

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 05/17/2024  
Form Approved OMB  
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525338	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/26/2022
NAME OF PROVIDER OR SUPPLIER  Beaver Dam Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  410 Roedl CT Beaver Dam, WI 53916	
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 0609  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<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** 40342</b></p> <p>Based on record review and interviews, the facility did not ensure that alleged violations involving neglect were reported timely to the State Agency (SA) for 1 Resident (R) (R2) of 3 sampled residents.</p> <p>On 6/20/22, the facility was made aware of R2 leaving facility without staff knowledge when local Police contacted the facility that R2 was found several blocks away from the facility crawling on the ground. The facility did not report the incident to the SA as required.</p> <p>Findings include:</p> <p>Facility provided policy titled Compliance with Reporting Allegations of Abuse/Neglect/Exploitation with implementation date of 3/1/19 stated, It is the policy of this facility to report all allegations of abuse/neglect/exploitation or mistreatment, including injuries of unknown sources and misappropriation of resident property are reported immediately to the Administrator of the facility and to other appropriate agencies in accordance with current state and federal regulations within prescribed timeframes . Alleged violation is a situation or occurrence that is observed or reported by staff, resident, relative, visitor or others but has not yet been investigated and, if verified, could be noncompliance with the Federal requirements related to mistreatment, exploitation, neglect, or abuse, including injuries of unknown source, and misappropriation of resident property . When suspicion of abuse/neglect/exploitation or reports of abuse/neglect/exploitation occur, the following procedure will be initiated: . 2. The Director of Nursing Services, Administrator, or designee will: a. Notify the appropriate agencies immediately: as soon as possible, but no later than 24 hours after discovery of the incident . 3. The Administrator should follow up with government agencies, during business hours, to confirm the report was received and to report the results of the investigation when final as required by state agencies .</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  525338	Facility ID:  525338  If continuation sheet Page 1 of 19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525338	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/26/2022
NAME OF PROVIDER OR SUPPLIER  Beaver Dam Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  410 Roedl CT Beaver Dam, WI 53916	
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 - Few</p>	<p>On 9/14/22, Surveyor reviewed R2's medical record. R2 was admitted to the facility on [DATE] with diagnoses to include hemiplegia (paralysis/immobility of one side of the body) and hemiparesis (muscular weakness or partial paralysis restricted to one side of the body) following unspecified cerebrovascular disease (a variety of medical conditions that affect the blood vessels of the brain, often resulting in what is commonly known as a stroke) affecting right dominant side and aphasia (an inability to comprehend or formulate language because of damage to specific brain regions). R2's Minimum Data Set (MDS) assessment dated [DATE] stated R2's Brief Interview for Mental Status (BIMS) score was 00 out of 15 which indicated R2 had severe cognitive impairment. R2's medical record contained Court Ordered Guardianship and Protective Placement documents dated 3/7/22 which indicated R2's Guardian was responsible for R2's healthcare decisions.</p> <p>R2's medical record contained an Elopement Evaluation dated 2/17/22 which indicated R2 was at risk for elopement.</p> <p>R2's medical record contained a Social Service Care Plan Meeting Note dated 2/24/22 which stated, . [R2] seems to lack the insight of what is going on /happening or what exactly happened to [R2] . The stroke has affected the brain cognitively--language and understanding; [R2] is not able to communicate effectively verbally .</p> <p>R2's medical record contained the following documentation:</p> <p>~ 6/20/22 at 4:50 PM: Social Service note: this writer spoke with the residents guardian to inform [guardian] of the situation where the resident left the facility and had police intervention. [Guardian] was made aware as well by the police department. It was noted that the intervention is to move the resident to the secured ACU (Alzheimer's Care Unit)--explained that unit to the guardian. [Guardian] was alright with whatever we needed to do. [Guardian] asked to be kept up to date with the current situation.</p> <p>~ 6/20/22 at 9:25 PM: writer made aware of resident elopement @ (at) 1545 (3:45 PM) and was found by Police/EMS (Emergency Medical Services). resident had POA (power-of-attorney) paperwork, driver's license and small amount of money (\$1.50 or so). [R2] was found lying on the ground a few blocks from facility. resident was last seen by CNA (Certified Nursing Assistant) at 1500 (3:00 PM) while [R2] was in [R2's] room. resident unable to explain where [R2] was going or what [R2] was doing. resident was very upset and yelling at staff. MD office was updated at 1650 (4:50 PM) w/msg (with message) left with [named MD office staff] of details . resident was given cold water and encouraged to drink as it was very hot outside today. staff attempted to place WG (Wanderguard) on resident, but [R2] refused several times. no injuries noted. skin intact. resident was placed on 15 minute checks . at 2200 (9:00 PM) wander guard was placed to Right ankle. resident much calmer and resting in [R2's] room with no further outbursts noted.</p> <p>Facility was not able to provide Surveyor with evidence the facility reported R2's elopement on 6/20/22 to the State Agency as required within 24 hours of the incident occurring. The current facility administration and regional staff were unable to find any documentation of elopement details other than the entries above.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525338	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/26/2022
NAME OF PROVIDER OR SUPPLIER  Beaver Dam Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  410 Roedl CT Beaver Dam, WI 53916	
