

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525333	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/27/2021
NAME OF PROVIDER OR SUPPLIER Watertown Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 121 Hospital Dr Watertown, WI 53098	
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 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 18815</p> <p>Based on staff interview, family interview and record review, the facility did not ensure 1 Resident (R) of 8 sampled residents (R1) was monitored after an episode of hypoglycemia (low blood sugar) in accordance with professional standards of practice.</p> <p>R1 had an episode of hypoglycemia on [DATE] and was sent to the ED (Emergency Department) for evaluation. The ED sent R1 back to the facility at approximately 10:00 PM. Facility staff did not assess R1's blood sugar on return to the facility from the ED, facility staff did not assess need for, ensure availability of, or document/monitor R1's food consumption after return from the ED or during the course of the night. Facility staff did not assess R1's blood sugar throughout the night until R1 developed signs/symptoms again of hypoglycemia the morning of [DATE]. R1 was again sent to the ED, was hospitalized and expired at the hospital on [DATE].</p> <p>Facility failure to assess R1's blood sugar on return from the ED; assess need for, ensure availability of, or document/monitor R1's food consumption on return from the ED or during the night; and not determine the need to assess R1's blood sugar during the night until signs/symptoms of hypoglycemia occurred created a finding of Immediate Jeopardy (IJ) that began on [DATE]. NHA (Nursing Home Administrator)-A was notified of the IJ on [DATE] at 11:55 AM. The IJ was removed on [DATE], however the deficient practice continues at a scope/severity of D (potential for more than minimal harm/isolated) as the facility continues to implement its action plan.</p> <p>Findings include:</p> <p>The facility hypoglycemia policy, dated [DATE], indicated it is facility policy to ensure effective management of a resident who experiences a hypoglycemic episode. Hypoglycemia is a condition in which a person's blood sugar (glucose) level is lower than normal. Hypoglycemia is a condition that is typically related to diabetes treatment. Effective management of hypoglycemia is important to ensure that the resident does not have further decline in their condition. The facility will identify residents that are at risk for hypoglycemia and observe them for signs and symptoms of low blood glucose. Nursing will continue to follow up and observe for any further hypoglycemic episodes post treatment and notify the practitioner of any changes.</p> <p>The facility change of condition policy with an implemented date of [DATE], indicated follow up documentation in Point Click Care will occur every shift for 72 hours post resolution of symptoms. Include conversation with primary care provider, orders received and resident's response.</p> <p>(continued on next page)</p>		

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525333	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/27/2021
NAME OF PROVIDER OR SUPPLIER Watertown Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 121 Hospital Dr Watertown, WI 53098	
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 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	<p>The Mayo Clinic article which can be located at https://www.mayoclinic.org/diseases-conditions/hypoglycemia/symptoms-causes/syc-20373685 and entitled Hypoglycemia stated, hypoglycemia is a condition in which your blood sugar (glucose) level is lower than normal. Glucose is your body's main energy source. Hypoglycemia needs immediate treatment when blood sugar levels are low. For many people, a fasting blood sugar of 70 milligrams per deciliter (mg/dL), or below should serve as an alert for hypoglycemia. Hypoglycemia usually occurs when you haven't eaten. If blood sugar levels become too low, signs and symptoms can include an irregular or fast heartbeat, fatigue, pale skin, shakiness, anxiety, sweating, hunger, irritability, and tingling or numbness of the lips, tongue or cheek. Untreated hypoglycemia can lead to confusion, abnormal behaviors or both, blurred vision, seizures, loss of consciousness, and death. Treatment involves quickly getting your blood sugar back to normal either with high-sugar foods, drinks or with medications. Once your blood sugar is normal, eating a snack or meal can help stabilize it and replenish your body's glycogen stores. Hypoglycemia is considered severe if you need help from someone to recover. For example, if you can't eat, you might need a Glucagon injection or intravenous glucose.