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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION              | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>525655 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                            | (X3) DATE SURVEY COMPLETED<br><br>07/10/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Fond Du Lac Lutheran Home |                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>244 N Macy St<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| <p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43361</p> <p>Based on observation and staff and resident interview, the facility did not ensure dignity was maintained for 3 residents (R) (R305, R45, and R12) of 19 sampled residents who were served meals on disposable dishware.</p> <p>On 7/8/24, breakfast was served in Styrofoam containers because the kitchen was short staffed. During lunch service, staff were observed serving milk and coffee in Styrofoam cups. In addition, resident interviews indicated residents were provided with disposable utensils which made it difficult to cut food.</p> <p>Findings include:</p> <p>During the breakfast meal on 7/8/24, Surveyor observed staff serve breakfast in Styrofoam containers.</p> <p>On 7/8/24 at 10:11 AM, Surveyor noted R305's Cream of Wheat was served in a Styrofoam bowl with plastic cutlery. R305 stated the Cream of Wheat was cold</p> <p>On 7/8/24 at 10:32 AM, Surveyor observed several Styrofoam cups and plastic utensils in R45's garbage can. R45 stated sometimes R45 received plasticware with meals and staff served R45's coffee in a Styrofoam cup. R45 stated it was difficult to cut meat with plastic utensils. In a follow up interview, R45 stated R45 did not have much of an issue with the Styrofoam cups, however, the plastic utensils were frustrating, flimsy, and irritating to cut with.</p> <p>On 7/8/24 at 11:57 AM, Surveyor observed Administrative Assistant (AA)-V at a beverage station on the unit assist with preparing residents' lunch trays by pouring coffee and milk. Surveyor observed AA-V pour milk into a large Styrofoam cup and put the cup on a resident's meal tray. Surveyor interviewed AA-V who stated if a resident's meal ticket indicates the resident wants extra milk or coffee, staff use large Styrofoam cups to serve the resident's beverage because the facility does not have large enough cups to accommodate the resident's request. Surveyor observed a number of small plastic drink cups and regular size plastic coffee cups on the unit.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                                                                   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>525655                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                            | (X3) DATE SURVEY COMPLETED<br><br>07/10/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Fond Du Lac Lutheran Home                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | STREET ADDRESS, CITY, STATE, ZIP CODE<br>244 N Macy St<br>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. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                 |                                              |
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| <p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>On 7/8/24 at 12:57 PM, Surveyor interviewed R12 who stated sometimes R12's food was served on Styrofoam which R12 did not like and made R12 feel like something was wrong with the kitchen. R12 stated R12 preferred to use a regular plate and regular silverware because it was [NAME] when R12's meal was served on Styrofoam. R12 stated R12 had mobility issues that made it difficult to use Styrofoam and plasticware. R12 stated R12 kept silverware in R12's room so R12 had something to use if R12 received plasticware.</p> <p>On 7/9/24 at 11:44 AM, Surveyor interviewed Dietary Manager (DM)-P who stated the kitchen was short staffed on 7/8/24 so breakfast was served on Styrofoam. When asked about plasticware, DM-P stated residents receive regular silverware unless all meals are served on Styrofoam or a resident is on precautions. DM-P stated if a resident is on any type of precautions, the meal tray is covered in plastic and everything is served on disposable ware. DM-P stated there were 3 residents in the facility who were on precautions and received all meals on Styrofoam. DM-P was not sure why some residents received plasticware</p> <p>On 7/10/24 at 9:15 AM, Surveyor interviewed DM-P regarding the use of Styrofoam DM-P confirmed kitchen staff used Styrofoam containers for the 7/8/24 breakfast meal because there were not enough staff in the kitchen. DM-P acknowledged Styrofoam was not a home-like option for residents. When Surveyor informed DM-P that Styrofoam cups are used to serve residents that want or need extra fluids with meals, DM-P stated nursing staff pass drinks and DM-P was unsure why nursing staff used Styrofoam cups. DM-P stated the kitchen sends plenty of plastic drink cups and coffee cups to the units. DM-P agreed staff can pour 2 plastic cups of milk or coffee if residents want extra. DM-P stated Styrofoam cups should only be used for water pass.</p> |                                                                                 |                                              |

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| NAME OF PROVIDER OR SUPPLIER<br><br>Fond Du Lac Lutheran Home |                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>244 N Macy St<br>Fond Du Lac, WI 54935 |                                              |

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| <p>F 0551</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Give the resident's representative the ability to exercise the resident's rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43361</p> <p>Based on staff interview and record review, the facility did not ensure protective placement was obtained for 1 resident (R) (R43) of 2 residents reviewed for guardianship.</p> <p>R43 had a legal guardian. The facility did not ensure R43 had court-ordered protective placement in the least restrictive environment at the facility.</p> <p>Findings include:</p> <p>Statute Chapter 55.03(4) states the law requires court-ordered protective placement for any resident admitted to a nursing home who has a legal guardian and whose nursing home stay exceeds ninety days.</p> <p>Between 7/8/24 and 7/10/24, Surveyor reviewed R43's medical record. R43 was admitted to the facility on [DATE] with diagnoses including unspecified intellectual disability, senile degeneration of brain, bipolar disorder, and dementia with behavioral disturbance. R43's Minimum Data Set (MDS) assessment, dated 6/5/24, indicated R43 was severely cognitively impaired. R43 had a guardian as a decision maker.</p> <p>R43's medical record contained R43's Letters of Guardianship for a Successor, dated 1/3/1994.</p> <p>Surveyor requested R43's protective placement paperwork.</p> <p>On 7/10/24 at 10:45 AM, Surveyor interviewed Social Worker (SW)-C who stated R43 did not have protective placement paperwork. SW-C stated R43 had previously resided at a group home and came to the facility with a guardianship that was in place for a long time. SW-C was not aware that R43 did not have protective placement or that the facility needed to ensure protective placement was obtained. SW-C stated SW-C had other residents who had protective placement, however, those residents were admitted with protective placement already in place. SW-C stated SW-C had contacted the Aging and Disability Resource Center (ADRC) to ask about protective placement for R43.</p> |

