STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525639	A. Building B. Wing	02/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Elizabeth Nursing Home	109 S Atwood Avenue Janesville, WI 53545

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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36253 Based on interview and record review, the facility failed to ensure that residents advance directive was signed by resident or resident representative for 1 of 3 (R18) reviewed for advanced directives. The code status preference form for R18 was not completed when she went from Do Not Resuscitate (DNR) to wanting Cardiopulmonary Resuscitation (CPR). Findings include The facility's code status policy states, in part: *If an individual wishes to be a full code, the individual's wishes will be maintained within the medical record *Staff will identify an individual's code status by documentation within the medical record *The individual's medical record will be the primary reference in case of an emergency to verify code status. The facility commonly uses a Resident CPR Preference Form to indicate the resident's choice between 1) No--I do NOT want cardiopulmonary resuscitation attempts or 2) YES--I want cardiopulmonary resuscitation attempts. This form is then signed by the resident or their representative. R18 was admitted to the facility on [DATE]. She was deemed incapacitated prior to her admission to the facility. The facility's records indicate R18's Power of Attorney (POA) signed a Resident CPR Preference Form indicating R18 Did NOT want cardiopulmonary resuscitation attempts. Additionally, R18's POA signed a state DNR form on behalf of R18 on [DATE]. R18 required a hospital stay, starting [DATE] and returning back to the facility on [DATE]. Hospital discharge paperwork, dated [DATE], indicated family had revoked R18's DNR. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525639	A. Building B. Wing	02/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Elizabeth Nursing Home	109 S Atwood Avenue Janesville, WI 53545

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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On [DATE] at 2:39 PM, Surveyor interviewed POA G (R18's Power of Attorney) who stated that shortly after R18 returned from the hospital, she (POA G) went to the nurse's station and told facility staff that they had revoked the DNR and wished R18 to be full code. The staff stated they would take care of it. POA G stated that she checked back in a few days later to make sure the facility had updated R18's status and facility staff had said it was done. POA G stated she was never asked to sign anything. On [DATE] at 4:35 PM, Surveyor interviewed ADON C (Assistant Director of Nursing) who stated that any resident that goes from a signed DNR to full code needs representative signed document. At this time, ADON C provided Surveyor an updated and POA-signed Resident CPR Preference Form indicating R18 wanted CPR. The form was dated [DATE]. ADON C indicated the form should have been given to R18's POA.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525639	A. Building B. Wing	02/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Elizabeth Nursing Home	109 S Atwood Avenue Janesville, WI 53545

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 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** 50228 Based on interview and record review, the facility failed to ensure that a comprehensive person-centered care plan included a sleep assessment and sleep monitoring/tracking to meet the resident's medical, nursing, and mental and psychosocial needs for 3 of 6 residents (R8, R15, and R30) reviewed for unnecessary medications. R8 is receiving Melatonin for sleep and did not have a sleep assessment or sleep tracking. R15 is receiving Melatonin for sleep and did not have a sleep assessment or sleep tracking. R30 is receiving Melatonin for sleep and did not have a sleep assessment or sleep tracking. This is evidenced by: Example 1 R8 was admitted to the facility on [DATE] with diagnoses that include, in part: depression, unspecified (medical condition characterized by low mood, loss of interest or pleasure in activities, and other symptoms that interfere with daily functioning); insomnia, unspecified (a sleep disorder characterized by difficulty falling or staying asleep, resulting in poor sleep quality and daytime fatigue); other specified anxiety disorders (a group of mental health conditions characterized by excessive and persistent worry, fear, and nervousness that can significantly interfere with daily life); and panic disorder (a disorder characterized by a sudden wave of fear or discomfort or a sense of losing control even when there is no clear danger). R8's Minimum Data Set (MDS) dated [DATE] indicates a Brief Interview for Mental Status (BIMS) of 15, indicating R8 is cognitively intact. R8's physician orders include, in part: Melatonin 3 mg by mouth at bedtime related to insomnia-order date 10/30/24. Surveyor requested a policy on sleep assessments/tracking and R8's sleep assessment and monitoring documentation. Documentation was not provided. Example 2 R15 was admitted to the facility on [DATE] with diagnoses that include, in part: unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety (when a person exhibits symptoms of dementia but the cause cannot be determined. Symptoms of dementia include memory loss, difficulty with thinking and problem solving, confusion and disorientation, changes in personality and behavior, and reduced ability to manage daily activities.), insomnia due to other mental disorder; and anxiety disorder. R15's MDS dated [DATE] indicates a BIMS of 0, indicating R15 has severe cognitive impairment. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525639	A. Building B. Wing	02/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Elizabeth Nursing Home	109 S Atwood Avenue Janesville, WI 53545

