

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525688	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/08/2024
NAME OF PROVIDER OR SUPPLIER  WI Veterans Home-Boland Hall		STREET ADDRESS, CITY, STATE, ZIP CODE 21425 E Spring St Union Grove, WI 53182	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47094</b></p> <p>Based on interview and record review, the facility did not ensure 4 (R1, R8, R2, R7, and R6) of 7 facility reported incidents reviewed were reported to the State Agency or local law enforcement agency as required.</p> <p>-R1 and R8 had a resident to resident physical altercation on 2/22/2024. The facility did not report the incident to local law enforcement.</p> <p>-R1 and R2 has a resident to resident physical altercation on 7/14/2024. The facility did not report the incident to local law enforcement.</p> <p>-R7 did not have a 24 hour report submitted to the State Agency for an allegation of neglect on 2/21/2024.</p> <p>-R6 did not have a 24 hour report submitted to the State Agency for an allegation of suicidal/homicidal ideation on 3/20/2024.</p> <p>Findings include:</p> <p>The facility policy, entitled Prohibition and Prevention of Member Abuse, Neglect and Exploitation, revised on 4/25/2023, documents: .</p> <p>Purpose/ Overview:</p> <ul style="list-style-type: none"> <li>- To ensure compliance with all applicable federal and state statutes, rules, and regulations.</li> <li>- To protect the member's (resident's) right to be free from abuse, neglect, exploitations, and misappropriation of member's property.</li> </ul> <p>Policy: .</p> <ul style="list-style-type: none"> <li>- Facility shall comply with Section 1150B [42 U.S.C 1320b-25] Reporting to Law Enforcement of Crimes Occurring in Federally Funding Long-Term Care Facilities.</li> </ul> <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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525688	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/08/2024
NAME OF PROVIDER OR SUPPLIER  WI Veterans Home-Boland Hall		STREET ADDRESS, CITY, STATE, ZIP CODE 21425 E Spring St Union Grove, WI 53182	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- The facility shall implement policies and procedures to identify, correct, and intervene in situations where abuse, neglect, exploitation, and/or misappropriation of member property is more likely to occur.</p> <p>- All staff shall be expected to immediately report any, and all, observed or alleged abuse and other reportable incidents.</p> <p>- All incidents shall be investigated and reported to the appropriate agency as required by the agency.</p> <p>- The facility shall maintain records of incidents and accompanying information to meet legal and regulatory agency requirements.</p> <p>- Immediately, as defined by CMS (Centers for Medicare and Medicaid Services), means as soon as possible and within 24 hours of discovery.</p> <p>Reporting: .</p> <p>4. The nursing supervisor or executive director immediately initiates initial reporting and conducts a thorough investigation .</p> <p>5. The nursing supervisor/executive director, or their designee, submits all incidents meeting regulatory criteria, according to P-00981 and P-00976, to the appropriate state agency as soon as possible, and no later than 2 hours after forming the suspicion that the event involved abuse or resulted in serious bodily injury, and not to exceed 24 hours from discovery if the event did not involve abuse and did not result in serious bodily injury.</p> <p>1.) Surveyor reviewed a FRI (Facility Reported Incident) that involved a resident to resident physical altercation between R1 and R8 on 2/22/2024. R8 kicked R1 in the groin while R1 was sitting in the dining room at breakfast, R8 and R1 were immediately separated. The FRI does not document if the local police agency was contacted for the physical altercation between R8 and R1.</p> <p>On 8/7/2024, at 3:00 PM, Surveyor requested additional information from Nursing Home Administrator (NHA)-A and Interim Director of Nursing (IDON)-B.</p> <p>Surveyor noted NHA-A and IDON-B were not employed at the facility at the time of R1 and R8's physical altercation and the FRI was investigated by the prior NHA.</p> <p>On 8/8/2024, at 10:16 AM, NHA-A stated NHA-A could not locate any more information regarding the physical altercation between R1 and R8. NHA-A could not locate a police report.</p> <p>2) Surveyor reviewed a FRI (Facility Reported Incident) that involved a resident to resident physical altercation between R1 and R2 on 7/14/2022. R1 went into R2's bedroom to use the bathroom, R2 started to yell at R1 to get out of R2's bedroom and R 1 attempted to strike R2 in the head, R2 ducked and R 1 ended up hitting R2's shoulder. The FRI does not document if the local police agency was contacted for the physical altercation between R1 and R2.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525688	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/08/2024
