STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525623	A. Building B. Wing	05/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nu Roc Health and Rehabilitation Ctr	3576a Nu Roc LN Laona, WI 54541

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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 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care or services that was trauma informed and/or culturally competent. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44863 Based on interview and record review, the facility did not ensure creation of a culturally competent, trauma-informed care plan for 1 of 1 resident (R19) with an identified trauma history. Findings include: According to Substance Abuse and Mental Health Services Administration (SAMHSA, 2014) (https://www.ncbi.nlm.nih.gov/books/NBK207191/), The impact of trauma can be subtle, insidious, or outright destructive. How an event affects an individual depends on many factors, including characteristics of the individual, the type and characteristics of the event(s), developmental processes, the meaning of the trauma, and sociocultural factors. SAMHSA explains trauma causes immediate and delayed emotional, behavioral, physical, cognitive, and existential reactions. The facility's Trauma Informed Care policy stated, in part, It is the policy of this facility .to address the needs of trauma survivors by minimizing triggers and/or re-traumatization. 1. The facility will work to facilitate the principles of trauma informed care which include: d. Empowerment, voice, and choice-Ensuring that resident's choice and preferences are honored and that residents are empowered to be active participants in their care and decision- making, including recognition of, and building on resident's strengths. 2. The facility will .identify a resident's history of trauma .This will include asking the resident about triggers that may be stressors or may prompt recall of a previous traumatic event . 6. The facility will identify triggers which may re-traumatize residents with a history of trauma. Trigger-specific interventions will 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 and will be added to the resident's care plan. While most triggers are highly individualized, some common triggers may include: a. Experience a lack of privacy or confinement in a crowded or small space. b. Exposure to loud noises. c. Certain sights, such as objects that are associated with their abuser. (continued on next page)

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F 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	d. Sounds, smells, and physical touch. 7. Trauma-specific care plan intervention will recognize the interrelation between trauma and symptoms of trauma such as substance abuse, eating disorders, depression, and anxiety . 8. The facility will evaluate whether the interventions have ben able to mitigate the impact of identified triggers on the resident that may cause re-traumatization. The resident .will be included in this evaluation to ensure clear and open discussion and better understand if the interventions must be modified. 10. In situations where a trauma survivor is reluctant to share their story, the facility will still try to identify triggers which may re-traumatize the resident and develop care plan interventions which minimize or eliminate the effect of the trigger on the resident. On 12/08/23, R19 was admitted to the facility after hospitalization for COVID infection. R19 was unable to discharge home due to recent eviction from her home and was homeless. R19 was [AGE] years old when she admitted with diagnoses including insomnia, panic disorder, paraplegia, anxiety disorder, and major depressive disorder. On 12/11/23, a Social Services Evaluation, including Trauma Informed Care was completed, and indicated R19 had a history of smoking, consuming alcohol, and using drugs. R19 disclosed R19 had experienced past trauma related to a natural disaster, physical assault, sexual assault, life threatening injury, sudden or unexpected death of someone close, and other traumatic event. Comments included, Resident has experienced multiple traumas but does not want to elaborate on them. The evaluation confirmed R19 had no behaviors. 12/13/23, R19's care plan included, resident has experienced trauma related to earthquake, physical assault, sexual assault, life threatening illness and does not wish to elaborate on details. Interventions: Build trust with resident by using a calm voice and following up on what is being said. Empower by using positive statements. Encourage resident that this is a safe place. There were no triggers identified in the care plan. On 12/14/23, R19's minimum data set (MDS) assessment was completed and confirmed R19 scored 15/15 during Brief Interview for Mental Status (BIMS), indicating intact cognition. R19's mood interview confirmed a score of 12/27, indicating moderate depression. R19's daily preferences indicated the following are very important: Choose which clothes to wear, take care of personal belongings, choose own bedtime, use the phone in private, listen to music, be around animals/pets, do favorite activities, and go outside and get fresh air. MDS confirmed R19 had no behaviors. Care area assessments were triggered for psychosocial well-being, mood state, activities, and psychotropic drug use. 12/14/23, Activity department noted R19 does self-directed activities in her room. Will occasionally come to dining room and participate. On 05/15/24, Surveyor reviewed R19's record and noted an incident that occurred from 01/06/24-01/07/24. R19's record contained the following information: (continued on next page)

