| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 525657 | A. Building<br>B. Wing | 07/31/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Montello Care Center | 251 Forest Lane<br>Montello, WI 53949 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0584<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49563<br><br>Based on observation and staff, resident, and family interview, the facility did not ensure 1 Resident (R) (R15) of 12 sampled residents resided in a clean, comfortable, and home-like environment. This had the potential to affect multiple residents in the facility.<br><br>During observations on 7/29/24 and 7/30/24, the 100 and 200 wings of the facility smelled of urine. During an interview on 7/30/24, R15 stated the facility smelled like an [NAME].<br><br>Findings include:<br><br>Upon entering the facility on 7/29/24, Surveyors noted a urine odor.<br><br>On 7/29/24, Surveyors noted a urine odor in the dining room during lunch service and in resident hallways and common areas.<br><br>On 7/30/24, Surveyor noted a urine odor in resident hallways. The urine odor was strongest on the 100 wing.<br><br>On 7/30/24 at 8:55 AM, Surveyor interviewed Housekeeper (HK)-K who verified the facility had a urine odor. HK-K stated the facility used to have air fresheners but did not have them any longer. HK-K indicated HK-K thought the caulk around the toilets contributed to the odor.<br><br>On 7/30/24 at 10:15 AM, Surveyor interviewed HK-J who verified the facility had a urine odor. HK-J stated HK-J used an air freshener to help with the odor.<br><br>On 7/30/24 at 10:50 AM, Surveyor interviewed Social Services (SS)-H who verified the facility had a urine odor. SS-H indicated staff thought resident trash cans contributed to the urine odor because they did not seal. SS-H stated staff were instructed to empty the trash cans more often.<br><br>On 7/30/24 at 10:59 AM, Surveyor interviewed Nursing Home Administrator (NHA)-A who verified the facility had a urine odor.<br><br>(continued on next page) |



| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 525657 | A. Building<br>B. Wing | 07/31/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Montello Care Center | 251 Forest Lane<br>Montello, WI 53949 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0584<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | On 7/30/24 at 12:48 PM, Surveyor interviewed R15 who stated the facility smelled like an [NAME]. Following the interview, Surveyor reviewed R15's medical record. R15 was admitted to the facility on [DATE]. R15's most recent Minimum Data Set (MDS) assessment, dated 7/19/24, stated R15's Brief Interview for Mental Status (BIMS) score was 15 out of 15 which indicated R15 had intact cognition.<br><br>On 7/30/24 at 12:48 PM, Surveyor interviewed R15's Family Member ((FM)-L) who stated the entire facility smelled of urine and the 100 wing had a stronger urine odor than the 200 wing. FM-L stated FM-L discussed the issue with staff who tried to alleviate the smell but the odor did not go away. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 525657 | A. Building<br>B. Wing | 07/31/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Montello Care Center | 251 Forest Lane<br>Montello, WI 53949 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0585<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49563<br><br>Based on observation and staff and resident interview, the facility did not make a prompt effort to resolve a grievance for 1 Resident (R) (R15) of 1 sampled resident. In addition, the grievance was not contained in the facility's grievance file.<br><br>During an interview on 7/30/24, R15 stated R15 called Family Member (FM)-L and asked FM-L to call the facility for assistance when staff didn't answer R15's call light. FM-L stated FM-L phoned the facility numerous times with no answer or ability to leave a message. R15 told staff the telephone wasn't answered and there was no way to leave a message. The facility did not follow-up with R15 and FM-L or resolve the grievance in a timely manner.<br><br>Findings include:<br><br>On 7/30/24, Surveyor reviewed R15's medical record. R15 was admitted to the facility on [DATE] with diagnoses including cerebral hemorrhage (stroke), hemiplegia (paralysis on one side of the body), and diabetes. R15's Minimum Data Set (MDS) assessment, dated 7/19/24, stated R15's Brief Interview for Mental Status (BIMS) score was 15 out of 15 which indicated R15 had intact cognition.<br><br>On 7/30/24 at 12:48 PM, Surveyor interviewed R15 who stated when R15 did not get a response to R15's call light, R15 phoned FM-L to call the facility for assistance. R15 stated R15 notified Certified Nursing Assistants (CNAs) and nurses and was told they were busy and not able to answer the phone.