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| <p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45943</b></p> <p>Based on observation, staff interview, and record review, the facility did not ensure 1 resident (R) (R45) of 1 sampled resident had a self-administration of medication assessment or a physician's order to self-administer medication.</p> <p>R45 did not have a self-administration of medication assessment that indicated R45 could safely and accurately self-administer medication. In addition, R45 did not have a physician's order to self-administer medication.</p> <p>Findings include:</p> <p>The facility's Policies and Procedures: Pharmacy Services Section II Medication Administration Policy (effective date: May 2018) Preparation and General Guidelines Section B. Administration 14 indicates: Residents can self-administer medications when specifically authorized by the attending physician and in accordance with procedures for self-administration of medication.</p> <p>On 7/9/24, Surveyor reviewed R45's medical record. R45 was admitted to the facility on [DATE] with diagnoses including diabetes mellitus and dementia. R45's Minimum Data Set (MDS) assessment, dated 5/15/24, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R45 had intact cognition.</p> <p>On 7/10/24 at 12:20 PM, Surveyor observed Nurse Extern (NE)-O draw up 17 units of insulin Lispro 100 units/ml (milliliter) (9 units in addition to 8 units per sliding scale) in a syringe and hand the syringe to R45. R45 wiped R45's abdomen with an alcohol swab and self-injected the insulin into the right lower quadrant of R45's abdomen. Prior to entering R45's room, NE-O told Surveyor not to be surprised if R45 self-injected the insulin which was R45's norm.</p> <p>Surveyor noted R45's medical record did not contain a self-administration of medication assessment or a physician's order to self-administer insulin.</p> <p>On 7/9/24 at 2:18 PM, Surveyor interviewed Director of Nursing (DON)-B who verified R45 did not have a self-administration of medication assessment or a physician's order to self-administer insulin. DON-B stated DON-B expects staff to obtain a physician's order and complete a self-administration of medication assessment prior to allowing a resident to self-administer insulin.</p> |                                                                                 |                                              |

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| <p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50479</p> <p>Based on observation, staff and resident interview, and record review, the facility did not ensure an environment that was free from abuse for 1 resident (R) (R305) of 1 sampled resident.</p> <p>The facility did not protect R305's right to be free from verbal and mental abuse by R14.</p> <p>Findings include:</p> <p>The facility's Comprehensive Abuse, Neglect, Mistreatment and Misappropriation of Resident Property policy, dated 11/8/24, indicates: It is the policy of the facility that each resident will be free from abuse .Abuse is the willful infliction of .intimidation .or mental anguish .Abuse includes verbal abuse .Verbal abuse involves the use of speech, sound, writing, or gestures when communicating with residents or their families or within their hearing or sight, regardless of their age, ability to comprehensive, or disability .Mental abuse is the use of verbal or nonverbal conduct which causes, or has the potential to cause, the resident to experience humiliation, intimidation, fear, shame, agitation, or degradation .It is the policy of this facility that all staff monitor residents and know how to identify potential signs and symptoms of abuse. Occurrences, patterns and trends that may constitute abuse will be investigated .The facility will ensure that all alleged violations involving abuse .mistreatment .are reported immediately, but not later than 2 hours after the allegation is made if the events that cause the allegation involve abuse .to the Executive Director of the facility . Employees must always report any abuse or suspicion of abuse immediately to the Executive Director.</p> <p>On 7/8/24, Surveyor reviewed R305's medical record. R305 was admitted to the facility on [DATE] with diagnoses including short-bowel syndrome (a condition that has symptoms of diarrhea, malnutrition, weight loss, and foul-smelling stool), depression, and anxiety disorder. R305's Minimum Data Set (MDS) assessment, dated 7/5/24, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R305 had intact cognition.</p> <p>On 7/8/24 at 10:08 AM, Surveyor interviewed R305 who was visibly upset and intermittently crying throughout the interview and stated R305 had conflict with R14. R305 described an incident when R305 exited R305's room and R14 told R305 to get the f*** out of my way. R305 indicated the incident was distressing and stated R305 also witnessed R14 mock other residents for being fat and retarded. R305 stated R14's language was offensive and R305 experienced emotional distress due to interactions with R14. Surveyor noted R14's room was across the hall from R305's room.</p> <p>On 7/8/24, Surveyor reviewed R14's medical record. R14 was admitted to the facility on [DATE] with diagnoses including anxiety and major depressive disorder. R14's MDS assessment, dated 5/29/24, had a BIMS score of 13 out of 15 which indicated R14 had intact cognition.</p> <p>(continued on next page)</p> |                                                                                     |                                              |

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| <p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>R14's medical record contained a behavior note, dated 7/6/24 at 2:33 PM, that indicated: R14 became agitated when R305 approached the desk and asked for R305's medications because R305 was leaving the facility for a couple of hours. R14 stated R305 skipped R14 which R305 always does and next time R14 would show (R305) because R14 was done with (R305's) f***** shit and (R305) needed to take (R305's) shitting upstairs. R14 referred to R305 as shitzilla several times throughout the rest of the evening.</p> <p>On 7/9/24 at 12:43 PM, Surveyor interviewed Registered Nurse (RN)-D who stated R14 often cussed and complained about other residents to staff. RN-D indicated R14 habitually complained about other residents getting in R14's way and made vague threats such as I wanna kick 'em in the butt.</p> <p>On 7/9/24 at 3:24 PM, Surveyor interviewed RN-E who stated R14 was recently upset with R305 and cussed about R305 at RN-E's medication cart. RN-E stated R14 used foul language with staff and other residents and spoke badly about other residents within earshot. RN-E stated R14 told RN-E that R14 and R305 had a verbal confrontation in the front lobby. R14 cussed at R305, told R305 to get off the lobby phone, and stated R305 shouldn't touch anything in the common areas because of R305's diarrhea.</p> <p>On 7/9/24 at 3:33 PM, Surveyor interviewed Medication Technician (MT)-F who stated R14 often swore and talked negatively about other residents. MT-F said R14 was known to complain about other residents within earshot and without concern for offending them.</p> <p>On 7/9/24 at 3:43 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A who stated NHA-A was aware that R14 spoke poorly about other residents to staff. NHA-A reviewed a report on 7/8/24 that informed NHA-A of the altercation between R14 and R305 on 7/6/24. NHA-A stated NHA-A did not consider the altercation between R14 and R305 to be willful abuse.</p> <p>On 7/10/24 at 9:11 AM, Surveyor interviewed R14 who stated R305 should not have been admitted to the facility and called R305 nutzo and a pig. R14 indicated R14 was bothered by R305's diarrhea and stated (R305) belongs in a zoo because (R305) shits all over the place. R14 described an incident when R305 pointed a finger at R14. In response, R14 told R305 that R14 was sick of (R305's) shit.</p> <p>On 7/10/24 at 10:42 AM, Surveyor interviewed RN-G who stated RN-G was aware that R14 had a problem with R305 and stated R14 spoke poorly about R305 to RN-G. In response, RN-G advised R14 to avoid R305.</p> |                                                                                 |                                              |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                                                                   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>525655                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                            | (X3) DATE SURVEY COMPLETED<br><br>07/10/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Fond Du Lac Lutheran Home                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | STREET ADDRESS, CITY, STATE, ZIP CODE<br>244 N Macy St<br>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<br>(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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50479</p> <p>Based on observation, staff and resident interview, and record review, the facility did not ensure an allegation of abuse was reported to the State Agency (SA) for 1 resident (R) (R305) of 1 sampled resident.