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R15's physician orders include, in part: Melatonin 3 mg by mouth at bedtime related to insomnia due to other mental disease. Start date: 1/12/2025 Surveyor requested R15's sleep assessment and monitoring. Documentation was not provided. Example 3 R30 was admitted to the facility on [DATE] with diagnoses that include, in part: Alzheimer's Disease (a progressive brain disorder that causes memory loss, thinking problems, and behavioral changes) and dementia with behavioral disturbance. R30's MDS dated [DATE] indicates a BIMS of 10, indicating R30 has moderate cognitive impairment. R30's physician orders include, in part: melatonin 3 mg by mouth at bedtime for insomnia. Start date: 11/14/24 Surveyor requested R30's sleep assessment and monitoring. Documentation was not provided. On 2/13/25 at 8:04 AM, Surveyor interviewed DON B (Director of Nursing) and asked about protocol when sleep medications are ordered. DON B stated a sleep assessment is completed and targeted behaviors are added to the MAR (Medication Administration Record). Surveyor asked if R8, R15, and R30 had sleep assessments and sleep tracking. DON B stated no. Surveyor asked if the facility would expect that a sleep assessment and sleep tracking would be completed for residents with melatonin. DON B stated yes.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525639	A. Building B. Wing	02/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Elizabeth Nursing Home	109 S Atwood Avenue Janesville, WI 53545

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 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. 30992 Based on observation, interview, and record review, the facility did not ensure that the resident environment remains as free of accident and hazards as possible for 1 of 1 sampled residents (R8). Surveyor observed R8's motorized wheelchair (Motorized Assistive Devices) being charged in her room. Staff state the wheelchair should be charged in the Beauty Shop. Evidenced by The facility policy, Motorized Assistive Device, reviewed 11/8/23, documents, in part, as follows: Policy: Individuals identified to use motorized assistive devices to reach the highest level of independent mobility will demonstrate safe and proper use of the equipment. Battery Storage: Batteries must be charged in a non-resident approved area. On 2/11/25 at 12:00 PM, Surveyor observed R8's motorized wheelchair battery plugged in and charging in her room next to R8's bed where R8 was sleeping. On 2/11/25 at 12:05 PM, Surveyor asked NHA A (Nursing Home Administrator) to come to R8's room. Surveyor asked NHA A, is it acceptable to charge R8's motorized wheelchair in her room. NHA A stated, no, all wheelchairs are to be charged in the Beauty Shop. On 2/11/25 at 12:07 PM, Surveyor spoke with DON B (Director of Nursing). DON B stated, motorized wheelchairs are to be charged in the Beauty Shop. DON B stated, motorized wheelchairs are not to be charged in resident rooms. On 2/13/25 at 9:50 AM, Surveyor spoke with CNA I (Certified Nursing Assistant). Surveyor asked CNA I, where are motorized wheelchairs charged. CNA I stated, in the Beauty Shop. CNA I stated, we currently only have one (1) resident with an motorized wheelchair. R8 is the resident with an motorized wheelchair. On 2/13/25 at 9:55 AM, Surveyor observed NHA A (Nursing Home Administrator) walking down the hall by the Beauty Shop. Surveyor asked NHA A, should wheelchair batteries be charged behind a fire safe door. On 2/13/25 at 1:11 PM, Surveyor spoke with DON B (Director of Nursing). DON B shared the following education she started with staff: Education electric wheelchair charging: All power chairs, electric scooters or electric wheelchairs need to be charged in the Beauty shop ONLY. If staff notice that a resident is attempting to or has plugged in the electric device anywhere but the Beauty shop, it must immediately be unplugged and the charger removed from room. Remind the resident of the charging procedure. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525639	A. Building B. Wing	02/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Elizabeth Nursing Home	109 S Atwood Avenue Janesville, WI 53545

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	If the chair needs charging bring it to the Beauty shop for full charging.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525639	A. Building B. Wing	02/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Elizabeth Nursing Home	109 S Atwood Avenue Janesville, WI 53545

