

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525685	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/10/2024
NAME OF PROVIDER OR SUPPLIER Plymouth Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 916 E Clifford St Plymouth, WI 53073	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38793</p> <p>Based on staff and resident interview and record review, the facility did not provide routine drugs and biologicals for 1 resident (R) (R1) of 3 residents reviewed for medication administration.</p> <p>R1 had an order for insulin lispro (a fast-acting medication to lower blood sugar) to be given three times a day. R1 did not receive one dose of insulin on 5/17/24 and received one dose outside of the scheduled administration time on 5/18/24.</p> <p>Findings include:</p> <p>The facility's Medication Administration policy, dated 1/2024, states that medications to be given with meals are to be scheduled for administration at the resident's meal times and medications to be given before meals are to be scheduled 30 minutes to 2 hours prior to meals. Medications to be given at bedtime are to be scheduled for administration up to 1 hour prior to the resident's scheduled bedtime.</p> <p>On 6/10/24, Surveyor reviewed R1's medical record. R1 was admitted to the facility on [DATE] with diagnoses including type 2 diabetes, morbid obesity, anxiety, and adjustment disorder with depressed mood. R1's most recent Minimum Data Set (MDS) assessment, dated 5/29/24, indicated R1's cognition was fully intact with a Brief Interview for Mental Status (BIMS) score of 15 out of 15. R1 was readmitted to the facility on [DATE] around 6:00 PM.</p> <p>On 6/10/24 at 10:43 AM, Surveyor interviewed R1 who stated R1 did not receive R1's 6:00 PM insulin dose on 5/17/24 and did not receive R1's 10:00 AM insulin dose until after 3:00 PM on 5/18/24. R1 verified R1 ate dinner at the facility on 5/17/24 at approximately 6:30 PM.</p> <p>Surveyor reviewed R1's Medication Administration Audit Report (MAAR) for 5/17/24 and 5/18/24. The MAAR did not indicate R1 received R1's 6:00 PM insulin dose on 5/17/24. The MAAR also indicated R1's 10:00 AM insulin dose was administered at 3:43 PM on 5/18/24 by Licensed Practical Nurse (LPN)-C.</p> <p>Surveyor reviewed R1's hospital discharge paperwork, dated 5/17/24, which did not indicate R1 received R1's 6:00 PM insulin dose prior to discharge from the hospital.</p> <p>On 6/10/24 at 2:45 PM, Surveyor left a voicemail for LPN-C. The call was not returned.</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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/10/24, Surveyor interviewed [NAME] President of Success (VPS)-D regarding insulin administration. VPS-D verified there was no documentation that indicated R1 received R1's 6:00 PM insulin dose after R1 returned from the hospital on 5/17/24. VPS-D also confirmed R1's 10:00 AM insulin dose was administered outside of the acceptable time frame for insulin administration on 5/18/24.</p>		