

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525630	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/17/2024
NAME OF PROVIDER OR SUPPLIER New Glarus Home		STREET ADDRESS, CITY, STATE, ZIP CODE 600 2nd Ave New Glarus, WI 53574	

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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42038</p> <p>Based on interview and record review, the facility did not ensure each resident received adequate supervision to prevent accidents for 1 of 4 residents (R2) reviewed for wandering and elopement potential.</p> <p>R2 was noted to have increased exit seeking behaviors and the facility failed to increase supervision to prevent R2 from eloping.</p> <p>Findings include:</p> <p>The facility's policy titled Elopement Policy and Procedure last updated on 6/5/24 states in part, Policy statement: This facility ensures that residents who exhibit wandering behavior and/or are at risk for elopement receive adequate supervision to prevent accidents and receive care in accordance with their person- centered plan of care addressing the unique factors contributing to wandering or elopement 4. Monitoring and Managing residents at risk for elopement or unsafe wandering a. Residents will be assessed form risk of elopement and unsafe wandering upon admission and throughout their stay by the interdisciplinary care plan team .d. The interdisciplinary team will evaluate the unique factors contributing to risk in order to develop a person- centered care plan. e. Interventions to increase staff awareness of the resident's risk, modify the resident's behavior, or minimize risks associated with hazards will be added to the resident's care plan and communicated to appropriate staff. f. Adequate supervision will be provided to help prevent accidents or elopements .</p> <p>R2 was admitted to the facility on [DATE] with diagnoses that include wedge compression fracture (a type of fracture that occurs when one side of your vertebra collapses), congestive heart failure (a progressive heart disease that affects pumping action of the heart muscles), interstitial pulmonary disease (any condition that leads to abnormal healing response leading to tissue scarring in the lungs), and weakness. R2's Brief Interview of Mental Status (BIMS) on admission was a 13 out of 15, indicating that R2 was cognitively intact. R2's Elopement Risk Assessment on admission was 0 meaning that R2 was not at risk for elopement.</p> <p>Nurse's notes state the following:</p> <p>4/26/24 at 4:04 AM: Res (Resident) went to 400 hall looking for a way to leave facility. CNA (Certified Nursing Assistant) redirected res back to his room and assisted him to the restroom. Res toileted and went to bed. Visual checks increased. Res asleep in his bed at this time.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>4/27/24 at 1:27 AM: .Mood and Behavior: Mood is pleasant, no unwanted behaviors witnessed. Resident sleeps intermittently. Resident wanders at night .</p> <p>4/30/24 at 10:42 PM: .Mood and Behavior: Mood is pleasant, no unwanted behaviors witnessed. Resident sleeps intermittently. Resident wanders at night .</p> <p>5/2/24 at 2:15 PM Social Services note: . [R2's daughter] stated that [R2] had sundowning in the hospital and he is currently calling her and her mother in the middle of the night. This was relayed to staff & at Clinical .</p> <p>5/4/24 at 1:23 PM: .Mood and Behavior: Mood is pleasant, no unwanted behaviors witnessed. Resident is awake at night. Resident wanders at night .</p> <p>5/14/24 at 6:58 AM: Pt. (Patient) has been wide awake, almost all of this shift, denies any discomfort, nor distress, remains fully dressed, asking for breakfast at times, almost continually asking where his room is or where [facility name] is, or if he can go to his own house, as his wife needs him badly .this writer will inform upcoming shift.</p> <p>5/15/24 at 6:23 AM: Resident was up most of the night. He was looking for his wife and another gentleman that he thought was in his room. Resident did not remember taking his HS (bedtime) medications .He was back and forth to the dining area several times confused and looking for people who were not here .</p> <p>5/20/24 at 1:27 AM: .Mood and Behavior: Mood is pleasant . Resident is awake at night. Resident wanders at night .</p> <p>On 5/21/24 at 10:46 AM, the facility's NHA (Nursing Home Administer) submitted a self- report to the State Agency indicating that R2 had eloped from the facility. Per the self- report, the events are as follows: On 5/20/24 at approximately 0500 (5:00 AM), facility staff noted resident [R2] was outside the facility knocking on windows on a wing where he does not reside. Staff returned [R2] to his wing and the nurse immediately assessed him .[R2] reported that he was trying to find the police station to report his car stolen .Early on the morning of 5/20/24, [R2] was locomoting through his home wing per normal when he expressed concern to staff that his automobile was missing and might have been stolen .</p> <p>It is important to note that Surveyor did not find any documentation of R2's elopement in R2's electronic health record; there was no evidence that R2 was assessed and no evidence that facility staff increased supervision.</p> <p>On 5/20/24, R2's BIMS was assessed and showed to be a 10 out of 15, indicating that R2 had moderate cognitive impairment.</p> <p>(continued on next page)</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>On 7/17/24 at 3:20 PM, Surveyor interviewed DON B (Director of Nursing). Surveyor asked DON B what her expectations were for residents that are at risk for elopement, DON B stated that she would expect staff to follow the policy, complete elopement assessments, and if residents are found to be at risk for elopement, a wander guard should be applied. Surveyor asked DON B if she would expect that the resident's care plan to include wandering/ elopement risk, DON B stated yes. Surveyor asked DON B if she would expect the nurses to document an elopement in the resident's electronic health record, DON B stated yes.</p>		