

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525656	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/06/2024
NAME OF PROVIDER OR SUPPLIER Four Winds Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 303 S Jefferson St Verona, WI 53593	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42038</p> <p>Based on interview and record review, the facility did not 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 or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials for 1 of 3 investigations reviewed for abuse involving (R4).</p> <p>R4 (Resident) reported an allegation of abuse to her daughter, who then reported it to the facility. The facility conducted a complete investigation but did not report the allegation to the State Agency (SA).</p> <p>This is evidenced by:</p> <p>The facility's policy titled Components of Abuse Policy last reviewed on 2/2024, states in part, .7. Reporting/ Response: A. Individual state reporting requirements will be adhered to. All allegations will be reported to the [State Agency] immediately or not to exceed 24 hours or within 2 hours if an incident involves serious bodily injury due to potential abuse and the results of the full facility investigation will be reported to appropriate regulatory officials within 5 days of the alleged incident .</p> <p>R4 was admitted to the facility on [DATE] with diagnoses that include anxiety, depression, and compression fracture. R4's MDS (Minimum Data Set) dated 6/26/24 states that R4 has a BIMS (Brief Interview of Mental Status) of 14 out of 15, indicating that R4 is cognitively intact. R4's MDS also indicated that R4 requires partial/ moderate assistance for toileting, bathing, transfers, and personal hygiene.</p> <p>On 8/5/24 at 1:30 PM, Surveyor interviewed R4. Surveyor asked R4 how staff treated her, R4 reported that one of the workers had twisted her around and hurt her back one night. R4 reported to Surveyor that she had let her daughter know.</p> <p>Surveyor reviewed the facility's grievance log and found an entry for R4. Surveyor requested the investigation.</p> <p>The investigation documentation from DON B (Director of Nursing) is as follows:</p> <p>(continued on next page)</p>		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>7/25/24 at 3:15 PM: This nurse [DON B] received a phone call from [R4's daughter]. She stated my mother told me today that she has had some negative interactions with the CNA (Certified Nursing Assistant)/ caregiver that works with her overnight. Last night my mother was getting up to go to the bathroom when the CNA/ caregiver pushed her back onto the bed and hurt her hip. She shook and twisted her arm .</p> <p>7/25/24 at 3:50 PM: .talked with [R4] about any concerns and she stated, I was getting up to go to the bathroom last night when the caregiver took my arms and pushed me onto the bed, and she hurt my hip .</p> <p>On 8/6/24 at 10:18 AM, Surveyor interviewed DON B. Surveyor asked DON B if R4 had made an allegation of abuse by a staff member, DON B stated that R4's daughter had called her and reported that R4 said that a caregiver had pushed her down, hurt her hip, shook her, and twisted her arm. Surveyor asked DON B if that would be considered an allegation of abuse, DON B stated that if it was founded, then yes. Surveyor asked DON B why the allegation wasn't reported to the State Agency, DON B stated that she did not know.</p> <p>The facility completed a full investigation, interviewed staff and residents, provided education to staff, and suspended the suspected staff member until the investigation was complete. The facility failed to report the allegation of abuse to the state agency.</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38882</p> <p>Based on interview and record review, the facility did not ensure that a resident with pressure injuries receives necessary treatment and services, consistent with professional standards of practice, to promote healing and prevent infection for 1 of 1 resident (R14) reviewed.</p> <p>The facility failed to assess R14's wounds for 5 days after re-admission to the facility.</p> <p>The facility did not follow R14's wound care orders causing him to miss 13 dressing changes.</p> <p>Evidenced by:</p> <p>Facility policy, Physician Orders, undated, includes purpose- to accurately transcribe and carry out physician orders . Items to be included in orders: . Treatments .</p> <p>Facility policy, entitled Skin Integrity Management Program, updated 9/2023, includes: A licensed nurse within 24 hours of admission will complete a total body audit and evaluation, with documentation of findings . When pressure injuries or other skin integrity problems are present: A licensed Nurse will complete and document a wound assessment/evaluation .</p> <p>R14 admitted to the facility on [DATE].</p> <p>R14's most recent MDS (Minimum Data Set) with ARD (Assessment Reference Date) of 5/16/24 indicates R14's cognition is intact with a BIMS (Brief Interview for Mental Status) score of 15 out of 15.</p> <p>On 8/1/24 at 8:20 AM R14 indicated it is challenging to get staff to perform wound care on his feet some days. R14 indicated he has missed at least 4 dressing changes this month, because he can't find a nurse to do it.</p> <p>R14's Admission Skin Assessment, dated 5/9/24, indicate R14 has a deep tissue injury on his right heel that measures 1.5cm x 2cm x unknown and it is black/purple in color. This assessment also indicates R14 has a stage 2 pressure injury to his left heel measuring 2.6cm x 2.0cm x less than 0.1cm and 90% of the wound bed is non-granulating tissue that is pale pink/purple in color.</p> <p>R14's Medical Record, indicates R14 was hospitalized from 5/29/24-5/31/24.</p> <p>R14's Medication/Treatment Administration Record, dated 5/31/24-6/5/24 indicate R14 missed two wound treatments on 6/3/24.</p> <p>R14's Admission Assessment, dated 6/5/24, indicates R14 has an unstageable pressure injury to his right heel measuring 3.3cm x 3.0cm x unknown and it is black in color with 100% of the wound bed covered in black eschar. This assessment also indicates R14 has an unstageable pressure injury on his left heel measuring 2.0cm x 3.0cm x unknown and the wound bed is yellow/tan and covered by 100% slough .