<br><br>On 7/30/24 at 12:48 PM, Surveyor interviewed FM-L who stated R15 called FM-L when staff did not answer R15's call light. FM-L stated FM-L called the facility numerous times with no answer. FM-L stated the facility's phone used to ring with no answer, but now the phone rings six times with a message that there is no mailbox. FM-L stated sometimes staff answer the phone during the day but do not answer the phone at night. FM-L stated FM-L spoke with CNAs, nurses, and business office staff but the issue was not resolved. FM-L stated FM-L has been tempted to call the police to do a welfare check on R15.<br><br>On 7/30/24 at 9:15 AM, Surveyor phoned the facility twice at the number listed with the State Agency (SA). The phone rang six times and Surveyor received a message that there was no voicemail attached to the number.<br><br>On 7/30/24 at 9:25 AM, Surveyor phoned the facility twice at the number listed on the facility's website. The phone rang six times and Surveyor received a message that there was no voicemail attached to the number.<br><br>On 7/30/24 at 10:01 AM, Surveyor interviewed Nursing Home Administrator (NHA)-A who verified the facility had issues with the phone system and there was no mailbox for messages.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 525657 | A. Building<br>B. Wing | 07/31/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Montello Care Center | 251 Forest Lane<br>Montello, WI 53949 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0585<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On 7/30/24 at 10:50 AM, Surveyor interviewed Social Services (SS)-H who stated the facility did not have separate phone lines for staff and family members had to call the facility's phone number and ask for assistance. SS-H verified there was not a message box attached to the phone line. SS-H stated SS-H informs families to email SS-H with issues. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 525657 | A. Building<br>B. Wing | 07/31/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Montello Care Center | 251 Forest Lane<br>Montello, WI 53949 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0609<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40342<br><br>Based on staff and resident interview and record review, the facility did not ensure incidents involving potential abuse were reported to the Nursing Home Administrator (NHA) and the State Agency (SA) for 3 Residents (R) (R24, R15 and R26) of 5 sampled residents.<br><br>On 4/2/24, staff discovered R24 had an injury of unknown origin. The facility did not report the injury of unknown origin to the NHA and the SA.<br><br>On 7/20/24, R15 had a physical altercation with R26. The facility did not report the resident-to-resident altercation to the SA.<br><br>Findings include:<br><br>The facility's Abuse, Neglect, Exploitation and Misappropriation Prevention Program policy, with revision date of April 2021, indicates: Residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation .Objectives: 1. Protect residents from abuse, neglect, exploitation or misappropriation of property by anyone .If resident abuse, neglect, exploitation, misappropriation of resident property or injury of unknown source is suspected, the suspicion must be reported immediately to the administrator and to other officials according to state law .The Administrator or the individual making the allegation immediately reports his or her suspicion to the following persons or agencies: a. The state licensing/certification agency responsible for surveying/licensing the facility; .e. Law enforcement officials . Upon receiving any allegations of abuse, neglect, exploitation, misappropriation of resident property or injury of unknown source, the administrator is responsible for determining what actions (if any) are needed for the protection of residents .Within five business days of the incident, the administrator will provide a follow-up investigation report .<br><br>1. On 7/30/24, Surveyor reviewed R24's medical record. R24 was admitted to the facility on [DATE] with diagnoses including frontotemporal neurocognitive disorder (a group of brain diseases that affect personality, behavior and language). R24's Minimum Data Set (MDS) assessment, dated 6/28/24, stated R24's Brief Interview for Mental Status (BIMS) score was 9 out of 15 which indicated R24 had moderate cognitive impairment. R24's medical record indicated R24's Power of Attorney for Healthcare (POAHC) was responsible for R24's healthcare decisions.<br><br>R24's medical record contained a note, dated 4/2/24, which stated, . now also has a bruise to left eye area which was not present yesterday .