

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 10/09/2024
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48794</p> <p>Based on staff interview and record review, the facility did not ensure care was provided in accordance with a physician order for 1 resident (R) (R2) of 4 sampled residents.</p> <p>Staff did not provide a prescribed treatment for R2's wound and administered a treatment that was not ordered by the physician without the physician's knowledge.</p> <p>Findings include:</p> <p>The facility's Medication Reconciliation policy, with a review date of 10/24/22, indicates: The facility reconciles medications frequently throughout a resident's stay to ensure the resident is free of significant medication errors .Daily Process: a. Address any clinically significant medication irregularities reported by the pharmacy consultant. b. Verify medication labels match physician orders and consider rights of medication administration each time a medication is given. c. Obtain and transcribe any new orders in accordance with facility procedures, obtain clarification as needed. New orders should have a second nurse to review the order for accuracy. d. Order medications from pharmacy in accordance with facility procedures for ordering medications. e. Verify medications received match the medication orders.</p> <p>On 10/9/24, Surveyor reviewed R2's medical record. R2 was admitted to the facility on [DATE] with diagnoses including diabetes, morbid obesity, anxiety, Fournier's disease of the vagina and vulva, and necrotizing fasciitis. R2's Minimum Data Set (MDS) assessment, dated 10/4/24, stated R2's Brief Interview for Mental Status (BIMS) score was 15 out of 15 which indicated R2 had intact cognition. R2's medical record indicated R2 was responsible for R2's healthcare decisions.</p> <p>R2 had a physician order for Clotrimazole External Cream 1% apply twice daily to right inner thigh for 10 days for erythema (with a start date of 9/24/24).</p> <p>On 10/9/24, Surveyor reviewed R2's Medication Administration Record (MAR) from 9/24/24 through 9/30/24 and noted the following regarding R2's Clotrimazole cream:</p> <p>~ 9/24/24 - Medication unavailable</p> <p>~ 9/25/24 - No entry</p> <p>~ 9/25/24 - On order</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>~ 9/26/24 - On order</p> <p>~ 9/26/24 - N/A (not applicable)</p> <p>~ 9/27/24 - No entry</p> <p>~ 9/27/24 - Unavailable, on order</p> <p>~ 9/28/24 - Medication administered</p> <p>~ 9/28/24 - Medication administered</p> <p>~ 9/29/24 - No entry</p> <p>~ 9/29/24 - Unavailable</p> <p>~ 9/30/24 - Unable to locate</p> <p>~ 9/30/24 - Cream will be sent out today, resident updated</p> <p>~ 9/30/24 - Medication on order from pharmacy, will be delivered on next run</p> <p>On 10/9/24 at 1:08 PM, Surveyor interviewed Director of Nursing (DON)-B who indicated the pharmacy did not have Clotrimazole cream in stock, so the facility used house stock antifungal cream until they were able to get Clotrimazole from the pharmacy.</p> <p>Surveyor noted R2 did not have a physician order for antifungal cream and R2's medical record did not indicate the physician was notified regarding the change in medication.</p> <p>On 10/9/24 at 1:37 PM, Surveyor interviewed DON-B who indicated the house stock antifungal cream was DermaFungal Antifungal Cream 2% Miconazole Nitrate. DON-B confirmed R2 did not have a physician order for the change in medication and staff did not update the physician. DON-B indicated DON-B expected staff to update R2's physician and MAR with the change in medication and initial the medication that was administered in place of Clotrimazole.</p>		