

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 07/02/2025
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not develop and implement a person-centered care plan for each resident consistent with resident rights including services to attain or maintain the resident's highest or practicable physical, mental or psychosocial needs for 2 of 4 residents reviewed (R3 and R4).</p> <p>R3 and R4 did not have a care plan for an anticoagulant or risk for bleeding.</p> <p>Findings include:</p> <p>Facility policy titled, Care Plans-Comprehensive, last reviewed 06/2022, states in part . The comprehensive care plan is based on a thorough assessment Each resident's comprehensive care plan is designed to incorporate identified problem areas .Incorporate risk factors.</p> <p>Facility policy titled, Anticoagulation-Clinical Protocol, last reviewed 06/2022, states in part . The staff and physician will monitor for possible complications in individuals who are being anticoagulated signs of excessive bruising, hematuria, hemoptysis, or other evidence of bleeding .</p> <p>Example 1</p> <p>R3, a [AGE] year-old-female, was admitted to the facility on [DATE], after hospitalization for post-surgical left knee sepsis. R3's diagnoses included atrial fibrillation (a-fib) and anemia.</p> <p>On 03/13/25, R3 was prescribed Xarelto for A-fib.</p> <p>On 05/21/25, R3 was admitted to the hospital. Hospital discharge summary indicated R3 was positive for occult stool. The summary confirmed R3 had arteriovenous malformations in the colon due to anticoagulant use.</p> <p>On 05/30/25, R3 was discharged from the hospital, and re-admitted to the facility, with a diagnosis of acute on chronic anemia, 02/13/25-present. R3 discharged with orders to discontinue Xarelto.</p> <p>On 06/25/25, R3 was prescribed Pradaxa for A-fib.</p> <p>On 07/02/25, Surveyor reviewed R3's care plan and was unable to find current or historical care plan related to anticoagulant use or risk for bleeding.</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
---	-------	-----------

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 07/02/2025
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Example 2</p> <p>R4 was admitted to the facility on [DATE], with diagnoses including stroke, peripheral vascular disease, and history of blood clots in the lungs.</p> <p>R4 was admitted with an order for Pradaxa due to stroke, peripheral vascular disease, and history of blood clots in R4's lungs.</p> <p>R4's Minimum Data Set (MDS), completed on 05/20/25, confirmed R4 scored 15/15 during a Brief Interview for Mental Status (BIMS), indicating intact cognitive function.</p> <p>On 07/02/25, Surveyor reviewed R4's medical record and noted there was no current or historical care plan related to anticoagulant use or risk for bleeding.</p> <p>On 07/02/25, at 9:17 AM, Surveyor interviewed Registered Nurse (RN) E. RN E stated nurses update care plans daily as needed and weekly by the boss. RN E states if there are changes to resident status, nurses discuss it with the CNAs or therapy will fill out forms for staff to read.</p> <p>On 07/02/25, at 9:31 AM, Surveyor interviewed RN F. RN F stated the Certified Nursing Assistants (CNAs) are updated with all changes to a resident's care plan by verbal report or by updating the care plan and Kardex. RN F stated when the Kardex is updated, it populates in the CNA charting. RN F stated the nurses and office staff are responsible for updating the care plans.</p> <p>On 07/02/25, at 9:47 AM, Surveyor interviewed CNA H. CNA H stated therapy will fill out a form for them to review if changes are made to resident status or change in condition. CNA H stated they have a Kardex on the unit and in the computer. CNA H was not sure where the Kardex was at the nurse's station but believes it is updated daily. After a couple minutes, CNA H was able to locate and show Surveyor the Kardex binder.</p> <p>On 07/02/25, at 12:48 PM, Surveyors interviewed Director of Nursing (DON) B. DON B stated the care plans are started by the MDS Coordinator and then each department does their own sections. DON B stated each care plan is personalized depending on each resident's care areas. DON B reported DON B and Nurse Manager (NM) M, will update the care plan and Kardex and notify the nurses. The nurses will update the CNAs in report. DON B reported the Kardex is available at the nurse's station for the CNAs to review, but there is no set routine for them to check it. They just know it's there. Surveyors informed DON B that R3 and R4 did not have a care plan for anticoagulation use and risk of bleeding. DON B could not explain why there was no care plan.</p> <p>On 07/02/25, at 1:45 PM, Surveyor interviewed CNA I. CNA I stated they ask the nurses, or the nurses will tell them in report if a resident is at a higher risk for bleeding in relation to taking blood thinners. CNA I stated there is nothing related to monitoring for this in the CNA charting. CNA I believes there may be some kind of training in Relias. CNA I stated in relation to general changes, CNAs are updated through either report, a black book at the nurses' station, or they have a Kardex in Point Click Care (PCC), which is the facility's electronic medical record system.</p> <p>(continued on next page)</p>		