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 - Few</p>	<p>On 9/14/22 at 2:56 PM, Surveyor interviewed Regional Director of Clinical Operations (RDCO)-C who verified facility should have reported R2's elopement from facility on 6/20/22 but was unable to locate investigation or other documents regarding R2's elopement on 6/20/22 other than what was documented in R2's medical record as noted above.</p> <p>On 9/15/22 at 7:58 AM, Surveyor contacted [NAME] Dam Police Department for copy of police report from R2's 6/20/22 elopement. [NAME] Dam Police did not complete a formal police report but emailed Surveyor a Dispatch Report dated 6/20/22 which indicated at 3:34 PM on 6/20/22, a call came from a person at an address on S Spring St/Hwy G indicating a [gender] subject in front of [person's] house, was on the ground, and is now walking toward S Lincoln (Street) and elderly [gender] with florescent nike shoe, blue jeans, wearing a hat, was on the ground crawling, but then got up. EMS sent, responded on scene at 3:41 PM, R2's name listed. At 3:46 PM report stated, not a resident at [named Assisted Living facility]. At 3:49 PM report stated, [R2] is a resident at 410 [NAME] Court (facility's address), they will be sending their social worker to come pick [R2] up. They were unaware that [R2] had escaped and never set off the alarm. At 4:00 PM report stated, [R2] picked up by social worker and taken back to facility.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525338	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/26/2022
NAME OF PROVIDER OR SUPPLIER  Beaver Dam Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  410 Roedl CT Beaver Dam, WI 53916	
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 - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40342</b></p> <p>Based on record review and interview, the facility did not ensure all alleged violations involving abuse, neglect, exploitation including misappropriation of resident property were thoroughly investigated involving 1 Resident (R) (R2) of 3 sampled residents.</p> <p>On 6/20/22, the facility was made aware of R2 leaving facility without staff knowledge when local Police contacted the facility that R2 was found several blocks away from the facility crawling on the ground. The facility did not conduct a throughout investigation of this incident to rule out neglect.</p> <p>Findings include:</p> <p>Facility provided policy titled Compliance with Reporting Allegations of Abuse/Neglect/Exploitation with implementation date of 3/1/19 stated, It is the policy of this facility to report all allegations of abuse/neglect/exploitation or mistreatment, including injuries of unknown sources and misappropriation of resident property are reported immediately to the Administrator of the facility and to other appropriate agencies in accordance with current state and federal regulations within prescribed timeframes .Alleged violation is a situation or occurrence that is observed or reported by staff, resident, relative, visitor or others but has not yet been investigated and, if verified, could be noncompliance with the Federal requirements related to mistreatment, exploitation, neglect, or abuse, including injuries of unknown source, and misappropriation of resident property .Investigation: The facility will investigate all allegations and types of incidents as listed above in accordance to facility procedure for reporting/response as described below . When suspicion of abuse/neglect/exploitation or reports of abuse/neglect/exploitation occur, the following procedure will be initiated: .1. The Licensed Nurse will: . g. Complete an incident report and initiate an investigation. 2. The Director of Nursing Services, Administrator, or designee will: . b. Obtain statements from direct care staff . 3. The Administrator should follow up with government agencies, during business hours, to confirm the report was received and to report the results of the investigation when final as required by state agencies .</p> <p>On 9/14/22, Surveyor reviewed R2's medical record. R2 was admitted to the facility on [DATE] with diagnoses to include Hemiplegia (paralysis/immobility of one side of the body) and Hemiparesis (muscular weakness or partial paralysis restricted to one side of the body) following Unspecified Cerebrovascular Disease (a variety of medical conditions that affect the blood vessels of the brain, often resulting in what is commonly known as a stroke) affecting Right Dominant Side and Aphasia (an inability to comprehend or formulate language because of damage to specific brain regions). R2's Minimum Data Set (MDS) assessment dated [DATE] stated R2's Brief Interview for Mental Status (BIMS) score was 00 out of 15 which indicated R2 had severe cognitive impairment. R2's medical record contained Court Ordered Guardianship and Protective Placement documents dated 3/7/22 which indicated R2's Guardian was responsible for R2's healthcare decisions.</p> <p>R2's medical record contained an Elopement Evaluation dated 2/17/22 which indicated R2 was at risk for elopement.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525338	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/26/2022
NAME OF PROVIDER OR SUPPLIER  Beaver Dam Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  410 Roedl CT Beaver Dam, WI 53916	
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 - Few</p>	<p>R2's medical record contained a Social Service Care Plan Meeting Note dated 2/24/22 which stated, "[R2] seems to lack the insight of what is going on /happening or what exactly happened to [R2]. The stroke has affected the brain cognitively--language and understanding; [R2] is not able to communicate effectively verbally .</p> <p>R2's medical record contained the following documentation:</p> <p>~ 6/20/22 at 4:50 PM: Social Service note: this writer spoke with the residents guardian to inform [guardian] of the situation where the resident left the facility and had police intervention. [Guardian] was made aware as well by the police department. It was noted that the intervention is to move the resident to the secured ACU (Alzheimer's Care Unit)--explained that unit to the guardian. [Guardian] was alright with whatever we needed to do. [Guardian] asked to be kept up to date with the current situation.</p> <p>~ 6/20/22 at 9:25 PM: writer made aware of resident elopement @ (at) 1545 (3:45 PM) and was found by Police/EMS (Emergency Medical Services). resident had POA (power-of-attorney) paperwork, driver's license and small amount of money (\$1.50 or so). [R2] was found lying on the ground a few blocks from facility. resident was last seen by CNA (Certified Nursing Assistant) at 1500 (3:00 PM) while [R2] was in [R2's] room. resident unable to explain where [R2] was going or what [R2] was doing. resident was very upset and yelling at staff. MD office was updated at 1650 (4:50 PM) w/msg (with message) left with [named MD office staff] of details .resident was given cold water and encouraged to drink as it was very hot outside today. staff attempted to place WG (Wanderguard) on resident, but [R2] refused several times. no injuries noted. skin intact. resident was placed on 15 minute checks .at 2200 (9:00 PM) wander guard was placed to Right ankle. resident much calmer and resting in [R2's] room with no further outbursts noted.</p> <p>Facility was not able to provide Surveyor with evidence the facility investigated R2's elopement on 6/20/22 as required within 5 business days of the incident occurring. The current facility administration and regional staff were unable to find any documentation of elopement details other than the entries above.</p> <p>On 9/14/22 at 2:56 PM, Surveyor interviewed Regional Director of Clinical Operations (RDCO)-C who verified facility should have investigated R2's elopement from facility on 6/20/22 but was unable to locate investigation or other documents regarding R2's elopement on 6/20/22 other than what was documented in R2's medical record as noted above.