</p> <p>The facility did not report an allegation of verbal abuse to the SA for R305.</p> <p>Findings include:</p> <p>The facility's Comprehensive Abuse, Neglect, Mistreatment and Misappropriation of Resident Property program, dated 11/8/24, indicates: It is the policy of this facility that all staff monitor residents and will know how to identify potential signs and symptoms of abuse. Occurrences, patterns and trends that may constitute abuse will be investigated. The facility will ensure that all alleged violations involving abuse are reported immediately, but not later than 2 hours after the allegation is made if the events that cause the allegation involve abuse to the Executive Director of the facility. Employees must always report any abuse or suspicion of abuse immediately to the Executive Director. If an incident or allegation is considered reportable, the Executive Director or designee will make an initial (immediate or within 24 hours) report to the State Agency.</p> <p>On 7/8/24, Surveyor reviewed R305's medical record. R305 was admitted to the facility on [DATE] with diagnoses including short-bowel syndrome (a condition that has symptoms of diarrhea, malnutrition, weight loss, and foul-smelling stool), depression, and anxiety disorder. R305's Minimum Data Set (MDS) assessment, dated 7/5/2024, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R305 had intact cognition.</p> <p>On 7/8/24 at 10:08 AM, Surveyor interviewed R305 who was visibly upset and intermittently crying throughout the interview. R305 stated R305 had a conflict with R14 and described an incident when R305 exited R305's room and R14 told R305 to get the f*** out of my way. R305 stated the incident was distressing to R305 and R305 had also witnessed R14 mock other residents for being fat and retarded. R305 stated R14's language was offensive and R305 experienced emotional distress from interactions with R14. Surveyor noted R14's room was across the hall from R305's room.</p> <p>On 7/8/24, Surveyor reviewed R14's medical record. R14 was admitted to the facility on [DATE] with diagnoses including anxiety and major depressive disorder. R14's MDS assessment, dated 5/29/24, had a BIMS score of 13 out of 15 which indicated R14 had intact cognition. A behavior assessment indicated R14 had physical behavior directed toward others (e.g., hitting, kicking, pushing, scratching, grabbing, abusing others sexually) which occurred from 1-3 days. R14's functional ability assessment indicated R14 used a wheelchair independently.</p> <p>(continued on next page)</p> |                                                                                 |                                              |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION              | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>525655 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                | (X3) DATE SURVEY COMPLETED<br><br>07/10/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Fond Du Lac Lutheran Home |                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>244 N Macy St<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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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>R14's medical record contained a behavior note, dated 7/6/24 at 2:33 PM, that indicated: R14 became agitated when R305 approached the desk and asked for R305's medications because R305 was leaving the facility for a couple of hours. R14 stated R305 skipped R14 which R305 always does and next time R14 would show (R305) because R14 was done with (R305's) f**** shit and (R305) needed to take (R305's) shitting upstairs. R14 referred to R305 as shitzilla several times throughout the rest of the evening.</p> <p>On 7/9/2024 at 3:43 PM Surveyor interviewed Nursing Home Administrator (NHA)-A who stated NHA-A was not notified of the altercation between R14 and R305 on 7/6/24. NHA-A stated NHA-A reviewed a report on 7/8/24 that informed NHA-A of the altercation between R14 and R305. NHA-A stated, We (NHA-A and DON-B) haven't observed R14's behavior ourselves. NHA-A concluded the altercation between R14 and R305 did not rise to the level of willful abuse and wasn't reported to the SA.</p> |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                                                                   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>525655                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                | (X3) DATE SURVEY COMPLETED<br><br>07/10/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Fond Du Lac Lutheran Home                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>244 N Macy St<br>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<br>(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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48794</p> <p>Based on observation, staff interview, and record review, the facility did not ensure the comprehensive care plan was implemented for 1 resident (R) (R50) of 19 sampled residents.</p> <p>R50's comprehensive care plan indicated R50 was at risk for developing pressure injuries. The facility did not implement R50's care plan intervention to ensure the prevention of skin breakdown.</p> <p>Findings include:</p> <p>The Facility Assessment, titled Bowel and Bladder Management, dated 8/10/23, indicates: The facility will put prevention measure in place to promote bowel and bladder health. Staff will adopt a person-centered interdisciplinary care plan and implement interventions/approaches to bowel and bladder management to meet the goals of the individual.</p> <p>Per Nursing Home Administrator (NHA)-A, the facility does not have a specific policy for repositioning.</p> <p>Between 7/8/24 through 7/10/24, Surveyor reviewed R50's medical record. R50 was admitted to the facility on [DATE] with diagnoses including unspecified dementia, severe with agitation, violent behavior, history of falling, and muscle weakness. R50's Minimum Data Set (MDS) assessment, dated 5/21/24, indicated R50 was severely cognitively impaired. R50 had a guardianship in place.</p> <p>R50's care plan, dated 5/21/24, indicated R50 had the potential for pressure injury development related to R50's disease process of dementia and immobility. The care plan also stated R50 was incontinent of bowel and bladder and included the following interventions:</p> <ul style="list-style-type: none"> <li>~ Follow facility policy/protocols for the prevention/treatment of skin breakdown</li> <li>~ Assist with routine toileting and skincare for incontinence</li> <li>~ Assist with turning and repositioning at least every 2-3 hours, more often and as needed or requested</li> <li>~ Pressure reducing device on bed and chair</li> <li>~ Change when wet every 2-3 hours and as needed</li> <li>~ Assist to toilet every 2-3 hours and as needed if incontinent. Wash, rinse and dry perineum. Change clothing as needed after incontinence episodes</li> <li>~ Toilet Use: The resident is able to: ambulate to the toilet with 1 assist, needs 1 assist for toileting</li> </ul> <p>(continued on next page)</p> |                                                                                     |                                              |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION              | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>525655 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                | (X3) DATE SURVEY COMPLETED<br><br>07/10/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Fond Du Lac Lutheran Home |                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>244 N Macy St<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| <p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>~ Transfers: The resident requires assistance of 1 staff to move between surfaces every 2-3 hours and as needed</p> <p>R50's care plan also indicated R50 had a communication problem related to unclear speech and could not always communicate needs.</p> <p>Between 7/8/24 through 7/10/24, Surveyor observed the following:</p> <p>On 7/8/24 at 9:33 AM and 12:33 PM, Surveyor observed R50 in a recliner in the TV room with the back rest reclined and R50's legs extended.