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 07/02/2025
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 07/02/25, at 1:55 PM, Surveyor interviewed Regional DON C. Regional DON C stated she is very particular in what she includes in the CNA Kardex. Regional DON C stated she believed things related to anticoagulation were more for nurses due to need for assessment. Surveyor addressed the absence of an anticoagulant care plan for either. Regional DON C stated she would make changes moving forward.</p>		

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 07/02/2025
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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility did not ensure licensed nurses had the specific competencies and skill sets necessary to care for residents' needs, which had the potential to affect all 42 residents.</p> <p>-Licensed Practical Nurse (LPN) G performed a venous blood draw from R1's foot without evidence of training.</p> <p>-The facility did not have a system in place to evaluate licensed nurse competencies.</p> <p>Findings:</p> <p>R1, an [AGE] year-old male, admitted to the facility on [DATE] for rehab following complications from exploratory abdominal surgery.</p> <p>On 04/29/25, progress notes read in part, Nurse unable to obtain IV access or blood draw for labs. 2 sticks have been attempted. Nurse will pass off to oncoming shift to attempt for stat labs.</p> <p>On 04/30/25, progress notes read in part, Labs drawn from right foot X1 attempt. Resident tolerated well .and given to lab at 0805 am.</p> <p>On 04/30/25 at 9:59 AM, order entered, NP [Nurse Practitioner]-ok to obtain blood sample from foot if able.</p> <p>On 07/01/25 at 1:42 PM, Surveyor requested training and competency evaluations for LPN G, Registered Nurse (RN) D, and RN E.</p> <p>Surveyor reviewed LPN G's, Yearly Staff Education, dated 10/15/24, which included infection control and prevention. LPN G scored 05/10. LPN G's training did not include venipuncture.</p> <p>Surveyor reviewed RN D's training, RN/LPN Nursing Skills Competency Check List, and noted training was dated for 07/01/25.</p> <p>Surveyor reviewed RN E's training, RN/LPN Nursing Skills Competency Check List, and noted training was dated for 07/01/25.</p> <p>On 07/01/25 at 2:53 PM, Surveyor interviewed RN D. RN D stated she was working on the date of the incident, and it was either the first or second day of her orientation. RN D was shadowing LPN G. RN D stated she observed LPN G make at least one attempt to obtain a blood sample from R1's arm but was unsuccessful. RN D reported LPN G stated, Oh I'm just going to try his feet. RN D reported she informed LPN G that RN D was never trained to draw blood from feet. RN D told Surveyor she was not aware of any policy or procedure on using veins in feet for obtaining blood samples, as she was still in orientation at that time. RN D stated one of the nurse managers at the facility told her later that day that procedure is not in their policy and staff should never take blood from the foot. RN D stated during the incident, she stood back and observed and did not take part physically in any part of it.</p> <p>(continued on next page)</p>		