</p> <p>On 9/15/22 at 7:58 AM, Surveyor contacted [NAME] Dam Police Department for copy of police report from R2's 6/20/22 elopement. [NAME] Dam Police did not complete a formal police report but emailed Surveyor a Dispatch Report dated 6/20/22 which indicated at 3:34 PM on 6/20/22, a call came from a person at an address on S Spring St/Hwy G indicating a [gender] subject in front of [person's] house, was on the ground, and is now walking toward S Lincoln (Street) and elderly [gender] with florescent nike shoe, blue jeans, wearing a hat, was on the ground crawling, but then got up. EMS sent, responded on scene at 3:41 PM, R2's name listed. At 3:46 PM report stated, not a resident at [named Assisted Living facility]. At 3:49 PM report stated, [R2] is a resident at 410 [NAME] Court (facility's address), they will be sending their social worker to come pick [R2] up. They were unaware that [R2] had escaped and never set off the alarm. At 4:00 PM report stated, [R2] picked up by social worker and taken back to facility.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525338	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/26/2022
NAME OF PROVIDER OR SUPPLIER  Beaver Dam Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  410 Roedl CT Beaver Dam, WI 53916	
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 40342</p> <p>Based on record review and interviews, the facility did not ensure care plans were reviewed and revised as needed for 1 Resident (R) (R2) of 3 sampled residents.</p> <p>On 8/16/22, R2 eloped from the facility. The facility did not revise R2's care plan to include safety interventions implemented following R2's elopement on 8/16/22.</p> <p>Findings include:</p> <p>On 9/14/22, Surveyor reviewed R2's medical record. R2 was admitted to the facility on [DATE] with diagnoses to include hemiplegia (paralysis/immobility of one side of the body) and hemiparesis (muscular weakness or partial paralysis restricted to one side of the body) following unspecified cerebrovascular disease (a variety of medical conditions that affect the blood vessels of the brain, often resulting in what is commonly known as a stroke) affecting right dominant side and aphasia (an inability to comprehend or formulate language because of damage to specific brain regions). R2's Minimum Data Set (MDS) assessment dated [DATE] stated R2's Brief Interview for Mental Status (BIMS) score was 00 out of 15 which indicated R2 had severe cognitive impairment. R2's medical record contained Court Ordered Guardianship and Protective Placement documents dated 3/7/22 which indicated R2's Guardian was responsible for R2's healthcare decisions.</p> <p>R2's medical record contained an Elopement Evaluation dated 2/17/22 which indicated R2 was at risk for elopement.</p> <p>R2's medical record contained a Social Service Care Plan Meeting Note dated 2/24/22 which stated, "[R2] seems to lack the insight of what is going on /happening or what exactly happened to [R2]. The stroke has affected the brain cognitively--language and understanding; [R2] is not able to communicate effectively verbally .</p> <p>R2's medical record contained an Elopement Evaluation dated 4/7/22 which indicated R2 had a .History of or attempted leaving the facility without informing staff . Although there was no documented elopement attempt on or in the few days prior to 4/7/22, the following documentation was noted:</p> <p>~ 4/7/22 at 12:40 AM: Resident had no behavior issues on PM,s (evening shift) or NOC (night) shift staff monitoring location of resident at all times no attempt to elope either shift will continue to monitor.</p> <p>~ 4/7/22 at 12:18 PM: Writer spoke with resident about the concern of [R2] leaving the facility without informing staff and staffs concern for [R2's] safety. Resident does enjoy being out side and with offer resident, when the weather is nice, to be outside with staff. Discussed placement of a wander guard on resident and [R2] firmly refused. Did explain the rational well as the Risks / benefits for wearing one and [R2] continued to refuse. Resident has made no attempts to exit the facility today.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525338	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/26/2022
NAME OF PROVIDER OR SUPPLIER  Beaver Dam Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  410 Roedl CT Beaver Dam, WI 53916	
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>~ 6/20/22 at 4:50 PM: Social Service note: this writer spoke with the residents guardian to inform [guardian] of the situation where the resident left the facility and had police intervention. [Guardian] was made aware as well by the police department. It was noted that the intervention is to move the resident to the secured ACU (Alzheimer's Care Unit)--explained that unit to the guardian. [Guardian] was alright with whatever we needed to do. [Guardian] asked to be kept up to date with the current situation.</p> <p>~ 6/20/22 at 9:25 PM: writer made aware of resident elopement @ (at) 1545 (3:45 PM) and was found by Police/EMS (Emergency Medical Services). resident had POA (power-of-attorney) paperwork, driver's license and small amount of money (\$1.50 or so). [R2] was found lying on the ground a few blocks from facility. resident was last seen by CNA (Certified Nursing Assistant) at 1500 (3:00 PM) while [R2] was in [R2's] room. resident unable to explain where [R2] was going or what [R2] was doing. resident was very upset and yelling at staff. MD office was updated at 1650 (4:50 PM) w/msg (with message) left with [named MD office staff] of details .resident was given cold water and encouraged to drink as it was very hot outside today. staff attempted to place WG (Wanderguard) on resident, but [R2] refused several times. no injuries noted. skin intact. resident was placed on 15 minute checks .at 2200 (9:00 PM) wander guard was placed to Right ankle. resident much calmer and resting in [R2's] room with no further outbursts noted.</p> <p>~ 8/13/22 at 6:41 PM: Writer informed by staff resident noted going outside and being redirected by caregiver from ACU back into bldg. (building). Writer was entering bldg for shift start, when noted regular smoker resident exiting bldg to go out to smoke. Alarm sounded and was in place. Kitchen staff may have reset the alarm to front door but possible did not confirm. Caregiver from ACU saw resident through the window and proceeded to get resident back into bldg. Writer and peer went out to assist caregiver but they were on their way back to bldg. Resident obtained no injuries. Alarms were check and reset. Writer updated DON and MD on call ([named physician]). Resident put on 24 hour board for monitoring.</p> <p>~ 8/16/22 at 10:45 AM: [R2] was brought back to the facility without incident and was placed on 1:1. No injury occurred and [R2] was wearing a t-shirt, sweatpants, tennis shoes and a baseball cap which was weather appropriate.</p> <p>(continued on next page)</p>		



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525338	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/26/2022