</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>(It is important to note the facility did not assess R14's wounds for 6 days upon his re-admission into the facility.)</p> <p>R14's Medication/Treatment Administration Record, dated 6/5/24-7/31/24 indicates R14 missed wound dressing changes and wound care for the right and left heels on the following dates: 6/10, 6/12, 6/14, 7/1, 7/2, 7/14, 7/17, 7/20, 7/22, 7/24, and 7/31.</p> <p>R14's Wound Assessment, dated 8/1/24, includes right heel: pressure injury . unstageable . black . 100% eschar black scab . 2cm x 2cm x unknown . left heel: pressure injury . unstageable . black . 100% eschar black scab . 0.3 cm x 0.3 cm x unknown .</p> <p>On 8/5/24 at 12:44 PM LPN D (Licensed Practical Nurse) indicated it is the responsibility of the facility to follow R14's wound orders and if one shift cannot get to the dressing change, the next shift nurse should do it.</p> <p>On 8/5/24 at 12:59 PM DON B (Director of Nursing) and Surveyor reviewed R14's Medication/Treatment Administration Record. DON B indicated if it is not signed out, I assume it is not done. DON B indicated if AM shift missed a treatment PM shift should be trying to complete it. DON B and Surveyor counted 13 missed treatment orders and DON B stated, This is unacceptable. DON B indicated nursing staff are to complete a wound assessment within 24 hours of admission or re-admission for residents with known pressure injuries or other wounds.</p> <p>On 8/6/24 at 9:05 AM Wound Nurse H indicated staff are to do a wound assessment within 24 hours of admission to the facility, but she could not find one on R14 from 5/31/24. Wound Nurse H indicated staff should be following physician orders for wound treatments and if they can't get to it before R14 leaves for dialysis than the next nurse should pick it up.</p>		

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<p>F 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate foot care.</p> <p>38725</p> <p>Based on interview and record review the facility did not ensure that residents that are diabetic received routine diabetic foot checks in accordance with professional standards of practice for 4 of 4 residents (R9, R14, R84, R283) reviewed for diabetic foot checks.</p> <p>R9 has no documentation of diabetic foot checks.</p> <p>R14 has no documentation of diabetic foot checks.</p> <p>R84 has no documentation of diabetic foot checks.</p> <p>R283 has no documentation of diabetic foot checks.</p> <p>This is evidenced by:</p> <p>The facilities Policy and Procedure entitled Diabetic Foot Checks/Screens dated 9/2023 documents the following in part: .Residents with diabetes will be assessed upon admission and quarterly or upon significant change in condition. Procedure: 1. The Wound Nurse or designee will assess any current diabetic resident for skin impairment upon admission .</p> <p>The facilities form to complete diabetic foot checks is entitled Diabetes Foot Screen, undated includes pictures of both feet, top and bottom with specific areas circled that the Nurse would use a filament to determine if the resident has sensation in those areas. This procedure would allow the facility to take appropriate action if a diabetic resident doesn't have sensation in certain areas and be able to monitor the area (s) for concerns.</p> <p>Per ADA (American Diabetes Association), dated 2017, foot checks/screens should be conducted daily with a comprehensive exam conducted annually.</p> <p>Per AMDA (American Medical Director Association), dated 12/9/14, these foot checks/screens are vitally important for treatment of foot problems in patients with diabetes. Common foot problems in diabetic patients are broken down into three categories: at risk foot, current mild foot/ankle or heel infection or ulcer, and limb-threatening foot/ankle/heel ulcer.</p> <p>Example 1</p> <p>R9 has a diagnosis of type 2 diabetes mellitus.</p> <p>R9's medical record was reviewed for documentation of diabetic foot checks.</p> <p>R9's medical record does not include any documentation of the facility completing diabetic foot checks.</p> <p>Example 2</p> <p>(continued on next page)</p>		

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<p>F 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R14 has a diagnosis of type 2 diabetes mellitus.</p> <p>R14's medical record was reviewed for documentation of diabetic foot checks.</p> <p>R14's medical record does not include any documentation of the facility completing diabetic foot checks.</p> <p>Example 3</p> <p>R84 has a diagnosis of type 2 diabetes mellitus.</p> <p>R84's medical record was reviewed for documentation of diabetic foot checks.</p> <p>R84's medical record does not include any documentation of the facility completing diabetic foot checks.</p> <p>Example 4</p> <p>R283 has a diagnosis of type 2 diabetes mellitus.</p> <p>R283's medical records was reviewed for documentation of diabetic foot checks.</p> <p>R283's medical record does not include any documentation of the facility completing diabetic foot checks.</p> <p>On 8/6/24 at 1:02 PM, Surveyor interviewed RN G (Registered Nurse). Surveyor asked RN G if diabetic foot checks are completed, RN G stated we are supposed to do them daily. Surveyor asked RN G where you chart diabetic foot checks, RN G said I don't know if we do chart it. Surveyor asked RN G should diabetic foot checks be done and documented, RN G replied we should be doing them and charting them daily.</p> <p>On 8/6/24 at 1:23 PM, Surveyor interviewed LPN N (Licensed Practical Nurse). Surveyor asked LPN N if diabetic foot checks are completed, LPN N asked like a skin check. I do not think we do them.</p> <p>On 8/6/24 at 2:45 PM, Surveyor interviewed RN E. Surveyor asked RN E if diabetic foot checks are completed here, RN E stated when they come in. Surveyor asked RN E if diabetic foot checks should be done more than just on admission, RN E said I'm not really sure, we are supposed to do it every day, the CNA's (Certified Nursing Assistants) check when they put them to bed. Surveyor asked RN E what the CNA's are checking, RN E stated they check to see if there are wounds, open areas, or bruising, or any skin changes. Surveyor asked RN E do you use a filament when you check their feet, RN E said no. RN E indicated they are not doing daily diabetic foot checks with a filament.</p> <p>(continued on next page)</p>