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 07/02/2025
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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>RN D reported all RNs and LPNs that have had training are ok to draw labs. RN D not sure of who has had training. RN D stated hypothetically if she was unable to obtain a sample, she would ask the other nurses or there is a number they can call for an outside qualified person who can come in to help. RN D stated she starts with the hand and works her way up the arm. RN D stated she believes a special order would be needed for any other locations for lab draws. RN D stated she believes the facility held training for venipuncture years ago and possibly a couple years ago while she was working at another facility.</p> <p>On 07/01/25 at 3:31 PM, Surveyor interviewed Nursing Home Administrator (NHA) A. NHA A stated receptionist completes onboarding with new staff. Starting with that, and moving forward, there is a check off sheet of skills staff must complete. NHA A stated she checks in with new staff after orientation and if they staff feel they need more time they accommodate. NHA A said in Relias there is a certain percent, which she believes is 75-80%, they must score in order to have it marked complete. With the classroom or paper education, the nurse managers would go over it with them.</p> <p>NHA A reported LPN G was to receive a notice of discipline, final warning, on 05/12/25, due to LPN G not documenting a change in condition or reporting the change to the RN. On 05/12/25, LPN G gave her notice of resignation prior to the facility giving LPN G her notice of discipline.</p> <p>On 07/02/25 at 9:17 AM, Surveyor interviewed RN E. RN E stated the RNs or those who are educated can perform lab draws. RN E stated if they are unable to obtain a sample after two attempts, they would inform the supervisor or nurse managers and one of those individuals would try. RN E stated arms and hands are the only locations on the body she would obtain a blood sample from and if special orders were needed for other locations, she would ask someone else to perform the task. RN E stated she had previous training for lab draws prior to being hired by this facility. RN E stated she believed there was a paper she had to sign upon hiring.</p> <p>On 07/02/25 at 9:31 AM, Surveyor interviewed RN F. RN F stated the charge nurse, LPNs with training, and RNs can perform lab draws. RN F stated they make two attempts and if they cannot get blood, they let the provider know and the unit manager takes care of it, if it is urgent. RN F stated the locations for lab draws include hand to antecubital area as she believes that is what is in the scope of practice. RN F stated she believes special orders would be required for lab draws to other areas of the body and that special training would be required. RN F stated she believes staff are not allowed to draw blood from feet.</p> <p>On 07/02/25 at 12:36 PM, Surveyor requested the facility's policy and procedure regarding training requirements, including training upon hire, routine training, and specialized training. The facility did not provide the requested information. Surveyor interviewed Director of Nursing (DON) B. DON B stated the facility did not have evidence of licensed nurse training or competency upon hire, since February of this year. DON B stated moving forward all new hires will be trained and/or evaluated for competency upon hire and annually. DON B reported if staff do not meet the criteria for passing the competency training, they would be provided additional education.</p> <p>Surveyor reviewed the facility's licensed nurse staff list with hire date and noted 8 current nursing staff hired since 02/01/25; Clinical Coordinator (CC) K, Nurse Manager M, RN E, RN X, RN Y, RN D, RN W, and LPN Z did not have training nor were evaluated for competency.</p> <p>(continued on next page)</p>		

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 07/02/2025
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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 07/02/25 at 1:23 PM, Surveyor interviewed DON B. DON B stated she did not believe they had a standard policy and procedure in relation to venipuncture. DON B reported typically the charge nurse would perform lab draws but nurse managers, the DON, RNs, and LPNs with training could also perform lab draws. DON B reported in the past there was an online training course with a test-out regarding lab draws. Those that completed this course would then receive certification. DON B stated if a nurse was unable to obtain a blood sample, one of the nurse managers, DON, or other floor nurse with training would try. DON B stated the arms, hands, and antecubital areas are the only locations on the body that are used for lab draws. DON B stated they have an outside resource that can be contacted to come in for difficult cases of venipuncture. DON B stated her expectations from staff would be to attempt one of the standard locations for lab draws and ask other staff for assistance if unable to obtain blood, before deciding to try from another location on the body. Regional DON C was present during this interview. Regional DON C stated LPN G, who was involved in the incident, did complete training, but Regional DON C was unable to provide Surveyor with documentation.</p>		