NAME OF PROVIDER OR SUPPLIER  Beaver Dam Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  410 Roedl CT Beaver Dam, WI 53916	
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 9/14/22, Surveyor reviewed facility provided Investigation Report dated 8/16/22 which stated, Resident left building unattended. Dietary staff member was driving into work, and saw resident walking down a sidewalk away from the facility. Dietary staff member asked resident to get into their care. [R2] got into their car and was brought back into the facility without incident. Resident noted to have eloped from building and brought back to facility by dietary aide. External temperature at the time resident was found and brought in was 65 degrees and partly sunny. Resident was assessed and no injuries were observed from the time resident had been out. Resident had on appropriate clothing at the time - tee shirt, sweatpants, shoes and a baseball cap. Investigation revealed resident had walked out following transport company driver while staff who was supposed to be manning desk had walked down the hall to get resident who was going out on appointment. Resident's previous notes show that though [R2] was noted to be an elopement risk, [R2] did not have on a wanderguard (the facility's alert system for residents who are elopement risks) because [R2] cut them off in the past and would not leave any on. Timeline reveals resident was gone for about 20 minutes before [R2] was seen and brought back to the building. Resident's assessment post-elopement showed resident to not have any injury while out of the building. During close observation period while resident was on 1-on-1 monitoring and then downgraded to Q15 minutes monitoring, resident did not verbalize wanting to leave facility. Resident was moved to the secured unit with physician and responsible party approval, with 1-on-1 monitoring re-instituted through a 72-hour adjustment period. Resident adjusted well to secured unit through this time and got recently downgraded to Q30-minute monitoring, which indicated no mention of attempting to elope as resident fully adjusted to this new unit .</p> <p>R2's care plan for elopement risk was initiated on 4/11/22 and stated, At risk for elopement related to: Resident states 'I want to go home' as well as perseverates on [R2's] guardianship paperwork . R2's care plan was revised on 6/21/22 to state, When I am noted to have on blue jeans, tennis shoes, and a baseball hat, I am more prone to wanting to leave and require increased supervision. R2's medical record did not indicate what increased supervision meant. Further, R2's elopement care plan did not contain R2's move to/need for secure unit following R2's elopement on 8/16/22 and did not contain mention of the 30-minute safety checks staff were required to complete on R2.</p> <p>On 9/14/22 at 3:54 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A who verified R2's care plan was not updated to reflect R2's move to secure unit on 8/19/22 or the 30-minute checks facility staff were conducting since R2's move to secure unit. NHA-A verified R2's care plan should reflect current interventions in place for R2's safety.</p>		



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525338	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/26/2022
NAME OF PROVIDER OR SUPPLIER  Beaver Dam Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  410 Roedl CT Beaver Dam, WI 53916	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>18815</p> <p>Based on observation, staff interview and record review, the facility did not ensure each resident received care consistent with professional standards of practice to prevent PIs (pressure injuries) from developing for 1 Resident (R) (R1) of 3 sampled residents.</p> <p>R1 was at risk for the development of PIs. R1 was observed in bed with both heels placed directly on the mattress.</p> <p>Findings include:</p> <p>The facility policy entitled Pressure Injury Prevention Guidelines without a date, indicated to prevent the formation of avoidable pressure injuries and to promote healing of existing pressure injuries, it is the policy of this facility to implement evidence-based interventions for all residents who are assessed at risk or who have a pressure injury present. Interventions will be documented in the care plan and communicated to all relevant staff. Ensure that heels are floated off the surface of the bed, using pillows or devices that elevate and offload the heel in such a way as to distribute the weight of the leg along the calf without placing pressure on the Achilles tendon.</p> <p>1. On 9/14/22, the Surveyor reviewed R1's medical record. The medical record indicated R1 was admitted to the facility with diagnoses to include end stage renal disease with dependence on renal dialysis, diabetes mellitus, chronic pulmonary edema, hypertension, and atrial fibrillation.</p> <p>R1's quarterly MDS (Minimum Data Set) assessment, dated 8/23/22, documented R1's cognition was 14 out of 15 (the higher the score, the more cognizant). R1 required extensive assistance from two staff for bed mobility, R1 was dependent on staff for transfer, did not walk, and had a pressure relieving mattress.</p> <p>R1's current Braden skin risk assessment, dated 5/13/22, documented R1's score as 16, which indicated R1 was at risk for the development of PIs because R1's ability to walk was severely limited or non-existent. R1 cannot bear own weight and/or must be assisted into chair or wheelchair and R1 could only make occasional slight changes in body or extremity position, and R1 was unable to make frequent or significant changes independently.</p> <p>R1's current plan of care with a date initiated of 5/25/21, indicated R1 was at risk for skin breakdown related to limited mobility and need for extensive assistance with repositioning and mobility. Interventions included to float heels while in bed.</p> <p>R1's current CNA (Certified Nursing Assistant) Bedside Kardex Report with a print date of 9/14/22, indicated staff were to float R1's heels while in bed.</p> <p>On 9/14/22 at 9:15 AM, the Surveyor observed R1 lying in bed on back with a heels up device under legs and with both heels placed directly on the mattress, not free floating.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525338	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/26/2022
NAME OF PROVIDER OR SUPPLIER  Beaver Dam Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  410 Roedl CT Beaver Dam, WI 53916	
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 0686  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	On 9/14/22 at 12:20 PM, the Surveyor observed R1 lying in bed on back with a heels up device under legs and with both heels placed directly on the mattress, not free floating. CNA-D verified both of R1's heels were placed directly on the mattress rather than free floating and stated, R1 slides down, maybe a wedge would be better rather than the heels up device.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525338	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/26/2022
NAME OF PROVIDER OR SUPPLIER  Beaver Dam Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  410 Roedl CT Beaver Dam, WI 53916	
