

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525655	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2024
NAME OF PROVIDER OR SUPPLIER Fond Du Lac Lutheran Home		STREET ADDRESS, CITY, STATE, ZIP CODE 244 N Macy St Fond Du Lac, WI 54935	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40342</p> <p>Based on staff interview and record review, the facility did not ensure treatment and care in accordance with professional standards of practice for 1 resident (R) (R2) of 21 sampled residents.</p> <p>The facility did not obtain detailed physician orders for R2's insulin and blood sugar monitoring. The facility also did not assess R2 for self-administration of insulin or accuchecks. In addition, the facility did not monitor R2's insulin use and blood sugar levels or monitor for signs and symptoms of hypoglycemia (low blood sugar) or hyperglycemia (high blood sugar).</p> <p>Findings include:</p> <p>The facility's undated Standard Diabetes Mellitus (a disease in which blood sugar levels are too high) Protocol indicates: . Patient has potential for fluctuating blood sugar and/or complications of diabetes mellitus . Monitor meal and fluid intake. Check blood sugars/labs as ordered. Monitor for compliance .</p> <p>On 4/10/24, Surveyor reviewed R2's medical record. R2 was admitted to the facility on [DATE] with diagnoses including diabetes mellitus. R2's Minimum Data Set (MDS) assessment, dated 11/21/23, contained a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R2 had intact cognition. R2's medical record indicated R2 was responsible for R2's healthcare decisions. R2 was discharged home on 11/20/23.</p> <p>R2's Hospital Discharge Summary, dated 11/14/23, indicated R2 had an insulin pump, but did not contain orders for blood sugar monitoring. The Discharge Summary contained an order for Humalog (used to treat high blood sugars) 100 unit/ml (units per milliliter) vial .Carb (carbohydrate) count 1:15 with correction factor for 1:50 over blood glucose of 150. Max daily dose of 80 units.</p> <p>R2's medical record did not contain a self-medication assessment or self-management of diabetic monitoring assessment. R2's medical record also did not contain insulin pump orders or orders for frequency of blood sugar monitoring. R2's care plan indicated staff should monitor for signs and symptoms of hypo/hyperglycemia, however, R2's medical record did not contain proof of monitoring for hypo/hyperglycemia.</p> <p>R2's medical record contained the following blood sugar results (which were the only documented results in R2's medical record other than those listed in the nursing progress notes that follow):</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>~11/15/23 at 5:44 AM: 60.0 mg/dL (milligrams per deciliter) (normal blood sugar range 70 to 110 mg/dL)</p> <p>~11/28/23 at 3:01 AM: 256.0 mg/dL</p> <p>R2's nursing progress notes indicated R2 had an insulin pump and obtained R2's blood sugar readings. R2's nursing progress notes did not contain blood sugar results or specific insulin doses until the following:</p> <p>~11/28/23 at 11:58 PM: .One-time order obtained from (Physician). (R2's) blood sugar was 558 at 9:39 PM. I gave Lantus (used to treat high blood sugars) 10u (units) (usual dose) and called for further advisement. (Physician) ordered a one-time dose of 10u of Humalog. Blood sugar at 12:01 AM was 553. Will continue to monitor.</p> <p>~11/29/23 at 1:45 PM: .New order from NP (Nurse Practitioner) to change sliding scale and to discontinue Lantus and sliding scale insulin once (R2) has (R2's) insulin pump working.</p> <p>On 4/10/24 at 12:50 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A who indicated the facility did not have a diabetic management policy.</p> <p>On 4/10/24 at 12:54 PM, Surveyor interviewed Director of Nursing (DON)-B who indicated staff should ask for physician orders for blood sugar checks when a resident is admitted on insulin. DON-B indicated insulin pump orders should be in R2's medical record and the facility should have an order indicating R2 is able to manage R2's blood sugar checks and insulin pump. DON-B indicated R2 had a blood sugar monitoring device implanted in R2's skin that transmitted the results to R2 on a cellular-based device. DON-B verified the facility did not assess R2 for diabetic management but should have. DON-B was unsure if R2 kept record of R2's insulin use or blood sugar results. DON-B verified the facility did not have documented proof that monitoring for signs and symptoms of hypo/hyperglycemia was completed.