STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525655	A. Building B. Wing	09/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fond Du Lac Lutheran Home	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)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. 47248 Based on staff and resident interview and record review, the facility did not thoroughly investigate allegations of abuse and misappropriation for 2 residents (R) (R2 and R3) of 2 sampled residents. The facility did not thoroughly investigate an allegation of abuse for R2. The facility did not thoroughly investigate an allegation of misappropriation for R3. Findings include: The facility's Abuse, Neglect, Mistreatment and Misappropriation policy, with a review date of 11/8/23, indicates: It is the policy of the facility that everyone will be free from abuse .Verbal abuse involves the use of speech, sound, writing, or gestures when communicating with residents or their families or when within their hearing or sight regardless of their age, ability to comprehend or disability .Misappropriation of resident property means the deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident's belongings or money without the resident's consent .E. Investigation: .It is the policy of this facility that reports of abuse are promptly and thoroughly investigated .Investigation regarding misappropriation: Complete an active search for missing items including documentation of the investigation: The investigation will consist of at least the following: A review of the completed complaint report, an interview with the person or persons reporting the incident, interviews with any witness to the incident, a review of the resident's medical record if indicated, a search of the resident's room, an interview with staff members having contact with the resident during relevant periods or shifts of the alleged incident, interviews with the resident's roommate, family members, and visitors, a root-cause analysis of all circumstances surrounding the incident . Immediately upon receiving a report of alleged abuse, the Executive Director and or designee will coordinate delivery of appropriate medical and/or psychological care and attention. Ensuring safety and well-being for the vulnerable resident are of utmost priority. Safety, security and support of the resident, their roommate, if applicable and other residents with the potential to be affected will be provided. This should include .iv. Examine, assess, and interview the resident and other residents potentially affected immediately to determine any injury and identify any immediate clinical interventions necessary .Internal reporting: Employees must always report any abuse or suspicion of abuse immediately to the Executive Director. (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
	525655	A. Building B. Wing	09/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fond Du Lac Lutheran Home	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)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 9/24/24, Surveyor received a staff list from Assistant Nursing Home Administrator(ANHA)-D. Surveyor noted 67 employees were listed on the form, including 29 Certified Nursing Assistants (CNAs), 1 Director of Nursing(DON), 1 Assistant Director of Nursing (ADON), 8 Registered Nurses (RNs), and 6 Licensed Practical Nurses(LPNs). 1. On 9/24/24, Surveyor reviewed R2's medical record. R2 had diagnoses including type 2 diabetes, chronic kidney disease (CKD), placement of colostomy, and major depressive disorder. R2's Minimum Data Set (MDS) assessment, dated 8/7/24, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R2 had intact cognition. On 9/24/24, Surveyor reviewed a facility-reported incident (FRI) regarding an allegation of verbal abuse involving R2 and CNA-I. The incident was reported on 9/7/24 and the investigation concluded on 9/12/24. Surveyor noted staff education on abuse, neglect, and misappropriation was not included in the FRI. Surveyor requested the information from ANHA-D on 9/24/24 at 12:15 PM. ANHA-D indicated staff education and training were provided and ANHA-D would provide the information to Surveyor. On 9/24/24 at 2:19 PM, Surveyor received the staff education documentation from ANHA-D who indicated the documents were education sign-off sheets from the facility's All Staff meeting where abuse and neglect education was provided to all staff. ANHA-D indicated the education was provided a few days ago and was still ongoing. ANHA-D indicated the information covered at the meeting was attached to the employee sign-off sheet. Surveyor reviewed the facility's All Staff document, dated 9/19, that contained staff signatures. Surveyor noted the following nursing staff received abuse, neglect, and misappropriation training during the meeting: 18 out of 67 total employees, including 13 CNAs, 3 RNs, and 1 LPN. The training materials included Reporting Abuse/Neglect/Misappropriation: Who is the Abuse Coordinator, what do you do if you have a suspicion of abuse/neglect/misappropriation, when do you report concerns? An additional form contained the answers to the questions. Surveyor noted there were no additional sign-off sheets for training provided to employees after the All Staff meeting. On 9/24/24 at 3:15 PM, Surveyor interviewed ANHA-D and requested any additional information regarding the number of staff that were trained. ANHA-D confirmed the education was ongoing and ANHA-D was under the assumption the education could be provided after the investigation concluded. ANHA-D indicated ANHA-D was unaware that an allegation of abuse (which was substantiated by the facility's investigation and resulted in the employee being terminated) warranted education on abuse, neglect, and misappropriation as soon as possible to prevent any further incidents. 