</p> <p>On 7/9/24 at 9:46 AM, 1:24 PM, and 2:05 PM, Surveyor observed R50 asleep in a recliner in the TV room with the back rest reclined and R50's legs extended.</p> <p>On 7/10/24 at 10:43 AM, Surveyor observed R50 asleep in a recliner in the TV room with the back rest reclined and R50's legs extended.</p> <p>On 7/9/24 at 1:24 PM, Surveyor interviewed Nurse Extern (NE)-O who stated R50 used to require 1 staff for transfers but lately required several staff to get R50 up. NE-O confirmed R50 was unable to put the leg rest down or get up by R50's self. NE-O stated staff do not reposition R50 as often as they should and was unsure how often R50 should be repositioned. NE-O indicated R50 is usually in the recliner all day and stated staff get R50 up before breakfast and assist R50 back to bed after dinner. NE-O also stated staff assist R50 with meals in the recliner.</p> <p>On 7/9/24 at 2:06 PM, Surveyor interviewed Certified Nursing Assistant (CNA)-X who stated R50 requires the assistance of 1 staff for transfers on a good day, and the assistance of 2 staff on a bad day. CNA-X was unsure how often R50 is repositioned and stated CNA-X knows there are days when R50 is left there all day. CNA-X stated there are times when R50 can get up from the recliner by R50's self, but R50 is not able to put the footrest down and works around it.</p> <p>On 7/9/24 at 2:18 PM, Surveyor interview Director of Nursing (DON)-B who confirmed staff should assist R50 to the bathroom, and change and/or reposition R50 every 2-3 hours.</p> |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                                                                   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>525655                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                | (X3) DATE SURVEY COMPLETED<br><br>07/10/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Fond Du Lac Lutheran Home                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>244 N Macy St<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                     |                                              |
| <p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43361</p> <p>Based on observation and staff and resident interview, the facility did not ensure assistance with activities of daily living (ADLs) was provided care in a timely and consistent manner for 1 resident (R) (R2) of 19 sampled residents.</p> <p>R2 waited 31 minutes for staff to provide care. In addition, staff turned R2's call light off prior to providing care.</p> <p>Findings include:</p> <p>1. On 7/8/24, Surveyor reviewed R2's medical record. R2 had a urinary catheter and was admitted to the facility on [DATE] with a diagnosis of neurogenic bladder. R2's Minimum Data Set (MDS) assessment, dated 5/17/23, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R2 had intact cognition.</p> <p>On 7/8/24 at 10:27 AM, Surveyor interviewed R2. Surveyor noted R2's call light had previously been activated, but was off during the interview. R2 stated R2 had activated the call light because R2 wanted to get up. R2 stated staff had come in and R2 told staff what R2 wanted, but staff turned the call light off. R2 stated R2 has used R2's cell phone to call staff because of long call light wait times.</p> <p>On 7/9/24 at 10:34 AM, Surveyor noted R2's call light was activated.</p> <p>On 7/9/24 at 10:43 AM, Surveyor observed Nurse Extern (NE-O) enter R2's room, turn off R2's call light, and exit the room.</p> <p>On 7/9/24 at 10:51 AM, Surveyor entered R2's room and asked if R2 received the care that R2 requested. R2 stated R2 activated R2's call light because R2 wanted to be changed. R2 stated NE-O told R2 that Certified Nursing Assistant (CNA)-N was on break and would help R2 when CNA-N returned.</p> <p>On 7/9/24 at 11:05 AM, Surveyor observed CNA-N enter R2's room.</p> <p>On 7/9/24 at 11:11 AM, Surveyor observed CNA-N exit R2's room with a bag. Surveyor interviewed CNA-N who stated R2 wanted R2's brief changed which CNA-N did.</p> <p>On 7/9/24 at 1:29 PM, Surveyor interviewed NE-O who verified NE-O turned R2's call light off but confirmed NE-O should have left the call light on until care was provided. NE-O stated NE-O told CNA-N that R2 wanted to be changed when CNA-N returned from break.</p> <p>On 7/9/24 at 3:18 PM, Surveyor informed Director of Nursing (DON)-B that R2 had waited 31 minutes for care to be provided and that NE-O turned off R2's call light and told R2 that CNA-N would change R2 when CNA-N returned from break. DON-B stated DON-B expects staff to leave call lights on until care is provided and confirmed 31 minutes is a longer than expected call light response time.</p> |                                                                                     |                                              |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION              | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>525655 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                            | (X3) DATE SURVEY COMPLETED<br><br>07/10/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Fond Du Lac Lutheran Home |                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>244 N Macy St<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50479</p> <p>Based on observation, staff interview, and record review, the facility did not ensure the resident environment remained free of accident hazards for 1 resident (R) (R14) of sampled 19 residents.</p> <p>An unsecured oxygen cylinder was stored in R14's room.</p> <p>Findings include:</p> <p>The facility's Safe Use of Oxygen policy, dated 11/8/23, indicates: .ii. If oxygen cylinders are in use, oxygen cylinders shall be secured in an upright position. If stored up upright, cylinders must be secured.</p> <p>On 7/8/24, Surveyor reviewed R14's medical record. R14 was admitted to the facility on [DATE] and had a diagnosis of chronic obstructive pulmonary disease (COPD).</p> <p>On 7/8/24 at 9:29 AM, Surveyor observed an unsecured oxygen cylinder with an oxygen regulator that was connected stored upright in R14's closet.</p> <p>On 7/9/24 at 12:43 PM, Surveyor interviewed RN-D who verified there was an unsecured oxygen tank in R14's closet and indicated the oxygen cylinder should be in a secured holder or secured in the closet.</p> <p>On 7/9/24 at 12:50 PM, Surveyor interviewed Facility Manager (FM)-I who confirmed the oxygen cylinder was unsecured in R14's room and stated oxygen cylinders should be secured in appropriate holders.</p> <p>On 7/9/24 at 1:00 PM, Surveyor notified Director of Nursing (DON)-B who stated DON-B expects oxygen cylinders to be properly secured.</p> <p>On 7/10/24 at 9:11 AM, Surveyor again observed an unsecured oxygen tank in R14's room closet.</p> |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                                                                   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>525655                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                | (X3) DATE SURVEY COMPLETED<br><br>07/10/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Fond Du Lac Lutheran Home                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>244 N Macy St<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                     |                                              |