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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49434 Based on observation, interview, and record review, facility staff did not adequately assess and treat pain and provide necessary care and services to attain or maintain the highest practicable physical well-being for 1 of 2 residents (R6) reviewed for pain management. The facility failed to provide R6 with his scheduled pain patch and effectively manage his pain causing him to miss two physical therapy sessions. The facility also failed to assess the resident's pain goal and complete a comprehensive care plan to include his pain goal and non-pharmacological interventions. This is evidenced by: The facility policy entitled, Pain, dated 8/10/23, states, in part: Policy: Nursing staff will identify appropriate treatment and services for each individual's pain management .2. Care Planning a. Staff will manage an individual-centered interdisciplinary care plan and implement interventions/approaches to pain management including non-pharmacological interventions . 4. Notification. a. The medical provider will be consulted if pain interventions are not effective. b. The individual and/or individual representative will be updated on any changes. The facility policy entitled, Medication Administration-General Guidelines, dated 12/2019, states, in part, . B. Administration . 2) Medications are administered in accordance with written orders of the prescriber . D. Documentation (including electronic) . 6) If a dose of regularly scheduled medication is withheld, refused, not available, or given at a time other than the scheduled time . If electronic MAR (medication administration record) is used, documentation of the unadministered dose is done as instructed by the procedures for use of the eMAR system. An explanatory note is entered on the reverse side of the record . 7) If an electronic MAR system is sued, specific procedures required for . documentation of administration, refusal, holding of doses, and dosing parameters such as vital signs and lab values are described in the system's use manual . On 2/11/25 at 12:20 PM, Surveyor interviewed R6. R6 indicated he was not getting his pain medication as prescribed, which was preventing him from participating in therapy. R6 states that staff frequently run out of his lidocaine patches, and sometimes cut them in half due to not having enough patches. R6 was admitted to the facility on [DATE], with diagnoses that include, in part: Adult failure to thrive, chronic obstructive pulmonary disease (lung disease causing difficulty breathing), muscle weakness, personal history of (healed) traumatic fracture, and other chronic pain. R6's Admission Minimum Data Set (MDS), with a target date of 11/27/24, indicates R6 has a Brief Interview for Mental Status (BIMS) score of 13 out of 15, indicating R6 is cognitively intact. Section J indicates R6 frequently has pain, the pain rarely effects his sleep, the pain frequently interferes with therapy activities, and the pain occasionally interferes with day-to-day activities. R6's Comprehensive Care Plan states, in part: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525639	A. Building B. Wing	02/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Elizabeth Nursing Home	109 S Atwood Avenue Janesville, WI 53545

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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Focus: resident has (chronic) pain r/t (related to) History of [sic] Fracture left lower extremity, pressure injury left buttock, non-pressure injury left calf. Goal: The resident will not have an interruption in normal activities due to pain through the review date. The resident will not have discomfort related to side effects of analgesia through the review date. The resident will verbalize adequate relief of pain or ability to cope with incompletely relieved pain through the review date. Will verbalize adequate relief of pain using numeric pain scale through review date. Interventions: Administer analgesia as per orders. Give 1/2 hour before treatments or care. Administer medication per MD (medical doctor) order. Anticipate the resident's need for pain relief and respond immediately to any complaint of pain. Evaluate the effectiveness of pain interventions (prn) Review for compliance, alleviating of symptoms, dosing schedules and resident satisfaction with results, impact on functional ability and impact on cognition. Of note: There is no documented pain goal for R6 or effective non-pharmacological interventions. Physician Orders state, in part: Lidocaine External Patch. Directions: Apply to affected area topically one time a day for pain related to OTHER CHRONIC PAIN (G89.29) and remove per schedule. Start date: 12/31/24. Order status: Active. Record pain on scale of 0-10 every shift. Use number rating scale or Wong-Baker faces scale. Every shift. Start date: 11/20/24. Order status: Active. R6's Medication Administration Record states, in part: 1/15/25: Lidocaine: Remove: 7:29, Apply: 7:30 both marked 16 which indicates the medication was not administered due to the medication not being available. 1/21/25: Lidocaine: Remove: 7:29, Apply: 7:30 both marked 16 1/22/25: Lidocaine: Apply: 7:30 marked 16 1/23/25: Lidocaine: Remove: 7:29, Apply: 7:30 both marked 16 1/24/25: Lidocaine: Remove: 7:29, Apply: 7:30 both marked 16 2/6/25: Lidocaine: Remove: 7:29, Apply: 7:30 both marked 16 2/7/25: Lidocaine: Remove: 7:29, Apply: 7:30 both marked 16 2/10/25: Lidocaine: Remove: 7:29, Apply: 7:30 both marked 16 R6's Pain Level documentation states, in part: 1/16/25 at 7:03 PM: 8 1/17/25 at 7:31 AM: 10 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525639	A. Building B. Wing	02/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Elizabeth Nursing Home	109 S Atwood Avenue Janesville, WI 53545

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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	1/17/25 at 12:26 PM: 8 1/17/25 at 8:28 PM: 8 1/19/25 at 8:53 PM: 8 1/21/25 at 7:30 AM: 8 1/21/25 at 1:15 PM: 8 1/23/25 at 8:20 AM: 8 1/25/25 at 7:29 AM: 10 1/25/25 at 11:59 AM:8 1/27/25 at 7:37 AM: 10 1/30/25 at 12:19 AM: 9 1/31/25 at 7:32 AM: 9 2/1/25 at 7:19 AM: 9 2/2/25 at 8:07 AM: 9 2/5/25 at 8:28 AM: 9 2/6/25 at 9:18 AM: 9 2/7/25 at 7:52 AM: 8 2/10/25 at 3:55 PM: 8 On 2/11/25 at 2:50 PM, Surveyor interviewed PTA D (Physical Therapy Assistant). Surveyor asked PTA D if R6 has been compliant with his therapy. PTA D notes she only started working at the facility around 1 week ago, but states R6 has been compliant with her. Surveyor asked PTA D to check for notes regarding R6 missing therapy. PTA D searched her documentation and states on 1/20/25 there is a note written that states left lower extremity hurting too much not willing to do therapy. PTA D states on 2/5/25, there is a note written about R6 refusing therapy due to not being able to participate due to the pain in his leg. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525639	A. Building B. Wing	02/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Elizabeth Nursing Home	109 S Atwood Avenue Janesville, WI 53545