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 40342</p> <p>Based on record review and interviews, the facility did not ensure each resident received adequate supervision to prevent accidents for 1 Resident (R) (R2) of 3 sampled residents.</p> <p>On 2/17/22, R2 was admitted to the facility and was assessed to be at risk for elopement. On 6/20/22, the facility was made aware of R2 leaving facility without staff knowledge when local Police informed the facility that R2 was found several blocks away from the facility crawling on the ground.</p> <p>The facility did not provide supervision to prevent R2 from eloping from the facility on 8/16/22. The facility did not have a system for routinely monitoring R2's whereabouts even though staff knew that R2 refused to wear a Wanderguard bracelet. Furthermore, the facility failed to ensure staff responsible for monitoring the front door knew how to alarm the door when leaving the area.</p> <p>The facility's failure to implement safety interventions to prevent elopement created a finding of Immediate Jeopardy (IJ) (situation has caused or is likely to cause serious injury, impairment or death) that began 6/20/22. NHA (Nursing Home Administrator)-A was notified of the IJ on 9/15/22 at 11:33 AM. The IJ was removed on 8/19/22; 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 provided an undated policy titled Elopement, which stated, This facility ensures that residents who exhibit wandering behavior and/or are at risk for elopement receive adequate supervision to prevent accidents, and receive care in accordance with their person-centered plan of care addressing the unique factors contributing to wandering or elopement risk. 'Elopement' occurs when a resident leaves the premises or a safe area without authorization (i.e., an order for discharge or leave of absence) and/or any necessary supervision to do so. 3. The facility is equipped with door locks/alarms to help avoid elopements. 4. Alarms are not a replacement for necessary supervision. Staff are to be vigilant in responding to alarms in a timely manner. 5. The facility shall establish and utilize a systematic approach to monitoring and managing residents at risk for elopement or unsafe wandering, including identification and assessment of risk, evaluation and analysis of hazards and risks, implementing interventions to reduce hazards and risks, and monitoring for effectiveness and modifying interventions when necessary .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525338	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/26/2022
NAME OF PROVIDER OR SUPPLIER  Beaver Dam Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  410 Roedl CT Beaver Dam, WI 53916	
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On 9/14/22, Surveyor reviewed R2's medical record. R2 was admitted to the facility on [DATE] with diagnoses to include hemiplegia (paralysis/immobility of one side of the body) and Hemiparesis (muscular weakness or partial paralysis restricted to one side of the body) following unspecified cerebrovascular disease (a variety of medical conditions that affect the blood vessels of the brain, often resulting in what is commonly known as a stroke) affecting right dominant side and aphasia (an inability to comprehend or formulate language because of damage to specific brain regions). R2's Minimum Data Set (MDS) assessment, dated 8/1/22, stated R2's Brief Interview for Mental Status (BIMS) score was 00 out of 15 which indicated R2 had severe cognitive impairment. R2's medical record contained Court Ordered Guardianship and Protective Placement documents, dated 3/7/22, that indicated R2's Guardian was responsible for R2's healthcare decisions.</p> <p>R2's medical record contained an Elopement Evaluation, dated 2/17/22, that indicated R2 was at risk for elopement.</p> <p>R2's medical record contained a Social Service Care Plan Meeting Note, dated 2/24/22, that stated, .[R2] seems to lack the insight of what is going on/happening or what exactly happened to [R2] .The stroke has affected the brain cognitively--language and understanding; [R2] is not able to communicate effectively verbally .</p> <p>R2's medical record contained an Elopement Evaluation, dated 4/7/22, that indicated R2 had a .History of or attempted leaving the facility without informing staff . Although there was no documented elopement attempt on or in the few days prior to 4/7/22, the following documentation was noted:</p> <p>~ 4/7/22 at 12:40 AM: Resident had no behavior issues on PMs (evening shift) or NOC (night) shift staff monitoring location of resident at all times no attempt to elope either shift will continue to monitor.</p> <p>~ 4/7/22 at 12:18 PM: Writer spoke with resident about the concern of [R2] leaving the facility without informing staff and staffs (sic) concern for [R2's] safety. Resident does enjoy being out side (sic) and with (sic) offer resident, when the weather is nice, to be outside with staff. Discussed placement of a Wanderguard on resident and [R2] firmly refused. Did explain the rationale as well as the risks/benefits for wearing one and [R2] continued to refuse. Resident has made no attempts to exit the facility today.</p> <p>~ 5/2/22 at 4:53 PM: Social worker took resident to MD (physician) appointment this AM (morning), when reentering the facility social worker realized residents (sic) Wanderguard wasn't on resident's ankle, while writer tried to replace Wanderguard resident got very upset and walked down to social workers (sic) office, resident and social worker talked, resident got upset a few times and raised voice with foul language although finally agreed to have Wanderguard placed to right ankle.</p> <p>~ 5/4/22 at 9:38 PM: Behavior Charting Describe Behavior/Mood: removed [R2's] w/g (Wanderguard) times 2 (twice) this pm. Replaced and heard resident yelling and swearing about it being on. What was the resident doing prior to or at the time of behavior/mood; sitting in room. Staff gave shower and noticed it was not on ankle. Found in dresser drawer. Was another one there as well smashed. Interventions attempted; 1:1 (one on one monitoring) Effectiveness of the interventions: ineffective and would not allow back on. Was yelling loudly and swearing so staff left off and note placed in DON (Director of Nursing) mailbox.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525338	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/26/2022
NAME OF PROVIDER OR SUPPLIER  Beaver Dam Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  410 Roedl CT Beaver Dam, WI 53916	
