -No intervention/investigation was completed as to why the alarm was unplugged. On 05/09/24 at 8:56 AM, Surveyor interviewed Director of Nursing (DON) B regarding 12/29/23 and 01/18/24 falls. DON B stated an investigation was not conducted as to why alarms or anti-lock brakes were not working or became unplugged. The facility did not discuss concerns during Interdisciplinary team meetings or during Quality Assurance meetings. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 05/09/24 at 9:46 AM, Surveyor interviewed DON B regarding expectation from staff when a device is found not working. DON B stated her expectation would be for staff to investigate in attempt to determine reason and either fix or replace device.

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40590 Based on observation, interview and record review, the facility did not ensure assessments for bowel continence and interventions to maintain current bowel continence were implemented to maintain bowel function for 1 of 1 resident reviewed with a bowel incontinence (R25). This is evidenced by: R25 was admitted to the facility on [DATE] and has diagnoses that include neurogenic bladder, acute pyelonephritis, diabetes mellitus type 2 and mild intellectual disability. R25's Minimum Data Set (MDS), dated [DATE], indicates that R25 has a Brief Interview for Mental Status (BIMS) score of 99 (unable to complete interview), an indwelling Foley catheter, bowel continence of not rated, uses a Hoyer lift for transfers and is dependent on staff for bowel continence. R25's MDS, dated [DATE], indicates that R25 has bowel continence rated at 02: frequently incontinent. R25's MDS, dated [DATE], indicates that R25 has bowel continence of 02: frequently incontinent. R25's care plan, dated 9/14/2022, states, Bowel incontinence related to disease process, impaired mobility will be maintained in as clean and dry dignified state as possible, will have no skin breakdown, will have no complications and toilet upon rising, before/after meals, at bedtime and PRN (as needed). R25's care plan states, Resident is at risk for falls related to gait balance problems, history of falls. Fall related injuries will be minimized through care plan review date and resident to be toileted before and after meals. R25's care plan states, ADL self-care deficit as evidenced by reliance on staff related to: physical limitations, disease process of epilepsy and TRANSFER: Hoyer with assist of 2. Staff may use the ez-stand to toilet from broda chair to toilet only. Review of Certified Nursing Assistant (CNA) care Kardex, dated 5/9/24, states: BLADDER/BOWEL toilet upon rising, before/after meals, at bedtime and PRN and TRANSFER: Hoyer with assist of 2. Staff may use the ez-stand to toilet from broda to toilet only. Bowel Assessments Date: 11/7/2022 Bowel: 1. Continent of Stool? a. Yes (continued on next page)

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2. Bowel Pattern: a. Normal formed stool, rarely/never depends on laxative 3. Factors contributing to Fecal Incontinence e. Chronic laxative use 5. Comments: Noted to have incontinent BM since hospital admission. Description: Re-Admission Score: 16.0 Date: 12/26/2022 13:17 Bowel: 1. Continent of Stool? b. No 2. Bowel Pattern a. Normal formed stool, rarely/never depends on laxative Add: The assessment does not describe the type of fecal incontinence or contributing factors. There are no individualized interventions to assist R maintain is current level of bowel continence. R25's most recent bowel assessment, completed 12/26/2022, shows R25 is not continent of bowel. The bowel assessment does not describe the type of bowel incontinence or contributing factors. There are no individualized interventions to assist R25 in maintaining current level of bowel incontinence. Surveyor did not locate any other bowel assessments since 12/26/22. Review of bowel tracking look back for 30 days describes type, frequency, consistency, and patterns of bowels but does not contain information about type of bowel incontinence or patterns of bowel movements to implement an individualized bowel toileting program. Review of fall incident reports show that R25 has had 2 falls when getting up unassisted related to having to go to the bathroom/incontinent of bowel. Observations of R25 on 5/7/24 are as follows: 7:29 AM R25 was observed lying in his bed fully dressed with a Hoyer pad underneath him. 7:40 AM CNA F entered R25's room with Hoyer lift then left. 7:43 AM CNA F and another CNA entered R25's room. 7:48 AM Both CNAs left room with R25. R25 was in a Broda chair with blanket on his lap. 8:21 AM R25 was observed in the dining room for breakfast. 8:26 AM Observations continued. 8:53 AM R25 was taken from dining room to his room and placed in front of the TV. No toileting was offered. (continued on next page)