2. On 9/24/24, Surveyor reviewed R3's medical record. R3 had diagnoses including type 2 diabetes, CKD, presence of pacemaker, anxiety, and depression. R3's MDS assessment, dated 8/15/24, had a BIMS score of 12 out of 15 which indicated R3 had moderately impaired cognition. On 9/24/24, Surveyor reviewed a FRI regarding an allegation of misappropriation involving R3 who reported to nursing staff on 8/10/24 that $12 was missing from R3's dresser drawer. R3 was unsure when the money was taken. The investigation concluded on 8/16/24. Surveyor noted the investigation did not include documentation of follow-up with R3 regarding psychosocial/emotional needs following the incident. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525655	A. Building B. Wing	09/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fond Du Lac Lutheran Home	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)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The investigation indicated R3 was not interviewed regarding the incident until 8/16/24 and like residents were not interviewed until 8/16/24. In addition, staff interviews were not dated. Surveyor noted an interview with a nursing staff indicated the staff was informed by R3's daughter that R3's money was missing and reported the allegation to administration. The interview indicated another RN was informed of the missing money by R3 and R3's daughter a few days before but nothing was done. The investigation indicated 25 nursing staff were interviewed. An interview with CNA-J indicated CNA-J was informed of the missing money by R3 last week. The investigation did not contain staff education on abuse, neglect, or misappropriation or reporting of allegations. The investigation also did not contain findings, results, resolution, root cause analysis, or follow-up with R3. There were also no interventions put in place to safeguard R3's belongings. On 9/24/24 at 12:15 PM, Surveyor interviewed ANHA-D regarding missing documentation in the investigation for R3's allegation of misappropriation. ANHA-D indicated ANHA-D did not complete the report and wasn't part of the investigation but would find the education documentation. ANHA-D also indicated ANHA-D would attempt to find any additional documentation including why the resident interviews were delayed. On 9/24/24 at 12:50 PM, Surveyor interviewed R3 who indicated R3 did not know what was concluded regarding R3's missing money. R3 indicated someone was supposed to follow-up with R3. R3 stated R3 felt bad because the money was from R3's birthday and R3 didn't have much money. On 9/24/24 at 2:24 PM, Surveyor received staff education documentation from ANHA-D who indicated the documents were education sign-off sheets from the facility's All Staff meeting where staff education on abuse and neglect was provided to all staff. ANHA-D indicated the facility did not have a good reason for the delay of resident interviews and believed employee interviews were completed between 8/12/24 and 8/16/24. ANHA-D acknowledged follow-up for emotional needs was not provided to R3. ANHA-D also indicated follow-up and resolution was not provided to R3 because R3 did not indicate R3 was upset about the missing money, the facility did not find evidence of theft, and the money was not replaced. Surveyor reviewed an All Staff document, dated 8/15, that contained staff signatures. Surveyor noted 43 of 67 total employees received abuse, neglect, and misappropriation training, including 17 CNAs, 4 RNs, and 2 LPNs. The training materials included Reporting Abuse/Neglect/Misappropriation: Who is the Abuse Coordinator, what do you do if you have a suspicion of abuse/neglect/misappropriation, when do you report concerns? An additional form provided answers to the questions. Surveyor noted CNA-J did not receive abuse, neglect, or misappropriation training on 8/15 or 9/19.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525655	A. Building B. Wing	09/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fond Du Lac Lutheran Home	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)