| <p>F 0691</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Provide appropriate colostomy, urostomy, or ileostomy care/services for a resident who requires such services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50479</p> <p>Based on staff and resident interview and record review, the facility did not ensure 1 resident (R) (R12) of 1 sampled resident received appropriate ileostomy care.</p> <p>R12's ileostomy care was not care planned which resulted in stool leakage from R12's ileostomy dressing.</p> <p>Findings include:</p> <p>From 7/8/24 to 7/10/24, Surveyor reviewed R12's medical record. R12 was admitted to the facility on [DATE] and had a medical history which included a colectomy with end ileostomy. R12's Minimum Data Set (MDS) assessment, dated 2/23/24, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R12 had intact cognition.</p> <p>On 7/8/24 at 1:07 PM, Surveyor interviewed R12 who stated R12's ileostomy collection bag was not emptied in a timely manner over the weekend (7/5/24 to 7/7/24) which caused the bag to overflow and leak multiple times. R12 also stated the facility does not consistently use the appropriate ostomy supplies and R12's ileostomy appliance leaked stool when the facility used ill-fitting ostomy dressings.</p> <p>A nursing note, dated 6/10/24 at 1:04 AM and written by Registered Nurse (RN)-J, indicated R12's ostomy appliance was changed due to stool leakage.</p> <p>A nursing note, dated 7/4/24 at 3:30 AM and written by RN-K, indicated R12's colostomy bag leaked around the wafer. The note indicated the ileostomy appliance was changed twice on 7/4/24 due to stool leakage.</p> <p>Surveyor noted R12 did not have orders for ileostomy care and R12's Treatment Administration Record (TAR) did not contain ileostomy care. Surveyor also noted R12's medical record did not have routine documentation of ileostomy care.</p> <p>On 7/10/24 at 12:07 PM, Surveyor interviewed RN-D who was assigned to care for R12 at the time of the interview. RN-D stated RN-D was not familiar with R12's ostomy care and would refer to R12's orders for information. RN-D stated the facility's standard is to change ostomy appliances weekly.</p> <p>On 7/10/24 at 12:43 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A who stated the facility did not have a policy on ostomy care.</p> <p>On 7/10/24 at 1:08 PM, Surveyor interviewed Assistant Director of Nursing (ADON)-L who stated R12's orders for ostomy care were not resumed when R12 returned from a hospitalization on [DATE]. ADON-L stated ADON-L expects ostomy care orders to be in R12's medical record and for staff to document ostomy care on R12's TAR. ADON-L also stated R12's ostomy appliance should be changed every 3 days and as needed.</p> |                                                                                     |                                              |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION              | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>525655 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                | (X3) DATE SURVEY COMPLETED<br><br>07/10/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Fond Du Lac Lutheran Home |                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>244 N Macy St<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| <p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43361</p> <p>Based on observation, staff interview, and record review, the facility did not ensure use of bed rails was assessed and care planned for 1 resident (R) (R38) of 1 sampled resident.</p> <p>R38 had half rails on R38's bed. R38 did not have a risk assessment for the use of half rails. In addition, a risk versus benefits statement was signed by R38, however, R38 had an activated Power of Attorney for Healthcare (POAHC).</p> <p>Findings include:</p> <p>The facility did not have a policy for the use of bed rails.</p> <p>On 7/9/24, Surveyor reviewed R38's medical record. R38 was admitted to the facility on [DATE] with diagnoses including dementia, anxiety, depression, and encounter for palliative care. R38's Minimum Data Set (MDS) assessment, dated 5/29/24, had a Brief Interview for Mental Status (BIMS) score of 5 out of 15 which indicated R38 had severely impaired cognition. R38 had an APOAHC since 10/25/23.</p> <p>On 7/9/24 at 10:15 AM, Surveyor observed R38 in bed with half rails in place.</p> <p>On 7/9/24, Surveyor requested an assessment for R38's half rails.</p> <p>On 7/10/24 at 11:19 AM, Surveyor reviewed a side rail consent and release form signed by R38 on 5/7/24. Surveyor noted R38 had an activated POAHC at the time R38 had signed the form.</p> <p>On 7/10/24 at 12:07 PM, Surveyor interviewed Director of Nursing (DON)-B who stated the facility did not have a policy for side rails. DON-B stated an agency nurse had R38 sign the side rail consent and release form and confirmed the form should have been signed by R38's POAHC. DON-B stated there is a side rail assessment in the electronic medical record for staff to use but the assessment was not completed for R38.</p> |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                                                                   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>525655                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                            | (X3) DATE SURVEY COMPLETED<br><br>07/10/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Fond Du Lac Lutheran Home                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br>244 N Macy St<br>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. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                 |                                              |
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| <p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>48794</p> <p>Based on observation, staff and resident interview, and record review, the facility did not ensure sufficient staffing to meet residents' care needs. This had the potential to affect multiple residents residing in the facility.</p> <p>Fifteen of 30 staffing shifts reviewed did not meet Certified Nursing Assistant (CNA)-to-resident staffing ratios outlined in the the Facility Assessment which was last updated in April of 2024.</p> <p>Observations indicated call lights were not answered timely and resident care was not provided timely.</p> <p>Resident and staff interviews identified concerns with the provision and receipt of timely and complete care.</p> <p>Findings include:</p> <p>The Facility Assessment, dated April 2024, contained the following information: Staffing Plan: There are 2 Registered Nurses (RNs) and 1 Licensed Practical Nurse (LPN) scheduled for the AM/PM shift and 1 RN for the night (NOC) shift. One Medication Administration Assistant (MAA) is scheduled for the AM/PM shift if an LPN is not available. The following ratios are scheduled for CNAs in response to daily census numbers: 1:11 on AMs, 1:13 on PMs, and 1:22 on NOCs.</p> <p>Between 7/8/24 through 7/10/24, Surveyor reviewed daily nurse staffing postings and schedules for CNA staffing from 6/30/24 through 7/9/24. The following CNA staffing ratios were not met per the Facility Assessment for the shifts outlined below:</p> <p>~ On 6/30/24, the facility's census was 56. The AM shift listed 4 CNAs for a ratio of 1:14. The NOC shift listed 2 CNAs for a ratio of 1:28.</p> <p>~ On 7/1/24, the facility's census was 55. The PM shift listed 4 CNAs for a ratio of 1:14.</p> <p>~ On 7/2/24, the facility's census was 55. The AM shift listed 5 CNAs with 4 CNAs for half of the shift for a ratio of 1:14. The PM shift listed 4 CNAs for a ratio of 1:14.</p> <p>~ On 7/3/24, the facility's census was 56. The AM shift listed 4.5 CNAs for a ratio of 1:12.</p> <p>~ On 7/4/24, the facility's census was 56. The NOC shift listed 2 CNAs for a ratio of 1:28.</p> <p>~ On 7/5/24, the facility's census was 56. The PM shift listed 4 CNAs for a ratio of 1:14. The NOC shift listed 2 CNAs for a ratio of 1:28.</p> <p>(continued on next page)</p> |                                                                                 |                                              |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                                                                   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>525655                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                            | (X3) DATE SURVEY COMPLETED<br><br>07/10/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Fond Du Lac Lutheran Home                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>244 N Macy St<br>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. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                 |                                              |