<br><br>On 7/30/24, Surveyor requested the facility's initial and five-day reports for R24's injury of unknown origin (bruise left eye area) noted on 4/2/24. The facility was unable to provide an initial or five-day report.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 525657 | A. Building<br>B. Wing | 07/31/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Montello Care Center | 251 Forest Lane<br>Montello, WI 53949 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0609<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On 7/30/24 at 1:35 PM, Surveyor interviewed Regional Director of Operations (RDO)-D who stated RDO-D found out about R24's injury of unknown origin when Surveyor asked for the facility's reports. RDO-D stated RDO-D was unsure if the facility's former NHA was aware because the facility had no documentation regarding the incident other than what was in R24's medical record. RDO-D verified the facility should have reported R24's injury of unknown origin to the SA.<br><br>49563<br><br>2. On 7/30/24, Surveyor reviewed R15's medical record. R15 was admitted to the facility on [DATE] with diagnoses including cerebral hemorrhage (stroke), hemiplegia (paralysis on one side of the body), and diabetes. R15's MDS assessment, dated 7/19/24, stated R15's BIMS score was 15 out of 15 which indicated R15 had intact cognition.<br><br>On 7/30/24, Surveyor reviewed R26's medical record. R26 was admitted to the facility on [DATE] with diagnoses including neurocognitive disorder Lewy bodies and fracture of unspecified part of neck of left femur. R26's MDS assessment, dated 6/18/24, stated R26's BIMS score was 1 out of 15 which indicated R26 had severe cognitive impairment. R26 had a guardian for healthcare decisions.<br><br>On 7/30/24 at 12:48 PM, Surveyor interviewed R15 who stated R15 was attacked by R26 on 7/20/24 and R15's Family Member ((FM)-L) was not notified. R15 stated R26 made fists and hit R15 in the chest.<br><br>R15's medical record contained a nursing progress note, dated 7/22/24, that indicated: Two days ago, R26's wheelchair bumped into R15's wheelchair and R15 stated ouch. R26 became angry and loud toward R15. R26 made fists and attempted to hit R15's shoulder when staff separated R26 from R15. R15 stated loudly to get away. On 7/22/24, R26 opened R15's door. There was no conflict but R15 did not want R26 to be around R15.<br><br>On 7/30/24, Surveyor asked to review the facility's initial and five-day reports for the resident-to-resident altercation between R26 and R15.<br><br>On 7/30/24 at 1:39 PM, Surveyor interviewed RDO-D who verified RDO-D was aware of the resident-to-resident altercation but was not aware of actual physical contact. RDO-D verified notification to the SA should have been completed. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 525657 | A. Building<br>B. Wing | 07/31/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Montello Care Center | 251 Forest Lane<br>Montello, WI 53949 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0610<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Respond appropriately to all alleged violations.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40342<br><br>Based on staff and resident interview and record review, the facility did not ensure incidents involving potential abuse were thoroughly investigated for 5 Residents (R) (R24, R1, R21, R15 and R26) of 5 sampled residents.<br><br>On 4/2/24, staff discovered R24 had an injury of unknown origin. The facility did not investigate the injury of unknown origin to rule out abuse.<br><br>On 4/18/24, R1 and R21 were involved in a resident-to-resident altercation and R21 made contact with R1's face. The facility did not thoroughly investigate the resident-to-resident altercation.<br><br>On 7/20/24, R15 and R26 were involved in a resident-to-resident altercation and R26 made contact with R15's chest. The facility did not investigate the resident-to-resident altercation.<br><br>Findings include:<br><br>The facility's Abuse, Neglect, Exploitation and Misappropriation Prevention Program policy, with a revision date of April 2021, indicates: Residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation .Objectives: 1. Protect residents from abuse, neglect, exploitation or misappropriation of property by anyone .Upon receiving any allegations of abuse, neglect, exploitation, misappropriation of resident property or injury of unknown source, the Administrator is responsible for determining what actions (if any) are needed for the protection of residents .All allegations are thoroughly investigated .