NAME OF PROVIDER OR SUPPLIER  WI Veterans Home-Boland Hall		STREET ADDRESS, CITY, STATE, ZIP CODE  21425 E Spring St Union Grove, WI 53182	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 8/8/2024, at 10:16 AM, Surveyor interviewed Nursing Home Administrator (NHA)-A who stated the local police agency was not contacted after the physical altercation between R1 and R2. Surveyor questioned NHA-A why the local police department were not contacted NHA-A stated R2 did not have any bruising or injury from the physical contact from R1 and NHA-A felt it would upset R1 and R2 more if the police were contacted. NHA-A stated would look at the facility policies and procedures to make sure it was clear to staff what should be reported to the police.</p> <p>21855</p> <p>3.) Surveyor reviewed a (Facility Reported Incident) FRI regarding a cut R7 received on their leg by staff. R7 received a cut on their leg from a scissors, from staff, removing a dressing. The FRI includes an investigation summary, this occurred 2/21/24, with a submission to the State Survey Agency on 2/27/24. The FRI does not include documentation this was submitted to the State Survey Agency within the required 24 hour period. R7 obtained a wound to their right leg from a (Certified Nursing Assistant) using a non-surgical scissors. The scissors sliced through the top layer of R7 skin as the staff member was cutting through the dressing. A CNA conducting wound services is not within their scope of practice. This resulted in an injury to R7 leg.</p> <p>R7's medical record documents in the Progress Note, on 2/21/24, at 2:39 PM, R7 received an accidental abrasion to the right shin. The abrasion measures 5.5. cm (centimeter) by 0.1 cm in size. The Wound Team was on the Unit. They assessed area and applied treatment. R7 verbalized no pain concerns. The Wound Team assessment completed on 2/21/24 documents a right lower extremity trauma wound wrapping/dressing around legs. from removing [sic]. This trauma wound measures 5.5 cm by 0.2 cm by 0.1 cm; scant drainage; wound edges poorly defined and no signs of infection.</p> <p>Surveyor notes the FRI 5-day investigation was completed by the previous Facility Administration.</p> <p>On 8/7/24, at 3:09 PM, Surveyor requested any additional information from (Nursing Home Administrator) NHA-A and (Interim Director of Nurses) IDON-B.</p> <p>On 8/8/24, at 8:25 AM, NHA-A shared with Surveyor they did not discover the 24 hour report for 2/21/24.</p> <p>On 8/8/24, at 9:05 AM, IDON-B shared with Surveyor there is not a 24 hour report for the 2/21/24 event.</p> <p>38829</p> <p>4) R6 was admitted to the facility on [DATE] with diagnoses of Adjustment Disorder with Anxiety, Dependent Personality Disorder, Generalized Anxiety Disorder, Obsessive-Compulsive Disorder, Dementia with Mood Disturbance, Post Traumatic Stress Disorder, Major Depressive Disorder, Autistic Insomnia, Hypertensive Heart Disease with Heart Failure, Localized Edema, and Dysphagia. R6 has a Health Care Power Attorney (HCPOA) that has not been activated.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525688	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/08/2024
NAME OF PROVIDER OR SUPPLIER  WI Veterans Home-Boland Hall		STREET ADDRESS, CITY, STATE, ZIP CODE  21425 E Spring St Union Grove, WI 53182	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R6's quarterly Minimum Data Set (MDS) dated [DATE], documents a Brief Interview for Mental Status(BIMS) score of 15, indicating R6 is cognitively intact for daily decision making. R6's Patient Health Questionnaire (PHQ-9) score is 12 which indicates R6 has moderate depressive symptoms. R6's MDS also documents R6 has other behavioral symptoms 1-3 days. R6 is documented to have no range of motion impairments; requires set-up for eating, partial to moderate assistance for upper body dressing, substantial to maximum assistance for lower body dressing, partial to moderate assistance for mobility, and is dependent for assistance with transfers. R6 is able to propel their own wheelchair.</p> <p>On 8/7/24, at 8:12 AM, Surveyor reviewed the Facility's Misconduct Incident Report dated 3/22/24 which documents R6 stated I wish I would've die on the operating table. If I could kill myself right now, I would. The Report documents the nurse practitioner and psychiatrist were notified. 30 minute checks were implemented, and safety risks were removed out of the room. A virtual appointment was scheduled with the psychologist who expressed great concern for R6 as R6 expressed being both suicidal and homicidal and suggested R6 be admitted inpatient for treatment due to a desire to hurt himself and others. The local law enforcement along with the human service agency responded. R6 verbalized suicidal and homicidal ideation on 3/20/24.</p> <p>Surveyor notes the facility did not submit the required Alleged Nursing Home Resident Mistreatment, Neglect, and Abuse Report. The required form documents:</p> <p>Completion of this form is necessary to meet the requirements in Federal regulation 42 CFR 483.12(c)(1).</p> <p>Per direction from the Centers for Medicare and Medicaid Services (CMS), all nursing homes must immediately report to DQA all alleged violations involving mistreatment, neglect, exploitation, or abuse, including injuries of unknown source and misappropriation of resident property. If the events that cause the allegation involve abuse or result in serious bodily injury, nursing homes must report the violation to the administrator of the facility and DQA no later than two hours after the allegation is made. All other allegations that do not involve abuse and that do not result in serious bodily injury must be reported no later than 24 hours after the allegation is made. CMS defines immediately to be as soon as possible but not to exceed 24 hours after discovery of the incident. In addition, nursing homes must report to DQA and law enforcement any reasonable suspicion of a crime against any individual who is a resident of, or is receiving care from, the facility.