| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 525686 | A. Building<br>B. Wing | 01/27/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Muskego Health and Rehabilitation Center | S77 W18690 Janesville Rd<br>Muskego, WI 53150 |

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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0552<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure that residents are fully informed and understand their health status, care and treatments.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47094<br><br>Based on interview and record review, the facility did not ensure 1 (R235) of 1 resident's reviewed for communication were fully informed in a language they can understand of their total health status, including but not limited to, their medical condition and care to be furnished.<br><br>* R235's primary and only language spoken is Serbian. The facility did not identify methods of communication or provide education to staff related to methods of communication that should be used with R235. The facility depended on R235's family members for translation between the facility staff and R235. The facility documented that R235 to be their own person and a power of attorney for R235 was not activated.<br><br>Findings include:<br><br>The facility policy titled Translation and/or Interpretation of Facility Services dated as revised May 2017 documents: This facility's language access program will ensure that individuals with limited English proficiency (LEP) shall have meaningful access to information and services provided by the facility.<br><br>Policy Interpretation and Implementation .<br><br>10. Competent oral translation of vital information that is not available in written translation, and non-vital information shall be provided in a timely manner and at no cost to the resident through the following means (as available to the facility):<br><br>a. A staff member who is trained and competent in the skill of interpretation.<br><br>b. A staff interpreter who is trained and competent in the skill of interpreting.<br><br>c. Contracted interpreter service.<br><br>d. Voluntary community interpreters who are trained and competent in the skill of interpreting.<br><br>e. Telephone/ Computerized interpretation service.<br><br>(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 |
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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525686 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 01/27/2025 |
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| F 0552<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | 11. Interpreters and translators must be appropriately trained in medical terminology, confidentiality of protected health information, and ethical issues that may arise in communicating health-related information.<br><br>12. Family members and friends shall not be relied upon to provide interpretation services for the resident, unless explicitly requested by the resident if available.<br><br>13. It is understood that providing meaningful access to services provided by this facility requires also that the LEP resident's needs and questions are accurately, communicated to the staff. Oral interpretation services therefore include interpretation from the LEP resident's primary language back to English.<br><br>14. It is understood that in order to provide meaningful access to services provided by the facility, translation and/or interpretation must be provided in a way that is culturally relevant and appropriate to the LEP individual.<br><br>1.) R235 was admitted to the facility on [DATE] with a diagnoses that includes vascular dementia, type 2 diabetes, and bradycardia.<br><br>R235's admission minimum data set (MDS) dated [DATE] documents that R235 had intact a Brief Interview for Mental Status (BIMS) score of 13 indicating that R235 is cognitively intact. The MDS documents that R235 needs extensive assist with 2 staff members for oral/ toileting hygiene, and upper/lower body dressing. R235 was incontinent of bowel and bladder and wore protective briefs. R235's primary language was Serbian.<br><br>R235's admission assessment dated [DATE] under section A: Demographics/ orientation to the facility documented the following:<br><br>6a. Does the resident speak English? Answer marked: No<br><br>6b. If no, document preferred language. Answer marked: Serbian<br><br>6c. Do you need or want an interpreter to communicate with a doctor or health care staff. Answer marked: Yes<br><br>Reporter:<br><br>7. Name of person providing information. Answer marked: grandson<br><br>R235's Clinical Summary Nursing note dated 1/3/2025 documents: admitted from hospital via ambulance and transferred with two persons assist from the stretcher to the bed with extensive assist. (R235) is alert and oriented X3 (person, place, time), (R235's) mood is pleasant and cooperative and (R235) Is incontinent of bowel and bladder. (R235's) initial care plan completed.<br><br>R235's baseline care plan dated 1/3/2025 indicated R235's communication was verbal.<br><br>Surveyor noted that R235's baseline care plan did not indicate that R235's primary language is Serbian and did not list interventions for ways for staff and R235 to communicate.<br><br>(continued on next page) |

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| F 0552<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | R235's progress note dated 1/4/25 at 8:14 PM documents: (R235) is able to make needs known if family is present as (R235) does not speak / nor understand much English. (R235's) daughter in this morning with breakfast and (R235's) grandson brought (R235) lunch. (R235) has a cell phone with (R235's) daughter's phone number on speed dial and staff can use any time of day to call and have (R235's daughter) interpret.<br><br>On 1/6/2025, at 08:46 (8:46 AM), in the progress notes the director of activities documented . (R235) speaks Serbian but family will help with language barrier on the phone and when at the facility in person.<br><br>On 1/6/2025, at 12:47 PM, in the progress notes social services documented . (R235) can only speaks [sic] Serbian and has strong family support. (R235's) desires are to go to a facility that supports Serbian language better.<br><br>R235's communication problem related to language barrier care plan was initiated on 1/8/2025 with the following goal and interventions:<br><br>Goal:<br><br>-The resident will be able to make basic needs known by body language and/ or son translating, on a daily basis through the review date.<br><br>Interventions:<br><br>- Monitor for /record confounding problems: declines in cognitive status, mood, decline in ADL (activities of daily living), deterioration in respiratory status, oral motor function, hearing impairment (ear discharge and cerumen (wax) accumulation), poor fitting/ missing dental appliances, etc.<br><br>- Monitor/ document/ report PRN (as needed) any changes in: Ability to communicate, Potential contributing factors for communication problems, Potential for improvement.<br><br>- Provide translator as necessary to communicate with resident. Translator is son (revision 1/9/2025)<br><br>Surveyor noted that R235's care plan indicates the translator for R235 is documented as the son. R235 does not have a son marked in contacts, the family documented for R235 in the contacts are a daughter and grandson. It is also noted that the care plan is not resident centered and does not give alternative interventions or ways how staff is to assess or monitor for the above listed.<br><br>R235's potential psychosocial well-being problem related to little or no interest in joining activities due to language barrier was initiated on 1/8/2025 with the following interventions:<br><br>- Encourage participation from resident who depends on others for translation<br><br>- Provide opportunities for the resident and family to participate in care.<br><br>- The resident needs assistance and translation for activity participation.<br><br>(continued on next page) |