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>~ 5/5/22 at 2:36 PM: Did not find Wanderguard on resident. Notified Director of Nursing [DON,] stated to leave Wanderguard off of resident at this time.</p> <p>~ 6/20/22 at 4:50 PM: Social Service note: this writer spoke with the resident's guardian to inform [Guardian] of the situation where the resident left the facility and had police intervention. [Guardian] was made aware as well by the police department. It was noted that the intervention is to move the resident to the secured ACU (Alzheimer's Care Unit)--explained that unit to the guardian. [Guardian] was alright with whatever we needed to do. [Guardian] asked to be kept up to date with the current situation.</p> <p>~ 6/20/22 at 9:25 PM: writer made aware of resident elopement @ (at) 1545 (3:45 PM) and was found by Police/EMS (Emergency Medical Services). resident had POA (power-of-attorney) paperwork, driver's license and small amount of money (\$1.50 or so). [R2] was found lying on the ground a few blocks from facility. Resident was last seen by CNA (Certified Nursing Assistant) at 1500 (3:00 PM) while [R2] was in [R2's] room. Resident unable to explain where [R2] was going or what [R2] was doing. Resident was very upset and yelling at staff. MD office was updated at 1650 (4:50 PM) w/msg (with message) left with [named MD office staff] of details .resident was given cold water and encouraged to drink as it was very hot outside today. Staff attempted to place WG (Wanderguard) on resident, but [R2] refused several times. No injuries noted. Skin intact. Resident was placed on 15 minute checks .at 2200 (9:00 PM) Wanderguard was placed to right ankle. Resident much calmer and resting in [R2's] room with no further outbursts noted.</p> <p>~ 6/21/22 at 10:32 AM: Reviewed incident 6/20 around 1700 (5:00 PM) with DON, NHA, SS (Social Services), RDO (Regional Director of Operation) and RDCO (Regional Director of Clinical Operations). Suggestion to move to ACU (secured unit) as resident has refused/removed Wanderguard in the past. Resident with unclear speech and increased frustration/agitation when not understood- Communication with ACU residents would be a trigger for resident-also residents in ACU could be at risk if resident would become aggressive with the communication issues. Plan is 15 minute checks and attempt to place Wanderguard and to update guardian.</p> <p>~ 6/22/22 at 9:35 PM: resident was found outside of front of building at 1900 (7:00 PM). resident easily redirected back into building. DON updated and resident to continue on 15 minute checks.</p> <p>~ 8/13/22 at 6:41 PM: Writer informed by staff resident noted going outside and being redirected by caregiver from ACU back into bldg. (building). Writer was entering bldg for shift start, when noted regular smoker resident exiting bldg to go out to smoke. Alarm sounded and was in place. Kitchen staff may have reset the alarm to front door but possible did not confirm. Caregiver from ACU saw resident through the window and proceeded to get resident back into bldg. Writer and peer went out to assist caregiver but they were on their way back to bldg. Resident obtained no injuries. Alarms were check and reset. Writer updated DON and MD on call ([named physician]). Resident put on 24 hour board for monitoring.</p> <p>~ 8/16/22 at 10:45 AM: [R2] was brought back to the facility without incident and was placed on 1:1. No injury occurred and [R2] was wearing a t-shirt, sweatpants, tennis shoes and a baseball cap which was weather appropriate.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525338	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/26/2022
NAME OF PROVIDER OR SUPPLIER  Beaver Dam Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  410 Roedl CT Beaver Dam, WI 53916	
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>The facility was not able to provide Surveyor with evidence the facility investigated R2's elopement on 6/20/22. The current facility administration and regional staff were unable to find any documentation of elopement details other than the entries above.</p> <p>R2's care plan for elopement risk was initiated on 4/11/22 and stated, At risk for elopement related to: Resident states 'I want to go home' as well as perseverates on [R2's] guardianship paperwork . R2's care plan was revised on 6/21/22 to state, When I am noted to have on blue jeans, tennis shoes, and a baseball hat, I am more prone to wanting to leave and require increased supervision. R2's medical record did not indicate what increased supervision meant.</p> <p>On 9/14/22, Surveyor reviewed a facility-provided Investigation Report, dated 8/16/22, that stated, Resident left building unattended. Dietary staff member was driving into work, and saw resident walking down a sidewalk away from the facility. Dietary staff member asked resident to get into their car. [R2] got into their car and was brought back into the facility without incident .Resident noted to have eloped from building and brought back to facility by dietary aide. External temperature at the time resident was found and brought in was 65 degrees and partly sunny. Resident was assessed and no injuries were observed from the time resident had been out. Resident had on appropriate clothing at the time - tee shirt, sweatpants, shoes and a baseball cap. Investigation revealed resident had walked out following transport company driver while staff who was supposed to be manning desk had walked down the hall to get resident who was going out on appointment. Resident's previous notes show that though [R2] was noted to be an elopement risk, [R2] did not have on a Wanderguard (the facility's alert system for residents who are elopement risks) because [R2] cut them off in the past and would not leave any on. Timeline reveals resident was gone for about 20 minutes before [R2] was seen and brought back to the building. Resident's assessment post-elopement showed resident to not have any injury while out of the building. During close observation period while resident was on 1-on-1 monitoring and then downgraded to Q15 minutes monitoring, resident did not verbalize wanting to leave facility. Resident was moved to the secured unit with physician and responsible party approval, with 1-on-1 monitoring re-instituted through a 72-hour adjustment period. Resident adjusted well to secured unit through this time and got recently downgraded to Q30-minute monitoring, which indicated no mention of attempting to elope as resident fully adjusted to this new unit .</p> <p>On 9/14/22, Surveyor reviewed a hand-written statement by a dietary staff member, dated 8/15/22, that stated, I was driving to work on Roller Ave (by [named] Construction) and saw [R2] walking so I asked [R2] to come for a ride with me and [R2] said ok but didn't want to go home. But I convinced [R2] to come with me. [R2] recognized me so [R2] got in. I drove [R2] right to work .time: 10:38</p> <p>On 9/14/22 at 12:53 PM, Surveyor interviewed RDCO-C who verified R2 was not moved to the secure unit until after R2's elopement from the facility on 8/16/22. RDCO-C indicated RDCO-C had asked facility administrative staff employed at the time of R2's elopement on 6/20/22 about moving R2 to the facility's secure unit. RDCO-C indicated the DON and Social Worker at the time felt R2's move to the secure unit would be detrimental and thought R2 would exhibit behavior that would be dangerous to other secure unit residents. Surveyor questioned RDCO-C about what R2's behavior had been like since R2's move to the secure unit. RDCO-C indicated R2 had adjusted to the secure unit without incident.</p> <p>On 9/14/22, Surveyor reviewed facility-provided documentation from R2's medical record to show the facility conducted 15-minute checks on R2 starting at 3:45 PM on 6/20/22 through all of 6/21/22 and 6/22/22. On 9/14/22, the facility provided no documentation to explain why 15-minute checks were discontinued or what else was done to keep R2 safe beyond 6/22/22.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525338	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/26/2022