F 0684 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40449 Based on staff and resident interview and record review, the facility did not ensure care and treatment were provided for 1 resident (R) (R1) of 3 sampled residents with a pacemaker (a device placed in the body to support the electrical system in the heart). Staff did not assist R1 in scheduling appointments with a cardiologist to check R1's cardiac health or ensure R1's pacemaker worked properly. On [DATE], R1 was admitted to the hospital after R1's pacemaker battery died and R1's heart rate was in the 30s. (A typical resting heart rate for adults is between 60 and 100 beats per minute.) Findings include: On [DATE], Surveyor reviewed R1's medical record. R1 was admitted to the facility on [DATE] and readmitted on [DATE] following hospitalization for pacemaker failure. R1 had diagnoses including acute congestive heart failure (CHF), dyspnea (shortness of breath) and respiratory abnormalities, symptomatic bradycardia (a low heart rate), and sick sinus syndrome (a group of abnormal heart rhythms usually caused by a malfunction of the sinus node, the heart's primary pacemaker). R1's Minimum Data Set (MDS) assessment, dated [DATE], had a Brief Interview for Mental Status (BIMS) score of 11 out of 15 which indicated R1 had moderate cognitive impairment. R1's medical record indicated R1 was responsible for R1's healthcare decisions. R1's care plan did not contain a focus, goal, or interventions for pacemaker use. An office visit progress note, dated [DATE], indicated R1's pacemaker was checked on [DATE] and was functioning appropriately. The remaining battery life was estimated at 23 months. (R1 was admitted to the facility on [DATE] which was approximately 12 months after the [DATE] pacemaker check which allowed for 11 months of battery life after R1's admission.) A hospital discharge summary, dated [DATE], indicated R1 was diagnosed with tachy-[NAME] syndrome (a heart rhythm disorder) and had a pacemaker. A progress note, dated [DATE], indicated R1 had a dual chamber pacemaker. An emergency medicine provider note, dated [DATE], indicated R1 had a pacemaker for tachybradycardia syndrome. Per Emergency Medical Services (EMS), R1's heart rate was bradycardic in the low 30s with no syncope (fainting). The note indicated staff were unable to obtain a report for the pacemaker because they could not get it to read. The clinic sent a nurse to read the pacemaker. The nurse was unable to get a signal and suspected device failure. Heart block or significant bradycardia required an urgent transfer to the cath lab for a pacemaker. A hospital initial encounter note, dated [DATE], indicated R1's pacemaker's battery life had expired. Because R1's heart rate was in the 30s and the pacemaker was not functioning, R1 was admitted to the hospital for acute on chronic heart failure with preserved ejection fraction. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525655	A. Building B. Wing	09/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fond Du Lac Lutheran Home	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)
F 0684 Level of Harm - Actual harm Residents Affected - Few	A progress note, dated [DATE] at 11:56 PM, indicated R1 was readmitted to the facility at 5:00 PM with a diagnosis of CHF exacerbation. R1 was alert and oriented x 4 and denied pain or shortness of breath (SOB). R1's pacemaker was replaced at the hospital (upper left upper chest) and the site was covered with gauze. On [DATE] at 11:00 AM, Surveyor interviewed Registered Nurse (RN)-G who stated there were 3 residents on RN-G's unit with a pacemaker. RN-G stated each resident with a pacemaker had a transmission box in their room and the pacemaker clinic contacted nursing staff with any concerns and to schedule appointments to check the pacemakers. On [DATE] at 11:15 AM, Surveyor interviewed RN-F who stated there was one resident (R4) on RN-F's unit with a pacemaker who was seen yearly at the pacemaker clinic. RN-F indicated pacemaker checks were completed by the clinic who contacted the facility with any updates or concerns. RN-F was able to locate the transmission device in R4's room. On [DATE] at 1:24 PM, Surveyor interviewed R1 who indicated R1 had a pacemaker for [AGE] years and resided at the facility for 2 years. R1 indicated to the best of R1's knowledge, a pacemaker check was not done at the facility until September of 2024. On [DATE] at 3:30 PM, Surveyor interviewed Assistant Director of Nursing (ADON)-C regarding the facility's expectation when a resident is admitted with a pacemaker. Assistant Nursing Home Administrator (ANHA)-D and Social Worker (SW)-E were present during the interview. ADON-C indicated it was the facility's expectation that residents with pacemakers were followed by cardiology and/or the pacemaker clinic. When asked if the facility was aware of R1's pacemaker, ADON-C indicated nothing tipped them off because R1 had stable vital signs. ADON-C indicated R1's doctor was aware that R1 had a pacemaker. SW-E indicated the facility did not have a process in place for residents admitted with pacemakers. On [DATE] at 5:00 PM, Surveyor interviewed Medical Doctor (MD)-H via telephone. MD-H indicated R1 had increasing heart failure problems, but R1's vitals signs had been stable. MD-H indicated MD-H was aware R1 had a pacemaker but was not sure why there was no follow-up care related to the pacemaker since R1 had a number of cardiologists. MD-H indicated MD-H did not check R1's room for a pacemaker transmitter. MD-H stated R1's pacemaker worked until it didn't which resulted in R1's admission to the hospital where it was determined R1's pacemaker was not functioning and had not been checked. MD-H stated MD-H was not sure who was responsible for checking R1's pacemaker and indicated R1 and R1's family bore some responsibility because there would have been a transmitter at R1's home which should have been brought to the facility when R1 was admitted .