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| F 0552<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Surveyor noted that R235's care plan does not identify how staff can assist in communicating or providing participation to R235 such as activity materials for R235 to use alone or with family or other forms of translation if family are not available at time needed to assist R235.<br><br>Surveyor reviewed R235's certified nursing assistant (CNA) care card with the date: as of 1/9/2025. The Communication section had the following interventions.<br><br>-Communication: . Identify yourself each interaction. Face the resident when speaking and make eye contact. Reduce any distractions- turn off TV, radio, close door, etc. The resident understands consistent, simple, directive [sic] sentences. Provide the resident with necessary cues- stop and return if agitated.<br><br>- Provide translator as necessary to communicate with the resident. Translator is son.<br><br>Surveyor noted that R235's care card does not identify other sources for translation between the facility staff and R235. The care card indicates that the translator is R235's son, however a son is not listed on the contact list for R235.<br><br>On 1/10/2025, R235 transferred to another facility.<br><br>On 1/23/2025, at 07:36 AM, Surveyor interviewed CNA-M who stated CNA-M talked mostly with daughter if R235 needed anything or used hand gestures with R235 if family was not in the facility. CNA-M was not aware of other resources at the facility to help with communication with R235.<br><br>On 1/23/2025, at 2:01 PM, Surveyor interviewed CNA-N who stated R235's daughter had cards in the room that had bathroom and eat on them and R235 would point to the card. CNA-N did not know how else to communicate with R235 and stated that CNA-N would use hand signals to see what R235 wanted. CNA-N was not aware of other resources at the facility to help communicate with R235. CNA-N stated R235 liked to stay in R235's bedroom.<br><br>On 1/23/2025, at 3:32 PM, Surveyor shared concerns with Nursing Home Administrator (NHA)-A, Director of Nursing (DON)- B and Director of Operations-E that R235's care plan did not indicate resources available or alternate resources to assist communication between R235 and staff and that R235's care plans were not specific to R235's needs. Surveyor also shared that the resident's family should not have been the primary source of translation between the facility and staff and an alternative should have been provided.<br><br>NHA- A stated that there was an application on the phone facility staff could use for translation services, however R235 declined wanting to use it because there were communication boards available. Surveyor shared with NHA-A that those options were not care planned and that staff indicated they were not aware of those options.<br><br>On 1/27/2025, at 9:00 AM, Surveyor interviewed registered nurse (RN)-L who stated RN-L worked with R235 once and recalled speaking mainly to the family that was in the room to communicate with R235. RN-L did not recall other resources being available to use.<br><br>(continued on next page) |

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| F 0552<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | No additional information was provided as to why the facility did not ensure that R235 was provided with communication devices so that R235 was fully informed in a language R235 could understand of their total health status, including but not limited to, R235's medical condition and care to be furnished. |

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| F 0609<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47094<br><br>Based on interviews and record review, the facility did not ensure 1 (R235) of 2 allegations of neglect were reported to the State Survey Agency.<br><br>* R235 had an allegation of neglect that occurred during the night shift of 1/8/2025. This allegation of neglect was not reported to the State Agency.<br><br>Findings include:<br><br>The facility policy entitled Abuse, Neglect, and Exploitation implemented on 9/18/2023 documents: It is the policy of this facility to provide protections for health, welfare, and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation, and misappropriation of resident property.<br><br>Policy Explanation and Compliance Guidelines: .<br><br>2. The facility will designate an Abuse Prevention Coordinator in the facility who is responsible for reporting allegations or suspected abuse, neglect, or exploitation to the state survey agency and other officials in accordance with state law.<br><br>3. The facility will provide ongoing oversight and supervision of staff in order to assure that its policies are implemented as written.<br><br>VII. Reporting/ Response<br><br>A. The facility will have written procedures that include:<br><br>1. Reporting of all alleged violations to the Administrator, state agency, adult protective services and to all other required agencies . within specified timeframe's:<br><br>a. immediately, but no later than 2 hours after allegation is made, if the events that cause the allegation involve abuse ore result in serious bodily injury, or<br><br>b. No later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury.<br><br>The facility policy titled Grievance Guideline dated as revised on 5/31/2023 documents: Purpose: To provide a process to voice grievances (such as those about treatment, care, management of funds, lost clothing, or violation of rights) and respond with prompt efforts to resolve while keeping the resident and/or resident representative appropriately apprised of progress toward resolution.<br><br>(continued on next page) |

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| F 0609<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Response: . Upon receipt of a grievance or concerns, the Grievance Official will review the grievance, determine immediately if the grievance meets a reportable complaint consistent with the facility Abuse Prevention Policy. The Grievance Official will immediately report all alleged violations involving neglect, abuse, including injuries of unknown sources and/ or misappropriation of resident property by anyone to the Administrator as required by State Law. The Grievance Official will initiate the appropriate notification and investigation processes per individual circumstance and facility guideline.<br><br>1.) R235 was admitted to the facility on [DATE] and has diagnoses that include vascular dementia, type 2 diabetes, and bradycardia.<br><br>R235's admission minimum data set (MDS) dated [DATE] documents that R235 had intact cognition with a Brief Interview for Mental Status (BIMS) score of 13. The MDS also documents that the the facility assessed R235 needing extensive assist with 2 staff members for oral/ toileting hygiene, and upper/lower body dressing. R235 was incontinent of bowel and bladder and wore protective briefs. R235's primary language was Serbian.<br><br>Surveyor reviewed a grievance that was reported by R235's family member to Nursing Home Administrator (NHA)-A on 1/9/2025. R235's family member reported that R235 was calling the family member from the night of 1/8/2025 into the morning on 1/9/2025 from 3:00 AM - 5:00 AM stating R235 was wet and needed to be changed. R235's family member stated staff were not answering the facility phone and R235's family member came to the facility. R235's family member also reported that staff was rude and rolling their eyes at R235's family member. R235's family member also reported an incident on 1/3/2025 at 2:00 AM when R235 was calling R235's family member stating R235 was wet and on 1/4/2025 staff was rude and yelled at R235's family member.<br><br>On 1/23/2025, at 12:27 PM, Surveyor interviewed NHA-A and asked why the above concerns from R235's family member was not reported when the concerns were brought to NHA-A's attention. NHA-A stated that when NHA-A talked with facility staff they stated that R235's family member was rude to them and telling them how to do cares on R235 and that rounds were being completed every 2 hours. NHA-A stated that license practical nurse (LPN)-L stated the facility phone never rang. Surveyor asked how it was verified that the facility phone was working, and that staff were completed rounds as reported. NHA-A stated NHA-A would have to check to see if that was done.<br><br>On 1/27/2024, at 10:38 AM, Surveyor shared concern with NHA-A, Director of Nursing (DON)-B, and Director of Operations- E that R235's family members allegation of neglect reported on 1/9/2025 alleging R235 did not have cares completed was not reported to the State Survey Agency. |

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| F 0610<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Respond appropriately to all alleged violations.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47094<br><br>Based on interview and record review, the facility did not ensure a resident to resident altercation was thoroughly investigated for 2 (R7 and R30) 3 residents reviewed for abuse and 1 (R235) of 2 allegations of neglect.<br><br>* The facility did not thoroughly investigate a resident to resident altercation between R7 and R30 that was reported on 12/16/2024 to the State Survey Agency.<br><br>* R235's family member reported an allegation of abuse to the nursing home administrator on 1/9/2025 and was not thoroughly investigated.<br><br>Findings include:<br><br>The facility policy entitled Abuse, Neglect, and Exploitation implemented on 9/18/2023 documents: It is the policy of this facility to provide protections for the health, welfare, and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation, and misappropriation of resident property.<br><br>Policy Explanation and Compliance Guidelines:<br><br>1. The facility will develop and implement written policies and procedures that:<br><br>a. Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property.<br><br>b. Establish policies and procedures to investigate any such allegations.<br><br>c. Include training for new and existing staff on activities that constitute abuse, neglect, exploitation, and abuse prevention.<br><br>III. Prevention of Abuse, Neglect, and Exploitation: The facility will implement policies and procedures to prevent and prohibit all types of abuse, neglect, misappropriation of resident property, and exploitation that achieves: .<br><br>B. Identifying, correcting, and intervening in situations in which abuse, neglect, exploitation, and/or misappropriation of resident property is more likely to occur with the deployment of trained and qualified registered, licensed, and certified staff on each shift in sufficient numbers to meet the needs of residents, and assure that the staff assigned have knowledge of the individual resident's care needs and behavioral symptoms.<br><br>D. The identification, ongoing assessment, care planning for appropriate interventions, and monitoring of residents with needs and behaviors which might lead to conflict or neglect.<br><br>H. Assigning responsibility for supervision of staff on all shifts for identifying inappropriate staff behaviors.<br><br>(continued on next page) |

