

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 05/10/2023
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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>18815</p> <p>Based on staff interview and record review, the facility did not implement written policies and procedures to prohibit mistreatment, neglect and abuse of residents for 2 of 8 staff reviewed during the caregiver program compliance check.</p> <p>Licensed Practical Nurse (LPN)-C was hired on 2/20/23. Neither the staffing agency or the facility attempted to obtain information (references) from previous employers or current employers regarding LPN-C.</p> <p>Certified Nursing Assistant (CNA)-D was hired on 7/27/22. Neither the staffing agency or the facility attempted to obtain information from previous employers or current employers regarding CNA-D.</p> <p>Findings include:</p> <p>The facility's undated Abuse/Neglect/Exploitation policy stated the facility will provide protections for the health, welfare and rights of each resident by developing and implementing policies and procedures that prohibit and prevent abuse, neglect, exploitation, and misappropriation of resident property. Potential employees will be screened for a history of abuse, neglect, exploitation, or misappropriation of resident property. Background, reference, and credentials checks shall be conducted on potential employees, contracted temporary staff, students affiliated with academic institutions, volunteers, and consultants. Screenings may be conducted by the facility itself, a third-party agency, or an academic institution. The facility will maintain documentation of proof that the screening occurred.</p> <p>On 5/10/23 and 5/11/23, Surveyor completed a caregiver program compliance check for eight sampled staff.</p> <p>1. LPN-C was hired on 2/20/23. On 5/10/23, Surveyor requested to review LPN-C's criminal background check, including references. The facility was not able to provide references for LPN-C.</p> <p>2. CNA-D was hired on 7/27/22. On 5/10/23, Surveyor requested to review CNA-D's criminal background, including references. The facility was not able to provide references for CNA-D.</p> <p>On 5/10/23 at 1:09 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A regarding references for LPN-C and CNA-D. NHA-A stated the facility was not able to locate references for LPN-C and CNA-D and would contact the agency LPN-C and CNA-D worked for to obtain the references.</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

