

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525666	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Mercy Manor Transition Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 Mineral Point Ave Janesville, WI 53547	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49434</p> <p>Based on observation, interview, and record review, the facility did not ensure that 1 of 8 residents (R8) reviewed for Activities of Daily Living (ADL) received the necessary services to maintain personal hygiene.</p> <p>R8 voiced concern he did not receive showers as scheduled.</p> <p>Evidenced by:</p> <p>The facility policy, entitled Care Services Provided, last reviewed on 1/2024, states, in part: .</p> <p>General nursing care that will be provided, at a minimum, in addition to the individualized interdisciplinary plan of care is: .</p> <p>Procedure:</p> <p>5. Hygiene care includes offering bathing (in a shower, trimming of nails weekly, shampooing of hair, application of personal products such as deodorants, etc.)</p> <p>Restorative nursing and psychosocial care will bill be provided continuously. These measures will include, at a minimum, the following:</p> <p>4. ADL maintenance and retraining: Nursing personnel will encourage and assist residents in maintaining or regaining their ADL abilities. This will include dressing, grooming, bathing, nutrition/hydration, and oral care.</p> <p>R8 was admitted to the facility on [DATE], and has diagnoses that include acute respiratory failure with hypoxia (low blood oxygen levels), non-ST elevation myocardial infarction (heart attack), acute on chronic combined systolic and diastolic heart failure (new exacerbation of chronic heart failure), type 2 diabetes mellitus with diabetic neuropathy (diabetes with nerve damage)</p> <p>R8's Admission Minimum Data Set (MDS) Assessment, dated 4/28/2024 shows that R8 has a Brief Interview of Mental Status (BIMS) score of 14 indicating that R8 is cognitively intact. R8 is a maximal/substantial touch assist for showers or baths. R8 is a tub/shower transfer of 1 person assist with moderate assistance. The assessment also indicates that the resident rates bathing a 2 meaning that R8 considers bathing somewhat important and that he prefers showers.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R8's Skilled Nursing Facility Kardex, dated 4/25/2024 shows:</p> <p>Grooming: Total assist</p> <p>Ambulation: 1 Assist with gait belt</p> <p>The Facility's weekly bath schedule indicates that R8 should be receiving baths on Tuesday mornings. The schedule also indicates that the resident may request more showers but that this would be the minimum.</p> <p>R8's Bathing/Showering documentation shows the following:</p> <p>April:</p> <ul style="list-style-type: none"> - 4/26/2024: R8 received a full bath. - 4/28/2024: R8 received a full bath. - 4/30/2024: R8 received a full bath. <p>- Partial baths received on: 4/26/2024, 4/29/2024, and 4/30/2024</p> <p>May:</p> <ul style="list-style-type: none"> - 5/08/2024: R8 received a full bath. - 5/22/2024: R8 received a full bath with the assistance of OT (Occupational Therapist) - 5/23/2024: R8 received a full bath. - 5/28/2024: R8 received a full bath with the assistance of OT <p>- Partial baths received on 5/02/2024, 5/03/2024, 5/07/2024, 5/08/2024, 5/09/2024, 5/13/2024, 5/14/2024, 5/15/2024, 5/21/2024, 5/24/2024, 5/26/2024, 5/27/2024, 5/29/2024, 5/30/2024</p> <p>Note: R8 did not receive weekly showers or baths as the weekly bath schedule indicates. R8 did not receive a shower the week of 5/13/24. There were several dates where it does not indicate if R8 received a partial bath.</p> <p>On 5/29/2024 at 10:23 AM, Surveyor interviewed R8. R8 indicated he is not getting showers all the time. R8 also stated that some staff don't like doing it.</p> <p>On 5/29/2024 at 1:18 PM, Surveyor interviewed LPN E (Licensed Practical Nurse) who indicated that R8 does not refuse showers. LPN E also indicated that therapy assists R8 with showers and that R8 is scheduled for showers on Tuesday mornings.</p> <p>(continued on next page)</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/29/2024 at 3:06 PM, Surveyor interviewed CNA F (Certified Nursing Assistant) who indicated that they do not know if R8 refuses showers or if he is being offered baths or showers. CNA F indicated that she has not given R8 a shower or bath.