</p> <p>On 8/7/24, at 3:01 PM, Surveyor shared the concern with Nursing Home Administrator (NHA)-A, Interim Director of Nursing (IDON)-B, and Nursing Instructor (NI)-C the initial (24 hour) required reporting document was not submitted to the State Survey Agency with in 24 hours. Nursing Instructor (NI)-C stated the previous Director of Nursing submitted the Misconduct Incident Report and she probably didn't know what she was doing. NHA-A confirmed that NHA-A is responsible for submitting any allegation of abuse, neglect, mistreatment, misappropriation and reasonable suspicion of a crime. NHA-A has been the NHA for a couple of months and has submitted two reports since employed at the facility. Surveyor requested any additional information.</p> <p>On 8/8/24, at 8:24 AM, NHA-A informed Surveyor that NHA-A has no further information to provide Surveyor in regards to R6's 24 hour report not being submitted. NHA-A confirmed NHA-A knows this form needs to be submitted with in 2 hours or 24 hours depending on the severity of the allegation.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525688	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/08/2024
NAME OF PROVIDER OR SUPPLIER  WI Veterans Home-Boland Hall		STREET ADDRESS, CITY, STATE, ZIP CODE 21425 E Spring St Union Grove, WI 53182	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 8/8/24, at 9:03 AM, IDON-B confirmed the facility has no supporting documentation in regards to a 24 hour report being submitted for R6's homicidal ideations.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525688	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/08/2024
NAME OF PROVIDER OR SUPPLIER  WI Veterans Home-Boland Hall		STREET ADDRESS, CITY, STATE, ZIP CODE 21425 E Spring St Union Grove, WI 53182	

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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Respond appropriately to all alleged violations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47094</b></p> <p>Based in interview and record review, the facility did not ensure that all alleged violations involving abuse, neglect, exploitation, or mistreatment were thoroughly investigated for 4 (R1, R8, R5, R6, and R7) of 7 Facility Reported Incidents (FRI's) reviewed.</p> <p>-R1 and R8 had a resident to resident physical altercation on [DATE]. The altercation was not thoroughly investigated.</p> <p>-On [DATE], R5 was verbally abused by a certified nursing assistant (CNA). The CNA continued to have access to vulnerable residents after the accusation and was not removed from resident care.</p> <p>-R6 had suicidal/ homicidal ideations of [DATE] that were not thoroughly investigated.</p> <p>-R7 had an accusation of neglect on [DATE] that was not thoroughly investigated.</p> <p>Findings include:</p> <p>The facility policy, entitled Prohibition and Prevention of Member Abuse, Neglect and Exploitation, revised on [DATE], documents: .</p> <p>Purpose/ Overview:</p> <ul style="list-style-type: none"> <li>- To ensure compliance with all applicable federal and state statutes, rules, and regulations.</li> <li>- To protect the member's (resident's) right to be free from abuse, neglect, exploitations, and misappropriation of member's property.</li> </ul> <p>Policy: .</p> <ul style="list-style-type: none"> <li>- All incidents shall be investigated and reported to the appropriate agency as required by the agency.</li> <li>- Immediate intervention shall be initiated to maintain member safety with all observed or suspected allegations.</li> <li>- The facility shall maintain records of incidents and accompanying information to meet legal and regulatory agency requirements.</li> <li>- Corrective action shall be implemented for substantiated incidents following concluded investigation. Actions may include, and is not limited to, education, in-service training, disciplinary action, reassignment, or other action as determined by management depending on the incident and outcome.</li> </ul> <p>Alleged Mistreatment: .</p> <p>3. Any accused staff should be removed from working directly with members .</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525688	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/08/2024
NAME OF PROVIDER OR SUPPLIER  WI Veterans Home-Boland Hall		STREET ADDRESS, CITY, STATE, ZIP CODE  21425 E Spring St Union Grove, WI 53182	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>9. The nursing supervisor continues the investigation process by potentially implementing additional interventions to maintain member safety .</p> <p>1) R8 was admitted to the facility on [DATE] with diagnoses of Parkinson's with Dyskinesia, Cognitive Communication Deficit, Dementia with Psychotic and Mood Disturbance, Psychotic Disorder with Hallucinations, Schizoaffective Disorder, Post Traumatic Stress Disorder, Major Depressive Disorder, Anxiety Disorder, Auditory Hallucinations, and Impulsiveness. R8's quarterly minimum data set (MDS) dated [DATE] indicated R8 had intact cognition with a Brief Interview of Mental Status (BIMS) score of 14, facility staff documented R8 has inattention and disorganized thinking. R8 was assessed to have behaviors that include delusions, and verbal and physical behaviors towards others ,d+[DATE] days. The facility assessed R8 needing moderate assistance with one staff member for all activities of daily living (ADL's). R8 is able to propel in a manual wheelchair with R8's feet.</p> <p>R1 was admitted to the facility on [DATE] with diagnoses of adjustment disorder with Anxiety, Delirium, Anxiety Disorder, Dementia with Anxiety, Mood, and Psychotic Disturbance. R1's quarterly MDS dated [DATE] indicated R2 had moderately impaired cognition with a BIMS score of 8 and the facility assessed R1 needing minimal assist with 1 staff person for personal hygiene, lower body dressing, and putting on and taking off footwear and modified independent with all other ADLs'. R1 was able to ambulate independently.