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| F 0610<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | V. Investigation of Alleged Abuse, Neglect, and Exploitation:<br><br>A. An immediate investigation is warranted when suspicion of abuse, neglect, or exploitation, or reports of abuse, neglect, or exploitation occur.<br><br>B. Written procedures for investigations include:<br><br>1. Identifying staff responsible for investigation.<br><br>4. Identifying and interviewing all involved persons .<br><br>5. Focusing the investigation on determining if abuse, neglect, exploitation, and/or mistreatment has occurred, the extent, and cause.<br><br>6. Providing complete and through documentation of the investigation.<br><br>VII. Reporting/ Response: .<br><br>5. Taking all necessary actions as a result if the investigation, which may include, but are not limited to the following:<br><br>a. Analyzing the occurrence(s) to determine why abuse, neglect, misappropriation of resident property or exploitation occurred, and what changes are needed to prevent further occurrences.<br><br>b. Defining how care provision will be changed and/or improved to protect residents receiving services.<br><br>c. Training of staff on changes made and demonstration of staff competency after training is implanted.<br><br>The facility policy entitled Grievance Guideline revised on 5/31/2023 documents: Purpose: To provide a process to voice grievance . and respond with prompt efforts to resolve while keeping the resident and/ or resident representative appropriately apprised of progress toward resolution.<br><br>The Grievance Official will initiate the appropriate notification and investigation processes per individual circumstance and facility guidelines. The investigation will consist of at least the following:<br><br>- A review of the complete complaint report.<br><br>- An interview with the person(s) reporting the grievance.<br><br>- Interviews with any witness to the concern.<br><br>- A review of the medical record if indicated.<br><br>- Interview with staff members having contact with the resident during the relevant periods or shift of the alleged incident.<br><br>(continued on next page) |

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| F 0610<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | - Completion of a root cause analysis of all circumstances surrounding the concern.<br><br>1.) R235 was admitted to the facility on [DATE] and R235's primary language was Serbian.<br><br>Surveyor reviewed a grievance that was reported by R235's family member to the nursing home administrator (NHA)-A on 1/9/2025. R235's family member reported that R235 was calling the family member from the night of 1/8/2025 into the morning on 1/9/2025 from 3:00 AM - 5:00 AM stating R235 was wet and needed to be changed, R235's family member stated staff were not answering the facility phone and R235's family member came to the facility. R235's family member also reported that staff was rude and rolling their eyes at R235's family member. R235's family member also reported an incident on 1/3/2025 at 2:00 AM R235 was calling R235's family member stating R235 was wet and on 1/4/2025 staff was rude and yelled at R235's family member. The grievance had a resolved date as 1/15/2025 and the resolved note documented: R235 was discharged the following day. NHA-A did tell (R235's) family member that a grievance will be filed and followed up with staff and education. The Surveyor noted the form documents a call was placed, and a message was left for (R235's) daughter to call the NHA.<br><br>The summary of the investigation documents: (R235's) family member has stated concerns regarding R235 not being changed, phone not being answered, and also had concerns staff was rude.<br><br>Summary of findings documents: Staff confirmed R235 was having complete rounds every two hours, and that staff were performing rounds when R235's family member came to the facility. The licensed practical nurse (LPN)-L stated LPN-L had the phone and never received a phone call. LPN-L asked the daughter to go set [sic] down and to translate from over there and that R235's family member was telling nursing staff how to do their job.<br><br>Summary of actions taken documents: Staffing was appropriate on 1/8/2025 and 1/9/2025. Director of nursing (DON)-B spoke with nursing staff about remaining professional at all times. DON-B confirmed with certified nursing assistants (CNA's) and nurse that rounds were being done and nursing staff was aware to carry the portable phone with them at all times after business hours.<br><br>The grievance investigation included one written statement provided by LPN-L and did not indicate a date when written. LPN-L documented in the statement: On 1/9/2025 R235's family member came to the facility around 4:00 AM stating R235 needed assistance and that R235's family member had been calling the facility with no answer. LPN-L documented that LPN-L did not receive any calls on the phone and R235 was attended to right away by CNA-M and that R235's family member was thankful and had no further concerns.<br><br>Surveyor notes that there are no staff statements from the CNAs on duty, no statement from R235 or other residents. Surveyor notes there is no verification that rounds were being completed every two hours as stated, no staff documentation, or verification that the phone was working. Surveyor also noted the facility did not regard these concerns as allegations of neglect. (Cross-reference F609).<br><br>Surveyor reviewed a 30 day look back for R235's task documentation. Surveyor noted R235 did not have any documentation indicating incontinence cares had been done every two hours on 1/8/2025 and 1/9/2025 under the bowel and bladder incontinence task, or the toileting task.<br><br>(continued on next page) |

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| NAME OF PROVIDER OR SUPPLIER Muskego Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE S77 W18690 Janesville Rd Muskego, WI 53150 | |

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F 0610

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Few

On 1/23/2025, at 7:36 AM, Surveyor interviewed CNA-M who stated CNA-M met R235's family member in the hallway and asked if they needed anything. CNA-M stated R235's family member walked right past and stated R235's family had been calling but CNA-M could not recall the phone ringing. CNA-M walked with R235's family member to the room and R235's family member stated R235 needed to be changed and new gown put on. CNA-M stated that R235 was not assigned to her, but CNA-M grabbed the necessary supplies and started to assist R235. CNA-M stated that R235's CNA that was assigned came in to help and R235's family member was trying to tell them how to do cares on R235 because it was how R235's family member wanted it done. Surveyor asked if tasks get documented anywhere indicating it was done. CNA-M stated that when tasks are completed, they get documented in PCC (Point Click Care- Healthcare software). CNA-M stated that R235 was not assigned to her so CNA-M would not have charted on R235.

Surveyor notes that the CNA on R235's assignment 1/8/2025 - 1/9/2025 was no longer employed at the facility and was not available for interview.

On 1/23/2025, at 12:27 PM, Surveyor interviewed NHA-A who stated staff and nursing reported rounds were being done on residents. Surveyor asked how that was verified. NHA-A stated NHA-A would have to look and see. Surveyor asked if the phone was looked at or verified that it had no missing calls. NHA-A stated LPN-L stated there were no calls made to the phone that night but did not look. NHA-A stated that CNA-M was already in the room when R235's family member came to the facility. Surveyor stated that CNA-M stated to Surveyor that CNA-M had met R235's family member in the hallway and walked to R235's room with them and then completed incontinence cares.