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<p>F 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 8/6/24 at 2:48 PM, Surveyor interviewed RN F. Surveyor asked RN F if diabetic foot checks are completed here, RN F stated we are supposed to do them daily. Surveyor asked RN F do you use a filament when you do it, Rn F said we should be using a filament, it is supposed to be in the top drawer; RN F looked and did not find it. RN F then looked in the next med cart and did not find it there either. Surveyor asked RN F how often do you do diabetic foot checks, RN F replied we don't do it in this building daily. Surveyor asked RN F where do you document diabetic foot checks, RN F stated I would chart it under the MAR (Medication Administration Record) or TAR (Treatment Administration Record) if there was a space to do so.</p> <p>On 8/6/24 at 3:17 PM, Surveyor interviewed Wound Nurse H. Wound Nurse H brought the Facilities Policy and Procedure and their form in and stated the previous DON (Director of Nursing) had the CNA's doing foot checks daily and they documented it. Surveyor asked if a CNA could assess, Wound Nurse H said no. Surveyor asked Wound Nurse H if their Policy and Procedure would need some changes, Wound Nurse H stated yes.</p> <p>On 8/6/24 at 3:29 PM, Surveyor interviewed DON B. Surveyor asked DON B if she would expect diabetic foot checks to be completed here, DON B stated I thought they were. Surveyor asked DON B if she would expect the Nurses to be using a filament, DON B replied yes. Surveyor asked DON B how often would you expect diabetic foot checks to be done, DON B stated every day. Surveyor asked DON B if she would expect there to be documentation of the diabetic foot checks, DON B said yes, they should be documented in the TAR.</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42038</p> <p>Based on interview and record review, the facility failed to maintain acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise for 2 of 2 resident (R25 and R29) reviewed for nutrition out of a sample of 16 residents.</p> <p>R25 experienced significant weight loss and the facility failed to promptly update the physician. The facility did not provide R25 with additional calories on admission when the initial dietary assessment identified weight loss as a concern and did not identify R25's food preferences in attempt to facilitate more oral intake.</p> <p>R29 experienced weight loss and the physician was not notified.</p> <p>Findings include:</p> <p>The Risks of a Poor Diet for Seniors Nutrition for Seniors notes, A lack of calories can lead to a debilitated immune system, which makes it harder for the body to fight infection and promote wound healing. It also leads to weak muscles, which make falls more likely, and low bone mass, which makes those falls more likely to cause breaks. It also carries an overall greater risk of hospitalization and death. https://blog.highgateseniorliving.com/the-risks-of-a-poor-diet-for-seniors-nutrition-for-seniors</p> <p>Unintended weight loss can have negative consequences for the individual. According to the Nutrition Care Manual of the Academy of Nutrition and Dietetics, Treatment of unintended weight loss is imperative to ensure optimal outcomes for the older adult. Unintended weight loss is linked to increased mortality among older adults discharged from hospitals . The Geriatric Anorexia Nutrition Registry demonstrated that residents in long-term-care facilities who continue losing weight have a higher mortality rate compared with those who stop losing weight .Weight loss of 5% or more within 30 days is associated with a tenfold increase in the likelihood of death .</p> <p>Unintended weight loss often results in protein-energy undernutrition as the older adult loses critical lean body mass .and is more prone to pressure ulcers, infections, immune dysfunction, anemia, falls resulting in hip fractures, and other conditions.</p> <p>Malnutrition in the Elderly: A Multifactorial Failure to Thrive notes, Malnutrition and unintentional weight loss contribute to progressive decline in health, reduced physical and cognitive functional status, increased utilization of health care services, premature institutionalization, and increased mortality.</p> <p>Centers for Medicare & Medicaid Services (CMS) defines significant weight loss as:</p> <p>*More than 5 percent of body weight in a 30-day period</p> <p>*More than 7.5 percent of body weight in a 90-day period</p> <p>(continued on next page)</p>

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>*More than 10 percent of body weight in a 180-day period</p> <p>The facility policy titled Initial Interview with Resident no date, states in part .Essential Points 1. Points discussed during initial visit include: *Chewing/ swallowing problems *Oral status/ use of dentures * Wt. history *Allergies *Food likes/ dislikes *Appetite .</p> <p>The Facilities Policy and Procedure entitled Weight Monitoring undated, documents the following in part: All residents weights will be monitored monthly or more often as indicated by the resident's condition, physician orders, etc .3. Weight variance: Calculate weight loss or gain every time a resident is weighted. Significant weight variance must be brought to the attention of the dietician. 4. The dietician will review information, discuss with the resident, and document on the medical record. 5. The physician will be called by the charge nurse regarding weight variance problem situations. 6. Significant or severe weight gains or losses will prompt an immediate re-weighing of the resident and, if confirmed, an immediate notification of the dietician and physician . [SIC]</p> <p>Example 1</p> <p>R25 was admitted to the facility on [DATE] with diagnoses that include cerebral infarction (stroke), hypertension, and dysphasia (difficulty swallowing). R25's most recent MDS (Minimum Data Set) dated 5/13/24 indicates that R25 is rarely/ never understood. R25's MDS also indicates that she requires supervision/ touching for eating and is dependent on staff for all other ADLs (Activities of Daily Living).</p> <p>R25's weights are as follows:</p> <p>5/9/24: 154 lbs. (pounds)</p> <p>5/16/24: 161.8 lbs.</p> <p>5/23/24: 150.4 lbs.</p> <p>5/30/24: 150.0</p> <p>6/6/24: 147.0</p> <p>6/14/24: no weight obtained.