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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 2/12/25 at 1:07 PM, Surveyor interviewed R6. R6 indicated he has a pain goal of 0 out of 10, however, he understands that he has chronic pain and just wants to participate in therapy, which he could do at a 6 or 7 out of 10. R6 emphasizes that he just wants to go home and needs to do therapy to go home. Surveyor asked R6 if there are any non-pharmacological interventions that help his pain. R6 reports heat helps the pain. Surveyor notes that during the interview, R6 was visibly wincing every time he attempted to reposition himself in his recliner. R6 reports his pain level is an 8 out of 10 at this time. Of note: R6's care plan does not have a goal pain level indicated and no non-pharmacological interventions are listed on the care plan or MAR (Medication Assessment Record) On 2/12/25 at 2:37 PM, Surveyor interviewed LPN E (Licensed Practical Nurse). Surveyor asked LPN E what the process is if a medication that is ordered for a resident is unavailable. LPN E states they try to pull it from contingency, if it is not available in contingency, they write a note and contact the pharmacy for resupply. Surveyor asked LPN E who has access to contingency stock. LPN E states only licensed nurses, so if med techs need a medication from contingency, they need to ask a licensed nurse. Surveyor asked LPN E if a provider should be contacted if a medication is missed. LPN E states, yes, because it is technically a medication error. On 2/13/25 at 8:49 AM, Surveyor interviewed LPN F. Surveyor asked LPN F what the process is if a medication that is ordered for a resident is unavailable. LPN F states if it's a normal medication they check contingency, if it's not in contingency, they contact the pharmacy to reorder the medication. Surveyor asked LPN F who has access to contingency stock. LPN F states all nurses have access. Surveyor asked LPN F if an ordered medication is not administered for any reason, should a progress note be written. LPN F states staff must write a progress note. Surveyor asked if any non-pharmacological interventions are effective for R6. LPN F states staff are frequently in his room repositioning him, but generally it's the pain medication that is effective. LPN F also states that PT (physical therapy) has been making R6 really sore. Surveyor asked LPN F what a 16 means on the MAR. LPN F states that it means the medication was not available. Surveyor advises LPN F that she marked R6's Lidocaine as 16 on the following dates: 1/15/25, 1/21/25, 1/24/25, and that no progress note was written. Surveyor asked LPN F if a progress note should have been written on those dates. LPN F states, yes, R6 should have had a progress note for those missed dates. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525639	A. Building B. Wing	02/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Elizabeth Nursing Home	109 S Atwood Avenue Janesville, WI 53545

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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 2/13/25 at 10:35 AM, Surveyor interviewed DON B (Director of Nursing) B. Surveyor asked DON B what the expectation is if an ordered medication is not available. DON B indicates staff should let the doctor know so that they can hold the medication or change it to a different medication. DON B also indicates a progress note should be written. Surveyor asked DON B if there is a contingency stock. DON B states, that the licensed nurses have access. Surveyor asked DON B if a missed medication is considered a medication error. DON B states, yes, and it gets put into risk management, and the doctor, resident's power of attorney, and the resident are notified. Surveyor asked DON B what is R6's pain goal. DON B states we don't have a number goal for him, but that one should be listed as part of the pain assessment. Surveyor asked DON B if therapy should notify nursing staff if a resident is refusing therapy due to pain. DON B states, yes. Surveyor asked DON B if a pain goal should be part of R6's care plan. DON B states, yes. Surveyor asked DON B what non-pharmacological interventions are effective for R6. DON B indicates there are no non-pharmacological interventions on his care plan but there should be something documented. DON B also indicates there is nothing on the MAR regarding non-pharmacologic interventions. Surveyor asked DON B if she thinks R6's pain management is effective. DON B states, probably not, but he is going to a pain management clinic and has known addiction issues.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525639	A. Building B. Wing	02/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Elizabeth Nursing Home	109 S Atwood Avenue Janesville, WI 53545