On 1/27/2025, at 9:00 AM Surveyor interviewed LPN-L who stated R235's family member came the facility and stated R235 needed to be changed and CNA-M assisted with the cares. LPN-L stated LPN-L did not get a call that night on the phone and showed R235's family member that the phone had no missed calls.

On 1/27/2025, at 10:38 AM, Surveyor shared concern with NHA-A and DON-B that R235's family member concern that R235 was not changed the night of 1/8/2025 into 1/9/2025 was not thoroughly investigated. Surveyor asked how it was verified that R235 was being rounded on and check and changed every two hours. DON- B stated that CNAs are to document when tasks are completed, that includes repositioning, incontinence cares, hygiene, etc. Surveyor requested to see the documented tasks completed for R235.

Surveyor was provided a 3 day bowel and bladder tracker for R235. Surveyor noted staff documented two times at 6:00 AM and 7:00 AM on 1/5/2025. DON-B stated there was no other documentation regarding tasks being completed for R235 for incontinence cares or hygiene cares that DON-B could find.

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(continued on next page)

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| F 0610<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | 2.) On 12/16/2024 the facility submitted a facility reported incident (FRI) regarding a resident to resident altercation between R7 and R30. The FRI documents that an incident occurred on 12/14/2024 involving R7 and R30. The report documents, R30 was in the restroom in R30's room. R30's roommate, R7, entered the room to use the restroom. Upon R7 entering the room R30 was exiting at the same time and R30's hand connected with R7's shoulder. R7 then reported to RN that R30's hand connected with R7's shoulder. Surveyor noted there are documented statements from Nursing Home Administrator (NHA)-A, Licensed Practical Nurse (LPN)-D, and LPN-C. Surveyor noted Interviews documented with R7 and R30, documented by NHA-A. Surveyor noted there were no other interviews with facility staff or residents as part of the investigation.<br><br>On 01/22/2025, at 10:06 AM, Surveyor interviewed R7 regarding the incident. Surveyor noted R7 has bilateral lower extremity amputations, and independently moves around in wheelchair. R7 indicated R30 use to be R7's roommate. R30 indicated to Surveyor that on the day of the incident, R7 went back to R7's room after leaving the shower room. R7 indicated R30 was in R7's bed. R30 got out of R7's bed and hit R7 in the left shoulder with a fist but denies injuries. R7 indicated R7 then went and told the nurse and had R30 removed from his room. R7 indicated R30 would always go through R7's things and would try to put R7's clothes on. R7 indicated that he told R30 that if R30 keeps touching R7's clothes, R7 would cut R30's hands off. R7 indicated that R30 eats off his and other residents' trays. R7 informed Surveyor that R30 has been moved to another room, but still comes into R7's room occasionally. R7 informed Surveyor R30 was last in R7's room yesterday, R7's new roommate confirmed this as well. R7 denies any further altercations occurring R30. Surveyor noted R7's description of what occurred is different than what the facility documented in the FRI.<br><br>On 01/22/2025, at 03:19 PM, Surveyor interviewed LPN-C regarding the FRI. LPN-C indicated she received a call from NHA-A and DON-B that an incident between R7 and R30 had occurred and was asked to come in to the Facility to submit the report due to NHA-A and DON-B being unavailable. LPN-C indicated LPN-C came into the Facility and spoke with the two nurses on shift, RN-P and LPN-D. LPN-C indicated that R7 was going in while R30 was coming out of the bathroom, R30 was startled, R7 and R30 bumped into each other. LPN-C indicated R7 and R30 were immediately separated and R30's room was changed. R30 was put on 1:1 supervision for 2 days, with no further incidents. LPN-C indicated R7 just does not like people in his space. LPN-C indicated LPN-C interviewed R7 and R30, no other residents were around. LPN-C indicated the next day NHA-A started the investigation, then completed and submitted the report. LPN-C indicated statements were obtained from LPN-D and RN-P, but only has LPN-D's statement documented.<br><br>On 01/22/2025, at 03:37 PM, Surveyor interviewed DON-B, in the presence of Director of Operations-E, regarding the FRI. DON-B indicated the incident was reported due to the allegation of resident-to-resident abuse. DON-B indicated that while information came in and the investigation was conducted R7 and R30 were separated, and R30 was put on 1:1 supervision. DON-B indicated that R30 moves about the Facility freely and has attempted to go back to his old room on multiple occasions but is easily redirected. DON-B indicated interviews with R7 and R30 were conducted by NHA-A and LPN-C.<br><br>On 01/23/2025, at 03:37 PM, Surveyor informed NHA-A, DON-B, and Director of Operations-E of concerns regarding the investigation, interventions and reporting time of the FRI.<br><br>(continued on next page) |

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| F 0610<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On 01/27/2025, at 08:45 AM, Surveyor interviewed LPN-D regarding the FRI involving R7 and R30. LPN-D informed Surveyor that R7 came to the nurses' station saying R30 hit R7. LPN-D indicated that they think R7 was trying to hurry to the bathroom and R30 was startled and accidentally hit R7. LPN-D indicated R30 is not known to hit. LPN-D indicated the residents were separated and R30 was moved to another room. LPN-D indicated no other residents were talked to. LPN-D indicated R30 will occasionally wander into other resident rooms, no previous incidents of hitting and is easily redirected. |

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| F 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47094<br><br>Based on interview and record review, the facility did not ensure that residents remain as free of accident hazards as is possible and that each resident received adequate supervision and assistance devices to prevent accidents for 5 (R8, R12, R23, R29, and R31) of 6 residents reviewed for falls and 1 (R29) of 2 residents reviewed for smoking.<br><br>* R29 had a fall on 8/31/2024 that was not thoroughly investigated and R29's care plan was not revised until 9/3/2024.<br><br>* R29 had a smoking evaluation completed on 8/13/2024. The smoking evaluation indicated that the facility holds onto R29's smoking supplies and should be a supervised smoker. R29 did not have a smoking care plan and had smoking supplies located in R29's purse in her room. R29 did not have any additional smoking evaluation assessments completed.<br><br>* R23 had a fall on 10/29/2024 that was not thoroughly investigated. The facility failed to revise the plan of care post R23's fall on 10/29/2024.<br><br>* R31 had a fall on 1/5/2025 that was not thoroughly investigated.<br><br>* R12 had a fall on 11/24/2024 that was not thoroughly investigated.<br><br>* R8 had a fall on 11/3/2024 that was not thoroughly investigated. No interventions were implemented after R8's fall and hospice services were not notified of R8's fall on 11/3/2024.<br><br>Findings include:<br><br>The facility policy entitled Accidents and Supervision implemented on 12/29/2029 documents: Policy: The resident environment will remain as free of accident hazards as is possible. Each resident will receive adequate supervision and assistive devices to prevent accidents. This includes:<br><br>1. Identifying hazard(s) and risk(s).<br><br>2. Evaluating and analyzing hazard(s) and risk(s)<br><br>3. Implementing interventions to reduce hazard(s) and risk(s)<br><br>4. Monitoring for effectiveness and modifying interventions when necessary.<br><br>Policy Explanation and Compliance Guidelines: .<br><br>2. Evaluation and Analysis- the process of examining data to identify specific hazards and risks to develop targeted interventions to reduce the potential for accidents. Interdisciplinary involvement is a critical component of this process.<br><br>(continued on next page) |

