STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525688	A. Building B. Wing	05/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WI Veterans Home-Boland Hall	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 8) M2's care plan indicates that M2 requires total assist by two staff with sit to stand lift for transfers. Staff to buckle legs with strap and secure belt prior to transfer. The resident is non-weight bearing.M2's Kardex report documents, Transfer: the resident requires total assist by two staff with sit to stand lift for transfers. Staff to buckle legs with strap and secure belt prior to transfer.Neither document include the size sling that staff are to use while transferring M2.On 5/13/25, at 10:40 AM, Surveyor observed, CNA-P remove sit to stand mechanical lift from M2's room with a blue sling draped on top. When CNA-P was asked how she knows what sling size to use for M2, CNA-P stated she did not know what sling size M2 uses. CNA-P stated, normally, it is in care plan and based on size and weight, but CNA- P just uses the sling located on the sit to stand for two different residents because that is all the facility has.On 5/13/25, at 10:47 AM, Surveyor interviewed, CNA-Q who stated she has used the same sling for M2 since she was hired in September of 2024 and does not know what size the sling is. Based on observation, record review and interview, the facility did not ensure 8 (M2, M10, M13, M14, M15, M16, M17, M18) of 8 members reviewed received adequate supervision and assistance devices to prevent accidents.*M10 had bruising leading to evaluation of M10 in the emergency room after staff used the incorrect size sling during M0's sit to stand mechanical lift transfer on 4/13/25. On 4/14/25, M10 was changed to to a full body lift. The facility did not identify the size sling staff were to use. *M15, M16, M17, M18, M13, M14, and M2 all use a sit to stand lift for transfers. The facility did not identify the size sling staff were to use, Findings include:1) M10's Change of Condition MDS (Minimum Data Set) with an assessment reference date of 3/18/25 states that M0 is dependent on staff for transfers. On 4/16/25, an incident summary states, .While providing cares to this member, RN (registered nurse) noted that he had bruising on upper R (right) extremities, including upper arms and chest, Charge RN went to members room to assess noted red, dark purple bruising to his right inner, upper arm, bicep area extending to his axilla and rt (right) upper chest, rt bicep bruise measuring 18 cm (centimeters) x 20 cm and rt upper lateral chest bruising measuring 15 cm x 9 cm and pale red/light purple in color, no tenderness with light palpation, minimal swelling noted .Member transfers with sit-to-stand EZ-Stand mechanical lift and the bruising is where the sling strap would rest under his arm Member returned from ER with no fractures, subluxation, or dislocation, but contusions.While member was out at the emergency room (ER), Charge nurse began to interview staff and noted that a small sling was in the members room, while a large is what is indicated on the care plan. This incorrect size of sling can be identified as adding additional stress and pressure to this member already fragile skin, adding to the possibility of increases bleeding and soft tissue damage caused by the 3 anticoagulants the member is prescribed.On 5/12/25, at 3:29 PM, Surveyor interviewed CNA-J (Certified Nursing Assistant) about the bruising discovered on M10 on 4/13/25. CNA-J informed Surveyor that they and the charge nurse transferred M10 with the EZ-stand (sit to stand mechanical lift) and did not have any bruising at that time. Surveyor asked CNA-J which transfer sling CNA-J used for M10. CNA-J stated they used the sling that was on the EZ Stand and thought it was small for M10. CNA-J indicated they were told about the bruising by the charge nurse. Surveyor asked CNA-J where staff would look to find out the correct transfer sling size for a member. CNA-J informed Surveyor the information should be in the care plan. CNA-J stated they did not look in the care plan to verify the what sling M10 was supposed to use. On 5/12/25, at 05:15 PM, Surveyor phone interviewed CNA-I about the bruising discovered on M10 on 4/13/25. CNA-I informed Surveyor that CNA-I had gone to M10's unit to get the EZ-Stand lift for another unit. CNA-Informed Surveyor that CNA-I only assisted CNA-H in the transfer of M10 and had not seen any bruising because CNA-I did not assist with M10's cares. Surveyor asked CNA-I what size sling does M10 use for transfers. CNA-I informed Surveyor that CNA-I was not aware of exactly what size sling M10 used, but the sling used on M10 was too small for the transfer. CNA-I informed Surveyor M10 needed an extra-large sling, and the one CNA-I and CNA-H used was either a medium or large sling which looked too small. Surveyor asked CNA-I how CNA-I knew how to tell the proper size sling for a member transfer. CNA-I informed Surveyor that it was body weight based. CNA-I informed Surveyor that CNA-I could tell if a member looked larger or smaller and that CNA-I could tell what size sling the member needed. CNA-I informed Surveyor the facility had told the staff in a meeting the facility was getting new slings for the members and that the new slings had not come in yet as of the 4/13/25 incident with M10. CNA-I informed Surveyor the staff often use the same slings because the units often share the same EZ-stand mechanical