<br><br>1. On 7/30/24, Surveyor reviewed R24's medical record. R24 was admitted to the facility on [DATE] with diagnoses including frontotemporal neurocognitive disorder (a group of brain diseases that affect personality, behavior and language). R24's Minimum Data Set (MDS) assessment, dated 6/28/24, stated R24's Brief Interview for Mental Status (BIMS) score was 9 out of 15 which indicated R24 had moderate cognitive impairment. R24's medical record indicated R24's Power of Attorney for Healthcare (POAHC) was responsible for R24's healthcare decisions.<br><br>R24's medical record contained a nursing note, dated 4/2/24, that stated, .now also has a bruise to left eye area which was not present yesterday .<br><br>On 7/30/24, Surveyor requested the facility's investigation for R24's injury of unknown origin (bruise left eye area) noted on 4/2/24. The facility was unable to provide an investigation.<br><br>On 7/30/24 at 1:35 PM, Surveyor interviewed Regional Director of Operations (RDO)-D who stated RDO-D found out about R24's injury of unknown origin when Surveyor asked for the facility's investigation. RDO-D stated RDO-D was unsure if the facility's former Nursing Home Administrator (NHA) was aware of the injury of unknown origin because the facility had no documentation regarding the incident other than what was in R24's medical record. RDO-D verified the facility should have investigated R24's injury of unknown origin.<br><br>32768<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 525657 | A. Building<br>B. Wing | 07/31/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Montello Care Center | 251 Forest Lane<br>Montello, WI 53949 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0610<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | 2. On 4/18/24, the facility self-reported a resident-to-resident altercation between R1 and R21 in which R21 made contact with R1's face. Staff witnessed the altercation, immediately separated R1 and R21, and placed both residents on 15 minute checks. NHA-A and Director of Nursing (DON)-B were notified and an investigation was initiated. The IDT (Interdisciplinary Team) met, discussed R21's out of character behavior, and obtained a urinary analysis (UA) for R21 who was found to have a urinary tract infection (UTI). R1 and R21 remained on 15 minute checks until 4/24/24.<br><br>On 7/30/24, Surveyor reviewed R1's medical record. R1 was admitted to the facility on [DATE] with diagnoses including dementia, psychotic disorder, anxiety disorder, and muscle wasting. R1's MDS assessment, dated 6/13/24, stated R1's BIMS score was 0 out of 15 which indicated R1 had severe cognitive impairment.<br><br>On 7/30/24, Surveyor reviewed R21's medical record. R21 was admitted to the facility on [DATE] with diagnoses including dementia, major depressive disorder, unspecified psychosis, and anxiety disorder. R21's MDS assessment, dated 5/27/24, stated R21's BIMS score was 3 out of 15 which indicated R21 had severe cognitive impairment.<br><br>The investigation indicated a Registered Nurse (RN) who witnessed the incident was interviewed but the facility did not interview other staff. The facility also did not interview other residents to ensure there were no other abuse concerns.<br><br>On 7/30/24 at 10:31 AM, Surveyor interviewed NHA-A who stated NHA-A was not employed at the facility at the time of the incident and the former NHA would have completed the investigation. NHA-A stated paperwork from the previous NHA and DON was either thrown away or misplaced by the Human Resources (HR) Department and the facility was trying to locate important information. NHA-A verified the facility's investigation appeared to be incomplete.<br><br>49563<br><br>3. On 7/30/24, Surveyor reviewed R15's medical record. R15 was admitted to the facility on [DATE] with diagnoses including cerebral hemorrhage (stroke), hemiplegia, and diabetes. R15's MDS assessment, dated 7/19/24, stated R15's BIMS score was 15 out of 15 which indicated R15 had intact cognition.<br><br>On 7/30/24, Surveyor reviewed R26's medical record. R26 was admitted to the facility on [DATE] with diagnoses including neurocognitive disorder Lewy bodies and fracture of unspecified part of neck of left femur. R26's MDS assessment, dated 6/18/24, stated R26's BIMS score was 1 out of 15 which indicated R26 had severe cogitative impairment. R26 had a guardian for healthcare decisions.<br><br>On 7/30/24 at 12:48 PM, Surveyor interviewed R15 who stated R15 was attacked by R26 on 7/20/24 and R15's Family Member ((FM)-L) was not notified. R15 stated R26 made fists and hit R15 in the chest.<br><br>R15's medical record contained a nursing progress note, dated 7/22/24, that indicated: Two days ago, R26's wheelchair bumped into R15's wheelchair and R15 stated ouch. R26 became angry and loud toward R15. R26 made fists and attempted to hit R15 in the shoulder when staff ran down to separate R26 from R15. R15 stated loudly to get away. On 7/22/24, R26 opened R15's door. There was no conflict but R15 did not want R26 to be around R15.