</p> <p>Surveyor reviewed the FRI dated [DATE] which documents R8 was self-propelling into the dining area and when R8 got to R1 R8 kicked R1 in the chin area and started yelling at R1. Staff separated R8 and R1 and put both residents on hourly checks for 24 hours. Staff statements documented there was no indication R8 was upset with R1 prior to the physical altercation and R1 was sitting the table and did not interact with R8 before the altercation.</p> <p>Surveyor noted the investigation did not include resident statements or interventions for R1 and R8 after the initial hourly checks after 24 hours, the investigation also does not document if staff education was provided after the altercation on [DATE].</p> <p>On [DATE], at 13:22 (1:22 PM), in the progress notes Registered Nurse (RN)-K documented member (R8) attempted to wheel himself towards other member (R1) in attempts to hit him. R8 stated he's talking about my mother. Member (R1) sitting quietly in living room area watching TV, (R1) did not say anything to this member (R1). R1 and R8 immediately separated and R8 was put in R8's room. R8 told certified nursing assistant (CNA) I do not want to go out because I do not want to have to fight the Mexican.</p> <p>On [DATE], at 10:02 AM, Surveyor interviewed RN-K who stated R8 usually has racist behaviors against staff members who are not Caucasian. RN-K stated R8's behaviors are usually verbal, and staff try to keep R8 in activities or talk about his interests then R8 is usually fine with whoever as long as the interests are the same. RN-K stated R8 has never had altercations with other residents until the altercation with R1. Surveyor asked RN-K what interventions were in place after the incident on [DATE]. RN-K stated staff just checked on R8 frequently. Surveyor asked RN-K what prompted R8 to go after R1 again on [DATE]. RN-K stated RN-K could not recall the situation that well but stated that R1 was moved to another unit after the situation on [DATE]. RN-K stated there has not been any other incidents with R8 and other residents. Surveyor asked RN-K if RN-K received education about the altercation after [DATE]. RN-K could not recall if she did or not.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525688	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/08/2024
NAME OF PROVIDER OR SUPPLIER  WI Veterans Home-Boland Hall		STREET ADDRESS, CITY, STATE, ZIP CODE  21425 E Spring St Union Grove, WI 53182	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On [DATE], at 10:02 AM, Surveyor interviewed Nurse Instructor- C who stated Nurse Instructor- C was on vacation during the [DATE] and [DATE] incidents with R1 and R8. Nurse Instructor-C also stated there was a previous NHA that investigated the situations so did not really have details about either situation. Surveyor asked Nurse Instructor-C if education was provided after the altercation on [DATE] to staff. Nurse Instructor-C stated he was not in the role as a nurse instructor at the time but would look at see if he could find information's.</p> <p>On [DATE], at 3:00 PM, Surveyor shared concerns with Nursing Home Administrator (NHA)-A and Interim Director of Nursing (IDON)-B that there is no evidence that other residents were interviewed, education provided to staff, or what interventions were in place for R8 and R1 after the first 24 hours after the physical altercation on [DATE]. NHA-A stated she would look into it and see what could be found out.</p> <p>On [DATE], at 10:16 AM, NHA-A stated NHA-A could not locate any more information regarding the physical altercation between R1 and R8. Surveyor again shared the concern the resident to resident altercation was not thoroughly investigated due to no residents were interviewed, the care plans for R1 and R8 do not state what long term interventions were put in place after the first 24 hours after the altercation on [DATE] to prevent future altercations, and there was another incident on [DATE] that resulted in R1 moving units. There is no documentation if staff received education after the altercation on [DATE]. NHA-A expressed understanding of Surveyors concerns.</p> <p>48391</p> <p>3) On [DATE], at 2:20 AM, Certified Nursing Assistant (CNA)- N verbally threatened R5 stating, watch what will happen if you hit me. CNA- N continued working within the facility and continued to have access to 67 residents within the facility after verbally threatening R5. The facility did not prevent further potential abuse by not immediately removing CNA- N from the resident care after CNA- N verbally threatened R5, potentially affecting all 67 residents who resided at the facility on [DATE].</p> <p>R5 is a [AGE] year old resident who was admitted to the facility on [DATE]. R5's diagnoses include Traumatic Brain Injury (TBI), obsessive compulsive disorder (OCD), Dementia, Psychosis, Anxiety, and history of femur fracture. R5's Annual MDS (Minimum Data Set) completed on [DATE], documents R5 is a widow. R5 is at risk for wandering, uses a walker, has a wander alarm, and requires partial/moderate assistance with toileting and dressing. R5 is independent with transferring and can walk independently 150 feet with a walker. R5 is documented as having a BIMS (Brief Interview for Mental Status) score of 4, indicating R5 has severe cognitive impairment.</p> <p>R5's care plan, documents:</p> <p>~ R5 has limited physical mobility related to a right hip fracture and weakness. Interventions include: 1. R5 can walk with supervision with a walker. Ensure R5 has and uses a walker. 2. Provide supportive care and assistance with mobility as needed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525688	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/08/2024