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

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

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F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 5/11/23, Surveyor received an email from NHA-A regarding references for LPN-C and CNA-D. The email contained a statement from Executive Director (ED)-E of the staffing agency. The statement was dated 5/10/23 and stated, Sorry as contractors we don't do references.		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>18815</p> <p>Based on staff interview and record review, the facility did not ensure allegations of abuse for 3 Residents (R) (R1, R5 and R3) of 4 residents were reported to the State Agency (SA) and/or the Nursing Home Administrator (NHA) in a timely manner.</p> <p>Staff and a family member reported an allegation of abuse to NHA-A after Former Director of Nursing (FDON)-I and Former Assistant Director of Nursing (FADON)-J completed a blood draw for R1 on 3/17/23. The allegation of abuse was not reported to the SA within 24 hours and the results of the investigation were not reported to the SA within five working days.</p> <p>Staff reported an allegation of abuse involving R5 to FADON-J during the night shift on 4/10/23. The allegation of abuse was not reported to NHA-A until the morning of 4/11/23.</p> <p>Staff reported an allegation of abuse to NHA-A on 5/5/23 that occurred on 5/2/23 and involved R3. In addition, the allegation of abuse was not reported to the SA within 24 hours and the results of the investigation were not reported to the SA within five working days.</p> <p>Findings include:</p> <p>The facility's undated Abuse/Neglect/Exploitation policy indicated it is the policy of the facility to provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation, and misappropriation of property. All alleged violations will be reported to the NHA, State Agency, Adult Protective Services and to all other required agencies, including law enforcement when applicable. The allegation of abuse will be reported immediately, but not later than two hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury. The NHA will report the results of the investigation within five working days of the incident, as required by the SA.</p> <p>1. On 5/9/23, Surveyor reviewed R1's medical record. R1 was admitted to the facility with diagnoses to include diabetes mellitus, cirrhosis of the liver and hepatic encephalopathy. R1's quarterly Minimum Data Set (MDS) assessment, dated 5/2/23, documented R1's cognition was 8 out of 15 (the higher the score, the more cognizant).</p> <p>On 5/10/23 at 9:23 AM, Surveyor interviewed FADON-J via telephone regarding a blood draw for R1. FADON-J stated FADON-J went in R1's room with FDON-I to complete a blood draw for R1 in case FDON-I was unable to obtain blood. FADON-J stated FADON-J tapped on R1's arm to get blood to come to the surface and family was in the room at the time. FDON-I reported an allegation of abuse to NHA-A that indicated when FADON-J was tapping on R1's arm, FADON-J was leaving marks. NHA-A discussed the allegation with FADON-J.</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/10/23 at 10:15 AM, Surveyor interviewed FDON-I via telephone regarding a blood draw for R1. FDON-I stated FADON-J was tapping R1's arm a little rough when trying to draw blood. One of R1's family members stated the tapping method is never used and suggested a warm washcloth which another family member obtained to place on R1's arm. FDON-I did not consider this an allegation of abuse even though FDON-I felt FADON-J was a little rough and stated someone else reported the incident to NHA-A. FDON-I stated FDON-I wrote a statement regarding the allegation of abuse.</p> <p>On 5/10/23 at 11:59 AM, Surveyor interviewed NHA-A who stated FADON-J talked with NHA-A regarding the blood draw for R1. FADON-J advised NHA-A that FADON-J placed a warm compress on R1's arm prior to drawing blood. NHA-A then interviewed R1's Family Member (FM)-K because it bothered NHA-A that FADON-J told NHA-A about the blood draw. When interviewed, FM-K did not have any concerns with the blood draw. NHA-A verified the facility did not submit an initial allegation of abuse to the SA within 24 hours and the results of the investigation were not reported to the SA within five working days as required.</p> <p>On 5/10/23 at 1:35 PM, Surveyor interviewed FM-K regarding R1's blood draw. FM-K verified FM-K was in the room when FDON-I and FADON-J drew R1's blood and stated both FDON-I and FADON-J were tapping and smacking R1's arm to get the vessel to the surface. FM-K suggested putting a warm washcloth on the vein. When the warm washcloth was placed on R1's arm, the vein popped up giving blood within one minute. FM-K verified FM-K told NHA-A about the petechiae that developed on R1's arm after FDON-I and FADON-J were tapping and smacking R1's arm. FM-K stated when FM-K told NHA-A about the tapping and smacking on R1's arm, FM-K did not want to get anyone in trouble and requested the information be used as an opportunity to educate staff and investigate the incident which left marks on R1's arm.</p> <p>The facility did not submit an initial report regarding the allegation of abuse to the SA within 24 hours and the results of the investigation were not reported to the SA within five working days as required.</p> <p>2. On 5/9/23, Surveyor reviewed R5's medical record. R5 was admitted to the facility with diagnoses to include Alzheimer's disease and depression. R5's admission MDS assessment, dated 3/10/23, documented R5's cognition was severely impaired.</p> <p>On 5/10/23 at 9:23 AM, Surveyor interviewed FADON-J via telephone regarding an allegation of abuse involving R5 that occurred during the night shift on 4/10/23. FADON-J verified an allegation of abuse was reported to FADON-J via telephone by Certified Nursing Assistant (CNA)-L regarding Licensed Practical Nurse (LPN)-C and CNA-D pulling R5 forcefully out of a room, pushing R5 down in a wheelchair and swearing at R5. FADON-J stated FADON-J wrote the information down, but did not report the allegation of abuse to NHA-A until the next morning because FADON-J knew FADON-J had 24 hours to report the allegation of abuse to the SA. LPN-C and CNA-D were allowed to work the entire night shift which did not provide protection from abuse to residents residing in the facility.</p> <p>On 5/11/23 at 10:58 AM, Surveyor interviewed CNA-L via telephone regarding the allegation of abuse involving R5. CNA-L stated CNA-L called FADON-J on 4/10/23 at 11:50 PM to report LPN-C and CNA-D were pulling R5 forcefully out of another resident's room by the arms. R5 was hunched over, butt out while LPN-C and CNA-D were pulling R5 out the door. Once R5 was out the door of the other resident's room, LPN-C pushed R5 down in the wheelchair and stated to R5, You're going to bed, not dealing with your shit tonight. R5 was wheeled down the hall to R5's room. FADON-J stated the allegation of abuse would be handled in the morning.</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>FADON-J did not report the allegation of abuse to NHA-A when the allegation was reported to FADON-J. Not reporting the allegation of abuse to NHA-A until the next morning allowed LPN-C and CNA-D to work the entire night shift which did not provide protection from abuse to residents residing in the facility.</p> <p>3. On 5/9/23, Surveyor reviewed R3's medical record. R3 was admitted to the facility with diagnoses to include cerebral infarction and encephalopathy. R3's quarterly MDS assessment, dated 5/3/23, documented R3's cognition was severely impaired.</p> <p>On 5/10/23 at 12:15 PM, Surveyor interviewed NHA-A regarding an allegation of abuse involving R3 that occurred on 5/2/23 at approximately 4:00 PM and was not reported to NHA-A until 5/5/23. R3 hit a staff member on 4/29/23 because the staff member did not administer R3's medications when requested. NHA-A verified Alzheimer's Care Unit Director (ACUD)-M wrote a statement on 5/5/23 regarding the allegation of abuse that occurred on 5/2/23 and was not reported to NHA-A until 5/5/23 after R3 hit another staff member on 5/4/23. The statement indicated Activity Assistant (AA)-N overheard LPN-C tell an unknown staff member if we provoke (R3) and (R3) does it again (hits) we can get (R3) sent out and refuse to take (R3) back. NHA-A verified the allegation of abuse was not reported NHA-A until 5/5/23 and was not reported to the SA.</p> <p>On 5/10/23 at 12:40 PM, Surveyor interviewed ACUD-M regarding the allegation of abuse involving R3 that occurred on 5/2/23. ACUD-M stated R3 had a communication concern, not dementia. ACUD-M verified AA-N reported to ACUD-M on 5/2/23 that AA-N overheard LPN-C tell an unknown staff member if we provoke (R3) and (R3) does it again (hits) we can get (R3) sent out and refuse to take (R3) back. ACUD-M confirmed the statement was only reported to R3's caseworker and social worker due to the sensitive nature of the report, not to NHA-A.</p> <p>The facility did not submit an initial report regarding the allegation of abuse to the SA within 24 hours and the results of the investigation were not reported to the SA within five working days as required.</p>		