</p> <p>The CDC (Centers for Disease Control and Prevention) article which can be located at https://www.cdc.gov/diabetes/basics/low-blood-sugar-treatment.html and entitled How To Treat Low Blood Sugar (Hypoglycemia) with a page last updated date of [DATE] stated, blood sugar below 55 mg/dL is considered severely low. Injectable Glucagon is the best way to treat severely low blood sugar. After you have low blood sugar, your early symptoms for low blood sugar are less noticeable for 48 to 72 hours. Be sure to check your blood sugar more often to keep it from getting too low again</p> <p>1. On [DATE], the Surveyor reviewed the closed medical record of R1. R1 was admitted to the facility on [DATE] with diagnoses to include diabetes, left below the knee amputation and ESRD (end-stage renal disease) on dialysis. R1's admission MDS (Minimum Data Set), dated [DATE], indicated R1's cognition was 13 out of 15 (the higher the score, the more cognizant). R1 required extensive assistance from staff for bed mobility and eating. R1 was dependent on staff for transfer and did not ambulate. R1 received insulin seven out of seven days and went to dialysis.</p> <p>R1's plan of care with a closed date of [DATE] and print date of [DATE], indicated R1 had a plan of care for unstable blood glucose levels which was initiated on [DATE]. The goal, which was initiated on [DATE] and revised on [DATE], indicated R1's blood glucose level will be within desired range. Interventions initiated on [DATE] indicated staff would administer medications as prescribed. R1 had a plan of care for a nutrition problem related to ESRD on dialysis three times weekly, numerous medical diagnoses, pressure injury to coccyx, and elevated A1C (a blood test that measures average blood sugar levels over the past three months) initiated on [DATE]. The goal, which was initiated on [DATE] and revised on [DATE], indicated R1 would maintain adequate nutritional status by maintaining weight, no signs of malnutrition, and consuming at least 75 percent of at least three meals daily. The interventions, initiated on [DATE], indicated staff were to encourage adequate fluid and meal intake, monitor/document/report to physician as needed for refusing to eat as R1 appears concerned during meals.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525333	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/27/2021
NAME OF PROVIDER OR SUPPLIER Watertown Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 121 Hospital Dr Watertown, WI 53098	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>R1 had a plan of care for behavior management regarding new refusal of care that was initiated on [DATE]: R1 refuses cares from staff. R1 likes to only wear gown and comes out of room dressed inappropriately. R1 refuses to wear clothing as R1 prefers gown. The goals, which were initiated on [DATE] and revised on [DATE], indicated R1 will remain safe, undesirable behaviors will be monitored/managed, and R1's risk for depression will be evaluated. The interventions, initiated on [DATE], indicated staff were to attempt an alternate time to provide care refused per R1's preference, educate R1 on the necessity of care attempted to provide, encourage participation in self-calming behaviors such as breathing exercises, and to ensure the safety of R1 and others.</p> <p>R1's weights and vitals summary documentation, indicated R1 had a blood sugar of 149 taken on [DATE] with time documented as 8:03 AM. At 12:11 PM, R1's blood sugar was 99. At 12:12 PM, R1's blood sugar of 99 was documented again. At 4:39 PM, R1's blood sugar was 46. There were not any other blood sugars documented on the weights and vitals summary for [DATE].</p> <p>R1's progress notes dated [DATE] at 5:02 PM indicated R1 had a change of condition with a low blood sugar of 46. R1 feels scared and unstable. Snacks, orange juice and candy were given. The NP (Nurse Practitioner) was notified and ordered an injection of Glucagon. The Glucagon was administered to R1 and R1's blood sugar was taken again. R1's blood sugar was 41. The Physician was notified and ordered an injection of Glucagon. R1's blood sugar was taken again. R1's blood sugar was 60. R1 requested to go to the ED. The facility called 911 and R1 was transferred to the hospital.