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F 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-01/06/24 at 3:48 PM, While nurse was walking down hallway, R19 had left her room. Nurse to note the smell of cigarette and marijuana outside R19's door, in her room, in the hallway, as well as in the room across the hall. Resident in the room across the hall and rooms closest to R19's room are not interviewable. Other staff members working also to observe the smell and make appropriate statements regarding the incident. Director of Nursing (DON) B aware and instructed to inform police. Authorities came to speak with R19 regarding the issues. Officer stated R19 denies having any other smoking materials. R19 told officer she was rolling her own cigarettes and she is now out of supplies. R19 admits to taking 2 drags of her cig and then flushing down the toilet. Officer stated at time of arrival officer doesn't smell marijuana and did not question R19 on that topic. R19 placed on 1:1 monitoring as the safety of other residents is a concern due to the smoking in the facility. -01/07/24 at 1:06 AM, R19 is 1:1. R19 wanted nurse to sit in the dark with the door closed. There were no lights in room on and it was dark just door was open for a small bit of light. Nurse explained that 1:1 is where you need to visually see the resident so unfortunately we cannot just sit in the dark. R19 got upset and turned music on loudly through her phone and was singing. Staff was talking to R19 and trying to compromise during this unfortunate situation and R19 would only yell at staff while talking and cussing. Staff asked R19 to please refrain from yelling or cussing and R19 stated she can speak however she wants. R19 stated these will be her behaviors until she is left alone. R19 stated since we need to see her than see this and spread her legs with her vagina showing to staff. Staff continue to try and compromise with R19 and R19 continues to cuss at staff. R19 stated she will not give up smoking material as this is all she has left in life, and she will smoke right now in her room if she chooses. R19 is currently crying stating to leave her alone and staff again stated we will stop the 1:1 if you give up smoking materials. R19 is currently having behavioral episode. R19 stated staff cannot stop her from smoking and she is not going to any other facility. 1:1 continues. -01/07/24 at 2:58 PM, R19 continues with 1:1 monitoring. Nursing Home Administrator (NHA) A to speak with R19 in order to obtain smoking materials and lighter. R19 denies having smoking materials at this time. NHA A to request to search room and explain rules of facility. R19 began to scream and yelling stating the room wasn't going to be searched. NHA A to call authorities for assistance. Staff and NHA A searched room according to facility policy and permission of R19 with the presence of authorities. During the search of R19's room, R19 was being loud and obnoxious. R19 was yelling and flipping around in her bed. R19 rolled over and pushed against the wall at which time bed slid away from wall. R19 rolled out of bed onto the floor. R19 did not hit her head and reports no injury. R19 is noncooperative and noncompliant with procedure to assist. The search revealed paraphernalia and several different items were confiscated by authorities and will be tested accordingly. Tests confirmed items contained cannabidiol (CBD), a chemical that is legally approved for ingestion. On 01/07/24, the facility completed a Substance Abuse Risk Evaluation. The evaluation confirmed R19 was considered high risk due to currently has or has had a history of illegal drug use, substance abuse, and history of homelessness. The evaluation indicated an individual is considered high risk when answering yes to any of the questions contained in the evaluation. (continued on next page)