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| F 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | a. Analysis may include, for example, considering the severity of hazards, the immediacy of risk, and trends such as time of day, location, etc.<br><br>b. Both the facility-centered and resident-directed approaches include evaluating hazard and accident risk data, which includes prior accidents/incidents, analyzing potential causes for each hazard and accident risk, and identifying or developing interventions based on the severity of the hazards and immediacy of risk.<br><br>c. Evaluations also look at trends such as time of day, location, etc.<br><br>3. Implementation of Interventions- using specific interventions to try to reduce a resident's risks from hazards in the environment. The process includes:<br><br>a. Communicating the interventions to all relevant staff.<br><br>b. Assigning responsibility.<br><br>c. Providing training as necessary.<br><br>d. Documenting interventions.<br><br>e. Ensuring interventions are put into action.<br><br>f. Interventions are based on the results of the evaluation and analysis of information about -hazards and risks and are consistent with relevant standards, including evidenced-based practice.<br><br>g. Development of interim safety measures may be necessary if interventions cannot immediately be implemented fully.<br><br>h. Facility-based interventions may include, but are not limited to- educating staff .<br><br>i. Resident-directed approaches may include- implementing specific interventions as part of the plan of care .<br><br>4. Monitoring and Modification- Monitoring the process of evaluating the effectiveness of care plan interventions. Modification is the process of adjusting interventions as needed to make them more effective in addressing hazards and risks. Monitoring and modification processes include:<br><br>a. Ensuring that interventions are implemented correctly and consistently.<br><br>b. Evaluating the effectiveness of interventions.<br><br>c. Modifying or replacing interventions as needed.<br><br>d. Evaluating the effectiveness of new interventions.<br><br>(continued on next page) |

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| F 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | The policy entitled Resident Smoking revised on 12/15/2023 documents: Policy: It is the policy facility to provide a safe and healthy environment for residents, visitors, and employees, including safety related to smoking. Safety protections apply to smoking and non-smoking residents.<br><br>Policy Explanations and Compliance Guidelines: .<br><br>5. Residents will be asked about tobacco use during the admission process, reviewed quarterly and as needed.<br><br>6. Resident who smoke will be further evaluated using the Smoking Evaluation to determine supervision need and intervention.<br><br>8. Any resident who is deemed safe to smoke with or without supervision, will be allowed to smoke in designated smoking areas (weather permitting), at designated times and in accordance wit the individualized care plan.<br><br>10. All safe smoking measures will be documented on the care plan and communicated to all staff, visitors, and volunteers who will be responsible for supervising residents while smoking. Supervision will be provided as indicated on the care plan.<br><br>13. Smoking materials of residents requiring supervision with smoking will be maintained by facility staff.<br><br>a. Storage of cigarettes and lighters: Wall mounted lock box on [name of unit] at the nurse's station.<br><br>14. The interdisciplinary team (IDT), with guidance from the physician, will help to support the resident's right to make an informed decision regarding smoking by: .<br><br>d. Developing a safe smoking plan, or an individualized plan to quit smoking safely.<br><br>1.) R29 was admitted to the facility on [DATE] and has diagnoses that includes multiple sclerosis, generalized anxiety disorder, and recurrent depressive disorder.<br><br>R29's quarterly minimum data set (MDS) dated [DATE] indicated R29 had intact cognition with a Brief Interview for Mental Status (BIMS) score of 15 and the facility assessed R29 being dependent on 1 staff member for personal and toileting hygiene, lower body dressing, and putting on/ off footwear, and R29 had impairments to both right and left side upper and lower extremities. R29 required a sit to stand device for transferring and required max assist with 1 staff member for repositioning in bed. The facility assessed R29 on 7/16/2024 to be a moderate risk for falls with a fall risk assessment score of 11.<br><br>R29's risk for falls, accidents and incidents related to medication use, poor functional mobility care plan initiated on 7/17/2024 with the following interventions:<br><br>- Be sure the resident's call light is within reach and encourage the resident to use it for assistance as needed. The resident needs prompt response to all requests for assistance.<br><br>(continued on next page) |

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| F 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | - Follow facility fall protocol.<br><br>- Anticipate and meet the residents needs. (initiated 7/22/2024)<br><br>- Educate resident/ family/ caregivers about safety reminders and what to do if a fall occurs.<br><br>- Ensure that the resident is wearing appropriate footwear.<br><br>- Pt evaluate and treat as ordered or PRN (as needed).<br><br>On 8/31/2024, at 19:38 (7:38 PM) in the progress notes nursing documented R29 was found on the floor by certified nursing assistant (CNA). R29's vital signs taken . R29 stated complains of pain in R29's legs. R29 stated hit R29's head but denied pain, no signs of shortness of breath of chest pain. R29 refuses to be sent to the emergency room and is R29 own person.<br><br>On 9/3/2024, at 9:04 AM, in the progress notes IDT documented review of R29's fall on 8/31/2024. R29 had an unwitnessed fall in room. R29 was found on the floor next to R29's bed. R29 stated she just fell . R29 stated hitting R29 but wished not to be sent out. Neurological checks completed and assessment indicated no injuries. R29 was assisted off the floor with a Hoyer lift. Physician, director of nursing (DON), and R29's family were updated. Root cause analysis revealed that R29 was trying attempting to self-transfer. Interventions include encouraging R29 to call for assistance prior to transferring.<br><br>On 1/23/2025, at 9:00 AM, Surveyor observed R29 lying in bed watching TV. R29 stated R29 had a couple falls but could not remember any details as to when or why. R29 stated R29 usually calls if needs assistance with anything in between staff checking on R29.<br><br>Surveyor reviewed R29's Falls care plan and notes R29's care plan was not revised until 9/3/2024 with the following intervention:<br><br>- Encourage resident to call for assistance with all transfers.<br><br>- Encourage resident to call for assistance when needed objects are out of reach. (initiated 9/16/2024).<br><br>Surveyor reviewed the fall investigation for R29's fall on 8/31/2024. Surveyor notes that resident statement documented R29 saying R29 just fell . There were no staff interviews included to determine when R29 was last checked on or toileted, or what the environment was like when R29 was found on the floor. Surveyor noted no indication what interventions were in place or what interventions were implemented after the fall.<br><br>(continued on next page) |