NAME OF PROVIDER OR SUPPLIER  Beaver Dam Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  410 Roedl CT Beaver Dam, WI 53916	
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On 9/14/22 at 2:56 PM, Surveyor interviewed RDCO-C who verified the facility had no documentation to show the facility had conducted an investigation regarding R2's elopement on 6/20/22. RDCO-C verified R2's care plan did not address when R2's Wanderguard use was initiated or discontinued. RDCO-C indicated R2's medical record did not contain documentation as to why 15-minutes checks were stopped after R2's 6/20/22 elopement. RDCO-C indicated RDCO-C would expect resident medical records to contain documentation detailing reasons for decreasing supervision of a resident who had eloped from the facility and what specific interventions were put into place to keep the resident safe.</p> <p>On 9/14/22 at 3:54 PM, Surveyor interviewed NHA-A who indicted NHA-A could not locate in R2's medical record why the 15 minutes checks in June 2022 were stopped and what else was put into place to keep R2 safe. NHA-A verified R2's care plan was not updated to reflect R2's move to the secure unit on 8/19/22 or the 30-minute checks facility staff were conducting since R2's move to the secure unit. NHA-A verified R2's care plan should reflect current interventions in place for R2's safety.</p> <p>On 9/14/22 at 4:36 PM, Surveyor reviewed a map of [NAME] Dam, WI with NHA-A. Roller Avenue was located on the map and NHA-A stated, I was told it (the location R2 was found on 8/16/22) was about 5 blocks from facility. The map showed S Spring St/Highway G between the location of the facility and the location where R2 was found on 8/16/22. NHA-A verified R2 had to cross what looks like a busy main street (S Spring St/Highway G) to reach Roller Avenue.</p> <p>On 9/14/22 at 5:00 PM when Surveyor exited the facility, Surveyor noted Roller Ave was 0.7 mile from the facility according to a Global Positioning System (GPS). Surveyor drove to the intersection of Roller Ave and [NAME] Dr where [named] Construction was located. [NAME] Dr was a residential area which included houses and apartment buildings. There was a one-block stretch on the left of an open mowed field with a wooded area beyond. There was a stop sign at the intersection of [NAME] Dr and S Spring St/Hwy G. Surveyor had to wait for two cars to pass on S Spring St/Hwy G before crossing over. Surveyor could visualize two other cars on S Spring St/Hwy G in the distance while crossing the intersection. Roller Ave was a residential area. [Named] Construction was partially enclosed by a metal fence containing large construction equipment. [Named] Construction's building was not behind the fence. On the map referenced above, the [NAME] Dam River was located approximately one block beyond where R2 was found on 8/16/22, in the general direction R2 was heading.</p> <p>On 9/15/22 at 7:58 AM, Surveyor contacted the [NAME] Dam Police Department for a copy of the police report from R2's 6/20/22 elopement. The [NAME] Dam Police did not complete a formal police report but emailed Surveyor a Dispatch Report, dated 6/20/22, that indicated at 3:34 PM on 6/20/22, a call came from a person at an address on S Spring St/Hwy G indicating a [gender] subject in front of [person's] house, was on the ground, and is now walking toward S Lincoln (Street) and elderly [gender] with florescent Nike shoe, blue jeans, wearing a hat, was on the ground crawling, but then got up. EMS sent, responded on scene at 3:41 PM, R2's name listed. At 3:46 PM, the report stated, not a resident at [named Assisted Living facility]. At 3:49 PM, the report stated, [R2] is a resident at 410 [NAME] Court (facility's address), they will be sending their social worker to come pick [R2] up. They were unaware that [R2] had escaped and never set off the alarm. At 4:00 PM, the report stated, [R2] picked up by social worker and taken back to facility.</p> <p>(continued on next page)</p>		



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525338	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/26/2022
NAME OF PROVIDER OR SUPPLIER  Beaver Dam Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  410 Roedl CT Beaver Dam, WI 53916	
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On 9/15/22, Surveyor reviewed facility-provided documents to include a Teachable Moment Form, dated 8/23/22, that stated, I noticed you walked away from the desk to go get a resident from the hall - without getting a replacement or arming the door. This could result in safety issues, such as residents who are elopement risks walking out and away from the building unattended. Was there a good reason for you to handle the situation the way you did? What do you think you could have done differently to get a better result? I was filling in &amp; (and) I was not shown how to alarm the door. I was only shown how to answer the phone. The taxi --&gt; (handwritten arrow sign) From now on, I would like you to call or page for help and get a replacement at the desk when needing to leave or secure the door so it is locked and alarmed .</p> <p>On 9/15/22, Surveyor reviewed facility provided documents to include R2's Medication Administration Records (MARs) for June, July and August 2022 which included the order Monitor Q (every) shift and document on Mood and behavior and any attempts to leave the facility which started on the evening shift of 6/22/22 and continued through 8/31/22. The documents did not indicate how frequently in a shift staff were to monitor and check R2's location and safety.</p> <p>On 9/15/22, Surveyor reviewed facility-provided documents to include Follow Up Question Reports for the time frame of 6/20/22 through 8/19/22 which indicated CNAs documented approximately each shift every day whether or not R2 exhibited any behavior symptoms. The documents did not indicate how frequently in a shift staff were to monitor and check R2's location and safety.</p> <p>The facility's failure to provide supervision to prevent R2 from eloping, develop a system for routinely monitoring R2's whereabouts when R2 refused to wear a Wanderguard bracelet, and ensure staff understood how to monitor/engage the door alarm, created a finding of Immediate Jeopardy. The facility removed the jeopardy on 9/19/22 when it had completed the following:</p> <p>~Provided R2 with 1:1 monitoring until R2 was moved to a secure unit.</p> <p>~Continued 15 minute checks thereafter to monitor R2's behavior.</p> <p>~Educated all staff regarding the elopement policy and door alarm functioning.</p> <p>~Reviewed the policy and procedure to ensure regulatory requirements were met.</p> <p>~Updated the elopement binder and careplans for residents at risk for elopement.</p> <p>~Conducted an elopement drill.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525338	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/26/2022
