

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525670	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/16/2024
NAME OF PROVIDER OR SUPPLIER  Oconto Health and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  101 First St Oconto, WI 54153	

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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49010</p> <p>Based on staff and resident interview and record review, the facility did not thoroughly document, investigate, or resolve grievances for 2 residents (R) (R5 and R6) of 6 residents.</p> <p>R5 reported Certified Nursing Assistant (CNA)-C did not change R5's clothing from the day prior. The facility did not document, investigate, or thoroughly resolve the grievance.</p> <p>R6 reported that R6 was wet and CNA-C ignored R6. The facility did not document, investigate, or thoroughly resolve the grievance.</p> <p>Findings include:</p> <p>The facility's Resident and Family Grievances policy, dated 9/7/23, indicates: It is the policy of this facility to support each resident's and family member's right to voice grievances without discrimination or reprisal . Prompt efforts to resolve include facility acknowledgement of a complaint/grievance and actively working toward resolution of the complaint/grievance .10. B. The staff member receiving the grievance will record the nature and specifics of the grievance on the designated grievance form or assist the resident or family member to complete the form .ii. Report any allegations involving neglect, abuse, injuries of unknown source, and/or misappropriation of resident property immediately to the administrator and follow procedures for those allegations.</p> <p>On 4/16/24, Surveyor reviewed the facility's grievance file which included a grievance, dated 2/14/24, for R7. The investigation included an employee warning notice, dated 2/18/24, and performance improvement plan dated, 2/20/24, for CNA-C. The warning notice indicated R5 was observed in the same clothing as the previous day and CNA-C did not assist R5 with changing R5's clothing. The warning notice also indicated R6 stated R6 was left soiled and ignored by CNA-C who did not assist R6.</p> <p>Surveyor noted the grievance file did not contain grievances for R5 and R6's concerns and there was no indication that R5 and R6's concerns were investigated or resolved.</p> <p>On 4/16/24, Surveyor reviewed R5's medical record. R5 was admitted to the facility with diagnoses including diabetes, left side hemiparesis (paralysis on one side of the body), and anxiety. R5's Minimum Data Set (MDS) assessment, dated 2/14/24, contained a Brief Interview for Mental Status (BIMS) score of 0 out of 15 which indicated R5 had severely impaired cognition. R5 had an activated Power of Attorney (POA).</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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/16/24 at 1:48 PM, Surveyor interviewed R5 who indicated R5 reported concerns in the past that CNA-C was rough during cares.</p> <p>On 4/16/24 at 2:14 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A who indicated R5's concerns that CNA-C was rough during cares were investigated and addressed in a previous grievance from 11/14/23.</p> <p>On 4/16/24, Surveyor reviewed R6's medical record. R6 was admitted to the facility on [DATE] with diagnoses including Parkinson's Disease, schizophrenia, depression, and anxiety. R6's MDS assessment, dated 2/2/24, contained a BIMS score of 8 out of 15 which indicated R6 had moderate cognitive impairment. R6 had a Guardian for decision making.</p> <p>On 4/16/24 at 1:51 PM, Surveyor interviewed R6 who did not recall the incident reported on 2/18/24.</p> <p>On 4/16/24 at 2:14 PM, Surveyor interviewed Director of Nursing (DON)-B and NHA-A. DON-B indicated there should have been more documentation regarding R5 and R6's concerns, including resident and staff interviews to see if other residents experienced the same treatment. DON-B stated education was provided to CNA-C who wasn't intentionally rough. DON-B stated the technique CNA-C used was the issue. NHA-A stated CNA-C is on CNA-C's last chance. NHA-A stated NHA-A is aware there are problems with CNA-C and NHA-A is addressing them.</p>