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49434 Based on interview and record review, the facility did not provide pharmaceutical services including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals to meet the needs of each resident (R) for 1 of 1 residents (R6). R6 did not receive his ordered Lidocaine (Numbing medication used for pain control) on 1/21/25, 1/22/25, 1/23/25, 1/24/25, 2/6/25, 2/7/25, and 2/10/25 due to the medication not being available. This is evidenced by: The facility policy entitled, Medication Administration-General Guidelines, dated 12/2019, states, in part, . B. Administration . 2) Medications are administered in accordance with written orders of the prescriber . D. Documentation (including electronic) . 6) If a dose of regularly scheduled medication is withheld, refused, not available, or given at a time other than the scheduled time . If electronic MAR (medication administration record) is used, documentation of the unadministered dose is done as instructed by the procedures for use of the eMAR (electronic medication administration record) system. An explanatory note is entered on the reverse side of the record . 7) If an electronic MAR system is sued, specific procedures required for . documentation of administration, refusal, holding of doses, and dosing parameters such as vital signs and lab values are described in the system's use manual . R6 was admitted to the facility on [DATE], with diagnoses that include, in part: Adult failure to thrive, chronic obstructive pulmonary disease (lung disease causing difficulty breathing), muscle weakness, personal history of (healed) traumatic fracture, and other chronic pain. R6's Admission Minimum Data Set (MDS), with a target date of 11/27/24, indicates R6 has a BIMS score of 13 out of 15, indicating R6 is cognitively intact. Section J indicates R6 frequently has pain, the pain rarely effects his sleep, the pain frequently interferes with therapy activities, and the pain occasionally interferes with day-to-day activities. Physician Orders state, in part: Lidocaine External Patch. Directions: Apply to affected area topically one time a day for pain related to OTHER CHRONIC PAIN (G89.29) and remove per schedule. Start date: 12/31/24. Order status: Active. R6's Medication Administration Record states, in part: 1/15/25: Lidocaine: Remove: 7:29, Apply: 7:30 both marked 16 which indicates the medication was not administered due to the medication not being available. 1/21/25: Lidocaine: Remove: 7:29, Apply: 7:30 both marked 16 1/22/25: Lidocaine: Apply: 7:30 marked 16 1/23/25: Lidocaine: Remove: 7:29, Apply: 7:30 both marked 16 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525639	A. Building B. Wing	02/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Elizabeth Nursing Home	109 S Atwood Avenue Janesville, WI 53545

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	1/24/25: Lidocaine: Remove: 7:29, Apply: 7:30 both marked 16 2/6/25: Lidocaine: Remove: 7:29, Apply: 7:30 both marked 16 2/7/25: Lidocaine: Remove: 7:29, Apply: 7:30 both marked 16 2/10/25: Lidocaine: Remove: 7:29, Apply: 7:30 both marked 16 On 2/11/25 at 12:20 PM, Surveyor interviewed R6. R6 indicated he was not getting his pain medication as prescribed, which was preventing him from participating in therapy. R6 states that staff frequently run out of his Lidocaine patches, and sometimes cut them in half due to not having enough patches. On 2/12/25 at 2:37 PM, Surveyor interviewed LPN (Licensed Practical Nurse) E. Surveyor asked LPN E what the process is if a medication that is ordered for a resident is unavailable. LPN E states they try to pull it from contingency, if it is not available in contingency, they write a note and contact the pharmacy for resupply. Surveyor asked LPN E who has access to contingency stock. LPN E states only licensed nurses, so if med techs need a medication from contingency, they need to ask a licensed nurse. Surveyor asked LPN E if a provider should be contacted if a medication is missed. LPN E states, yes, because it is technically a medication error. On 2/13/25 at 8:49 AM, Surveyor interviewed LPN F. Surveyor asked LPN F what the process is if a medication that is ordered for a resident is unavailable. LPN F states if it's a normal medication they check contingency, if it's not in contingency, they contact the pharmacy to reorder the medication. Surveyor asked LPN F who has access to contingency stock. LPN F states all nurses have access. Surveyor asked LPN F if an ordered medication is not administered for any reason, should a progress note be written. LPN F states staff must write a progress note. Surveyor asked LPN F what a 16 means on the MAR. LPN F states that it means the medication was not available. Surveyor advises LPN F that she marked R6's Lidocaine as 16 on the following dates: 1/15/25, 1/21/25, 1/24/25, and that no progress note was written. Surveyor asked LPN F if a progress note should have been written on those dates. LPN F states, yes, he should have had a progress note for those missed dates. On 2/13/25 at 10:35 AM, Surveyor interviewed DON (Director of Nursing) B. Surveyor asked DON B what the expectation is if an ordered medication is not available. DON B indicates staff should let the doctor know so that they can hold the medication or change it to a different medication. DON B also indicates a progress note should be written. Surveyor asked DON B if there is a contingency stock. DON B states, and that the licensed nurses have access. Surveyor asked DON B if a missed medication is considered a medication error. DON B states, yes, and it gets put into risk management, and the doctor, resident's power of attorney, and the resident are notified. R6 did not receive his lidocaine patch per physician orders on eight different occasions, resulting in medication errors.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525639	A. Building B. Wing	02/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Elizabeth Nursing Home	109 S Atwood Avenue Janesville, WI 53545