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<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>18815</p> <p>Based on staff interview and record review, the facility did not ensure all allegations of abuse were thoroughly investigated for 3 Residents (R) (R1, R5 and R3) of 5 residents.</p> <p>The facility did not conduct a thorough investigation of an allegation of abuse involving R1 when the facility did not document the allegation of abuse, interview other staff and residents, and provide staff education after the allegation of abuse was reported to administration.</p> <p>The facility did not conduct a thorough investigation of an allegation of abuse involving R5 when the facility did not provide staff education after the allegation of abuse was reported to administration.</p> <p>The facility did not conduct a thorough investigation of an allegation of abuse involving R3 when the facility did not interview other staff and residents, and did not provide staff education after the allegation of abuse was reported to administration.</p> <p>Findings include:</p> <p>The facility's undated Abuse/Neglect/Exploitation policy indicated it is the policy of the facility to provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of property. An immediate investigation is warranted when suspicion of abuse, neglect or exploitation, or reports of abuse, neglect or exploitation occur. The facility will identify and interview all involved persons, including the alleged victim, alleged perpetrator, witnesses and others who might have knowledge of the allegations. Focus the investigation on determining if abuse, neglect exploitation, and/or mistreatment has occurred, the extent, and cause; and provide complete and thorough documentation of the investigation. The facility will make efforts to ensure all residents are protected from physical and psychosocial harm during and after the investigation by responding immediately to protect the alleged victim and integrity of the investigation.</p> <p>1. On 5/9/23, Surveyor reviewed R1's medical record. R1 was admitted to the facility with diagnoses to include diabetes mellitus, cirrhosis of the liver and hepatic encephalopathy. R1's quarterly Minimum Data Set (MDS) assessment, dated 5/2/23, documented R1's cognition was 8 out of 15 (the higher the score, the more cognizant). A progress note, written on 3/17/23 at 7:01 PM by Former Assistant Director of Nursing (FADON)-J, stated labs were obtained from R1 via three (3) attempts.</p> <p>On 5/10/23 at 9:23 AM, Surveyor interviewed FADON-J via telephone regarding a blood draw for R1. FADON-J stated FADON-J went in R1's room with Former Director of Nursing (FDON)-I to complete a blood draw for R1. FADON-J stated FADON-J tapped on R1's arm to get blood to come to the surface and R1's family was in the room at the time. This was reported to Nursing Home Administrator (NHA)-A as an allegation of abuse.</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/10/23 at 10:15 AM, Surveyor interviewed FDON-I via telephone regarding a blood draw for R1. FDON-I stated FADON-J was tapping R1's arm a little rough when trying to draw blood. One of R1's family members stated the tapping method is never used and suggested a warm washcloth. FDON-I stated FDON-I wrote a statement regarding the allegation of abuse and gave the statement to NHA-A.</p> <p>On 5/10/23 at 11:59 AM, Surveyor interviewed NHA-A regarding a blood draw for R1. NHA-A stated FADON-J talked with NHA-A regarding the blood draw for R1, but not regarding an allegation of abuse because NHA-A had not received an allegation of roughness regarding the blood draw. NHA-A stated NHA-A spoke with R1's Family Member (FM)-K regarding the blood draw and FM-K indicated everything was fine, (FM-K) liked how (FADON-J) had done the blood draw. NHA-A then confirmed the facility did not complete a thorough investigation of the allegation of abuse because the facility did not document the allegation of abuse, did not interview other residents and staff, and did not educate staff regarding abuse.</p> <p>On 5/10/23 at 1:35 PM, Surveyor interviewed FM-K regarding the blood draw for R1. FM-K verified FM-K was in the room when FDON-I and FADON-J drew R1's blood and stated both FDON-I and FADON-J were tapping and smacking R1's arm to get the vessel to the surface. FM-K verified FM-K told NHA-A about the petechiae that developed on R1's arm after FDON-I and FADON-J were tapping and smacking R1's arm. FM-K stated when telling NHA-A about the tapping and smacking on R1's arm, FM-K did not want to get anyone in trouble and requested the information be used as an opportunity to educate staff and investigate the incident which left marks on R1's arm.</p> <p>The facility did not complete a thorough investigation of the allegation of abuse as the facility did not document the allegation of abuse, did not interview other staff and residents, and did not educate staff regarding abuse.</p> <p>2. On 5/10/23, Surveyor reviewed a facility-reported incident (FRI) investigation regarding R5. The date occurred and date of discovery were documented as 4/10/23. The report indicated Certified Nursing Assistant (CNA)-L reported Licensed Practical Nurse (LPN)-C and CNA-D were pulling R5 out of a room and then LPN-C pushed R5 down in a wheelchair. The FRI included education to LPN-C and CNA-D on why it is good practice to use a gait belt when transferring a resident. Other education provided to some staff included the five (5) elements that strengthen a customer service program, respect among employees is important and if attitude was measurable. In addition, the FRI indicated two staff members were educated on abuse on 4/8/23. All staff including LPN-C and CNA-D were not educated on abuse.</p> <p>On 5/10/23 at 12:15 PM, Surveyor interviewed NHA-A regarding the allegation of abuse involving R5. NHA-A stated abuse education was not completed for staff because staff were educated on abuse prior to the allegation of abuse.</p> <p>3. On 5/9/23, Surveyor reviewed R3's medical record. R3 was admitted to the facility with diagnoses to include cerebral infarction and encephalopathy. R3's quarterly MDS assessment, dated 5/3/23, documented R3's cognition was severely impaired.</p> <p>(continued on next page)</p>		