NAME OF PROVIDER OR SUPPLIER  WI Veterans Home-Boland Hall		STREET ADDRESS, CITY, STATE, ZIP CODE  21425 E Spring St Union Grove, WI 53182	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>~ R5 has a mood/behavior problem as evidenced by, continued reports of headaches, minimal contact with family, vulnerable, restlessness, verbal aggression, distrust or delusional thought processes around the government and other people, fixation on funds, going home looking for his wife, and anxiety/restlessness/pacing. Interventions include: 1. Allow R5 time to answer questions and to verbalize feelings, perceptions, and fears as needed. 2. Encourage participation from R5 who depends on others to make his own decisions. 3. Monitor/document R5's feelings relative to isolation, unhappiness, anger, and loss. 3. Provide opportunities for R5 to participate in care. 4. Provide support, complete PHQ-9 (patient depression questionnaire) assessment to monitor signs and symptoms of depression, include R5 in plan of care, referral for psychiatry, and redirect.</p> <p>~ R5 uses psychotropic medications related to behavior management of paranoia with delusions. R5 has an increase in paranoia. R5 wants to move to Mexico. At times R5 will show agitation. R5 has diagnoses of dementia with mood liability. Interventions include: 1. Monitor/record occurrence of target behavior symptoms such as pacing/wandering, inappropriate response to verbal communication, inappropriate sexual comments, violence/aggression towards staff/others and exit seeking. 2. R5 is on a behavior management program, should behaviors occur, utilize the following non-pharmacological</p> <p>interventions: Encourage rest and relaxation, diversion activity, watch TV in room, talk to peers in common area, offer snacks/fluids, culturally appropriate music, picture memories and redirect.</p> <p>~R5 ambulated to the VA cemetery using his walker and was able to get to the financial department. Use of alarm is important to R5's overall well-being and safety due to dementia. Interventions include: 1. Attempt to orient R5 to place and time. Discontinue if member becomes angry. 2. If unable to redirect, continue to walk with R5 to assure safety. 3. Initiate a non-threatening conversation. 3. One person and calmly approach R5 from the side. 4. Use a soft voice.</p> <p>~R5 has impaired cognitive function/dementia or impaired thought processes related to dementia without behavioral disturbances, cranial surgery as evidenced by short and long term memory deficits, lack of communication with family, poor insight into limitations, forgetful, loss of time, talking about his deceased wife when out of the building, and potential to elope. Interventions include: 1. Ask yes/no questions to determine R5's needs. 2. Cue, reorient, and supervise as needed. 3. Keep R5's routine consistent and try to provide consistent care givers as much as possible to decrease confusion. 4. Present one thought, idea, question, or commence at a time. 5. Use task segmentation to support short term memory deficits. Break tasks into one step at a time.</p> <p>Surveyor reviewed the Facility Self Report which states, on [DATE], at 2:20 AM, CNA- N verbally threatened R5 saying watch what will happen if you hit me. Registered Nurse (RN)- O witnessed CNA- N verbally abusing R5 and notified Charge Nurse- Q (the facility charge nurse). Charge Nurse- Q removed CNA- N from R5's unit. Surveyor notes the Facility Self Report includes an email from the facility corporate office administrator, recommending, the facility place CNA- N in the kitchen to continue working within the facility until the investigation is resolved. Surveyor notes a statement from CNA- N indicating she will remove herself from the unit if she can take her 30-minute break first.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525688	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/08/2024
NAME OF PROVIDER OR SUPPLIER  WI Veterans Home-Boland Hall		STREET ADDRESS, CITY, STATE, ZIP CODE  21425 E Spring St Union Grove, WI 53182	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Surveyor reviewed a statement from Charge Nurse- Q, which states, Charge Nurse- Q feels CNA- N has not been kind to residents within the facility and needs to realize staff are there to assist residents and their needs. Charge Nurse- Q's statement indicates CNA- N was moved to another unit after verbally abusing R5. Charge Nurse- Q's statement indicates CNA- N left the facility at 4:30 AM. Surveyor notes CNA- N was provided access to the facility and other residents for 2 hours and 10 minutes after verbally abusing R5. Surveyor notes, the facility failed to protect other residents within the facility from potential abuse by not removing CNA- N from the resident care area.</p> <p>Surveyor reviewed the Facility Self Report which included, an education statement I have read and understand the policy re: Prohibition of member Abuse, Neglect, and Exploitation signed and dated on [DATE] by CNA- N.</p> <p>Surveyor reviewed the facility policy; Prohibition and Prevention of Member Abuse, Neglect and Exploitation, dated ,d+[DATE] and last revised on ,d+[DATE]. Surveyor notes the facility did not follow their policy which states: 1. Immediate intervention shall be initiated to maintain member safety with all observed or suspected allegations. 2. Any accused staff should be removed from working directly with members.