</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>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** 48794</p> <p>Based on staff interview and record review, the facility did not ensure a fall was thoroughly investigated to determine root cause, implement appropriate interventions to prevent reoccurrence, or ensure the environment was as free from accident hazards as possible for 1 resident (R) (R7) of 3 sampled residents.</p> <p>On 3/19/24, a Hospice Registered Nurse (RN) documented that R7 had a witnessed fall. The facility did not complete a follow up investigation and did not implement safety precautions to prevent further reoccurrence. R7 had additional falls on 3/23/24 and 3/27/24.</p> <p>Findings include:</p> <p>The facility's Falls policy, with a review date of 6/24/22, indicates the facility has preventative measures put in place to reduce the occurrence of falls and the risk of injuries due to falls. This includes completion of a Fall Incident Report, care plan updates with identified interventions, and follow up assessments.</p> <p>On 4/10/24, Surveyor reviewed R7's medical record. R7 was admitted to the facility on [DATE], received Hospice services, and had diagnoses including unspecified intellectual disabilities, bipolar disorder, unspecified dementia with other behavioral disturbance, and epilepsy. R7's Minimum Data Set (MDS) assessment, dated 3/5/24, indicated R7 had several falls (two or more) with injury (except major) since admission or since the prior assessment.</p> <p>A progress note by a Hospice RN, dated 3/19/24, indicated at the end of the Hospice RN's visit, R7 was lowered to the floor during a transfer from wheelchair to rocking chair. R7's medical record did not contain a fall investigation or intervention(s) to prevent future falls. R7 had two additional falls. Documentation on 3/23/24 indicated R7 had a fall with no injuries. Documentation on 3/27/24 indicated R7 sustained a 1-inch reddened area to the center of the forehead due to a fall.</p> <p>On 4/10/24 at 3:15 PM, Surveyor interviewed Assistant Director of Nursing (ADON)-C who stated the only documentation regarding R7's fall on 3/19/24 was from the Hospice RN. ADON-C acknowledged the facility did not complete a fall investigation and did not put safety interventions in place to prevent future falls.</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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>40342</p> <p>Based on observation, staff interview, and record review, the facility did not ensure intravenous (IV) therapy treatment was administered by competent staff for 1 resident (R) (R1) of 1 sampled resident.</p> <p>On 11/18/23, Licensed Practical Nurse (LPN)-D administered IV fluids to R1 through R1's implanted port; however, LPN-D was not qualified to administer IV fluids through an implanted port.</p> <p>Findings include:</p> <p>Wisconsin State Legislature Chapter N 6 titled Standards Of Practice For Registered Nurses And Licensed Practical Nurses indicates: 'Direct supervision' means immediate availability to continually coordinate, direct, and inspect at first hand the practice of another .In the performance of acts in basic patient situations, the LPN. shall, under the general supervision of an RN or the direction of a provider: (a) Accept only patient care assignments which the LPN is competent to perform .Performance of acts in complex patient situations. In the performance of acts in complex patient situations the LPN shall do all of the following: .Perform delegated acts beyond basic nursing care under the direct supervision of an RN or provider .</p> <p>On 4/10/24, Surveyor reviewed R1's medical record. R1 was admitted to facility on 10/27/23 with diagnoses including malignant neoplasm of brain and protein-calorie malnutrition. R1's Minimum Data Set (MDS) assessment, dated 11/3/23, contained a Brief Interview for Mental Status (BIMS) score of 9 out of 15 which indicated R1 had moderate cognitive impairment. R1's medical record indicated R1's Power of Attorney for Healthcare (POAHC) was responsible for R1's healthcare decisions. R1 was transferred to a hospital on 11/20/23 and did not return to the facility. R1's medical record indicated R1's IV access was maintained through an implanted port (a surgically implanted device that provides direct access to the blood near the heart - considered a central line).