</p> <p>6/20/24: 149 lbs., reweigh obtained 146.2 lbs. which equals 5.25% weight loss in 30 days.</p> <p>6/28/24: 146 lbs.</p> <p>7/4/24: 144.7 lbs.</p> <p>7/11/24: 145 lbs.</p> <p>7/18/24: 141 lbs. which equals a 5.37% weight loss in 30 days.</p> <p>7/25/24: 143.5 lbs.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>8/1/24: no weight obtained.</p> <p>It is important to note that R25 was not weighed until 3 days after admission, and that R25's physician was not notified of her 7.8-pound weight gain on 5/16/24, or her 11.4-pound weight loss on 5/23/24. R25's physician was not notified of the 5.25% weight loss in 30 days on 6/20/24.</p> <p>R25's physician's orders:</p> <p>5/6/24: ProSource Nutritional Supplements - Liquid dose ordered (3 packet) enteral tube daily 1600/4pm. Discontinued on 5/28/24.</p> <p>5/28/24: ProSource Nutritional Supplements - Liquid dose ordered: 30ml (milliliters) via enteral tube daily 1600/4pm follow with 120ml water. 6/24/24: Discontinue when bottle is empty. 7/23/24: discontinued.</p> <p>It is important to note that ProSource has 60 calories per 30ml serving.</p> <p>5/28/24: Give 1 carton on Jevity 1.5 dose ordered: 240ml enteral tube daily 2000/8pm. Flush tube with 60 ml water before and after feeding. Discontinued 5/31/24.</p> <p>5/31/24: Give 1 carton on Jevity 1.5 dose ordered: 240ml enteral tube daily 2000/8pm. Flush tube with 60 ml water before and after feeding. May use Boost if Jevity 1.5 is not available. Discontinued 7/24/24.</p> <p>7/24/24: Give 1 carton of Jevity 1.5 (or Boost of Jevity 1.5 not available) one bottle daily via enteral tube AM. HOLD TF (tube feeding) if resident eats 50% or more. Give 60 ml flush before and after. Give 1 carton Jevity 1.5 dose ordered: 240ml enteral tube twice a day 1330/1:30 pm, 2000/8pm. Flush tube with 60ml water before and after feeding. May use Boost if Jevity 1.5 is not available.</p> <p>RD C (Registered Dietician) saw R25 on 5/6/24, note states in part: .Diet order: Mechanical soft with ground meat (minced and moist). Supplements: ProSource protein suppl [sic] daily .Weight (lbs.): Hospital wt. (weight): 156 and 164#. Weight change: Wt. loss. Estimated calorie needs (kcal): 1320-1430 .Food intake: unknown .Plan: Monitor wts, add supplement, hydration program, and coordinate with SLP (Speech Language Pathologist) for dysphasia status. Monitor intakes.</p> <p>RD Cs' note on 5/28/24 states in part: .Weight (lbs.): has been 150.4-154.8 # since admission .Food intake: most meals resident consumes 25-50%. Functional ability: needs meal assist. Doesn't usually initiate eating . Analysis: No wt. loss indicated by weights, but she is not eating in adequate amounts to meet estimated needs. Not eating magic cup either, so this will be dc' d (discontinued). Since wound is healed, she would be better off with a supplement or TF (tube feeding) that meets some kcal needs as well as protein needs. Discussed with NP (Nurse Practitioner) who agrees with a small TF at HS (bedtime) as well as PRN (as needed) if eating 25% or less .we can also try some alternative food options to better meet [R25's] typical eating pattern) not necessarily meat, potatoes, and veg (vegetable) bid (twice a day) .</p> <p>It is important to note that R25 did have an actual weight loss of 4.4 lbs. during RD C's review period.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 7/31/24 at 12:25 PM, Surveyor observed R25 at lunch. R25 sat at the dining table for 10 minutes before she began feeding herself. Staff members were sitting next to R25 and assisting other residents but did not offer cues or any assistance to R25. At 12:52 PM, a CNA (Certified Nursing Assistant) offered to help R25 eat, R25 was agreeable to have assistance. Surveyor observed R25's tray and she ate approximately 25% of her lunch.</p> <p>On 8/1/24 at 8:48 AM, Surveyor observed R25 sitting at the dining table, sleeping. CNA woke R25 and put jelly on her toast. R25 began eating her toast. CNA asked R25 if she wanted to eat her eggs, R25 stated that she did not like eggs. CNA did not offer R25 an alternate food. R25 ate 1 slice of toast, 1 bite of eggs, and 1 bite of sausage for breakfast.</p> <p>On 8/6/24 at 11:06 AM, Surveyor interviewed RD C. Surveyor asked RD C if she spoke with R25 and her family about her food preferences, RD C stated that she saw R25 and her family on the day of admission. Surveyor asked RD C if R25's food preferences are on her meal ticket, RD C stated that they don't put preferences as much as dislikes on the meal tickets. Surveyor asked RD C if R25's food preferences are listed anywhere, RD C stated that she did not know. Surveyor asked RD C if a resident is continually losing weight, would it be beneficial for staff to know the resident's food preferences, RD C stated obviously, and then reported that R25 doesn't like much of the food served in the facility.</p> <p>38725</p> <p>Example 2</p> <p>On 7/31/24 at 1:26 PM, Surveyor interviewed R29. Surveyor asked R29 how she likes the food, R29 replied the food is good here. Of note, R29 hadn't eaten any of her lunch.</p> <p>R29's meal intake were reviewed:</p> <p>Breakfast= 25-75%, occasional 100%</p> <p>Lunch= 25-75%, occasional 100%</p> <p>Supper= 50-75%, rare 100%</p> <p>R29's weights were reviewed:</p> <p>6/21/24- 150.5 lbs. (pounds)</p> <p>6/25/24- 150.0 lbs.</p> <p>7/2/24- 144.5 lbs.</p> <p>7/9/24- 143.0 lbs.</p> <p>7/16/24- 141.0 lbs., 5% loss in 30 days= 6.31% (9.5 lbs.)</p> <p>7/23/24-138.5 lbs. 5% loss in 30 days= 7.97% (12 lbs.)</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>7/30/24- 136.0 lbs. 5% in 30 days= 5.88% (14.5 lbs.)</p> <p>R29's Dietary notes were reviewed:</p> <p>6/24/24 10:14AM . Weight change: res (resident) states usual wt. (weight) 140# (pounds), but unsure if accurate historian . [SIC]</p> <p>7/8/24 04:44PM UPDATE: current wt. is now 144#. which appears to be wt. loss, but maybe return to usual wt. range. Food intake: varies 25-75%. Analysis: will ask for a reweight to check wt. and possible need for suppl (supplement). [SIC]</p> <p>R29's Nurse's notes were reviewed, there was no documentation of physician consultation of weight loss. Of note, R29 had a care conference on 7/18/24 and that note did not document anything in relation to meals or weights.