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 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50228 Based on interview and record review, the facility did not ensure that residents (R) receiving psychotropic medication were free from unnecessary medications for 2 of 5 residents (R16 and R22) reviewed for unnecessary medications. R16 receives psychotropic medications. R16 does not have a care plan with targeted behaviors or behavior tracking for the anti-anxiety or antidepressant medications. R16 was receiving an as needed (PRN) anti-anxiety medication beyond 14 days without physician follow up. R22 receives psychotropic medication. R22 did not have an Abnormal Involuntary Movement Scale (AIMS; screening to identify abnormal movements which can develop as a side effect of antipsychotic medication use). Findings include: The facility's Standard Psychoactive Medications Protocol, undated, states, in part: .Goal: Individual will have minimized side effects of psychotropic drug use. MAA (medication assistant): .document target behaviors and report changes to licensed nurse.Nursing: .document target behaviors, interventions, and effectiveness . Complete AIMS per policy . The facility's Tardive Dyskinesia Monitoring policy, dated 7/22/22, states, in part: Policy: Individuals who receive antipsychotic medications will be monitored for signs and symptoms of Tardive Dyskinesia (TD) with the use of the Abnormal Involuntary Movement Scale (AIMS). Procedure: A. Individuals receiving antipsychotic medications will be monitored with an AIMS assessment every six months by a licensed nurse. B. Individuals who have a dose increase/decrease of antipsychotic medications should be monitored with an AIMS monthly times three months. C. Individuals who are placed on an antipsychotic medications should receive an AIMS assessment within seven days of initiation of the antipsychotic medication. D. Pharmacist/designee will monitor AIMS assessments monthly . Example 1 R16 admitted to the facility on [DATE] with diagnoses that include, in part: anxiety disorder (a mental health conditions characterized by excessive and persistent worry, fear, and nervousness that can significantly interfere with daily life); depression (medical condition characterized by low mood, loss of interest or pleasure in activities, and other symptoms that interfere with daily functioning); and insomnia (a sleep disorder characterized by difficulty falling or staying asleep, resulting in poor sleep quality and daytime fatigue). R16's Minimum Data Set (MDS) dated [DATE] indicates a Brief Interview for Mental Status (BIMS) score of 15, indicating R16 is cognitively intact. R16's physician orders include, in part: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525639	A. Building B. Wing	02/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Elizabeth Nursing Home	109 S Atwood Avenue Janesville, WI 53545

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 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	*Lorazepam 1mg (milligram) by mouth every 12 hours as needed for anxiety. Order date: 1/24/25. It is important to note: there is no stop date indicated for this medication. *Sertraline 25 mg by mouth in the morning for depression/anxiety. Order date: 2/9/25 R16's Medication Administration Record (MAR) indicates PRN lorazepam was administered on 2/9/25, 2/11/25, and 2/12/25. Important to note: these administrations are after the 14 day period allowed for PRN (as needed) psychotropic medication orders. On 2/13/25 at 7:26 AM, Surveyor interviewed LPN J (Licensed Practical Nurse) and asked about PRN psychotropic medications. LPN J stated the order is good for 14 days, then would need to be reordered. LPN J stated that when entering a PRN order into the resident's chart, a 14-day duration is added, so that the medication ends and a re-assessment is completed. On 2/13/25 at 8:04 AM, Surveyor interviewed DON B (Director of Nursing) and asked about psychotropic medication protocols. DON B stated that the resident needs to have behavior monitoring of targeted behaviors. Surveyor asked about PRN psychotropic medications. DON B stated they get a 14-day stop date and then the physician needs to do a face to face visit before reordering the medication. Surveyor asked if R16 has tracking of targeted behaviors. DON B stated no. Surveyor asked if facility would be expected to track targeted behaviors for R16. DON B stated yes. Surveyor asked if R16 should have received lorazepam on 2/9/25, 2/11/25, and 2/12/25. DON B indicated no, R16 should not have gotten this medication as there was not a 14-day physician review/assessment. Example 2 R22 admitted to the facility on [DATE] with diagnoses that include, in part: depression and unspecified dementia with psychotic disturbance (a condition where cognitive decline characteristic of dementia is accompanied by psychotic symptoms, such as hallucinations and delusions). R22's MDS, dated [DATE], indicates a BIMS was not completed due to the resident is rarely / never understood. R22's physician orders include, in part: Zyprexa 5 mg by mouth in the morning related to dementia with psychotic disturbance. On 2/12/25 at 2:53 PM, Surveyor interviewed LPN E and asked about protocols for an antipsychotic medication. LPN E stated that AIMS (Abnormal Involuntary Movement Scale) assessment is to be completed by the floor nurse at admission and quarterly. On 2/13/25 at 8:04 AM, Surveyor interviewed DON B (Director of Nursing) and asked about protocols for an antipsychotic medication. DON B indicated that AIMS is to be done on admission, with a new order/change in order, and quarterly. Surveyor asked if R22 had an AIMS assessment. DON B stated no. Surveyor asked if facility would expect R22 to have had an AIMS assessment. DON B stated yes.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525639	A. Building B. Wing	02/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Elizabeth Nursing Home	109 S Atwood Avenue Janesville, WI 53545