</p> <p>R1's medical record contained a progress note written by LPN-D on 11/18/23 at 1:55 PM that indicated: Writer called on-call (provider) related to (R1's) temperature of 102.8 degrees, diaphoresis (excessive sweating, often described as cold and clammy) and inability to swallow oral meds today. Awaiting call back.</p> <p>R1's medical record contained the following order, dated 11/18/23, which R1's Medication Administration Record (MAR) indicated LPN-D administered on 11/18/23: Sodium Chloride Solution 0.9 % Use 100 ml/hr (milliliters per hour) intravenously every hour for one time bolus of 500 ccs (cubic centimeters) 0.9% NaCl (sodium chloride), 100 ccs (equal to milliliters) every hour for 5 hours. R1's MAR indicated the IV fluids were administered from 3:00 PM to 8:00 PM.</p> <p>On 4/10/24, LPN-D was unavailable for interview and did not return Surveyor's call.</p> <p>On 4/10/24 at 12:54 PM, Surveyor interviewed Director of Nursing (DON)-B who indicated LPN-D was IV certified and that DON-B checked off LPN-D's skills.</p> <p>(continued on next page)</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/10/24, Surveyor reviewed Certificates of Completion Infusion Knowledge for LPN-D, dated 6/10/23, which included modules on midline IVs, peripheral IVs, legal aspects, IV medications and fluids, geriatric IV considerations and a module on medication error reduction practices. The certificates did not mention of central lines. The certificates indicated Registered Nurse Educator (RNE)-E from the facility's contracted pharmacy was the instructor.</p> <p>On 4/10/24, Surveyor reviewed Nurse Delegation of Skills and Tasks to LPN, signed and dated 4/21/23 by LPN-D and DON-B, that indicated: .These tasks include the following: Other (please list): IV Therapy It is important that you know the proper procedures to follow in all of these delegated areas. In addition to my orientation of the above tasks, please review the written procedures and ask if you have any questions or concerns .There were no written procedures attached or provided to Surveyor.</p> <p>On 4/10/24, Surveyor reviewed the nursing schedule for 11/18/23 which indicated an RN was not assigned to work the 11/18/23 PM shift when LPN-D administered R1's IV fluids.</p> <p>On 4/10/24 at 2:41 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A who verified an RN was not assigned to work the 11/18/23 PM shift due to a call-in. NHA-A indicated a Nurse Manager RN was in the facility until 5:00 PM. NHA-A verified an RN was not in the facility between 5:00 PM and 10:00 PM on 11/18/23.</p> <p>On 4/10/24 at 2:49 PM, Surveyor interviewed DON-B who indicated DON-B watched LPN-D administer IV medication into an unnamed resident's peripherally inserted central catheter (PICC) line for a competency check. DON-B verified DON-B only watched LPN-D once. DON-B indicated LPN-D was not trained to access an implanted port. DON-B verified there was not always an RN in the facility when LPN-D performed IV tasks. When asked DON-B's expectation when LPN-D received orders for an IV fluid bolus via R1's implanted port, DON-B indicated one of the RN managers or the previous DON should have come in to administer the order.</p> <p>On 4/10/24 at 3:41 PM, Surveyor interviewed RNE-E via phone. RNE-E verified RNE-E conducted IV certification courses for the facility. RNE-E indicated RNE-E provided the facility with specific competency assessment forms to be used to verify competency after an LPN completed certificate training in the assigned task. RNE-E indicated the certificate courses do not cover central lines because LPNs are not allowed to access central lines and verified only RNs can access central lines in Wisconsin. RNE-E indicated an RN must be present in the facility any time an LPN performs IV access. RNE-E indicated what LPNs are allowed to do per Wisconsin legislation is covered in the legal portion of the certification course.</p>		