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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525685	A. Building B. Wing	07/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Plymouth Health Services	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38793 Based on observation, staff and resident interview, and record review, the facility did not ensure adequate supervision was provided for 1 Resident (R) (R2) of 11 sampled residents. On 6/19/24, facility staff discontinued R2's increased supervision after an allegation of sexual assault. The facility did not ensure adequate supervision was provided to prevent R2 from wandering and/or disrobing in front of other residents. Findings include: On 7/31/24, Surveyor reviewed R2's medical record. R2 was admitted to the facility on [DATE] with diagnoses including cognitive communication deficit, hypertension, and congestive heart failure. R2's most recent Minimum Data Set (MDS) assessment, dated 7/6/24, stated R2's Brief Interview for Mental Status (BIMS) score was 11 out of 15 which indicated R2 had moderate cognitive impairment. R2's wandering care plan, revised on 6/19/24, had a focus area of wandering related to cognitive impairment and a history of disrobing in public. The care plan contained interventions to continue to check frequently, encourage activities outside of room, and use a motion sensor to assist in monitoring R2's wandering. Nursing progress notes, dated 7/24/24 at 3:16 PM and 7/28/24 at 4:16 PM, indicated R2 came out of R2's room naked and was easily redirected. On 7/23/24 at 10:33 AM, Surveyor observed R2 asleep in a recliner in R2's room. Outside of R2's room, Surveyor observed a motion sensor that was switched to on. When Surveyor walked past the motion sensor, a green light flashed. Surveyor did not observe nursing or Certified Nursing Assistant (CNA) staff respond to the motion sensor. On 7/23/24 at 10:37 AM, Surveyor interviewed agency Licensed Practical Nurse (LPN)-C regarding R2's motion sensor. LPN-C stated LPN-C was not sure what the sensor was for. LPN-C checked with another staff and indicated the motion sensor was only for the night shift. LPN-C verified LPN-C did not keep track of the motion sensor. (continued on next page)

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

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 07/31/2024

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 7/31/24 at 1:33 PM, Surveyor interviewed R8 regarding R2's wandering. R8 stated approximately one week ago, R8 saw R2 running around naked. R8 stated R8 had seen R2 naked approximately three times since R8's admission on 7/22/24. R8 stated R8 had not told anyone about the occurrences because nothing was being done. On 7/31/24 at 2:53 PM, Surveyor interviewed LPN-D regarding R2's motion sensor. LPN-D verified the motion sensor should be on at all times. On 7/31/24 at 2:59 PM, Surveyor interviewed CNA-F regarding R2's wandering and motion sensor. CNA-F stated last week, R2 started to come out of R2's room naked again. CNA-F stated R8 told CNA-F that R2 was in R8's bathroom during the night sometime last week. CNA-F also observed R2 come out of R2's room without pants. On 7/31/24 at 3:05 PM, Surveyor interviewed CNA-E regarding R2's wandering and motion sensor. CNA-E stated R2 came out of R2's room a couple of times during the last few weeks without clothes on. CNA-E stated within the last week and a half, R2 was found naked in R11's bathroom after supper. On 7/31/24 at 3:08 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A regarding R2's motion sensor and supervision. NHA-A verified the motion sensor should be on at all times. NHA-A was not aware of any instances where R2 was outside of R2's room naked. On 7/31/24 at 3:14 PM, Surveyor interviewed [NAME] President of Success (VPS)-G regarding R2's motion sensor and increased supervision. VPS-G verified R2's motion sensor should be monitored at all times. VPS-G stated 1:1 supervision education was provided after the incident on 6/7/24 but no formal education was provided related to R2's motion sensor. VPS-G stated regularly scheduled staff were aware of how to use the motion sensor but verified certain agency staff might not be.