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38725 Based on interview and record review, the facility did not maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. This has the potential to affect 33 of 33 residents residing in the facility. The facility's Water Management Plan team members were not aware of their role nor were control measures being executed and documented. The facility had no infection control rates calculated for the past year. The facilities COVID-19 and Pneumococcal vaccine protocol does not contain the newest Centers for Disease Control and Prevention (CDC) guidance. The facility has two policies and procedures that were not reviewed annually. This is evidenced by: The facility's Policy and Procedure titled Water Management Program (Legionella) dated 12/13/23 documents in part: .A. Water Management Team i. Entity's Water Management Program is overseen by the Water Management Team. ii. The team consists of, at a minimum, the Executive Director, Environmental Services Lead, and Infection Preventionist .C. Monitoring i. The Water Management Team will be responsible for monitoring risk and identifying potential cases or breaches of control measures of concern . vii. If rooms are closed due to low census or put out of use, a routine process will be implemented to run faucets, showers, and to flush toilets. viii. Documentation will be retained .D. Water Management Plan i. The Water Management Plan will be reviewed annually or more often as indicated . The facility's Risk Management Plan for Legionella Control dated 4/22/22 documents in part: .Operational and Verification Monitoring .Verification monitoring involves the taking of samples for analysis of a particular parameter. The results of the samples confirm that control measures are effective and water quality risk is being managed .System Component: Water Heaters, Risk: Water Temp (temperature) Fall Below 135, Frequency: Monitor temperature of all water heaters weekly .System Component: Circulation Pumps, Risk: Causing large dead leg areas in system, Frequency: Check operation of all pumps weekly . The facility's Policy and Procedure titled Individual Immunizations dated 12/5/24 documents, in part: .1. Immunization .b Individual will be offered immunization based upon the CDC recommendations and guidelines and as prescribed by their PCP (Primary Care Provider) . The facility's Policy and Procedure titled Infection Prevention and Control Program dated 12/5/24 documents in part: .4. Investigating i. Trends and patterns will be discussed with the Quality Assurance Performance Improvement (QAPI) committee. Process Improvement Projects will be charted and managed around identified opportunities for improvement, resulting in countermeasures . Example 1 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525639	A. Building B. Wing	02/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Elizabeth Nursing Home	109 S Atwood Avenue Janesville, WI 53545

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	DON/IP B (Director of Nursing/Infection Preventionist) and FSM H (Facility Service Manager) were not aware that they were part of the Water Management Team. The control measures to prevent Legionella were not being completed routinely or documented. On 2/13/25 at 8:10 AM, Surveyor interviewed FSM H. Surveyor asked FSM H what role you play in the Water Management Team? FSM H said we've not had a meeting about it, but recently I've found bits and pieces about it. Surveyor asked FSM H what control measures are being done on a routine basis to ensure that the facility doesn't develop Legionella? FSM H replied, empty rooms are being cleaned, flushing toilets, and in soiled utility room, dumping water in drain. Surveyor asked FSM H if there is documentation in place for this? FSM H replied they are working on putting that together. Surveyor asked FSM H if water heater temperatures are being monitored; FSM H stated not really. Surveyor asked FSM H if circulation pumps are being monitored; FSM H said the boiler room is my first stop in the morning. Surveyor asked FSM H if there was documentation of that, FSM H said no. On 2/13/25 at 9:44 AM, Surveyor interviewed DON/IP B. Surveyor asked DON/IP B what role you play in the Water Management Team? DON/IP B stated nothing yet. Surveyor asked DON/IP B, do you know what control measures should be being done on a routine basis to ensure that the facility doesn't develop Legionella; DON/IP B stated no. Example 2 The facility's Immunization Protocol information is not up to date with the most recent recommendations: The facility provided the following: The CDC's Recommendation Adult Immunization Schedule United States 2024 dated 11/16/23 documents, in part: .COVID-19 vaccination .2023-2024 formula not the most recent update .Pneumococcal vaccination: Age [AGE] years or older . It is important to note: CDC's Interim Clinical Considerations for Use of COVID-19 Vaccines in the United States dated 10/31/24 documents, in part: .People ages [AGE] years and older, vaccinated under the routine schedule, are recommended to receive 2 doses of any 2024-2025 COVID-19 vaccine (i.e., Moderna, Novavax, or Pfizer-BioNTech) separated by 6 months (minimum interval 2 months) regardless of vaccination history, with one exception: Unvaccinated people who initiate vaccination with 2024-2025 Novavax COVID-19 Vaccine are recommended to receive 2 doses of Novavax followed by a third dose of any COVID-19 vaccine 6 months (minimum interval 2 months) later . The CDC's Pneumococcal Vaccine Recommendations dated 10/26/24 documents in part: CDC recommends pneumococcal vaccination for children younger than 5 years and adults [AGE] years or older. The facility policies did not have the newest information for COVID-19 and Pneumococcal vaccinations. On 2/13/25 at 9:44 AM, Surveyor interviewed DON/IP B. Surveyor asked DON/IP B if she was familiar with the most recent update to the CDC's COVID-19 and pneumococcal vaccine recommendations; DON/IP B replied, no. Surveyor asked DON/IP B, does your policy for vaccines reflect these updates; DON/IP B stated no. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525639	A. Building B. Wing	02/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Elizabeth Nursing Home	109 S Atwood Avenue Janesville, WI 53545