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	8:54 AM CNA F entered R25's room to remove the Hoyer lift. 9:11 AM CNA F entered R25's room with bed linens and dropped them off. No toileting provided. 9:23 AM-10:58 AM No toileting offered. The EZ stand was not brought into R25's room during this observation. 11:28 AM R25 was still in Broda chair. R25 was awake and moving around. R25 sat forward and scooted his bottom forward. R25's lower legs were on the outside of the elevated footrest. It appeared R25 was attempting to get out of the Broda chair but could not. R25 had a chair alarm attached to shirt. 11:31 AM, R25 continued to move back and forth in Broda chair. CNA F entered R25's room and closed the door. CNA F could be heard stating, Hi, what ya doing? The EZ stand lift was not brought into the room. 11:33 AM CNA F came out of room and walked down the hallway towards the nurse's station. 11:35 AM R25 was taken to the common area by front entrance. 11:35 AM - 11:49 AM Observation continued. 11:49 AM CNA F took R25 to the dining room for lunch. 11:49 AM-12:48 PM R25 was observed in the dining room. 12:48 PM CNA F took R25 out of dining room. 12:53 PM R25 was observed sitting in common area by front entrance. R25 was observed sitting in this area until 1:46 PM. 1:46 PM CNA F took R25 to his room. Another staff asked CNA F if CNA F needed help with R25. CNA F stated, No, just going to empty the catheter and reposition. 2:15 PM R25 was up in Broda chair in room. 2:40 PM Resident was still up in Broda chair in room. Continuous observation of R25 showed no toileting observed or offered. Observations revealed staff did not take an ez-stand into R25's room, only a Hoyer lift. R25 sat in his Broda chair all day, was never placed on the toilet with the ez-stand. Surveyor observed R25 all day until 2:40 PM. Review of R25's bowel elimination shows: Question 1: Bowel continence shows that on 5/7/2024 R25 was marked continent by CNA F at 2:05 PM and 2:12 PM. Observation of R25 by Surveyor during this period shows that CNA F had not brought an ez-stand into R25's room to place R25 on the toilet. R25 was observed up in the Broda chair between 1:46 PM when CNA F took R25 to his room after lunch and 2:40 PM when Surveyor last observed R25. (continued on next page)

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 05/08/24 at 8:30 AM, CNA G was informed Surveyor would like to observe toileting and cares for R25. CNA G came and got Surveyor for catheter care only, no toileting was provided for observation. On 05/07/24 at 1:10 PM, Surveyor interviewed CNA F regarding bowel incontinence and toileting for R25. CNA F stated, We take him to the bathroom, but he doesn't always tell us. He has certain physical things he does like lift butt, stretch legs out and move around in chair we look for. CNA F stated that R25 doesn't refuse the bathroom if taken and there has not been a decline in R25's incontinence. CNA F stated there has not been a change except that R25 had a regular catheter, but that was changed to a suprapubic, otherwise same incontinence. On 05/08/24 at 11:36 AM, Surveyor interviewed CNA G regarding R25's incontinence and toileting with ez-stand. CNA G stated that R25 is incontinent of bowel unless they can catch him in time to put on the toilet. When asked if R25 was toileted with ez-stand, CNA G stated that R25 will fidget in the chair and/or make faces when he must go to the bathroom. CNA G stated that if R25 is observed doing this then they will use an ez-stand and take him to the bathroom. CNA G stated they use the ez-stand for the bathroom only, otherwise resident uses a Hoyer lift. Neither CNA F nor CNA G stated they are supposed to toilet R25 per his care plan, only if they see these physical indications. On 05/08/24 at 3:32 PM, Surveyor interviewed Director of Nursing (DON) B regarding expectations of CNA staff toileting R25 per his care plan and interventions for R25's bowel continence. DON B stated that CNAs should be following R25's care plan and it is on their Kardex to ensure R25's ability to maintain current level of bowel continence and also an intervention to prevent falls.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 47657 Based on observation and interview, the facility failed to distribute food under sanitary conditions, did not utilize proper glove use and handled food without proper hand hygiene. This has the potential to affect all 35 residents who reside in the facility. This is evidenced by: The facility policy and procedures for Healthcare Services Group entitled, Infection control overview & Policy, states in part, Implement hand hygiene (hand washing) practices consistent with accepted standards of practice, to reduce the spread of infections and prevent cross-contamination. The policy also states food should be labeled and dated with a prepared date and a use by date. On 05/06/24 at 9:30 AM, during the initial kitchen tour, Surveyor toured with Certified Dietary Manager (CDM) C and observed opened and undated containers of a gallon of chocolate milk, gallon of whole milk, jug of buttermilk ranch dressing, and bag of frozen cheese omelets. On 05/06/24 at 9:30 AM, Surveyor observed the sign on kitchen bulletin board stating in part .milk labeling 4/21/26: Document on Jug/Carton the date opened. On 05/07/24 at 7:00 AM, Surveyor observed an opened and undated gallon of whole milk and chocolate milk on fluid cart prepared for breakfast service. On 05/06/24 at 9:30 AM, Surveyor interviewed CDM C who stated expectation that food items that are opened are labeled with date opened and date of discard. On 05/07/24 at 7:00 AM, Surveyor observed Cook D standing near a 3-tier cart with a cup and cookie in hand and set them down on top of cart when Surveyor walked in. Sitting next to cup and half eaten cookie was a 1/2 a can of opened [NAME] beans with a spatula inside. A full sheet of unfrosted cake covered with saran wrap was observed on the shelf below. Cook D stated to Surveyor, You caught me. I didn't think you would be in so early. Cook D stated the can of beans will be served at lunch and the cake is for next day bible study. Surveyor continued constant surveillance of Cook D, who did not conduct hand hygiene after drinking and eating the cookie. Cook D proceeded to prepare for breakfast service. During observation Surveyor observed Cook D touch face with bare hands, rest elbow on counter and placed chin on hands, grabbed a pen from table and documented temperatures, touched outside of cereal containers, donned gloves to take a frozen egg omelet out of freezer, removed gloves and began gathering various supplies (i.e., brown sugar, serving utensils, oven mitts. plates and tray cards). No hand hygiene was observed prior to donning and doffing gloves or before, during and after completing tasks. On 05/07/24 at 8:18 AM, Surveyor continued constant surveillance of Cook D serving breakfast to all facility residents touching lips of plates and bowls without conducting hand hygiene before, during or after breakfast meal service. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 05/07/24 at 12:03 AM, Surveyor observed Cook D putting away unused food item, picking up and placing dirty dishes in 3-compartment sink, and clean prep area prior to lunch meal service. On 05/07/24 at 12:13 PM, Cook D began serving lunch to all facility residents by grabbing a stack of small dishes, pinching thumb inside each dish served. No hand hygiene was conducted prior to, during or after lunch meal service. On 05/08/24 at 9:43 AM, Surveyor interviewed Cook D regarding staff eating in kitchen and expectation of conducting hand hygiene. Cook D stated that staff are not supposed to eat in kitchen area and the expectation for hand hygiene is to be conducted any time touching something dirty, before and after gloves use, before and after eating, and before serving food. On 05/08/24 at 10:04 AM, Surveyor interviewed CDM C regarding expectation of staff eating in kitchen and conducting hand hygiene. CDM C confirmed that staff should not be eating and drinking in kitchen area and hand hygiene should be conducted after touching contaminated items, before and after glove use, before and after eating, and before serving food.