</p> <p>On [DATE], at 3:03 PM, Surveyor requested timecard punches from CNA- N on [DATE]. Nursing Instructor- C and Nursing Home Administrator (NHA)- A states the facility does not utilize employee time clocks for employees to punch in and out, and the supervisor will write down staff time in and staff time out. Nursing Instructor- C and NHA- A also states they rely on check-ins through the front desk for attendance. Surveyor expressed concerns with the facility not being able to indicate when CNA- N punched out, and what time CNA- N left the facility. Nursing Instructor- C and NHA- A indicate they are trying to wrangle that in and NHA- A is now getting in and out sheets from the staff which started approximately one week ago.</p> <p>On [DATE], at 9:01 AM, Surveyor notified NHA- A of concerns with the facility not removing CNA- N from resident care areas after verbally abusing R5, and protecting other residents from potential abuse within the facility.</p> <p>Based on interview and record review the facility did not prevent further potential abuse by not immediately removing CNA- N from resident care areas and allowing CNA- N to have access to other residents within the facility, after CNA- N verbally abused R5.</p> <p>21855</p> <p>2.) Surveyor reviewed a (Facility Reported Incident) FRI on R7 that occurred [DATE]. R7 received a linear cut on their leg from a (Certified Nursing Assistant) using a scissors to remove a dressing. The facility FRI investigation did not contain documents of a thorough investigation within the 5 working days as required. The FRI contained two Witness Statement signed for an event on [DATE]. There was an email from the State Survey Agency, dated [DATE], stating they needed additional information on the alleged staff. The FRI included a Witness Statement, on [DATE], by the alleged CNA, and the nurse, on R7's unit. The FRI Summary form does not include the alleged staff and the required personal information. The resolution was staff education. Surveyor received the staff education on survey.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525688	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/08/2024
NAME OF PROVIDER OR SUPPLIER  WI Veterans Home-Boland Hall		STREET ADDRESS, CITY, STATE, ZIP CODE  21425 E Spring St Union Grove, WI 53182	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Surveyor notes this FRI investigation was conducted by a previous Administration. There was no clarification of the other Witness Statement's referencing a different wound discovery on [DATE]. Surveyor notes the witness statements are dated prior to the [DATE] event. The investigation did not include any additional staff interviews to determine the extent of the conduct by a CNA and why the CNA was working out of their scope of practice when the injury occurred.</p> <p>On [DATE], at 3:00 PM, Surveyor shared the investigation concerns with (Nursing Home Administrator) NHA-A and (Interim Director of Nurses) IDON-B.</p> <p>On [DATE], at 8:25 AM, NHA-A provided Surveyor with a Verification of Investigation dated [DATE]. This form documents a summary of the event on [DATE].</p> <p>38829</p> <p>3) R6 was admitted to the facility on [DATE] with diagnoses of Adjustment Disorder with Anxiety, Dependent Personality Disorder, Generalized Anxiety Disorder, Obsessive-Compulsive Disorder, Dementia with Mood Disturbance, Post Traumatic Stress Disorder, Major Depressive Disorder, Autistic Insomnia, Hypertensive Heart Disease with Heart Failure, Localized Edema, and Dysphagia. R6 has an unactivated Health Care Power Attorney (HCPOA).</p> <p>R6's quarterly Minimum Data Set (MDS) dated [DATE] documents R6's Brief Interview for Mental Status (BIMS) score to be a 15, indicating R6 is cognitively intact for daily decision making. R6's Patient Health Questionnaire (PHQ-9) score is 12 which indicates R6 has moderate depression. R6's MDS also documents that R6 has other behavioral symptoms .d+[DATE] days. R6 is documented to have no range of motion impairments. R6's MDS documents R6 requires set-up for eating, partial to moderate assistance for upper body dressing, substantial to maximum assistance for lower body dressing, partial to moderate assistance for mobility, and is dependent for assistance with transfers. R6 is able to propel R6's own chair.</p> <p>On [DATE], at 8:12 AM, Surveyor reviewed the Facility's Misconduct Incident Report dated [DATE] which documents R6 stated I wish I would've die on the operating table. If I could kill myself right now, I would. The Report documents the nurse practitioner and psychiatrist were notified. 30 minute checks were implemented, and safety risks were removed out of the room. A virtual appointment was scheduled with the psychologist who expressed great concern for R6 as R6 expressed being both suicidal and homicidal and suggested R6 be admitted inpatient for treatment. The local law enforcement along with the human service agency responded. R6 verbalized suicidal and homicidal ideation on [DATE].</p> <p>Surveyor notes the facility did not submit a summary of events, root/cause analysis of the suicidal/homicidal ideation, and staff statements along with the Misconduct Incident Report for R6.</p> <p>On [DATE], at 3:01 PM, Surveyor shared the concern with Nursing Home Administrator (NHA)-A, Interim Director of Nursing (IDON)-B, and Nursing Instructor (NI)-C that there is no supporting documentation submitted with the Misconduct Incident Report. Surveyor shared the concern that there are no staff statements, no root/cause analysis and summary of events. Nursing Instructor (NI)-C stated the previous Director of Nursing submitted the Misconduct Incident Report and she probably didn't know what she was doing. NHA-A confirmed that NHA-A is responsible for submitting any allegation of abuse, neglect, mistreatment or misappropriation. NHA-A has been the NHA for a couple of months and has submitted two reports since employed at the facility. Surveyor requested any additional information.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525688	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/08/2024