</p> <p>An INTERACT SBAR Communication Form and Progress Notes for Nurses was completed on [DATE]. The situation indicated the change in condition was worse because blood sugars continued to be unstable; rising after Glucagon and dropping shortly after. R1's mental status evaluation indicated R1 had other symptoms or signs of delirium. Functional status evaluation was checked other, but no signs or symptoms were described. Behavioral, respiratory, cardiovascular, abdominal, urinary, skin, pain, and neurological evaluations were all checked as not clinically applicable to the change in condition being reported. The summary of observations and evaluation indicated R1 had low blood sugar of 46. R1 felt scared and unstable. Snacks, orange juice and candy as given. NP ordered Glucagon injection. Administered. At 5:20 PM, blood sugars are now 41. Called physician and had another one (1) mg (milligram) of Glucagon ordered. At 6:35 PM, R1's blood sugar is 60. R1 is asking to go to the ED. Facility called 911 and R1 was transferred. PCP (Primary Care Physician) notified at 5:00 PM. Recommendation of PCP was blood sugars are still low. Give another 1 mg Glucagon. on [DATE] at 7:00 PM, the facility notified R1's FM (Family Member)-C.</p> <p>On [DATE] at 5:33 PM per EMS (Emergency Medical Service) final report, EMS took R1's blood sugar. R1's blood sugar was 104. R1 was transported to the hospital. At 6:34 PM, R1's blood sugar/bedside glucose was taken at the hospital and was 119. At 7:01 PM, R1's glucose level was taken at the hospital with other lab work and was 111. At 8:25 PM, R1's blood sugar/blood glucose was taken again at the hospital and was 96. R1's blood chemistry, indicated R1 had a BNP (B-type natriuretic peptide) test completed. The results of the BNP were 3082. The WNL (within normal limits) range for the BNP test is 10 to 500.</p> <p>According to the University of Rochester Medical Center with a date of 2021 and found at https://www.urmc.rochester.edu/encyclopedia/content.aspx?contenttypeid=167&contentid=bnp_blood, indicated the BNP test looks for the hormone in your blood to diagnose heart failure, plan treatment, see how well treatment is working, and when it is safe for you to leave the hospital. Other things besides heart failure can cause your BNP to rise including kidney failure or being on dialysis.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525333	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/27/2021
NAME OF PROVIDER OR SUPPLIER Watertown Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 121 Hospital Dr Watertown, WI 53098	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>R1 had a chest x-ray taken at the hospital. The findings of the x-ray reflected a mild degree of congestive heart failure or fluid overload. There is a left pleural effusion with bibasilar atelectasis or infiltrate. R1 was discharged from the ED with a primary impression of diabetes mellitus with hypoglycemia and an additional impression of volume overload ESRD on dialysis. R1 was counseled regarding lab and x-ray results, treatment, diagnosis, and need for follow-up. Continue all current medications as prescribed and be sure to get to dialysis tomorrow as scheduled. R1 was transported back to the facility.</p> <p>R1's progress notes dated [DATE] at 6:55 PM, indicated the facility spoke with R1's FM-C and FM-C was able to give consent to hold R1's bed. There were not any other progress notes in R1's medical record for [DATE]. Additionally, there were not any other INTERACT SBAR Communication Form and Progress Notes for Nurses after the first communication form was filled out when R1 was sent to the ED on [DATE] for low blood sugars.</p> <p>R1's weight and vitals summary dated [DATE] at 10:06 PM, indicated R1's blood pressure on return from the ED was ,d+[DATE], Oxygen sat was 100 percent with oxygen via nasal cannula, pain level was zero, pulse was 58, respirations were 20, and temperature was 97.1 degrees F (Fahrenheit). A blood sugar was not documented as taken on return from the ED or during the night. There was not documentation R1 was offered or provided with food on return from the ED or during the night. There was not any documentation if R1 had signs/symptoms of hypoglycemia on R1's return from the ED or during the night.</p> <p>The ED report from [DATE] provided to the Surveyor by the facility on [DATE] was faxed from the medical center on [DATE] to the facility.</p> <p>R1's progress note INTERACT SBAR summary for providers, dated [DATE] at 6:17 AM, indicated R1's blood sugar was 35. Recommendation: sent to ED via 911. Out of Glucagon, called 911.</p> <p>R1's progress note, general note, dated [DATE] at 6:31 AM, indicated R1 was heard yelling out. R1 was witnessed thrashing head around the bed, legs hanging out of bed, incoherent, would not respond to verbal stimuli, and was taking off oxygen nasal cannula. R1 felt very sweaty and cold. Took blood sugar. Blood sugar was 35. Called 911. No Glucagon in facility to treat. Sent to hospital via ambulance. Family member notified and physician updated.