</p> <p>R29's Care plan was reviewed:</p> <p>Swallowing Problem with variable intake. I will eat adequately for stable wt. at 150+ +/- 4% with no swallowing. Weigh weekly and as directed, provide ordered diet, Monitor weights, RD consult prn [SIC]</p> <p>On 8/5/24 at 3:18 PM, Surveyor interviewed LPN D (Licensed Practical Nurse). Surveyor asked LPN D once a weight is obtained, who puts them in resident's record, LPN D said the nurse. LPN D went on to explain that weights are obtained the first 3 days after admission to get a baseline, then weekly for a month, and then monthly or however ordered by the Physician. Surveyor asked LPN D who looks at the weights to see if this new entry is a loss/gain/stable, LPN D stated the nurse that enters it. Surveyor asked LPN D who consults with the Physician regarding loss/gain, LPN D replied the nurse. Surveyor asked LPN D where would documentation of Physician consult on weight loss/gain be, LPN D stated there should be a nursing note.</p> <p>On 8/5/24 at 3:28 PM, Surveyor interviewed RN F (Registered Nurse). Surveyor asked RN F once a weight is obtained, who puts them in resident's record, RN F said the nurse. Surveyor asked RN F who looks at the weights to see if this new entry is a loss/gain/stable, RN F stated the nurse that enters it. Surveyor asked RN F who consults with the Physician regarding loss/gain, RN F replied we call Physician or NP (Nurse Practitioner). Surveyor asked RN F where would documentation of Physician consult on weight loss/gain be, RN F stated in a note or on a telephone order sheet if there were new orders.</p> <p>On 8/5/24 at 5:08 PM, Surveyor interviewed RD C (Registered Dietician). RD C handed Surveyor a copy of an email that she had sent to SW O (Social Worker) and Wound Nurse H.</p> <p>Email dated 7/29/24 documents the following: I verbally told R29 she has lost some wt. and needs to monitor her wt. every week at home. I'm not sure what paperwork is done for d/c (discharge), but could this be added? Please weigh yourself each week on the same day. Write down your weight on a calendar or note pad. If your weigh fluctuates within a 3-4# range, that is fine, but a weight loss of more than 5# is a concern. You might need to add a nutritional supplement to what you eat/drink each day. [SIC]</p> <p>(continued on next page)</p>

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Surveyor asked RD C who updates the Physician on weight loss/gain, RD C said it depends, we both do sometimes. Surveyor asked RD C what it depends on, RD C explained that residents on daily weight I don't do because I'm not here daily; I'm here 1 day per week so on those days it's usually me and them (Nurses) the rest of the time.</p> <p>On 8/6/24 at 9:49 AM, Surveyor interviewed RD C. Surveyor asked RD C did you update the Physician on R29's weight loss, RD C said I don't remember updating the Physician on her. Surveyor asked if the email information made it to discharge paperwork, RD C replied I'm unsure if it made it to the discharge paperwork or not, but I know Wound Nurse H was on vacation, which I didn't realize, and SW O said she would pass it on to nursing.</p> <p>On 8/6/24 at 11:19 AM, Surveyor interviewed RD C. Surveyor asked RD C if R29 was started on a supplement, RD C said no. Surveyor asked RD C if she could explain why R29 didn't have a supplement started, RD C explained that she was thinking that R29 was back to her normal body weight, she had a conversation with R29 and R29 stated to her I'm eating good and your food is so good here. Surveyor asked RD C if R29's care plan should reflect usual body weight vs admit weight of 150.5 lbs. for goal weight, RD C stated yes it should.</p> <p>Of note, R29 discharged from the facility over the weekend of 8/2/24-8/4/24.</p> <p>On 8/6/24 at 2:37 PM, Surveyor interviewed SW O. Surveyor asked SW O if the information regarding weight that RD C emailed her was added to R29's discharge paperwork, SW O said no it was not.</p> <p>On 8/6/24 at 2:49 PM, Surveyor interviewed SW O. SW O came back to tell Surveyor that she doubled checked with nursing if the information regarding weight that RD C had emailed about was added to R29's discharge paperwork and it was not added.</p> <p>On 8/6/24 at 3:27 PM, Surveyor interviewed DON B (Director of Nursing). Surveyor asked DON B if she would expect the Physician to be consulted regarding weight variances, DON B stated absolutely. Surveyor asked DON B who she would expect to consult with the Physician, DON B replied the Nurses. Surveyor asked DON B if she would expect that the care plan reflect accurate weight goals, DON B said yes.</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38882</p> <p>Based on interview and record review the facility did not develop a Comprehensive Care Plan or Policy and Procedures consistent with professional Standards of Practice for 1 of 1 resident's reviewed for dialysis care (R14) out of a total sample of 16.</p> <p>R14 receives renal dialysis three days per week. The facility's policy and procedure of dialysis care did not contain procedures for emergency situations related to hemodialysis access site, R14's care plan did not reflect the necessary care and treatment approaches for a resident receiving dialysis, including approaches for emergency situations related to hemodialysis access site, and staff were unsure of what to do if they found R14 bleeding out of his fistula.</p> <p>Evidenced by:</p> <p>Facility policy, entitled Hemodialysis Care, revised 3/2020, include: Implement emergent care as indicated due to change of condition . (It is important to note this policy does not specify interventions for emergent care such as applying pressure if resident is found to be bleeding out of their dialysis access site.)</p> <p>R14 admitted to the facility on [DATE] with diagnoses including end stage renal disease.</p> <p>R14's most recent MDS (Minimum Data Set) with ARD (Assessment Reference Date) of 5/16/24 indicates R14's cognition is intact with a BIMS (Brief Interview for Mental Status) score of 15 out of 15.