</p> <p>On 5/30/2024 at 7:25 AM, Surveyor interviewed R8 who indicated that by the time staff get me up there is no time for a shower before therapy. Surveyor asked R8 who helps him take a shower. R8 states that OT (Occupational Therapy) is the only one who has helped him shower. Surveyor asked R8 if he ever refuses a bath or shower. R8 says he has never refused a bath or shower. Surveyor asked R8 how often he would shower if it was his choice. R8 states he would shower every day. Surveyor asked R8 about what limits him with ambulation and ADLs. R8 indicates that his vision is an issue and uses the example that he can't see the clock from his recliner. R8 also reports that he is on continuous oxygen so that limits his access to walk in the hallway, but he does have enough oxygen tubing to go to the bathroom and get cleaned up. Surveyor asked how R8 ambulates. R8 indicates he has been walking the hallways with a gait belt and staff follow him with a wheelchair. In the past couple of days, it only happens if a nurse is available. If staff are not busy R8 will get a nurse in his room and walk back and forth in his room. R8 believes that the facility is short-staffed and that the staff are worked too thin.</p> <p>On 5/30/2024 at 9:30 AM, Surveyor interviewed PTA H (Physical Therapy Assistant). Surveyor asked PTA H if therapy ever gives residents showers. PTA H indicates that therapy sometimes give showers and if they give a shower it is documented by the therapist and the nurse. PTA H looked through the charting and found no additional shower documentation besides those already listed.</p> <p>On 5/30/2024 at 11:14 AM, Surveyor interviewed CNA G. Surveyor asked CNA G when R8 takes his shower. CNA G states whenever we offer showers, and he is scheduled for a shower on Tuesdays. CNA G also reports that therapy gives him showers at times and that R8 never refuses showers or baths.</p> <p>On 5/30/24 at 2:42 PM, Surveyor interviewed DON B (Director of Nursing). Surveyor asked DON B how R8 takes his showers. DON B states he showers on a shower chair and holds the handheld shower head. Surveyor asked DON B the difference between a partial and complete bath. DON B states that a partial bath involves washing exposed areas and uses the example of washing up his back while on the toilet or his hands and face. A complete bath is hygiene performed from head to toe and is a complete soak. Surveyor asked DON B if a resident refused, would she expect it to be charted. DON B indicated that staff should chart refusals or the reason R8 did not receive a shower if there was a reason. DON B also indicated that the facility needs to provide education to the CNA's to chart refusals if they refuse, and to specifically chart shower for a shower, or full bath for a full bath.</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** 48623</p> <p>Based on observation, interview and record review, the facility did not maintain a safe and sanitary environment in which food is prepared, stored, and distributed. This has the potential to affect all 8 residents who reside in the facility.</p> <p>Surveyor observed a box of spoiled lemons in the refrigerator.</p> <p>Surveyor observed undated food in the dry storage area, in freezer (1) and the smaller freezer.</p> <p>Surveyor observed a staff member's personal water bottle in the food prep area.</p> <p>Surveyor observed chunks of rubber missing from ,d+[DATE] spatulas.</p> <p>Surveyor observed the flip tops of 2 garbage cans open and one large garbage can without a lid.</p> <p>Facility staff was observed testing the temperature of the water in the sanitizing sink. The temperature was out of the manufacture's recommendations.</p> <p>Evidenced by:</p> <p>The facility policy, entitled Food & Nutrition Services Policy NO. 5.04 Food Labeling, reviewed date [DATE], states in part. Food items will be labeled with dated produced. A uniform dating system will be used by employees. Each employee will follow practices of safe food handling to check all food items used to be certain they are wholesome. Any item in question will be thrown out. Perishable food items showing an expiration date from the manufacture will be discarded on the date stamped. The guidelines include, the employee will label all opened or post prepared foods. Items will be dated according to the following guide: Date opened and expiration date.</p> <p>The facility policy, entitled Food & Nutrition Services Policy NO. 4.04 Food Labeling/ Leftovers, reviewed date [DATE], states in part. Food items will be received and checked upon arrival for accuracy and damage by the designated Food and Nutrition partner.</p> <p>Items that come in with an expiration date will be followed or within 7 days of opening.</p> <p>Examples - No date opened or expiration date.</p> <p>On [DATE], at 10:16 AM, Surveyor observed an open bag, of baking chips and an open bag of Oreo Cookie pieces with no date opened or expiration date.</p> <p>On [DATE], at 10:16 AM, Surveyor interviewed [NAME] D (Kitchen Office Coordinator) who indicated that baking chips and Oreo Cookie pieces should have a date opened and expiration date.</p> <p>On [DATE], at 10:16 AM, Surveyor observed 2 boxes of expired Graham Crackers and four packages of Graham Crackers with no expiration date.</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 11:40 AM, Surveyor observed rubber spatulas with chips in the rubber portion of the utensils.</p> <p>On [DATE], at 11:40 AM, Surveyor interviewed [NAME] D who indicated that the rubber spatulas were damaged and needed to be thrown away.</p>		