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| F 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | On 1/27/25, at 8:59 AM, A Surveyor interviewed licensed practical nurse (LPN)-L, Surveyor asked what LPN-L would do if a resident had an unwitnessed fall. LPN-L stated that LPN-L would get an RN to assess the resident. LPN-L would start neurological checks, vital signs and assess range of motion. If everything was okay, LPN-L would get help to move the resident with the Hoyer lift back into bed/chair. LPN-L would notify the MD (medical doctor), DON and POA (if necessary). Surveyor asked if there was a fall packet that staff can use to guide them after a residents fall. LPN- stated, I'm not sure about that. Surveyor asked if CNA's give statements. LPN-L stated that they usually give verbal statements. Surveyor asked what happens after the nurse does her part in documenting the fall. LPN-L stated that management will do the full investigation and the root cause analysis.<br><br>On 1/27/2025, at 10:38 AM Surveyor shared concerns nursing home administrator (NHA)-A and DON-B that the investigation for R29's fall on 8/31/2024 was not thoroughly investigated and did not include interviews indicating when R29 was last checked and changed, what interventions were in place at time R29 was found on the floor, or what interventions were implemented right away to prevent another fall.<br><br>2.) R29's admission MDS dated [DATE] documents under section J on the MDS under current tobacco use, the answer no was checked indicating R29 did not currently use tobacco.<br><br>R29's quarterly MDS dates 12/19/2024 documents under section J on the MDS under tobacco use, there was no documentation marked under current tobacco use.<br><br>On 8/13/2024 a smoking evaluation assessment was completed and documented R29 smokes cigarettes 1-2 times a day, cannot light own cigarettes, the facility was to store R29's lighter and cigarettes, and that R29 was not safe to smoke independently and was a supervised smoker.<br><br>On 1/23/2025, at 9:00 AM, Surveyor observed R29 lying in bed watching TV. R29 stated R29 goes outside once in a while to smoke. R29 stated R29 used to go out 1 time a day depending on the weather and what staff was working. Surveyor asked R29 if R29 had own smoking supplies. R29 stated that R29's smoking supplies are in her purse. Surveyor asked if R29 smokes alone or if staff stay with R29. R29 stated staff stay with R29 when she smokes.<br><br>On 1/23/2025, at 9:44 AM, Surveyor reviewed the facility list with resident's that smoke. R29 was not listed on the smoking list.<br><br>Surveyor reviewed R29's care plan and noted there was not a care plan for smoking.<br><br>Surveyor reviewed R29's CNA care card and noted there was no interventions or indications that R29 smoked.<br><br>On 1/23/2025, at 10:31 AM, Surveyor interviewed registered nurse (RN)-O who stated R29 does not go out very often to smoke, not even once a week. Surveyor asked if R29 had to be supervised and where R29's smoking supplies are kept. RN-O stated staff need to stay with R29 while smoking and that R29 had her own smoking supplies.<br><br>On 1/23/2025, at 2:01 PM, Surveyor interviewed CNA-N who stated R29 needs someone to stay with her while smoking and that R29 has her own smoking supplies. CNA-N stated that R29 does not go out a lot to smoke, somedays she will and then there will be several days she does not.<br><br>(continued on next page) |

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| F 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | On 1/27/2025, at 8:42 AM, Surveyor interviewed CNA-S who stated R29 does not go out often to smoke, maybe once a week if that. CNA-S stated R29 has her own smoking supplies and staff are to stay with R29 while smoking.<br><br>On 1/27/2025, at 10:38 AM, Surveyor shared concerns with NHA-A and DON-B that R29 did not have a smoking care plan, no other smoking assessments had been completed since 8/2025, and that R29 has smoking supplies which the smoking assessment completed 8/2024 indicated the facility should hold onto her smoking supplies.<br><br>No additonal information was provided.<br><br>49011<br><br>3.) R23 was admitted to the facility on [DATE] from the hospital with diagnoses that includes paraplegia, chronic obstructive pulmonary disease, type 2 diabetes mellitus, chronic pain syndrome, neuromuscular dysfunction of bladder, neurogenic bowel, and major depressive disorder.<br><br>R23's Quarterly Minimum Data Set (MDS) with an assessment reference date of 1/15/2025 indicated R23 had a Brief Interview for Mental Status score of 02 (severe cognitive impairment). R23 has an activated Power of Attorney (POA). R23's MDS was coded that for toileting R23 has an indwelling catheter and an ostomy bag. The MDS noted no falls since admission or reentry.<br><br>Surveyor reviewed R23's care plan and noted the following: The resident is at risk for falls, accidents and incidents r/t (related to) antidepressant use, NWB (non-weight bearing) d/t (due to) paraplegia. Revision on: 08/27/2024.<br><br>The goal set is the resident will be free of falls through the review date. Revision on: 01/15/2025, with a target date of 04/15/2025.<br><br>Interventions are:<br><br>- Be sure the resident's call light is within reach and encourage the resident to use it for assistance as needed. The resident needs prompt response to all requests for assistance.<br><br>Date Initiated: 08/15/2024<br><br>- Educate the resident/family/caregivers about safety reminders and what to do if a fall occurs.<br><br>Date Initiated: 08/27/2024<br><br>- Follow facility fall protocol.<br><br>Date Initiated: 08/15/2024<br><br>(continued on next page) |