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F 0851 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data. 47807 Based on interview and record review, the facility did not ensure the mandatory staffing data that had been submitted from 07/01/23-12/31/23 (Quarter 4 2023 and Quarter 1 2024) was complete, accurate, and auditable. This can affect all 35 residents residing in the facility. This is evidenced by: The Payroll Based Journal (PBJ) Staffing Data Reports that were generated quarterly document that the facility triggered for Excessively Low Weekend Staffing and One Star Staffing Rating from 07/01/23-12/31/23 (Quarter 4 2023 and Quarter 1 2024). There were no specific dates listed. Surveyor reviewed the facility's time sheets for weekends in the months in question and found adequate staffing on all weekends. Surveyor reviewed the facility's Daily Schedule sheets for the months of October 2023 to December 2023 and did not find any weekends that had low weekend staffing concerns. Surveyor interviewed family members and residents who did not share any complaints or concerns regarding weekend staffing. On 05/07/24 at 1:04 PM, Surveyor interviewed Nursing Home Administrator (NHA) A and [NAME] President of Success (VPS) E regarding the low weekend staffing trigger in the PBJ. NHA A indicated the issue was due to reporting errors on time cards when the facility was using agency staff to fill in required shifts. During the week this was not an issue as they had over-adequate staffing numbers. Reporting was not done correctly on weekends when agency staff were utilized. The corporation recognized this as an error across many facilities and set out to fix it at the beginning of the year. The corporation determined a disconnection in how facilities report the agency staff hours to corporate. Agency staff time cards were not being locked in the corporate SmartLink (time card system) system so the data was not being pulled into the PBJ reports when submitted. After determining the issues, corporate educated administrators on 03/18/24 regarding the proper way to submit staff information to corporate, which has fixed the problems. They have now implemented three different monitoring systems and lock time cards after being submitted to reduce the chance of error. VPS E was able to produce emails regarding the training on 03/18/24, proving that training for administration did occur. This is being cited as past noncompliance with the completed date of 03/18/24, the date of education to fix the issues in reporting.