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| <p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>~ On 7/6/24, the facility's census was 57. The NOC shift listed 2 CNAs for a ratio of 1:29.</p> <p>~ On 7/7/27, the facility's census was 57. The PM shift listed 4 CNAs for a ratio of 1:14 with 2 CNAs after 8:00 PM for a ratio of 1:29. The NOC shift listed 2 CNAs for a ratio of 1:29.</p> <p>~ On 7/8/24 the facility's census was 57. The PM shift listed 3.8 CNAs for a ratio of 1:15. The NOC shift listed 2 CNAs for a ratio of 1:29.</p> <p>~ On 7/9/24 the facility's census was 57. The NOC shift listed 2 CNAs for a ratio of 1:29.</p> <p>In summary, 15 of 30 shifts reviewed did not meet the CNA staffing ratio outlined in the Facility Assessment.</p> <p>Observations:</p> <p>1. On 7/8/24, Surveyor reviewed R2's medical record. R2 had a urinary catheter and a diagnosis of neurogenic bladder. R2's Minimum Data Set (MDS) assessment, dated 5/17/23, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R2 had intact cognition.</p> <p>On 7/8/24 at 10:27 AM, Surveyor interviewed R2. Surveyor noted that R2's call light was previously activated, but was off at the time of the interview. R2 stated R2 activated the call light because R2 wanted to get up. R2 stated staff entered the room and turned the call light off after R2 told staff what R2 wanted. R2 stated R2 had a cell phone that R2 has used to call staff due to long call light wait times.</p> <p>On 7/9/24 at 10:34 AM, Surveyor noted R2's call light was activated.</p> <p>On 7/9/24 at 10:43 AM, Surveyor observed Nurse Extern (NE)-O enter R2's room, turn off R2's call light, and exit the room.</p> <p>On 7/9/24 at 10:51 AM, Surveyor entered R2's room and asked if R2 was provided the service R2 requested. R2 stated R2 activated the call light because R2 wanted to be changed. R2 stated NE-O told R2 that CNA-N was on break and would help R2 when CNA-N returned.</p> <p>On 7/9/24 at 11:05 AM, Surveyor observed CNA-N enter R2's room.</p> <p>On 7/9/24 at 11:11 AM, Surveyor observed CNA-N exit R2's room with a bag. Surveyor interviewed CNA-N who stated R2 wanted R2's brief changed which CNA-N did.</p> <p>On 7/9/24 at 3:18 PM, Surveyor informed Director of Nursing (DON)-B that R2 waited 31 minutes for care to be provided and that NE-O turned R2's call light off and stated CNA-N would change R2 when CNA-N returned from break. DON-B stated DON-B expects staff to leave a resident's call light on until care is provided and verified 31 minutes is a longer than expected call light response time.</p> <p>(continued on next page)</p> |                                                                                 |                                              |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                                                                   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>525655                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                | (X3) DATE SURVEY COMPLETED<br><br>07/10/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Fond Du Lac Lutheran Home                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>244 N Macy St<br>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. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                     |                                              |
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| <p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>2. On 7/10/24 at 10:31 AM, Surveyor observed R21 activate R21's call light. At 11:08 AM, a CNA entered the room and turned the call light off. R21's call light was activated for a total of 37 minutes. Surveyor observed a CNA assist residents in 2 other rooms before the CNA assisted R21.</p> <p>Resident Interviews:</p> <p>On 7/8/24 at 10:02 AM, Surveyor interviewed R28 who stated the facility is short staffed and it can take 30-45 minutes for staff to answer R28's call light. R28 also stated residents are supposed to receive a shower at least once per week which does not always happen. R28 stated staff cannot always complete all cares and will sometimes change R28's brief without washing R28.</p> <p>On 7/8/24 at 10:32 AM, Surveyor interview R45 who stated the facility is understaffed and it can take awhile for staff to answer R45's call light. R45 stated the CNAs are busy and R45 does not want to make a fuss.</p> <p>On 7/8/24 at 1:14 PM, Surveyor interviewed R12 who stated weekend staffing is poor and call light response time on the weekends is slow. R12 also stated R12's ostomy is not emptied timely and has overfilled and leaked. R12 stated R12 had sat in stool for several hours overnight.</p> <p>On 7/8/24 at 12:10 PM, Surveyor interviewed R20 who expressed difficulty with getting help in the morning and at night. R20 stated call light response times can be 20-30 minutes. R20 stated R20 soiled R20's self several times because staff did not answer R20's call light timely.</p> <p>Staff Interviews:</p> <p>On 7/10/24 at 10:46 AM, Surveyor interviewed CNA-S who stated CNA-S does not feel like CNA-S has enough time to complete tasks, especially with only 2 CNAs which occurs frequently. CNA-S stated there have been days when there is only one CNA on the PM shift. CNA-S stated staff are asked daily to work over or pick up hours. CNA-S stated residents' nail care, oral care, and hygiene suffers because there is not enough staff and there are times when residents don't get washed up. CNA-S stated the facility stopped using agency CNAs a couple of months ago.</p> <p>On 7/10/24 at 10:47 AM, Surveyor interviewed CNA-Q who stated 70% of the time the facility does not have enough CNAs to provide adequate care. CNA-Q stated 2 CNAs are not enough when the census is full. CNA-Q stated the facility stopped using agency CNAs several months ago and the facility has not had enough staff since. CNA-Q also stated CNA-Q gets mandated to stay past CNA-Q's scheduled shift due to staff call-ins and feels pressured to rush through resident care. CNA-Q stated residents complain about call light response times which are longer when the census is higher.</p> <p>On 7/10/24 at 10:54 AM, Surveyor interviewed CNA-R who stated CNA-R does not think there are enough staff. CNA-R stated call lights can be on for 30-60 minutes before staff can respond. CNA-R stated CNA-R feels rushed with resident care and feels pressured to use a Hoyer lift with one 1 person because there is not always enough staff to use 2 staff. CNA-R stated the facility loses staff because of call-ins and poor staffing levels. CNA-R verified residents have complained about call light response times. CNA-R stated it is not uncommon for CNA-R to find residents soaked in urine at the start of the morning shift. CNA-R stated CNA-R feels the NOC shift does not have enough staff to change residents timely.</p> <p>(continued on next page)</p> |                                                                                     |                                              |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                                                                   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>525655                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                            | (X3) DATE SURVEY COMPLETED<br><br>07/10/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Fond Du Lac Lutheran Home                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br>244 N Macy St<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                 |                                              |
| <p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>On 7/10/24 at 11:01 AM, Surveyor interviewed CNA-T who stated staffing is an issue and makes it difficult to get tasks done timely.</p> <p>On 7/10/24 at 11:56 AM, Surveyor interviewed CNA-U who stated the facility is short staffed approximately 50% of the time. CNA-U stated residents are often either not washed up or washed up quickly as a result.</p> <p>On 7/10/24 at 1:08 PM, Surveyor interviewed Scheduler (SC)-W who stated on the AM and PM shifts, the facility prefers to have 5 CNAs, but the minimum is 4. SC-W stated Nursing Home Administrator (NHA)-A could answer Surveyor's questions better because SC-W was only employed by the facility for a short time. SC-W stated when SC-W started at the facility, SC-W was told the preferences and minimums for staffing but did not know what the Facility Assessment was or where to find it.</p> <p>On 7/10/24 at 1:19 PM, Surveyor interviewed NHA-A who acknowledged the facility does not always have the staff they need. NHA-A stated there are often 4 CNAs when they hope for 5 and verified the facility is low in meeting the Facility Assessment ratios. When Surveyor asked NHA-A about PM shift staffing on 7/1/24 when the census was 55, NHA-A stated the facility's goal was to have 5 CNAs for a 1:11 ratio and acknowledged the staffing was low because the facility did not have 5 CNAs. NHA-A stated the facility tries to meet the Facility Assessment ratios but staffing is tough.</p> |                                                                                 |                                              |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                                                                   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>525655                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                            | (X3) DATE SURVEY COMPLETED<br><br>07/10/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Fond Du Lac Lutheran Home                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br>244 N Macy St<br>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. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                 |                                              |