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F 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 02/15/24, (39 days after incident), a note from behavioral health appointment: [AGE] year-old female with major depressive disorder, recurrent, adjustment disorder, physical, verbal, and sexual abuse, history of methamphetamine use (stopped 1 yr. ago) and alcohol use disorder. Follow up evaluation conducted via telehealth in collaboration with social worker. The fluoxetine dose was increased. Resident reports no significant benefit with dose adjustment. Tearfulness during the evaluation. Low motivation, poor focus, and unable to complete daily tasks/paperwork. States, blah .not excited about anything .I want to sleep through the day. Collaboration with clinical psychologist. Denies suicidal ideations or negative thoughts. Difficulty coping with loss of most of her belongings, cats, homelessness, and past traumas. Limited support. Reports enjoyment with phone, tablet with playing games, coloring, and sleeping. Good appetite. Stable sleep pattern. Resident is looking forward to warmer weather and getting outside. No reported side effects with the fluoxetine. Recommendations: 1. Increase fluoxetine to 80 mg daily - allow time for full therapeutic benefits of dose adjustment. Continue collaboration with psychology. Encourage activities of interest. Social interactions. Plan discussed with resident and staff. On 02/23/24, (47 days after the incident), R19's care plan was revised to include, seeing Psychologist and Psychiatrist through Behavior solutions, and staff to monitor for signs and/or symptoms of trauma related to resident choosing not to disclose specifics of trauma. No triggers were added to the care plan. On 03/15/24, a Social Services Evaluation, including Trauma Informed Care, was completed, there was no change from previous assessment completed on 12/11/23. The evaluation indicated, R19 had a history of smoking, consuming alcohol, and using drugs. R19 disclosed she had experienced past trauma related to a natural disaster, physical assault, sexual assault, life threatening injury, sudden or unexpected death of someone close, and other traumatic event. Comments included, Resident has experienced multiple traumas but does not want to elaborate on them. The evaluation confirmed R19 had no behaviors. On 03/15/24, MDS assessment was completed and confirmed R19's mood interview score is 14, a slight increase from a score of 12 on the admission MDS dated [DATE]. On 03/15/24, activities department noted, Spoke with R19 about figuring out more tasks for her when she feels up to it again. On 05/15/24, (129 days after incident), R19's care plan was updated and included: Triggers: Resident tends to get angry with those who try to push her to make better choices, and holidays and a lot of people. On 05/15/24 at 8:07 AM, Surveyor interviewed Social Worker (SW) H. SW H acknowledged R19's care plan did not contain triggers, as R19 did not want to discuss her past trauma. SW H stated R19 does not have family to contact. SW H confirmed triggers were not discussed with R19's primary care physician or mental health professionals. On 05/15/24 at 8:28 AM, Surveyor interviewed NHA A. Surveyor asked NHA A about R19's past trauma, and NHA A stated after the incident R19 was referred for behavioral health services. (continued on next page)

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F 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 05/15/24 at 9:00 AM, Surveyor interviewed R19. During the interview R19 was tearful and crying. R19 confirmed she did not sustain any injury when she fell out of bed on 01/07/24. R19 stated, I pretty much gave them consent to search my room once law enforcement came, I felt like I had to. They kept me 1:1 for two days, it made [PTSD] even worse. They made me keep my light on and cracked my door. They would talk to their friends in the hall when I was trying to sleep. I let them turn my closet light on. I don't like my door open, and I don't like my light on when I'm trying to sleep. They complained about being cold and had to use a blanket, because I like to keep my room cool and have a fan on. This is my room; I can keep it cool if I want. They said they had to have eyes on me. I should be able to sleep in the dark and keep my door closed. If they have to sit and watch me, they will just have to deal with it. I was just coming out of my depression and that [incident] made it worse. They did not talk to me about my past trauma, and they have never asked me about my triggers. I would have told them; I am an open book. I started psych services after the incident, but it was already scheduled prior to the incident because I felt my antidepressant wasn't working, not because of the incident. That one incident of the cops and two other staff putting their hands on all over of my stuff and going through my room and leaving it a mess, I felt like I was right back to my childhood trauma. Everything I have in my room is all I have. It happened right after I was evicted and homeless. What I have in my room is all I have left. That was horrible. After, there was a meeting, but I felt like I didn't know who was on my side. Triggers for me are high stress, intense situations, it makes me feel like an animal in a cage pushed up against the wall. People touching or taking my things because this is all I have. I was swearing and cussing at staff and being a [expletive], that is not me. I don't like my door being open, I don't like people being able to see me whenever they want, or coming in and talking to me whenever they want. I don't feel like my trauma was addressed. I've always struggled with depression, but I have no focus, no motivation, I don't want to open my blinds and it is a beautiful day out. I don't feel like they have addressed my trauma still, because I only see psychiatrist and psychologist because of my meds.