NAME OF PROVIDER OR SUPPLIER  WI Veterans Home-Boland Hall		STREET ADDRESS, CITY, STATE, ZIP CODE 21425 E Spring St Union Grove, WI 53182	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On [DATE], at 8:24 AM, NHA-A informed Surveyor that NHA-A has no further information to provide Surveyor in regards to R6's Misconduct Incident Report submitted to the State Survey Agency on [DATE].</p> <p>On [DATE], at 9:03 AM, IDON-B confirmed that the facility has no supporting documentation in regards to the Misconduct Incident Report for R6.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525688	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/08/2024
NAME OF PROVIDER OR SUPPLIER  WI Veterans Home-Boland Hall		STREET ADDRESS, CITY, STATE, ZIP CODE  21425 E Spring St Union Grove, WI 53182	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49435</b></p> <p>Based on observation, interview, and record review, the facility did not ensure that food was palatable and served at a safe and appetizing temperature on 4 of 4 units. This has the potential to affect 66 of the 67 residents residing in the facility.</p> <p>*R10 informed Surveyor that food is ok but can be dry and cold at times.</p> <p>*One of one test trays had vegetables that were unpalatable.</p> <p>*Staff did not always complete and log food temperatures in the unit kitchens prior to serving food.</p> <p>Findings include:</p> <p>The facility policy titled, Temperature Monitoring of Food Served to Members, with a revision date of October 2021, documents: Applies to all staff who prepare food at Union Grove. Purpose/Overview: To provide safe and appetizing food to Members at appropriate and appealing temperatures. To comply with state and federal regulations regarding safe food handling. To provide means of monitoring food safety at time of service . Policy: Food items will be served to Members at [name of facility] at proper temperatures not more than 50 [degrees Fahrenheit] . for cold foods and not less than 120 [degrees Fahrenheit] . for hot foods . Procedure: Document the temperature on the temperature log form for whichever meal is being monitored. Temperature log forms are in binders in the [name of the room] rooms . Temperature log forms are saved for 24 months. Audits of logs occur weekly by the dietician. Each meal has its own separate section for documentation .</p> <p>R10 was admitted to the facility on [DATE] with diagnosis that include Parkinson's disease.</p> <p>R10's Annual Minimum Data Set (MDS) dated [DATE] documents that R10 is cognitively intact.</p> <p>On 8/7/2024 at 8:58 AM, Surveyor interviewed R10 about the food at the facility. R10 stated, it is ok, not the best. Surveyor asked if there was anything specific that is not the best about the food. R10 stated the food is sometimes dry and cold.</p> <p>On 8/7/2024, at 12:05 PM, Surveyor observed staff push the meal cart out of the 2 East unit kitchen. Staff began handing out meal trays to residents. At 12:24 PM, all the residents in the 2 East dining room were served. At 12:28 PM, Surveyor obtained a test tray from the meal cart. The lunch meal consisted of Macaroni and Cheese, Asparagus, and a Cranberry cookie. Surveyor noted the macaroni and cheese was warm and palatable. Surveyor noted the asparagus was warm. The asparagus was mushy and had no flavor. Surveyor noted the cookie was palatable.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525688	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/08/2024
NAME OF PROVIDER OR SUPPLIER  WI Veterans Home-Boland Hall		STREET ADDRESS, CITY, STATE, ZIP CODE  21425 E Spring St Union Grove, WI 53182	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 8/7/2024, at 8:40 AM, Surveyor interviewed Nursing Instructor-C. Surveyor asked how food was prepared for residents. Nursing Instructor-C stated food is brought to facility already cooked. The cooked food arrives in bags. For each meal, Kitchen staff will put the cooked food on plates and place them on trays. The trays are then placed on a cart that will go to each unit. Once the cart is on the unit it is plugged into the Retherm docking station. Nursing Instructor-C continued and stated that once the food has completed the warming process, staff would take temperatures of the food and log the temperatures for each meal service. Nursing Instructor-C showed Surveyor the food temperature log binder located on the 2 [NAME] unit.</p> <p>On 8/7/2024, at 9:15 AM, Surveyor interviewed Food Service Manager-F. Food Service Manager-F indicated all food served to residents comes already prepared by [Name of food service company]. Food service Manager-F stated that the facility also has some frozen foods that are prepared in the kitchen before service. Surveyor asked who is responsible for completing temperatures of the food before the food is served to residents. Food Service Manager-F stated Food Service Manager-F will complete temperatures for the lunch service, but temperatures for all other meals should be completed by the staff on the unit. Surveyor asked if food temperatures should be completed and logged for every meal service. Food Service Manager-F stated yes. Surveyor asked if all the staff serving residents meals are trained in how to take food temperatures. Food Service Manager-F stated that staff turnover is challenging and not everyone is trained.