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 525657 | A. Building<br>B. Wing | 07/31/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Montello Care Center | 251 Forest Lane<br>Montello, WI 53949 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0610<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | On 7/30/24, Surveyor requested the facility's investigation for the resident-to-resident altercation between R15 and R26. The facility was unable to provide an investigation.<br><br>On 7/30/24 at 1:39 PM, Surveyor interviewed RDO-D who verified RDO-D was aware of the resident-to-resident altercation but was not aware of actual physical contact. RDO-D verified the facility should have investigated R15 and R26's resident-to-resident altercation. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 525657 | A. Building<br>B. Wing | 07/31/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Montello Care Center | 251 Forest Lane<br>Montello, WI 53949 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0677<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Provide care and assistance to perform activities of daily living for any resident who is unable.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50479<br><br>Based on observation, staff and resident interview, and record review, the facility did not ensure 5 Residents (R) (R19, R15, R4, R6, and R31) of 6 sampled residents who required assistance with activities of daily living (ADLs) were assisted per their plans of care.<br><br>R19 was not assisted with meals as indicated in R19's plan of care.<br><br>R15, R4, R6, and R31 did not consistently receive weekly scheduled showers.<br><br>Findings include:<br><br>The facility's Assistance with Meals policy, dated March 2022, states: Residents shall receive assistance with meals in a manner that meets the individual needs of each resident .Residents who cannot feed themselves will be fed with attention to safety, comfort, and dignity, for example: a. not standing over residents while assisting them with meals.<br><br>1. On 7/31/24, Surveyor reviewed R19's medical record. R19 was admitted to the facility on [DATE] with diagnoses including dementia and failure to thrive. R19's Minimum Data Set (MDS) assessment, dated 6/16/24, indicated R19 required partial/moderate assistance with the ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal was placed before R19.<br><br>R19's medical record contained the following information:<br><br>~ A Speech Therapy evaluation and plan of treatment, dated 2/7/24, indicated R19 required repetitive multi-sensory cues for completion of functional skills, was dependent for all ADLs, and fed R19's self with set-up and cuing.<br><br>~ A Quarterly Nutrition Assessment, dated 6/13/24, indicated R19 ate at an assisted table for ongoing cuing and encouragement during meals. R19's expected intake was 76-100% of meals.<br><br>~ A care plan, dated 7/10/24, indicated R19 was at risk for weight loss, adult failure to thrive, and poor intake. The care plan indicated R19 should be encouraged to eat 75% of meals and provided encouragement during meals.<br><br>On 7/31/24 at 11:41 AM, Surveyor interviewed Certified Nursing Assistance (CNA)-P who identified seven residents who required assistance with feeding and/or cueing. CNA-P stated CNA-P was typically responsible for feeding two to three residents at a time and indicated there were typically three staff in the dining room to assist residents who required feeding assistance.<br><br>On 7/31/24 at 12:08 PM, Surveyor observed staff set up R19's meal tray in front of R19 who was seated at a table with five other residents who required feeding assistance. CNA-F and CNA-P assisted all six resident seated at the table. R7 and R19 were seated at opposite ends of the table.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 525657 | A. Building<br>B. Wing | 07/31/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Montello Care Center | 251 Forest Lane<br>Montello, WI 53949 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0677<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | On 7/31/24 at 12:13 PM, Surveyor observed CNA-P sit down next to R19 and assist R19 with one bite of food. CNA-P then walked to R7, sat down next to R7, and assisted R7.<br><br>On 7/31/24 at 12:15 PM, Surveyor noted there was not a feeding assistant sitting near R19. R19 sat with R19's head down and eyes closed, and did not attempt to eat independently from R19's tray.<br><br>On 7/31/24 at 12:20 PM, Surveyor observed CNA-P stand up from assisting R7, walk to R19, assist R19 with a second bite of food, and then return to R7. CNA-P did not sit next to R19 when CNA-P assisted R19 with the second bite of food.