</p> <p>A narrative from EMS with a date and time notified of 5:46 AM, indicated EMS was dispatched to the facility for R1 who was discharged earlier in the night ([DATE]) from the hospital for diabetic issues, is now having low blood sugar and is unresponsive. At 5:53 AM, upon EMS arrival to R1's room, EMS noted R1 was awake and flailing arms around. Problem with R1 was observed by the facility approximately 20 minutes prior to EMS activation. The facility reports they are out of Glucagon within the entire facility.</p> <p>In the ambulance, R1's blood sugar was taken and was 20. 6:07 AM, R1 was administered 25 grams of Dextrose 50% injectable solution with unchanged response. After administration of the Dextrose, R1 had become unresponsive. R1 had palpable pulses, however R1's breathing appeared to be shallow and less frequent. Ventilations were administered with high flow oxygen while R1 was being placed onto cardiac monitor. At 6:09 AM, R1 was administered one (1) mg of Atropine with unchanged response. At 6:10 AM at the ED bay doors, R1 lost pulses and compressions were started. R1 was removed from the ambulance and moved into room [ROOM NUMBER] of the ED.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525333	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/27/2021
NAME OF PROVIDER OR SUPPLIER Watertown Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 121 Hospital Dr Watertown, WI 53098	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>The ED/hospital assessment/plan, dated [DATE] with an electronically time signed at 2:41 PM, indicated R1 had witnessed asystole cardiac arrest secondary to hypoglycemia that was present on admission and received 20 - 30 minutes of advanced cardiac life support. A summary from the ED/hospital, dated [DATE] with an electronically time signed at 3:57 PM, indicated R1 arrived to the ED in asystole and had no pulse. R1 was not breathing on own. Called three hospitals to transfer R1, but none of the hospitals had an acute ICU (intensive care unit) bed open. Clinical impression was hypoglycemia. Primary impression was cardiac arrest and additional impression was hypoglycemia.</p> <p>R1 was transferred to an ICU bed at another hospital on [DATE] with impressions of status post cardiac arrest due to severe hypoglycemia, severe hypoglycemia resolved, acute respiratory failure, end-stage renal disease on dialysis, alcohol abuse, pulmonary hypertension, and probable anoxic brain injury secondary to sustained hypoglycemia. R1 subsequently expired at the hospital on [DATE].</p> <p>On [DATE] at 10:59 AM, the Surveyor interviewed R1's FM-C via telephone. FM-C stated R1 was hypoglycemic for too long and that was what caused the cardiac arrest. R1 should have been sent to the ED sooner than R1 was sent. On [DATE] at 4:01 AM, R1 texted FM-C to let FM-C know R1 was okay after being at the ED on [DATE]. On [DATE] at 5:30 AM, R1 called FM-C. FM-C had a hard time understanding R1 as R1 sounded like R1 was choking and having a hard time breathing. The only thing FM-C understood was when R1 stated R1 would call FM-C back.</p> <p>On [DATE] at 1:49 PM, the Surveyor interviewed DON (Director of Nursing)-B regarding R1. DON-B verified R1 was at the ED on [DATE] for an episode of hypoglycemia after exhausting the supply of two Glucagon emergency kits the facility has to use for episodes of hypoglycemia. After this incident, the supply of Glucagon was increased from two to three Glucagon emergency kits.</p> <p>On [DATE] at 6:16 PM, the Surveyor interviewed PS (Pharmacy Supervisor)-H regarding how many Glucagon emergency kits the facility has to use for episodes of hypoglycemia. PS-H stated the facility has two Glucagon emergency kits available for use that was the same number of Glucagon kits available in [DATE].</p> <p>On [DATE] at 4:52 PM, the Surveyor interviewed CNA (Certified Nursing Assistant)-E via telephone regarding R1. CNA-E verified CNA-E was one of three CNAs working the night shift when R1 returned from the ED on [DATE] to the end of night shift on [DATE]. CNA-E stated CNA-E was not asked to observe, offer R1 food or bring R1 food on the night shift because R1 was super busy on another wing. CNA-C confirmed CNA-C did not see R1 during the entire shift worked.</p> <p>On [DATE] at 4:57 PM, the Surveyor interviewed CNA-F via telephone regarding R1. CNA-F verified CNA-F was working the night shift when R1 returned from the ED on [DATE] to the end of the night shift on [DATE]. CNA-F stated R1 was, pretty much sleeping/resting all night. CNA-F peeked in on R1 every so often and while checking on R1's roommate. CNA-F stated CNA-F, doesn't think (CNA-F) brought (R1) anything to eat. Didn't see (R1) eating. This happened a long time ago.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525333	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/27/2021