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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. 46693 Based on interviews and record review, the facility failed to submit accurate data to Centers for Medicare and Medicaid Services (CMS) mandatory Payroll Based Journal (PBJ) for the fourth quarter of 2023 (July 1-September 30) and the first quarter of 2024 (October 1 - December 31). This has the potential to affect all 37 residents. This is evidenced by: Surveyor noted the facility triggered for excessively low weekend staffing for quarter 4 of 2023 and for quarter 1 of 2024 on the Payroll Based Journal (PBJ) staffing data report. On 05/15/24 at 8:20 AM, Surveyor interviewed Nursing Home Administrator (NHA) A regarding PBJ staffing triggers. NHA A reported, Staffing needs are based on census. A census of 37 would require 4 CNAs on day shift, 3 on PM shift, 2 on night shift. We use agency staff daily, and we have not had any excessively low weekend staffing. Surveyor reviewed daily posting, nursing schedules, and timecard punches for quarter 4 of 2023 and quarter 1 of 2024 and found no evidence of excessively low weekend staffing during either time frames. On 05/15/24 at 11:36 AM, Surveyor interviewed Corporate Payroll Staff G over the phone who stated they switched payroll software on 10/1/23. On 05/15/24 at 12:20 PM, Surveyor interviewed Business Office Manager (BOM) F regarding the staffing triggers. BOM F stated that at the time of the triggers, they were working on two different complex systems. The problem was that they were required to enter the schedules in the new program, and if agency staff called out of work or picked up extra hours, the program would separate and divide the hours in half under 2 different categories. The categories were, CNA Agency (hours not identified to the facility and not captured by the program), and CNA NuRoc, which would only account for 1/2 of the shift's hours. It was recognized in January and since then, they now check the changes to the schedules and manually enter the hours to ensure accuracy. The facility is in compliance as of January 31, 2024. This was cited past noncompliance.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46693 Based on observation, record review and interview, the facility did not ensure a sanitary environment to help prevent the development and transmission of communicable diseases and infections. The facility failed to sanitize mechanical lifts for 2 of 6 residents (R) that use mechanical lifts. (R8 and R24). Findings: Facility policy titled, Infection Prevention and Control Program, last reviewed 05/16/23, states in part, All reusable items and equipment requiring special cleaning, disinfection, or sterilization shall be cleaned in accordance with our current procedures governing the cleaning and sterilization of soiled or contaminated equipment. Example 1 R24 was admitted on [DATE] with diagnoses that include reduced mobility, ileostomy, fractures of the vertebrae, ribs, and both legs, traumatic brain injury with chronic bleeding following a motor vehicle accident. R24's Minimum Data Set (MDS) dated [DATE] indicated this resident is cognitively intact, is dependent on staff for all transfers, and uses a wheelchair for mobility. R24's care plan revised on 04/04/24 indicates that R24 transfers with a hoyer (mechanical lift) and 2 assist. On 05/13/24 at 2:30 PM, Surveyor observed Certified Nursing Assistant (CNA) E and CNA C transfer R24 via mechanical lift. During continuous observation following the transfer, CNA C pushed the mechanical lift from R24's room directly into the storage area without sanitizing it. On 05/15/24 at 11:41 AM, Surveyor interviewed Director of Nursing (DON) B regarding observations and inquired what would be expected regarding sanitizing mechanical lifts between residents. DON B replied, CNAs should be wiping lifts down between all residents and they didn't. 44863 Example 2 On 05/14/24 at 9:45 AM, Surveyor observed CNA C and CNA D assist R8 with mechanical lift (sit to stand) transfer. After transferring R8, Surveyor observed CNA D take the mechanical lift to the storage room. Surveyor observed CNA D did not sanitize lift after use. Surveyor interviewed CNA D. CNA D stated staff do not sanitize lifts or have a cleaning schedule for lifts. CNA D stated she is not sure if housekeeping does. Surveyor asked CNA D if staff ever sanitized lifts, such as during a COVID outbreak, CNA D stated no, she was never told to and has not been doing it. CNA D stated she would go clean the lift right away. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 05/14/24 at 9:59 AM, Surveyor asked CNA D if she understood why the lifts would need to be sanitized, and CNA D stated, yes, after each resident use.