</p> <p>R14's Comprehensive Care Plan, initiated 5/14/24, includes Problem: I have dialysis on Monday, Wednesday, and Friday. Goal: I will have no adverse side effects from my dialysis. Interventions: administer my diet as ordered .ensure I have dialysis on my dialysis days . monitor me for any adverse side effects from dialysis . monitor my fistula for thrill and bruit every shift . I have 4 x 4 gauze in my room if I should start to bleed from my fistula . monitor my vital signs before and after dialysis .</p> <p>On 8/1/24 at 3:13 PM CNA L (Certified Nursing Assistant) indicated if she found R14 bleeding out of his fistula she would make sure R14 was ok, put his call light on, and go find the nurse.</p> <p>On 8/1/24 at 3:14 PM CNA M indicated she was not sure what she should do if she found R14 bleeding out of his fistula, but she thinks she would go get the nurse.</p> <p>On 8/1/24 at 3:32 PM RN F (Registered Nurse) indicated if R14 is found to be bleeding out of his fistula staff should apply pressure and call 911. RN F indicated any staff member, including CNAs, can apply pressure and should. RN F indicated R14's care plan should have interventions related to emergency care for all staff. RN F indicated the facility policy should have procedures on what to do if a resident on dialysis is in an emergent situation such as bleeding out of his access site.</p> <p>(continued on next page)</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 8/1/24 at 3:36 PM DON B (Director of Nursing) indicated R14's care plan should have interventions related to emergency care such as all staff: if resident is found to be bleeding out of access site: apply pressure and call for help and nurse: if resident is found to be bleeding out of access site apply pressure and call 911. DON B indicated the facility policy does not have specific interventions for emergent care and it should. DON B indicated R14 has a sign in his room with emergent instructions.</p> <p>On 8/1/24 at 3:40 PM Surveyor observed R14's room for a sign with interventions related to emergent care of a patient with dialysis. No sign was observed.</p> <p>On 8/1/24 at 3:50 PM DON B indicated there is no sign in R14's room, but she will be putting one there. DON B indicated she will be adding interventions to R14's care plan, revising the facility policy, and educating all staff on emergency procedures.</p>		

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<p>F 0712</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that the resident and his/her doctor meet face-to-face at all required visits.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42038</p> <p>Based on interview and record review, the facility did not ensure residents were seen by a physician every 30 days for the first 90 days after admission and every 60 days thereafter for 2 of 3 residents (R14 and R25) reviewed for physician visits out of a total sample of 16.</p> <p>R14 was not seen by a provider at least once every 30 days for the first 90 days after admission.</p> <p>R25 was not seen by a provider at least once every 30 days for the first 90 days after admission.</p> <p>This is evidenced by:</p> <p>Example 1</p> <p>R14 was admitted to the facility on [DATE] with diagnoses that include atrial fibrillation, type 2 diabetes, major depressive disorder, osteomyelitis (bone infection), and heart failure.</p> <p>R14 was seen by his physician on 6/11/24.</p> <p>There is no evidence of R14 being seen by a physician in July, therefore missing a 60-day visit after admission.</p> <p>Example 2</p> <p>R25 was admitted to the facility on [DATE] with diagnoses that include cerebral infarction (stroke), hypertension, and dysphasia (difficulty swallowing).</p> <p>R25 was seen by her physician on 5/31/24.</p> <p>There is no evidence of R25 being seen by a physician in June or July, therefore missing a 60- day and 90-day visit after admission.</p> <p>On 8/6/24 at 10:23 AM, Surveyor interviewed DON B (Director of Nursing). Surveyor asked DON B if R14 and R25 were current with their 30, 60, and 90- day physician visits after admission, DON B stated that she was not sure. Surveyor asked DON B if she would expect the physician visits at those designated intervals, DON B stated yes.</p> <p>Surveyor requested a policy for physician visits and the facility did not provide one.</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38882</p> <p>Based on observation and interview, the facility did not ensure that each resident receives food and drink that is palatable and at a safe and appetizing temperature. This has the potential to affect the total census of 33 residents (3 of 3 hallways and 2 of 2 test trays.)</p> <p>Residents voiced concerns at Resident Council regarding hot food being served cold.</p> <p>2 of 2 test trays were observed to not be palatable.</p> <p>Residents (R) from all three hallways voiced concerns of food not being served at a desirable temperature (R283, R19, R14, and R3.)</p> <p>Evidenced by:</p> <p>The facility policy, titled Food Temperature Policy, revised 8/6/24, includes in part: It is the policy of (the facility) to provide safe and sanitary food items to the residents and to ensure that hazardous food items are cooked to correct temperatures . Any cold food items, ready to eat at or below 41 degrees F (Fahrenheit) . minimum temperature for holding hot food and for ready to eat food - 135 degrees F . Steak/Roast, Pork/Ham/Bacon/Eggs/Seafood - 145 degrees F . Ground meat - 155 degrees F . Poultry, stuffed foods, reheated foods - 165 degrees F .</p> <p>(It is important to note the facility has three hallways where residents reside. These hallways are labeled A, B, and D.)</p> <p>Example 1:</p> <p>Resident Council Minutes, dated 5/21/24, include, Hall trays are cold. DM J (Dietary Manager) notified .</p> <p>Resident Council Minutes, dated 6/18/24, include, Hall trays are cold .Residents asked to meet with DM J (Dietary Manager,) NHA A (Nursing Home Administrator,) .to discuss food concerns .Residents would like DM J to attend monthly resident council meetings .</p> <p>Resident Council Minutes, dated 7/15/24, include, Fried eggs have been cold when serving .</p> <p>Example 2:</p> <p>R283 admitted to the facility on [DATE]. Her most recent MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of 7/29/24 indicates her cognition is intact with a BIMS (Brief Interview of Mental Status) score of 15 out of 15.</p> <p>On 7/31/24, R283 indicated her hot food is often served to her cold. (It is important to note R283 resides on the B hallway.)