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| F 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | On 01/22/25, at 11:16 AM, Surveyor reviewed a progress note written on 10/29/2024, at 07:45 AM, which documents: Vss (vital signs stable). Resident had no issues most of the night. Resident bed was lowered to the floor resident fell out of the bed he denied any complaints of pain or discomfort he denied hitting his head. Resident was assessed got him back up and put in bed Resident was also educated on his safety and the falling out of the bed falling. DON (Director of Nursing) notified, will continue to monitor.<br><br>Surveyor requested the fall investigation information from the Facility and reviewed it. Under the category of Statements it reads no statements found. No post fall statements were obtained from staff or the resident about the resident or their condition post fall. There was no information documented as to when the resident was last seen. There is a statement IDT (Interdisciplinary Team) Fall: Resident had an unwitnessed fall from bed. He was found lying next to his bed. He stated that he rolled from bed. He denies hitting his head. Assessment WNL (within normal limits). VSS. No complaints of pain. Neuro check completed and negative. Resident was assisted from the floor back into bed. Resident was last rounded on around 6am. He has a catheter and ostomy. Resident had call light within reach. Root cause analysis revealed that resident rolled from bed. Intervention include education about using call light when needing repositioning help.<br><br>Surveyor noted the invention was not added to the care plan. Surveyor notes the information of resident was last rounded on at 6am is included, but no statements are included to know where this time came from.<br><br>On 01/23/25, at 09:50 AM, Surveyor interviewed Registered Nurse (RN)-O regarding when a resident has a fall, what are the next steps. RN-O stated with an unwitnessed fall, the nurse would assess to make sure the resident is okay, then with help get them up. The nurse then should contact the doctor, family, and case manager if resident has one. Surveyor asked how the fall is investigated and RN-O stated that the Director of Nursing (DON)-B does post investigation and they look at risk management. Surveyor asked about interviews or statements after the fall and RN-O stated that there are no interviews unless there are questions about cause of the fall.<br><br>On 01/23/25, at 01:40 PM, Surveyor interviewed (DON)-B and asked about witness statements. DON-B stated they get statements if there are witnesses. For unwitnessed falls the DON speaks with Certified Nursing Assistants (CNA) to determine when they last rounded and if there is any other information.<br><br>On 1/27/25 at 8:59 AM, Surveyor interviewed Licensed Practical Nurse (LPN)-L. Surveyor asked what LPN-L would do if a resident had an unwitnessed fall. LPN-L stated that LPN-L would get an RN to assess the resident. LPN-L would start neuro checks, vital signs and assess range of motion. If everything was ok, LPN-L would get help to move the resident with the Hoyer lift back into bed/chair. LPN-L would notify the doctor, DON and POA (if necessary). Surveyor asked if there was a fall packet that staff can use to guide them after a residents fall. LPN-L stated, I'm not sure about that. Surveyor asked if CNA's give statements. LPN-l stated that they usually give verbal statements. Surveyor asked what happens after the nurse does her part in documenting the fall. LPN-L stated that management will do the full investigation and the root cause analysis.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525686 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 01/27/2025 |
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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Muskego Health and Rehabilitation Center | S77 W18690 Janesville Rd Muskego, WI 53150 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| F 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | On 01/27/25, at 10:52 AM, Surveyor informed the Nursing Home Administrator and the DON-B of the concerns of no care plan intervention added after the fall. The intervention was determined as to use call light when needing repositioning help but was not implemented. The lack of thorough investigation to include post fall statements and when the resident was last rounded on.<br><br>No additional information was provided.<br><br>4.) R31 was admitted to the facility on [DATE] from the hospital with diagnoses that includs chronic migraine without aura, morbid (severe) obesity, chronic embolism and thrombosis of unspecified deep veins of unspecified lower extremity, major depressive disorder, and type 2 diabetes mellitus.<br><br>R31's Quarterly Minimum Data Set (MDS) with an assessment reference date of 11/15/2024 indicated R31 had a Brief Interview for Mental Status score of 14 (cognitively intact). R31 is responsible for self. R31's MDS was coded that for toileting R31 is frequently incontinent of bladder and always continent of bowel. The MDS noted no falls since admission or reentry.<br><br>Surveyor reviewed R31's care plan and noted the following: The resident is at risk for falls, accidents and incidents r/t (related to) impaired mobility secondary to recent spinal surgery with complications, morbid obesity, asthma, acute respiratory failure with hypoxia. Revision on: 08/19/2024.<br><br>The goal set is the resident will be free of falls through the review date. Revision on: 08/26/2024, Target Date: 02/09/2025.<br><br>Interventions are:<br><br>- 1/6: Reeducation on using call light for all transfers.<br><br>Date Initiated: 01/06/2025<br><br>- Anticipate and meet the resident's needs.<br><br>Date Initiated: 08/19/2024<br><br>- Be sure the resident's call light is within reach and encourage the resident to use it<br><br>for assistance as needed. The resident needs prompt response to all requests for<br><br>assistance.<br><br>Date Initiated: 08/10/2024<br><br>- Educate the resident/family/caregivers about safety reminders and what to do if a<br><br>fall occurs.<br><br>Date Initiated: 08/19/2024<br><br>- Ensure that The resident is wearing appropriate footwear when ambulating or<br><br>(continued on next page) |

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| F 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | mobilizing in w/c (wheel chair).<br><br>Revision on: 08/19/2024<br><br>- Follow facility fall protocol.<br><br>Date Initiated: 08/10/2024<br><br>- Pt (physical therapy) evaluate and treat as ordered or PRN.<br><br>Date Initiated: 08/19/2024<br><br>On 01/22/25, at 12:38 PM, Surveyor reviewed a progress note dated 1/6/2025, written at 10:07 AM, IDT (Interdisciplinary Team) FALL: Resident had an unwitnessed fall within her room. Resident was found on the floor on the right side of her bed. She states that she did not hit her head. She was attempting to transfer back into bed. Assessment revealed no injuries. Resident had appropriate footwear on a time of fall. MD (medical doctor) and Notified. Root cause analysis revealed she was attempting to self transfer. Intervention include reeducation regarding using the call light before transfer.<br><br>Surveyor requested the fall investigation information from the Facility and reviewed it. Under the category of Statements it reads no statements found. No post fall statements were obtained about the resident or their condition post fall. There was no information documenting when the resident was last seen or last toileted.<br><br>Surveyor noted no information on when resident was last rounded or toileted was included in the fall investigation.<br><br>On 01/23/25, at 09:50 AM, Surveyor interviewed Registered Nurse (RN)-O regarding when a resident has a fall, what are the next steps. RN-O stated with an unwitnessed fall the nurse would assess to make sure ok, then with help get them up. The nurse then should contact the doctor, family, and case manager if resident has one. Surveyor asked how the fall is investigated and RN-O stated that the Director of Nursing (DON) does post investigation, they look at risk management. Surveyor asked about interviews or statements after the fall and RN-O stated that there are no interviews unless there are questions about cause of the fall.<br><br>On 01/23/25, at 01:40 PM, Surveyor interviewed the Director of Nursing (DON)-B and asked about witness statements. DON-B stated they get statements if there are witnesses. For unwitnessed falls the DON speaks with Certified Nursing Assistants (CNA) to determine when they last rounded and if there is any other information.<br><br>(continued on next page) |

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| F 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | On 1/27/25 at 8:59 AM, Surveyor interviewed Licensed Practical Nurse (LPN)-L. Surveyor asked what LPN-L would do if a resident had an unwitnessed fall. LPN-L stated that LPN-L would get an RN to assess the resident. LPN-L would start neuro checks, vital signs and assess range of motion. If everything was ok, LPN-L would get help to move the resident with the Hoyer lift back into bed/chair. LPN-L would notify the doctor, DON and POA (if necessary). Surveyor asked if there was a fall packet that staff can use to guide them after a residents fall. LPN-L stated, I'm not sure about that. Surveyor asked if CNA's give statements. LPN-l stated that they usually give verbal statements. Surveyor asked what happens after the nurse does her part in documenting the fall. LPN-L stated that management will do the full investigation and the root cause analysis.<br><br>On 01/27/25, at 10:54 AM, Surveyor informed the Nursing Home Administrator and the DON-B of the concern regarding lack of thorough investigation to include post fall statements and when the resident was last rounded on or toileted.<br><br>No additional information was provided.<br><br>49435<br><br>5.) R12 was admitted to the facility on [DATE] with a diagnosis that includes Hemiplegia (muscle weakness or partial paralysis on one side of the body) following stroke affecting right dominant side, Aphasia (language disorder that affects ability to understand and express language), and Vascular Dementia.<br><br>R12's Quarterly Minimum Data Set (MDS) assessment dated [DATE], documents that R12's cognition is moderately impaired. R12 uses a wheelchair. R12 mobility requires partial to moderate assistance. R12 requires substantial/maximal assistance for transfers. R12 has not had any recent falls since prior MDS assessment.<br><br>R12's Fall Risk Care Area Assessment from R12's Annual MDS assessment dated [DATE] documents: According to documentation [R12] triggered for falls. [R12] has poor balance [due to] hemiparesis. He receives antidepressant medications which further increases his fall risk. Interventions are in place. No recent falls. Care plan reviewed and updated.<br><br>R12's Fall risk care plan initiated on 9/25/22 includes the following pertinent interventions: Remind to use call light for assistance. Anticipate and meet the resident's needs. Be sure the resident's call light is within reach and encourage the resident to use it for assistance as needed. The resident needs prompt response to all requests for assistance. Educate the resident/family/caregivers about safety reminders and what to do if a fall occurs. [R12] needs a safe environment with: even floors free from spills and/or clutter; a working and reachable call light, the bed in low position at night; personal items within reach).<br><br>R12's fall risk assessment dated [DATE] documents R12 is at moderate risk for falls.<br><br>(continued on next page) |