<br><br>On 7/31/24 at 12:23 PM, Surveyor observed CNA-P stand up from assisting R7, walk to R19, assist R19 with a third bite of food, and then return to R7. CNA-P did not sit next to R19 when CNA-P assisted R19 with the third bite of food.<br><br>On 7/31/24 between 12:23 PM and 12:38 PM, Surveyor noted R19 did not attempt to eat independently.<br><br>On 7/31/24 at 12:39 PM, Surveyor observed CNA-P stand up from assisting R7, walk to R19, assist R19 with a fourth bite of food, and then return to R7. CNA-P did not sit next to R19 when CNA-P assisted R19 with the fourth bite of food.<br><br>On 7/31/24 at 12:59 PM, Surveyor interviewed CNA-P who stated sometimes CNA-P didn't feel that CNA-P had enough time to feed residents. CNA-P stated CNA-P preferred to sit with residents, but did not always have enough time to do so during meals. CNA-P stated sitting at eye level with residents was the best practice, however, CNA-P felt the need walk between residents during meal time. CNA-P stated CNA-P did not know the facility's expectation/standard for feeding residents.<br><br>On 7/31/24 at 1:07 PM, Surveyor interviewed Director of Nursing (DON)-B who stated DON-B expects one CNA to sit at the table while feeding no more than two residents at a time.<br><br>40342<br><br>2. On 7/29/24 at 9:38 AM, Surveyor interviewed R15 who stated R15 was supposed to have a shower once per week but frequently missed showers due to short staffing.<br><br>On 7/30/24, Surveyor reviewed R15's medical record. R15 was admitted to the facility on [DATE] with a diagnosis of diabetes mellitus. R15's medical record indicated R15 was responsible for R15's healthcare decisions.<br><br>Surveyor reviewed R15's shower documentation for the thirteen weeks prior to 7/30/24. Surveyor noted R15 did not have shower documentation for four of the thirteen weeks.<br><br>3. On 7/29/24 at 9:55 AM, Surveyor interviewed R4 who stated residents did not receive showers for a couple months at the beginning of the year due to short staffing. R4 stated residents were supposed to receive showers at least once per week which did not always happen. R4 stated the concern was discussed at resident council meetings.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 525657 | A. Building<br>B. Wing | 07/31/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Montello Care Center | 251 Forest Lane<br>Montello, WI 53949 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0677<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | On 7/30/24, Surveyor reviewed R4's medical record. R4 was admitted to the facility on [DATE] with a diagnosis of Parkinson's disease. R4's medical record indicated R4 was responsible for R4's healthcare decisions.<br><br>Surveyor reviewed R4's shower documentation for the thirteen weeks prior to 7/30/24. Surveyor noted R4 did not have shower documentation for three of the thirteen weeks. The documentation indicated R4 refused a shower another week.<br><br>Surveyor reviewed the facility's Resident Council minutes which included an entry from the 3/7/24 meeting that indicated: R4 said showers are not being given on schedule, and R4 has not had a shower since 2/12/24.<br><br>Surveyor reviewed a Grievance Form from R4, dated 4/8/24, that indicated: R4 said R4 asked for a shower and was told it was impossible to do that day. R4 is not getting R4's showers when they are scheduled.<br><br>4. On 7/29/24 at 10:49 AM, Surveyor interviewed R6 who stated it was difficult to receive regular showers.<br><br>On 7/30/24, Surveyor reviewed R6's medical record. R6 was admitted to the facility on [DATE] with a diagnosis of diabetes mellitus. R6's medical record indicated R6 was responsible for R6's healthcare decisions.<br><br>Surveyor reviewed R6's shower documentation. Surveyor noted between 4/1/24 and 7/30/24, R6 did not receive showers for five of the sixteen weeks. R6's medical record indicated R6 refused a scheduled shower on 4/19/24 but received a shower on 4/20/24.<br><br>5. On 7/30/24, Surveyor reviewed R31's medical record. R31 was admitted to the facility on [DATE] with a diagnosis of diabetes mellitus. R31's medical record indicated R31 was responsible for R31's healthcare decisions. R31 was discharged from the facility on 3/28/24.<br><br>Surveyor reviewed R31's shower documentation. Surveyor noted between 3/7/24 and 3/28/24, R31 received one shower on 3/13/24. R31's medical record contained no documentation of care refusals.<br><br>On 7/30/24 at 2:37 PM, Surveyor interviewed DON-B who stated R4 preferred a shower twice weekly. DON-B stated no documentation on shower documentation records meant a shower was not provided. DON-B verified R15, R4, R6, and R31 did not receive showers for the weeks indicated above. |