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Example 3 Surveyor reviewed the facility's Risk Management Plan for Legionella Control dated 4/22/22 and the facility's Policy and Procedure titled Water Management Program (Legionella) dated 12/13/23. On 2/13/25 at 9:44 AM, Surveyor interviewed DON/IP B. Surveyor asked DON/IP B how often the facility's infection control policies are reviewed. DON/IP B looked to Regional Nurse Consultant and replied annually and upon any changes/updates. It should be noted these policies were not updated annually. Example 4 The facility did not have any infection control rates completed for the past year. Infection control rates are one way for a facility to track and trend the type of infections the facility has had month over month and year over year. Upon Surveyor's request, DON/IP B came to get the monthly infection control documentation that she had provided for review. On 2/13/25 at 9:44 AM, Surveyor interviewed DON/IP B. Surveyor asked DON/IP B when infection control rates are completed. DON/IP B said at the end of the month. Surveyor asked DON/IP B when these infection control rates were completed. DON/IP B stated when you asked for them.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525639	A. Building B. Wing	02/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Elizabeth Nursing Home	109 S Atwood Avenue Janesville, WI 53545

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 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38725 Based on interview and record review, the facility did not ensure the COVID-19 Vaccine policy and procedure was up-to-date and implemented for 2 of 5 (R22 and R11) residents reviewed. R22 and R11 did not have, nor were they offered the 2024-2025 COVID-19 Vaccine. This is evidenced by: The facility's Policy and Procedure titled Individual Immunizations dated 12/5/24 documents in part: .1. Immunization a. Upon admission, the organization will verify the individual's immunization status, update Primary Care Provider (PCP) as indicated, and administer immunizations as ordered, b. Individual will be offered immunization based upon the Center for Disease Control (CDC) recommendations and guidelines and as prescribed by their PCP . The facility provided the following: The CDC's Recommendation Adult Immunization Schedule United States 2024 dated 11/16/23 documents, in part: .COVID-19 vaccination .2023-2024 Formula . It is important to note the facility's current recommendations are not up to date as they are for 2023-2024 formula. Of note: The CDC's Interim Clinical Considerations for Use of COVID-19 Vaccines in the United States dated 10/31/24 documents, in part: .People ages [AGE] years and older, vaccinated under the routine schedule, are recommended to receive 2 doses of any 2024-2025 COVID-19 vaccine (i.e., Moderna, Novavax, or Pfizer-BioNTech) separated by 6 months (minimum interval 2 months) regardless of vaccination history, with one exception: Unvaccinated people who initiate vaccination with 2024-2025 Novavax COVID-19 Vaccine are recommended to receive 2 doses of Novavax followed by a third dose of any COVID-19 vaccine 6 months (minimum interval 2 months) later . Example 1 R22 is over the age of [AGE] years old and has the following diagnoses: essential hypertension (high blood pressure), senile degeneration of brain (dementia), history of transient ischemic attack (mini stroke) and cerebral infarction without residual deficits (stroke), and dementia with psychotic disturbance. R22 has documented COVID-19 vaccines on 2/2/21, 3/2/21, and 11/3/21. R22 does not have a documented vaccine for 2024-2025 season, nor does the facility has evidence R22 declined the vaccination. Example 2 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525639	A. Building B. Wing	02/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Elizabeth Nursing Home	109 S Atwood Avenue Janesville, WI 53545

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 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R11 is over the age of [AGE] years old and has the following diagnoses: chronic diastolic (congestive) heart failure (heart becomes stiff and can't relax properly in-between beats), chronic obstructive pulmonary disease (lung condition), nonrheumatic mitral (valve) insufficiency (valve isn't closing properly), anemia (not enough healthy red blood cells), chronic kidney disease (kidneys are damaged, causing buildup of waste), obstructive sleep apnea (breathing repeatedly stops and starts during sleep), and pneumonia (lung infection). R11 has documented COVID-19 vaccines on 5/6/21, 6/2/21, 2/2/22, and 10/6/22. R11 does not have a documented vaccine for 2024-2025 season nor does the facility have evidence R22 declined the vaccination. On 2/13/25 at 9:44 AM, Surveyor interviewed DON/IP B (Director of Nursing/Infection Preventionist). Surveyor asked DON/IP B if R22 or R11 were offered the 2024-205 COVID-19 vaccine. DON/IP B said no, not that I know of. Surveyor asked DON/IP B should R22 and R11 have been offered the 2024-2025 COVID-19 vaccine; DON/IP B stated yes.