NAME OF PROVIDER OR SUPPLIER  Beaver Dam Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  410 Roedl CT Beaver Dam, WI 53916	
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 0838  Level of Harm - Potential for minimal harm  Residents Affected - Many	<p>Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations and emergencies.</p> <p>18815</p> <p>Based on staff interview and record review, the facility did not ensure the Facility Assessment which documented the types of care required by the facility resident population and the Emergency Preparedness Plan were reviewed at least annually, as required. This had the potential to affect all residents that resided at the facility.</p> <p>The facility had not updated the Facility Assessment since 4/8/2020.</p> <p>The facility had not updated the Emergency Preparedness Plan since July 2021.</p> <p>Findings include:</p> <p>On 9/26/22 at approximately 1:50 PM, the Surveyor reviewed the Facility Assessment and the facility Emergency Preparedness Plan. The Facility Assessment was last updated on 4/8/2020 and the Emergency Preparedness Plan was last updated July 2021.</p> <p>On 9/26/22 at 12:20 PM, the Surveyor interviewed NHA (Nursing Home Administrator)-A regarding the Facility Assessment and the facility Emergency Preparedness Plan. NHA-A verified the Facility Assessment had not been updated since 4/8/2020 and the facility Emergency Preparedness Plan had not been updated since July 2021. NHA-A then stated, the Facility Assessment and the facility Emergency Preparedness Plan need to be reviewed/updated annually. Additionally, NHA-A stated NHA-A did not know the last NHA didn't complete the Facility Assessment and the facility Emergency Preparedness Plan annually.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525338	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/26/2022
NAME OF PROVIDER OR SUPPLIER  Beaver Dam Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  410 Roedl CT Beaver Dam, WI 53916	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>18815</p> <p>Based on observation and staff interview, the facility did not maintain an infection control program designed to prevent the development and transmission of disease and infection during care observations involving 1 Resident (R) (R1) of 3 sampled residents.</p> <p>Staff did not cleanse hands during an observation of cares for R1.</p> <p>Findings include:</p> <p>The Morbidity and Mortality Weekly Report dated 10/25/02 and published by the CDC (Centers for Disease Control and Prevention) entitled, Guideline for Hand Hygiene in Health Care Settings, indicated recommendations to wash hands after removing gloves and to decontaminate hands after contact with body fluids or excretions and when moving from a contaminated body site to a clean body site during patient care. The above information can also be found at: <a href="https://www.cdc.gov/handhygiene/providers/index.html">https://www.cdc.gov/handhygiene/providers/index.html</a> with the page last reviewed on January 8, 2021.</p> <p>1. On 9/14/22 at 12:20 PM, the Surveyor observed CNA (Certified Nursing Assistant)-D and CNA-E provide cares for R1. CNA-D and CNA-E washed hands and put gloves on. CNA-D partially removed R1's brief and verified R1's brief was dry. CNA-D cleansed R1's genital area with disposable wipes. Without removing gloves and without washing or sanitizing hands, CNA-D picked up the clean brief, handed the clean brief to CNA-E, assisted CNA-E to roll R1, cleansed R1's anal of a small amount of stool, cleansed R1's buttocks, completely removed the brief from under R1, cleansed R1's genital area again with disposable wipes, wiped a small amount of stool from R1's anal area again, placed the clean brief on R1, placed a clean cloth incontinence pad under R1, pulled R1's gown down, and assisted CNA-E with boosting R1 up in bed. CNA-D removed gloves and without washing or sanitizing hands, CNA-D put clean gloves on and placed the heels up device under R1's legs, placed a pillow on R1's left side, and placed a sheet over R1. CNA-D removed gloves and without washing or sanitizing hands, CNA-D moved the privacy curtain, lowered the bed with remote, moved the tray table, moved R1's water jug, and remotes. CNA-D then washed hands.</p> <p>On 9/14/22 at 12:37 PM, the Surveyor interviewed CNA-D regarding hand hygiene during cares for R1. CNA-D verified the above observations and stated, I get what you're saying going from dirty to clean. Many times if we know there's a mess, we'll double glove so can just remove a glove.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525338	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/26/2022
NAME OF PROVIDER OR SUPPLIER  Beaver Dam Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  410 Roedl CT Beaver Dam, WI 53916	
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 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p>18815</p> <p>Based on staff interview and record review, the facility did not ensure 3 CNAs (Certified Nursing Assistants) (CNA-F, CNA-G, and CNA-H) of 4 sampled CNAs employed at the facility for more than one year received 12 hours per year of in-service training. Lack of identifying training needs and failure in providing required training had the potential to impact multiple residents in the facility.</p> <p>~ CNA-F was hired on 5/12/13. CNA-F did not have 12 hours of in-service training during the most recent anniversary of hire year.</p> <p>~ CNA-G was hired on 4/12/17. CNA-G did not have 12 hours of in-service training during the most recent anniversary of hire year.</p> <p>~ CNA-H was hired on 6/27/20. CNA-H did not have 12 hours of in-service training during the most recent anniversary of hire year.</p> <p>Findings include:</p> <p>CNA-F was hired on 5/12/13. Review of education was completed for 5/12/21 - 5/12/22. CNA-F completed 2 hours and 16 minutes of in-service training that included abuse and dementia care training. CNA-F did not complete the required 12 hours per year of in-service training.</p> <p>CNA-G was hired on 4/12/17. Review of education was completed for 4/12/21 - 4/12/22. CNA-G completed 1 hour and 29 minutes of in-service training that included abuse and dementia care training. CNA-G did not complete the required 12 hours per year of in-service training.</p> <p>CNA-H was hired on 6/27/21. Review of education was completed for 6/27/21 - 6/27/22. CNA-H completed 4 hours and 58 minutes of in-service training that included abuse and dementia care training. CNA-H did not complete the required 12 hours per year of in-service training.</p> <p>On 9/26/22 at 1:22 PM, the Surveyor interviewed NHA (Nursing Home Administrator)-A regarding hours of in-service training completed for CNA-F, CNA-G and CNA-H. NHA-A verified CNA-F, CNA-G and CNA-H did not meet the 12 hours per year of in-service training required. NHA-A would look for further training provided to CNA-F, CNA-G and CNA-H.</p> <p>On 9/26/22 at 2:55 PM, the Surveyor interviewed RDCO (Regional Director of Clinical Operations)-C regarding hours of in-service training completed for CNA-F, CNA-G and CNA-H. RDCO-C verified the facility was not able to locate more training to equal 12 hours of training per year for CNA-F, CNA-G and CNA-H.</p>		