</p> <p>Example 3:</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>R19 admitted to the facility on [DATE]. His most recent MDS (Minimum Data Set) with ARD (Assessment Reference Date) of 5/30/24 indicates his cognition is moderately impaired with a BIMS (Brief Interview for Mental Status) score of 10 out of 15.</p> <p>On 7/31/24 at 1:03 PM, R19 indicated his food is not always served at a desirable temperature. (It is important to note R19 resides on the D hallway.)</p> <p>Example 4:</p> <p>R14 admitted to the facility on [DATE]. His most recent MDS (Minimum Data Set) with ARD (Assessment Reference Date) of 5/16/24 indicates R14's cognition is intact with a BIMS (Brief Interview for Mental Status) score of 15 out of 15.</p> <p>On 8/1/24 at 8:20 AM, R14 indicated his hot food is often served to him at a cold temperature. (It is important to note R14 resides on the B hallway.)</p> <p>Example 5:</p> <p>R3 admitted to the facility on [DATE]. Her most recent MDS with ARD of 7/17/24 indicates R3's cognition is intact with a BIMS score of 14 out of 15. (It is important to note R3 resides on the A hallway.)</p> <p>On 8/6/24 at 8:20 AM, R3 indicated her hot meals are served cold at times.</p> <p>Example 6:</p> <p>On 8/5/24 at 4:57 PM, Surveyor ordered a test room tray for B hallway, noting the plates for the room trays are set directly onto the tray and are covered by a thin metal cover that has a hole in the top center of it.</p> <p>On 8/5/24 at 4:58 PM, Dietary staff set up Surveyor's room tray with white milk, ice water, and watermelon.</p> <p>On 8/5/24 at 5:11 PM, Dietary Staff placed a plate of food onto Surveyor's room tray and put the tray into a four-sided un-insulated cart. Nursing Staff then pushed the cart to the hallway.</p> <p>On 8/5/24 at 5:16 PM, Surveyor was served the test tray. Surveyor and DM J (Dietary Manager) took a temperature reading of the food and beverages provided. They are as follows: milk 43.3 degrees F . water 37.7 degrees F . hot dog 119 degrees F . coleslaw and potato salad 48.0 degrees F. Surveyor noted the potato salad and the coleslaw were served on the plate with the hot dog. The hot dog was lukewarm, and the coleslaw and potato salad were cool, but not cold. DM J indicated the hot dog should be served hotter and the salads should be served colder. She was unsure why the cold food was served with the hot food and covered together. DM J indicated keeping food at a desirable temperature has been a concern for some time. DM J indicated staff are trying to serve them up as they are dished up, but the timing does not always work out. DM J indicated the covers help, but the heat does not stay in long enough to get the room trays down the hallway.</p> <p>Example 7:</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 8/6/24 at 8:00 AM, Surveyor followed room trays out to the hallway and stayed with them.</p> <p>On 8/6/24 at 8:17 AM, DM J was going to deliver the last room tray to a resident on A hallway when Surveyor asked DM J to take a temperature reading of the food on the tray. DM J measured and recorded the following temperatures: fried eggs 104.9 degrees F and bacon 93.4 degrees F. DM J indicated the food is lukewarm and she would like to see the food at a hotter temperature. DM J indicated getting the food to stay hot until it gets to the end of the hallway has been a challenge. DM J indicated staff often have to reheat plates in the microwave due to the undesirable temperatures.</p>		

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NAME OF PROVIDER OR SUPPLIER Four Winds Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 303 S Jefferson St Verona, WI 53593	
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 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times.</p> <p>38882</p> <p>Based on observation, interview, and record review, the facility did not ensure snacks were offered at bedtime daily when there is more than 14 hours between the evening meal and breakfast. This has the potential to affect 33 of 33 residents and 3 of 3 units/hallways.</p> <p>R26, R185, R18, and R24 voiced concerns of snacks not being offered at bedtime.</p> <p>The facility is not offering all residents nourishing snacks at bedtime when their supper meal and breakfast meal are more than 14 hours apart.</p> <p>Evidenced by:</p> <p>The facility did not provide a policy related to meal frequency.</p> <p>Facility's posted meal times are as follows: Breakfast 8:00 AM . Lunch 12:00 PM . Supper 4:45 PM</p> <p>(It is important to note there are 15.25 hours between supper and breakfast.)</p> <p>On 7/31/24 at 1:00 PM during the Resident Council Task meeting, R26, R185, R18, and R24 voiced concerns of staff not offering snacks to them at bedtime.</p> <p>On 8/1/24 at 7:35 AM, CNA I (Certified Nursing Assistant) indicated staff do not offer all residents a snack at bedtime, but they have snacks available if a resident should ask.</p> <p>On 8/5/24 at 1:51 PM, CNA K indicated staff do not offer all residents a snack at bedtime, but snacks are available if a resident would ask.</p> <p>On 8/5/24 at 2:03 PM, RN F (Registered Nurse) indicated there is no snack cart that goes around to offer all residents a snack at bedtime, but snacks are available if a resident would ask for one.</p> <p>On 8/6/24 at 8:27 AM, DM J (Dietary Manager) indicated the staff do not offer snacks to all residents at bedtime, but snacks are available if residents were to get hungry.</p> <p>On 8/6/24 at 9:58 AM, NHA A (Nursing Home Administrator) indicated snacks should be offered to all residents at bedtime if there is more than 14 hours between supper and breakfast.</p> <p>On 8/6/24 at 10:39 AM, DON B (Director of Nursing) indicated staff do not offer snacks to all residents at bedtime, but snacks are available. DON B indicated snacks should be offered to all residents if there is more than 14 hours between supper and breakfast.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38882</p> <p>Based on observation, interview, and record review, the facility did not store, prepare, distribute, and serve food in accordance with professional standards for food service safety. This has the potential to affect all 33 residents.</p> <p>Surveyor observed food that had been removed from original containers and not labeled with an open date.