

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525665	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/18/2025
NAME OF PROVIDER OR SUPPLIER  Frederic Nursing and Rehab Community		STREET ADDRESS, CITY, STATE, ZIP CODE  205 United Way Frederic, WI 54837	

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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40181</b></p> <p>Based on interview and record review, the facility did not provide written notice of reason for transfer to the resident or resident representative for 4 of 4 residents (R) reviewed for hospitalization . (R27, R56, R47, R48)</p> <p>Findings include:</p> <p>Example 1</p> <p>R27 was admitted to the facility on [DATE] with the following diagnoses, in part, type 2 diabetes mellitus with diabetic neuropathy, chronic respiratory failure, weakness and history of falling.</p> <p>On 02/16/25 at 12:34 PM, R27 stated he had a fall in January and was sent to the hospital where they found he had fractured both the tibia and fibula of his left leg. R27 was admitted to the hospital for surgical repair of the fracture.</p> <p>Surveyor reviewed R27's medical record and was able to find a signed bed hold notice for the hospitalization on [DATE] but there was no notice explaining in writing the reason for transfer to the hospital.</p> <p>On 02/17/25 at 2:54 PM, Surveyor interviewed Nursing Home Administrator (NHA) A and asked if they had given a written notice of discharge or transfer with the reason for the transfer to R27 when he was transferred to the hospital on 01/11/25. NHA A was unsure if they provided such a document, but would check.</p> <p>On 02/17/25 at 3:02 PM, NHA A returned and explained Business Office Manager (BOM) C provides residents with the bed hold notice and notifies the regional Ombudsman when residents are transferred to the hospital.</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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 02/17/25 at 3:04 PM, Surveyor interviewed BOM C and asked if she gave a written notice explaining the reason for transfer to R27 when he was transferred to the hospital on 01/11/25. BOM C stated they faxed the bed hold notice to the hospital for R27 to sign, and faxed a notification of the transfer to the regional Ombudsman. BOM C stated they did not know anything about a written notice of reason for transfer. Surveyor reviewed the bed hold notice document with BOM C and clarified it did not include a written notice of reason for transfer. BOM C confirmed they do not provide such documentation for any residents when transferred to the hospital.</p> <p>Example 2</p> <p>R56 was admitted to the facility on [DATE] for short term therapy services following a hospitalization for malignant neoplasm of pelvic bones and associated pain.</p> <p>Record review identified R56 had a fall and change in condition at the facility on 12/09/24 and was transferred to the hospital for evaluation. The record identified R56 was admitted to the hospital due to stroke-like symptoms.</p> <p>Surveyor was able to identify the bed hold notice that was signed by R56's representative, but was unable to find a written notice of reason for transfer that was given to R56's representative when R56 was transferred to the hospital.</p> <p>On 02/17/25 at 3:04 PM, Surveyor confirmed with BOM C that no written notice of reason for transfer was given to R56's representative at the time of transfer to the hospital.</p> <p>46694</p> <p>Example 3</p> <p>R47 was admitted to the facility on [DATE] for surgical aftercare following surgery on the circulatory system and atherosclerosis (build up of fats on the artery walls) and right lower extremity chronic wounds.</p> <p>Review of R47's medical chart:</p> <p>On 12/24/2024 at 3:10 PM, R47 left with his wife at 2:30 pm on leave of absence (LOA) until 12/26/24.</p> <p>On 12/26/2024 at 6:50 PM, R47 was sent out to the emergency room (ER) for uncontrolled bleeding from R47's right lower extremity (RLE) wounds. R47 was admitted to acute care hospital.</p> <p>Surveyor reviewed R47's medical record and was unable to find a notice explaining in writing the reason for transfer on 12/26/24.</p> <p>On 02/18/25 at 6:58 AM, Surveyor interviewed NHA A, who indicated that the resident had just returned from LOA overnight with family for two nights. When R47 returned from the stay, he had wounds on his legs that were bleeding that the facility could not control so the facility sent him out. NHA stated, We notified the family why we were sending him out and the resident was obviously aware why we were sending him to acute hospital.</p> <p>(continued on next page)</p>		

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 02/18/25 at 7:00 AM, NHA A provided Surveyor with the interact form describing the incident. The description on the interact indicates the bleeding won't stop from wound.</p> <p>Surveyor asked NHA A, Was anything provided to resident in writing as to the reason for transfer in language they understand? NHA replied, No.</p> <p>16692</p> <p>Example 4</p> <p>R48 was admitted to the facility on [DATE], with diagnoses including fracture of left ischium, wedge compression fracture of T11-T12 vertebra, aplastic anemia, myelodysplastic syndrome, pancytopenia, nonrheumatic aortic (valve) stenosis, and pulmonary hypertension.</p> <p>Record review identified R48 transferred to the hospital on 02/17/25 due to critical lab levels.</p> <p>Review of R48's medical record did not reveal a written notice of the reason for transfer to the hospital.</p> <p>On 02/18/25 at 9:26 AM, Surveyor confirmed with Regional Clinical Director D that no written notice of the reason for transfer was given to R48.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>46694</p> <p>Based on observation, interview and record review, the facility did not maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment to help prevent the development and transmission of communicable diseases and infections for 2 of 5 residents (R49 and R25) observed during medication administration.</p> <p>Staff did not perform hand hygiene before putting on gloves before performing a nursing procedure.</p> <p>Findings:</p> <p>Facility policy titled, HAND WASHING/HAND HYGIENE, reviewed 01/2025 stated in part:</p> <p>Practicing Hand Hygiene is a simple effective way to prevent infections by preventing the spread of germs.</p> <p>Wash hands and other skin surfaces when:</p> <p>.4. Before and after nursing treatments or procedures (dressing changes, catheter insertion, eye drop instillation, etc.) .</p> <p>Example 1</p> <p>On 02/17/25 at 6:41 AM, Surveyor observed Licensed Practical Nurse (LPN) E administer eye drops to R49. Surveyor noted that after gathering all of the medications and bringing them into R49's room, LPN E did not perform any hand hygiene before putting on gloves and instilling eye drops into R49's eyes.</p> <p>On 02/17/25 at 6:45 AM, Surveyor shared the observation made of no hand hygiene before putting on gloves, before instilling eye drops in R49's eyes. LPN E replied, I should have performed hand hygiene before I put on the gloves.</p> <p>Example 2</p> <p>On 02/17/25 at 7:26 AM, Surveyor observed LPN F administer eye drops to R25. Surveyor noted that after gathering and touching the med cart and preparing all of the medications, LPN F brought them into R25's room. LPN F did not perform any hand hygiene before putting on gloves and instilling eye drops into R25's eyes.</p> <p>On 02/17/25 at 7:30 AM, Surveyor shared the observation with LPN F of no hand hygiene before putting on gloves and instilling eye drops in R25's eyes. LPN F replied, I should have performed hand hygiene before I put on the gloves.</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 - Few</p>	<p>On 02/17/25 at 7:35 AM, Surveyor shared the above observations of no hand hygiene before putting on gloves to administer eye drops to Regional Clinical Director (RCD) D. Surveyor asked RCD D what the expectation is for hand hygiene. RCD D replied, Staff should have performed hand hygiene before putting on the gloves.</p>