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| F 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | R5's progress note entered by Licensed Practical Nurse (LPN)-L, dated 11/24/24 at 10:13 AM documents: [R12] fell out of bed reaching for mints on end table next to bed. [R12] was found face down on right side of bed. [R12] stated [R12] did not hit [R12's] head. [R12] stated [R12] was trying to get [R12's] mints. No injuries were noted. [R12] denied pain. [Director of Nursing (DON)] made aware of situation. MD was made aware of situation. [Range of Motion] was performed and [Within normal limits]. [R12] was Hoyer lifted back in bed and provided mints. Immediate intervention provided was putting mints and items within reach. No concerns noted at this time.<br><br>Surveyor reviewed R5's Unwitnessed fall investigation dated 11/24/24. Surveyor noted the following: Predisposing environmental factors, the facility documents that poor lighting was a factor. R12's mental status (whether R12 was oriented to person, place, time or situation) was left blank and nothing was documented in investigation. Predisposing physiological factors (i.e. confused, drowsy, hypotensive, incontinent, weakness, impaired memory, etc.) was left blank and nothing was documented in investigation. Predisposing situation factors (i.e. ambulating without assist, improper footwear, other, etc.) was left blank and nothing was documented in investigation. Predisposing Situation Factors (i.e. using cane, side rails up, using walker, etc.) was left blank and nothing was documented in investigation. Statements-the facility documents no statements found.<br><br>On 11/25/24, Interdisciplinary Team (IDT) met and documented the following: [R12] had an unwitnessed fall from bed. [R12] stated that [R12] was attempting to reach mints on [R12's] beside stand. Assessment revealed no injuries. [Vital Signs Stable]. Resident was last rounded on around [9 PM]. [R12] was dry at the time of fall. [R12] is able to make needs known with adequate time given for response. MD, [Power of Attorney], and [Director of Nursing] notified. Root cause analysis revealed that resident was reaching for something to far out of reach. Intervention included encourage resident to keep items frequently needed near for easier reach.<br><br>On 11/25/24 a new intervention was added to R12's Fall risk care plan: Encourage resident to keep things frequently needed within reach.<br><br>Surveyor noted that investigation did not include whether R12's call light was on at the time of the fall or if the call light was within reach at the time of the fall. Surveyor noted that there were no witness statements regarding the fall. Surveyor noted that multiple sections within the fall investigation template were left blank with no responses. Surveyor noted that poor lighting was identified as a predisposing environmental factor and was not addressed in R12's fall risk interventions.<br><br>On 1/23/25 at 1:58 PM, Surveyor interviewed CNA-N. Surveyor asked what CNA-N would be responsible for after a residents falls. CNA-N stated they would see if the residents was ok and go tell the nurse. CNA-N stated that CNA-N would help Hoyer lift the resident back into the bed or chair if directed by the nurse. Surveyor asked if CNA-N would provide a written statement after a fall. CNA-N stated that they would fill out a statement sheet from the fall binder.<br><br>(continued on next page) |

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| F 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | On 1/27/25 at 8:59 AM, Surveyor interviewed (LPN)-L. Surveyor asked if LPN-L could describe what happened when R12 was found on the floor on 11/24/25. LPN-L indicated that a Certified Nursing Assistant (CNA) informed LPN-L that R12 was on the floor. LPN-L could not recall which CNA found R12 on the floor. LPN-L came to R12's room and found that R12 was face down on the side of his bed. LPN-L stated that R12 was reaching for mints when R12 fell . LPN-L stated that R12 did not have any injury and after assessment, R12 was put back into bed with a Hoyer lift. Surveyor asked if the call light was on at time of the fall. LPN-L state LPN-L did not recall. Surveyor asked if R12's call light was within reach. LPN-L stated that LPN-L did not recall. Surveyor asked who saw R12 last and at what time R12 was last seen. LPN-L stated that LPN-L did not recall. Surveyor asked what LPN-L would do if a resident had an unwitnessed fall. LPN-L stated that LPN-L would get a Registered Nurse (RN) to assess the resident. LPN-L would start neuro checks, vital signs and assess range of motion. If everything was ok, LPN-L would get help to move the resident with the Hoyer lift back into bed/chair. LPN-L would notify the doctor, DON and POA (if necessary). Surveyor asked if there was a fall packet that staff can use to guide them after a residents fall. LPN-L stated, I'm not sure about that. Surveyor asked if CNA's give statements. LPN-L stated that they usually give verbal statements. Surveyor asked what happens after the nurse does her part in documenting the fall. LPN-L stated that management will do the full investigation and the root cause analysis. Surveyor asked what type of interventions would be put in place if poor lighting was identified as a predisposing factor prior to a fall. LPN-L stated we could put an intervention like nightlight on or keep door open for more light on the resident's care plan.<br><br>Surveyor noted that LPN-L stated an unknown CNA informed LPN-L of R12's fall and there is no statement or documentation from the CNA. Surveyor noted LPN-L was not aware of a fall packet or checklist. Surveyor noted LPN-L listed fall care plan interventions for poor lighting.<br><br>On 1/23/25 at 1:39 PM, Surveyor interviewed Registered Nurse (RN)-O. Surveyor asked if there was a fall packet or binder to help guide staff after a resident has a fall. RN-O stated yes. RN-O went to a cupboard and pulled out a binder.<br><br>Surveyor reviewed the binder and found stapled Fall Check List packets for staff to use to guide them after a fall.<br><br>The undated, Falls Check List included the following action items that the floor nurse is responsible for: 1. Call fall huddle- complete as a team to determine potential root cause and immediate intervention. 2. Initiate Neuro check if unwitnessed or hit head. 3. Notify Director of Nursing/Nurse Manager. 4. Update Care plan/Kardex with immediate intervention. 5. Notify MD. 6. Notify 1st Representative. 7. Complete Risk Management [user defined assessment] in [electronic medical record] . (Note: complete all interviews with staff using the note section. State who and when you took their statement.) 8. Complete initial wound assessment, if indicated. 9. Update 24-hour report. The Check list included the following action items that the IDT team is responsible for, in part: 1. Bring found down/fall packet to clinical meeting to review as IDT . The bottom of the check list documents: Complete fall check list and all items appropriate in Fall/Found Down Packet. Return to the Director of Nursing.<br><br>Surveyor noted that the check list gives instructions for staff interviews. Surveyor noted that the completed fall packet is to be taken to the IDT meeting to be reviewed.<br><br>On 1/23/25 at 1:52 PM, [TRUNCATED] |