</p> <p>Surveyor observed opened food without open dates and expired food in circulation in the facility's kitchenette.</p> <p>Evidenced by:</p> <p>Facility policy, entitled Food Dating-Procurement, revised [DATE], includes: All items are dated upon delivery. Expiration dates are monitored . All food service staff need to label items with open and use by dates as needed. They all need to monitor for dates to make sure food is still fresh and safe to serve . Any items that are expired, past use by date, or appear questionable will be discarded .</p> <p>Facility policy, entitled Food Storage and Handling of Food and Beverage Brought In For Residents, dated , d+[DATE], includes, in part: . Food . should be covered and sealed, dated, and placed in proper storage area . should be labeled with resident name and the date . Facility refrigerators are checked twice daily by the Food and Nutritional Services department to ensure proper temperatures, food quality, and disposal of items past use by date.</p> <p>On [DATE] at 9:35 AM during initial tour of the kitchen, Surveyor observed food that was opened and did not have an open date, including coffee, noodles, and four different kinds of cereal. DM J (Dietary Manager) indicated she was unsure when the noodles, coffee, or cereal were opened and indicated food opened and/or removed from their original packaging should be labeled with an open date.</p> <p>On [DATE] at 10:21 AM Surveyor observed expired food in the facility's kitchenette, including coffee with expiration date of [DATE], 19 cartons of prune juice with expiration date of [DATE], thickened tomato juice with expiration date of [DATE], and cheerios with expiration date of [DATE]. Surveyor observed food that was opened and without an open date including, split top wheat bread, grape nuts, shredded wheat, corn flakes, and Wheaties.</p> <p>On [DATE] at 1:25 PM Surveyor observed 29 yogurts in the kitchenette refrigerator with expiration date of [DATE].</p> <p>On [DATE] at 1:51 PM CNA K (Certified Nursing Assistant) indicated the residents can ask for snacks at any time and they are available in the kitchenette. CNA K indicated it is everyone's responsibility to throw expired items out.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On [DATE] at 2:03 PM RN F (Registered Nurse) indicated there are always snacks available in the kitchenette and it is everyone's responsibility to discard expired items.</p> <p>On [DATE] at 1:08 PM Dietary Manager J indicated it is the responsibility of all staff to watch food dates and to discard expired food. It is all staff's responsibility to date and label food in the shared kitchenette. Dietary Manager J indicated food should have an open date once it is opened.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42038</p> <p>Based on interview and record review, the facility has not established an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for 1 of 16 sampled residents (R9) and 3 of 5 supplemental residents (R24, R185, R186).</p> <p>The facility's resident infection control line lists do not include lab reports, and culture and sensitivity (C&S) reports. The facility failed to ensure that the residents were on the correct antibiotics.</p> <p>This is evidenced by:</p> <p>The facility policy titled Infection Control Surveillance last reviewed on 2/2024 states in part, .9. Data to be used in the surveillance activities may include but are: .B. Lab reports .H. Documentation of signs and symptoms in clinical record monitoring includes a review of the current resident's medical status, laboratory reports, culture findings, and residents known to have experienced multi- drug resistant organisms .</p> <p>Example 1</p> <p>The facility's line list for May 2024 indicates that R9 and R186 were placed on antibiotics for a UTI (Urinary Tract Infection).</p> <p>On 5/1/24, R9 experienced a change of condition and was sent to the emergency department. R9 was diagnosed with a UTI and placed on an antibiotic. R9 returned to the facility on an antibiotic and the facility did not obtain R9's urine culture and sensitivity to ensure that he was on the correct antibiotic.</p> <p>On 5/14/24, R186 was sent to the emergency room and was diagnosed with a UTI. R186 returned to the facility on an antibiotic. The facility did not obtain R186's urine culture and sensitivity to ensure that she was on the correct antibiotic.</p> <p>Example 2</p> <p>The facility's line list for June 2024 indicates that R24 was placed on an antibiotic for a UTI.</p> <p>R24 was admitted to the facility on [DATE] and was taking an antibiotic for a UTI. The facility did not obtain R24's lab results or culture and sensitivity to ensure that R24 was on the correct antibiotic.</p> <p>Example 3</p> <p>The facility's line list for July 2024 indicates that R185 was placed on an antibiotic for a UTI.</p> <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R185 was admitted to the facility on [DATE] and was taking an antibiotic for a UTI. The facility did not obtain R185's lab results or culture and sensitivity to ensure that R185 was on the correct antibiotic.</p> <p>On 8/1/24 at 2:00 PM, Surveyor requested urinalysis results, as well as culture and sensitivity results for the residents listed on the line lists. DON B (Director of Nursing), who is also the Infection Preventionist, reported to Surveyor that the request may take some time because she will have to look up the results and that the lab results do not come with the hospital paperwork. Surveyor asked DON B how she ensures that residents are on the correct antibiotics, DON B stated that she trusts the doctors.</p> <p>On 8/6/24 at 9:45 AM, Surveyor interviewed DON B. Surveyor asked DON B what the process is for obtaining lab results when a resident is admitted from or returns from the hospital, DON B stated that WN H (Wound Nurse), who also is the admissions nurse, takes care of that.</p> <p>On 8/6/24 at 10:43 AM, Surveyor interviewed WN H. Surveyor asked WN H what the process is for obtaining lab and culture and sensitivity results for a new admission or for a resident that is returning from the hospital, WN H stated that if the results are in the hospital paperwork she has them, if they are not in the paperwork, she does not reach out to get them.</p>		