</p> <p>On 8/8/2024, Surveyor reviewed the temperature log binder on the 2 [NAME] unit. Surveyor noted the log is for the month of August 2024. Food temperatures were not logged for dinner on 8/7/2024.</p> <p>On 8/8/2024, Surveyor reviewed the temperature log binder on the 2 East unit. Surveyor noted the log is for the month of August 2024. Food temperatures were not logged for the following meals: breakfast, lunch, and dinner on 8/1/2024, 8/2/2024, 8/3/2024 and 8/4/2024, dinner on 8/5/2024, breakfast and dinner on 8/6/2024, breakfast on 8/7/2024, and breakfast on 8/8/2024. In addition, Surveyor reviewed the 2 East unit temperature log for the month of July 2024. Surveyor noted that staff did not log the food temperatures 43 times in the month of July.</p> <p>On 8/8/2024, Surveyor reviewed the temperature log binder on the 1 East unit. Surveyor noted the log is for the month of August 2024. Food temperatures were not logged for the following meals: lunch and dinner on 8/2/2024, breakfast on 8/3/2024, breakfast, lunch, and dinner on 8/4/2024 and dinner on 8/5/2024.</p> <p>On 8/8/2024, Surveyor reviewed the temperature log binder on the 1 [NAME] unit. Surveyor noted the log is for the month of August 2024. Food temperatures were not logged for the following meals: dinner on 8/3/2024, lunch on 8/4/2024, breakfast and dinner on 8/5/2024, and dinner on 8/7/2024.</p> <p>On 8/7/2024 at 12:52 PM, Surveyor interviewed Certified Nursing Assistant (CNA)-E. Surveyor asked if CNA-E helps with meal service. CNA-E stated yes. Surveyor asked who was responsible for making sure that food is at the correct temperature before serving the food. CNA-E stated kitchen staff will sometimes take the temperatures but all of us can if we need to. Surveyor asked what staff can take temperatures. CNA-E stated CNA's, Nurses and even the activity staff.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525688	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/08/2024
NAME OF PROVIDER OR SUPPLIER  WI Veterans Home-Boland Hall		STREET ADDRESS, CITY, STATE, ZIP CODE 21425 E Spring St Union Grove, WI 53182	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 8/8/2024 at 7:55 AM, Surveyor interviewed CNA-G. Surveyor asked if CNA-G helps with meal service. CNA-G stated yes. Surveyor asked if CNA-G is responsible for taking temperatures of the food before serving the food to residents. CNA-G stated No, I do not take temperatures. Surveyor asked who is responsible for making sure that food is at the correct temperature before serving the food. CNA-G stated the kitchen takes temperatures. Surveyor asked if CNA-G has been trained to take food temperatures. CNA-G stated No, I am not trained.</p> <p>On 8/8/2024, at 8:07 AM, Surveyor observed Therapy Assistant-P serving breakfast to residents. Surveyor asked who is responsible for taking temperatures of the food before serving the food to residents. Therapy Assistant-P stated the kitchen will usually complete the food temperatures, but if it is not complete, I will do them. Surveyor asked who completed the food temperatures today. Therapy Assistant-P indicated Therapy Assistant-P completed temperatures and logged them in the food temperature log binder. Therapy Assistant-P showed surveyor the completed breakfast temperatures in the binder.</p> <p>On 8/8/2024, at 8:30 AM, Surveyor interviewed CNA-I. Surveyor asked if CNA-I helps with meal service. CNA-I stated yes. Surveyor asked who was responsible for making sure that food is at the correct temperature before serving the food. CNA-I indicated the food is brought to the unit by the kitchen staff and plugged into the Retherm docking station to keep it warm. Surveyor asked if CNA-I is responsible for taking temperatures of the food before serving the food. CNA-I stated No, the kitchen staff takes temperatures.</p> <p>Surveyor noted that not all staff are aware of who should be taking temperatures of the food before serving the food.</p> <p>On 8/8/2024, at 9:09 AM, Surveyor interviewed Dietician-J. Surveyor noted the facility policy regarding temperature of food includes instructions for the Dietician. The policy documents, Audits of logs occur weekly by the dietician. Surveyor asked if Dietician-J had a record of completed audits of food temperatures. Dietician-J stated, I have not been doing that.</p> <p>On 8/8/2024 at 10:40 AM, Surveyor interviewed Nursing Home Administrator-A regarding food temperatures. Surveyor informed NHA-A of the concern that temperatures were not always being taken and logged before serving food to residents and not all staff knew who was supposed to take temperatures of the food before serving the food. Surveyor informed NHA-A the facility policy states that the Dietician should be auditing the temperature log and Dietician-J was not aware that Dietician-J should be completing audits. NHA-A indicated that taking food temperatures has been an issue that was identified, and NHA-A is working with Food Service Manager-F to correct the issue. NHA-A stated staff should be temping the food and logging the temperature before every service. NHA-A stated staff should absolutely be following the facility policy of food temperatures.</p> <p>No further information was provided as to why the facility did not ensure that food was palatable and served at a safe and appetizing temperature.</p>		