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| <p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>45943</p> <p>Based on observation, staff interview, and record review, the facility did not ensure a controlled drug was disposed of appropriately for 1 resident (R) (R22) of 15 sampled residents reviewed for medication administration.</p> <p>Nurse Extern (NE)-O disposed of oxycodone (a schedule IV opioid medication used to treat severe pain) in the medication cart trash bin. In addition, NE-O did not document the destruction of the oxycodone and did not have a second witness present.</p> <p>Findings include:</p> <p>The facility's Disposal of Medication and Medication Related Supplies policy and procedure states: A. Unused, unwanted, and non-returnable medications should be removed from their storage area and secured until destroyed .C. Options to dispose of non-flushable prescription drugs include: .2. B. Mix drugs with an undesirable substance, such as cat litter or used coffee grounds .E. Medication destruction occurs only in the presence of at least two licensed healthcare professionals or according to regulation and applicable law. F. The licensed healthcare professional witnessing the destruction ensures that the following information be entered on the medication disposition form: 1) Date of destruction; 2) Resident's name; 3) Name and strength of medication; 4) Prescription number, if applicable; 5) Amount of medication destroyed; 6) Signatures of witnesses.</p> <p>On 7/9/24 at 11:43 AM, Surveyor observed NE-O dispose of an oxycodone 5 mg (milligram) tablet for R22 in the medication cart trash bin. When Surveyor asked NE-O why the medication was thrown in the garbage, NE-O responded I don't know and stated NE-O usually put discarded medication in a bottle. NE-O then dug through the garbage to retrieve the oxycodone tablet. (Of note, NE-O had also discarded a gabapentin 600 mg tablet and a methocarbamol 500 mg tablet into the garbage and retrieved them.) NE-O then entered the second floor medication room and disposed of the medication in a Destroyer Drug Disposal bottle (commonly known as a drug buster) (a plastic container with a solution used to dissolve controlled substances). NE-O did not verify what medication NE-O disposed of with a second witness prior to placing the oxycodone in the drug buster. NE-O also did not document the destruction of the oxycodone in the narcotic log book.</p> |                                                                                 |                                              |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                                                                   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>525655                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                | (X3) DATE SURVEY COMPLETED<br><br>07/10/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Fond Du Lac Lutheran Home                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>244 N Macy St<br>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. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                     |                                              |
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| <p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>45943</p> <p>Based on observation, staff interview, and record review the facility did not ensure medications were labeled and dated appropriately for 6 residents (R) (R38, R1, R32, R45, R19, and R9) of 15 sampled residents observed during medication administration. In addition, the facility also did not ensure medications in the second floor medication refrigerator were dated when opened and disposed of when expired.</p> <p>During multiple observations of medication administration, Surveyor observed staff administer open and undated medications to R38, R1, R32, R45, R19, and R9.</p> <p>During an observation of medication administration, Nurse Extern (NE)-O administered the wrong dose of medication to R38 due to an incorrect label. In addition, NE-O administered a medication to R45 at the wrong time due to an incorrect label.</p> <p>The second floor medication refrigerator contained an open and undated multi-dose vial of octreotide acetate and 4 syringes of expired influenza vaccine.</p> <p>Findings include:</p> <p>The facility's Medication Storage in the Facility policy indicates: C. Certain medications or package types, such as .multiple dose injectable vials, ophthalmics .once opened, require an expiration date shorter than the manufacturer's expiration date to ensure medication purity and potency .D. When the original seal of a manufacturer's container or vial is initially broken, the container or vial will be dated. 1) The nurse shall place a date opened sticker on the medication and enter the date opened and the new date of expiration .E. The nurse will check the expiration date of each medication before administering it. F. No expired medication will be administered to a resident. G. All expired medications will be removed from the active supply and destroyed in the facility, regardless of amount remaining.</p> <p>1. On 7/9/24 at 9:30 AM, Surveyor observed NE-O prepare and administer tamsulosin HCL 0.4 mg (milligram) 1 capsule daily for R38 as stated on the label. Following the observation, Surveyor noted R38 had a physician's order for tamsulosin HCL capsule 0.4 mg give 2 capsules by mouth once daily. Surveyor interviewed NE-O who verified the label was incorrect and should have said to give 2 capsules daily.</p> <p>2. On 7/9/24 at 12:06 PM, Surveyor observed NE-O prepare and administer Admelog (lispro) insulin for R1. Surveyor noted the multi-dose vial was not dated when opened. NE-O verified the insulin vial and its packaging were not dated when opened.</p> <p>3. On 7/9/24 at 12:13 PM, Surveyor observed NE-O prepare and administer Admelog insulin for R32. Surveyor noted the multi-dose vial was not dated when opened. NE-O verified the insulin vial and its packaging were not dated when opened.</p> <p>(continued on next page)</p> |                                                                                     |                                              |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION              | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>525655 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                            | (X3) DATE SURVEY COMPLETED<br><br>07/10/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Fond Du Lac Lutheran Home |                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>244 N Macy St<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| <p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>4. On 7/9/24 at 12:16 PM, Surveyor observed NE-O prepare and administer gabapentin 400 mg for R45. Surveyor noted the medication label stated to give 1 capsule at bedtime. Following the observation, Surveyor noted R45 had a physician's order for gabapentin oral capsule 400 mg give 1 capsule by mouth once daily for neuropathy at noon. Surveyor interviewed NE-O who verified the medication should have been administered at noon. R45 was also administered 17 units of insulin lispro. Surveyor noted the insulin vial was not dated when opened. NE-O verified the insulin vial and its packaging were not dated when opened.</p> <p>5. On 7/9/24 at 12:37 PM Surveyor observed NE-O prepare and administer Refresh tears 0.5% Ophthalmic Solution 1 drop both eyes four times a day for R19. Surveyor noted the bottle was not dated when opened. NE-O verified the bottle and its packaging were not dated when opened.