NAME OF PROVIDER OR SUPPLIER Watertown Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 121 Hospital Dr Watertown, WI 53098	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On [DATE] at 5:01 PM, the Surveyor interviewed LPN (Licensed Practical Nurse)-D via telephone regarding R1. LPN-D stated LPN-D was working the night shift when R1 returned from the ED on [DATE] until sending R1 out of the facility for a low blood sugar the morning of [DATE]. LPN-D stated R1 was in bed for the night shift watching television and on the telephone. The CNAs tried to clean R1 up, but R1 refused. LPN-D stated LPN-D did not take R1's blood sugar all night and thinks R1 was munching on things because R1 had food in R1's room. LPN-D then stated LPN-D did not offer or give R1 any food when working the night shift, but again, thinks (LPN-D) saw (R1) munching. LPN-D stated LPN-I readmitted R1 to the facility on [DATE] probably around shift change. LPN-I was working the PM shift. LPN-I advised LPN-D that R1's blood sugar was in the 90's at the ED and LPN-I told the ED that the ED, should not be sending (R1) back because they didn't have any Glucagon at the facility and, it made (LPN-I) nervous they were sending (R1) back to the facility. LPN-D confirmed R1 was lethargic, tired, alert, and did not have any new orders when returning from the ED at PM to night shift on [DATE].</p> <p>On [DATE] at 8:07 PM, the Surveyor interviewed CNA-G regarding working with R1 on the night shift of [DATE] to the morning of [DATE]. CNA-G verified CNA-G was one of three CNAs working. CNA-G stated CNA-G did not offer R1 food, provide R1 with food, did not see R1 eating food, and had not ever worked with R1 as CNA-G worked on a different wing of the facility with CNA-E.</p> <p>The failure to assess R1's blood sugar on return from the ED, assess the need for, document/monitor or ensure availability/comsumption of food for R1 on return from the ED or during the night, and not assess the need to check R1's blood sugar during the night until signs/symptoms of hypoglycemia occurred created a finding of Immediate Jeopardy (IJ).</p> <p>State Agency Note: On [DATE] the facility submitted additional information to the State Agency regarding the events noted in the citation above. Details in this additional information differed from statements that were obtained from staff during the on-site investigation. The State Agency reviewed all additional material submitted by the facility and asserts that the real-time information provided to surveyors during the on-site survey justifies the issuance of the citation at the scope/severity of J.</p> <p>The facility removed the jeopardy on [DATE], when it completed the following:</p> <p>Reviewed all residents with same/similar diagnoses to ensure no other changes in condition related to hypoglycemia were missed.</p> <p>Education immediately initiated for nursing staff regarding changes of condition assessment and documentation. Assessment education included vital signs and assessment of affected system- including blood sugar checks and hypoglycemia and documentation of said assessment.</p> <p>The hypoglycemia management policy was reviewed and revised using AMDA clinical practice guidelines Diabetes Management in the Post-Acute and Long-Term Care Setting 2015.</p> <p>An Ad-Hoc QAPI meeting was held [DATE] to discuss removal plan A performance improvement plan was initiated with a focus on change of condition assessment and documentation related to change of condition policy.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525333	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/27/2021
NAME OF PROVIDER OR SUPPLIER Watertown Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 121 Hospital Dr Watertown, WI 53098	
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 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	<p>The DON will monitor compliance with the completion of the education. DON or designee will monitor all documentation (progress notes, user defined assessments, 24-hour boards and blood sugar documentation) as well as clinical rounding daily for change of condition and follow up assessments and documentation related to hypoglycemic events for 2 weeks.</p> <p>The DON or designee will complete chart audits for change of condition documentation and follow up documentation: 3 residents weekly for 2 weeks, two residents weekly for 2 weeks, two residents a month for 2 months and ongoing as needed or directed by QAPI.</p> <p>The Regional Director of Clinic Operations will visit the facility at least weekly for six weeks to provide general oversight and monitoring of the PIP. All results will be reported to QAPI team on a regular basis.</p>		