

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525654	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/22/2024
NAME OF PROVIDER OR SUPPLIER Heritage Lakeside		STREET ADDRESS, CITY, STATE, ZIP CODE 1016 Lakeshore Dr Rice Lake, WI 54868	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44863</p> <p>Based on interview and record review, the facility failed to report to the State Agency, an allegation of abuse immediately but not later than 2 hours after the allegation was made. This occurred for 1 of 1 resident (R1).</p> <p>R1's family member reported an allegation of staff bending R1's fingers back to cause pain to try and get R1 to stand up. The facility did not report this allegation of abuse to the State Agency.</p> <p>Findings:</p> <p>The facility's policy titled, Abuse, Neglect, Exploitation or Misappropriation-Reporting and Investigating reads, in part .</p> <p>All reports of resident abuse (including injuries of unknown origin), neglect, exploitation, or theft/misappropriation of resident property are reported to local, state and federal agencies (as required by current regulations) and thoroughly investigated by facility management. Findings of all investigations are documented and reported.</p> <p>1. If resident abuse, neglect, exploitation, misappropriation of resident property or injury of unknown source is suspected, the suspicion must be reported immediately to the administrator and to other officials according to state law.</p> <p>2. The administrator or the individual making the allegation immediately reports his or her suspicion to the following persons or agencies:</p> <ul style="list-style-type: none"> a. The state licensing/certification agency responsible for surveying/licensing the facility. b. The local/state Ombudsman. c. The resident's representative. d. Adult Protective Services. e. Law enforcement officials. <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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>f. The resident's physician.</p> <p>g. The facility medical director.</p> <p>R1 was admitted to the facility on [DATE]. Diagnoses included chylous (milky fluid) right pleural effusion, hypertension, hyperlipidemia, heart failure, atrial fibrillation, aortic stenosis, coronary artery disease, decreased urine and stool output, tachypnea, chylothorax, major depressive disorder, insomnia, urinary tract infection, deep vein thrombosis prophylaxis, morbid obesity, diarrhea, edema, constipation, and psychosis.</p> <p>Minimum Data Set (MDS) assessment was completed on 07/22/24. R1 scored 09/15 during Brief Interview for Mental Status (BIMS), indicating moderate cognitive impairment. R1 makes his own healthcare decisions.</p> <p>R1 requires partial to moderate assistance with activities of daily living (ADLs).</p> <p>On 10/21/24, Surveyor completed a complaint investigation at the facility. The complaint included an allegation of caregiver misconduct, indicating a Certified Nursing Assistant (CNA) bent R1's finger back to cause pain when R1 would not stand up. R1 sustained bruising to his knuckles and hand.</p> <p>On 10/21/14 at 3:10 PM, Surveyor interviewed Nursing Home Administrator (NHA) A. NHA A stated the incident was not reported to the State Agency as the facility followed, FLOWCHART OF ENTITY INVESTIGATION AND REPORTING REQUIREMENTS for Caregiver Misconduct and Injuries of Unknown Source. NHA A reported when following this flowsheet, it was indicated this was not a reportable incident.</p> <p>Surveyor requested a copy of the flowsheet the facility used for determination of reporting requirements. The facility provided Surveyor with form F-00161A, State of Wisconsin, Department of Health Services, Division of Quality Assurance (DQA.), FLOWCHART OF ENTITY INVESTIGATION AND REPORTING REQUIREMENTS for Caregiver Misconduct and Injuries of Unknown Source. Surveyor reviewed this form and noted the statement, For all DQA entities, except Nursing Homes.</p> <p>On 10/22/24 at 9:12 AM, Surveyor interviewed Director of Nursing (DON) B. DON B stated R1's incident should have been reported to the State Agency.</p> <p>On 10/22/24 at 9:50 AM, Surveyor interviewed Facility Owner C. Facility Owner C acknowledged the facility should have reported the incident to the State Agency as the incident included allegations of abuse and injury.</p>		