</p> <p>6. On 7/9/24 at 12:44 PM, Surveyor observed NE-O prepare and administer Genteal Tears Solution 1 drop both eyes four times per day for R9. Surveyor noted the bottle was not dated when opened. NE-O verified the bottle and its packaging were not dated when opened.</p> <p>On 7/10/24 at 10:37 AM, Surveyor toured the second floor medication room with Assistant Director of Nursing (ADON)-L. At 10:43 AM, Surveyor observed 4 syringes of Afluria Quadrivalent influenza vaccine with a manufacturer's expiration date of 6/30/24 in the medication refrigerator and a multi-dose vial of octreotide acetate that was not dated when opened. ADON-L stated medications should be labeled with an open date and expired medications should be disposed of.</p> |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                                                                   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>525655                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                            | (X3) DATE SURVEY COMPLETED<br><br>07/10/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Fond Du Lac Lutheran Home                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br>244 N Macy St<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                 |                                              |
| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43361</b></p> <p>Based on observation, staff and resident interview, and record review, the facility did not maintain an infection prevention and control program designed to provide a safe and sanitary environment to prevent the transmission of communicable disease and infection for 3 residents (R) (R2, R24, and R48) of 11 residents observed during the provision of care and reviewed for enhanced barrier precautions (EBP).</p> <p>Certified Nursing Assistant (CNA)-M did not appropriately change gloves or cleanse hands during a bed bath and incontinence care for R2.</p> <p>R2 was on EBP for an indwelling catheter. CNA-N did not don appropriate personal protective equipment (PPE) during the provision of care for R2.</p> <p>R24 had a gastronomy (G)-tube for feeding and was on EBP. There was not a sign outside R24's door to indicate R24 was on EBP and to instruct staff on what PPE to use during high-contact care.</p> <p>R48 had a stage 4 sacral decubitus pressure injury and was not on EBP.</p> <p>Findings include:</p> <p>The facility's Infection Control, Hand Hygiene policy, with a review date of 9/20/23, indicates: A. Specific indications for hand hygiene: .3. Before moving from work on a soiled body site to a clean body site on the same patient .5. After contact with blood, body fluids, or contaminated surfaces. 6. Immediately after glove removal.</p> <p>The facility's Enhanced Barrier Precautions policy, with a review date of 4/1/24, indicates: a. The Infection Prevention and Control program establishes Enhanced Barrier Precautions (EBP) to reduce transmission of multidrug-resistant organisms (MDRO) utilizing targeted gown and glove use during high-contact resident care activities .C. EBP are indicated for residents with any of the following: ii. Wounds or indwelling medical devices even if the resident is not known to be infected or colonized with an MDRO. 1. Wounds generally include chronic wounds .Examples of chronic wounds include, but are not limited to, pressure ulcers. 2. Indwelling medical device examples include .urinary catheters .feeding tubes. e. For residents whom EBP is indicated, EBP is employed when performing the following high-contact resident care activities .vi. Changing briefs or assisting with toileting.</p> <p>1. On 7/8/24 at 10:46 AM, Surveyor observed CNA-M provide care for R2. During the observation, CNA-M emptied R2's catheter bag, disposed of the urine, and removed gloves. Without performing hand hygiene, CNA-M donned a new pair of gloves and started R2's bed bath. During the bed bath, CNA-M provided pericare for R2 who was incontinent of a small amount of stool. CNA-M walked away from R2's bed to retrieve more wipes and touched a pillow that had been on R2's bed with the gloved hand that CNA-M used to wipe R2's bottom. CNA-M then removed one glove, opened a drawer, and picked up a package of wipes. Without completing hand hygiene, CNA-M donned a new glove. CNA-M then wiped R2's bottom, put the same gloved hand in clean water, and washed R2's back. After completing R2's care, CNA-M removed gloves, waved CNA-M's hands in the air to dry sweat on CNA-M's hands, and donned new gloves without performing hand hygiene. CNA-M then assisted with dressing R2.</p> <p>(continued on next page)</p> |                                                                                 |                                              |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                                                                   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>525655                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                            | (X3) DATE SURVEY COMPLETED<br><br>07/10/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Fond Du Lac Lutheran Home                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br>244 N Macy St<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                 |                                              |
| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>On 7/8/24 at 11:31 AM, Surveyor interviewed CNA-M who stated CNA-M stated there was usually hand sanitizer in R2's room, however, CNA-M could not locate any. CNA-M stated CNA-M usually carried sanitizer but did not have any with CNA-M. CNA-M confirmed CNA-M did not wash hands between glove changes or change gloves between dirty and clean tasks.</p> <p>On 7/9/24 at 3:18 PM, Surveyor interviewed Director of Nursing (DON)-B who confirmed staff should complete hand hygiene prior to donning new gloves and should also change gloves when going from dirty to clean tasks.</p> <p>2. R2 had a urinary catheter and was admitted to the facility on [DATE] with a diagnosis of neurogenic bladder. R2's Minimum Data Set (MDS) assessment, dated 5/17/23, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R2 had intact cognition.</p> <p>Between 7/8/24 and 7/10/24, Surveyor observed a PPE cart outside R2's room. Surveyor also observed a sign on R2's door that indicated R2 was on EBP.</p> <p>On 7/9/24 at 11:06 AM, Surveyor observed CNA-N enter R2's room without donning PPE. At 11:13 AM, CNA-N exited R2's room with a garbage bag. Surveyor interviewed CNA-N who stated CNA-N had changed R2's brief. When Surveyor asked CNA-N about the PPE needed for incontinence care, CNA-N stated CNA-N did not have to wear a gown and just needed to wear gloves when CNA-N changed R2's brief or provided catheter care.</p> <p>On 7/9/24 at 3:18 PM, Surveyor interviewed DON-B who confirmed staff should don PPE prior to providing any care for R2 because R2 was on EBP due to R2's urinary catheter.</p> <p>3. R24 was admitted to the facility on [DATE] with a diagnosis of gastrostomy status.</p> <p>On 7/8/24 at 10:16 AM, Surveyor interviewed R24 and observed a tube feeding pole in R24's room. R24 stated R24 received food and medication through a feeding tube. Surveyor did not observe a sign on R24's door that indicated R24 was on EBP or a PPE cart outside R24's room.</p> <p>On 7/9/24 at 3:18 PM, Surveyor interviewed DON-B who confirmed there should be a sign outside R24's door that indicated R24 was on EBP.</p> <p>4. R48 was admitted to the facility on [DATE] with a stage 4 sacral decubitus pressure injury. A history and physical, dated 6/11/24, indicated R48 had a wound vac.</p> <p>On 7/8/24 at 11:35 AM, Surveyor interviewed Nurse Extern (NE)-O who stated for a resident on EBP, staff should wear a gown and gloves. NE-O stated residents who may need EBP include those with a feeding tube, a catheter, or a wound.</p> <p>On 7/9/24 at 1:01 PM, Surveyor did not observe an EBP sign or a PPE cart outside R48's room</p> <p>On 7/9/24 at 4:36 PM, Surveyor interviewed DON-B who verified R48 was not on the facility's list for EBP. DON-B verified R48 should be on EBP and should have EBP signage and a PPE cart outside R48's door.</p> |                                                                                 |                                              |