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>On 5/10/23 at 12:15 PM, Surveyor interviewed NHA-A regarding an allegation of abuse that was reported to NHA-A on 5/5/23 involving R3. NHA-A was provided with a statement, dated 5/5/23, that stated Activity Assistant (AA)-N overheard LPN-C tell an unknown staff member on 5/2/23 if we provoke (R3) and (R3) does it again (hits) we can get (R3) sent out and refuse to take (R3) back. NHA-A verified the allegation of abuse was reported to NHA-A. NHA-A confirmed the facility did not complete a thorough investigation of the allegation of abuse because other staff and residents were not interviewed, and the facility did not educate staff regarding abuse.</p> <p>The facility did not complete a thorough investigation of the allegation of abuse as the facility did not interview other staff and residents, and did not educate staff regarding abuse.</p>		

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<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<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** 38793</p> <p>Based on staff and resident interview and record review, the facility did not ensure dressing changes were completed as ordered for 1 Resident (R) (R2) of 2 residents reviewed.</p> <p>R2 had a physician order to change a central line dressing every 72 hours. The dressing was not changed for 11 days. On 4/27/23, R2 was transferred to the emergency room (ER) with signs of infection and was prescribed antibiotic treatment.</p> <p>Findings include:</p> <p>The facility's Catheter Insertion and Care: Central Venous Catheter Dressing Changes policy, revised July 2011, contained the following information: Central venous catheter dressings will be changed at specific intervals, or when needed, to prevent catheter-related infections that are associated with contaminated, loosened, soiled, or wet dressings .Dressing changes will include: removal of the old dressing, observation and evaluation of the catheter-skin junction and surrounding tissue, cleansing with an approved antiseptic solution, replacement of any stabilization device, and application of a sterile dressing .Apply sterile transparent dressing to area .label with initials, date and time.</p> <p>R2 was admitted to the facility on [DATE] with diagnoses to include femur (hip) fracture, osteomyelitis (bone infection), diabetes, and depression. R2's most recent Minimum Data Set (MDS) assessment, dated 3/31/23, contained a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R2 had intact cognition.</p> <p>R2's most recent care plan, dated 3/31/23, stated R2 had the potential for infection/complication related to intravenous (IV) use via central line and contained a goal that R2 would remain free from signs and symptoms of infection. Care plan interventions included: Change IV tubing, dressings, and caps according to order or more frequently as needed; Monitor site for signs and symptoms of infection: redness, inflammation, drainage, irritation to the vein.</p> <p>On 5/9/23, Surveyor interviewed R2 regarding R2's central line dressing changes. R2 verified staff missed some of R2's dressing changes before R2 was transferred to the hospital on 4/27/23. R2 stated the area became infected a few weeks ago and was very painful to the touch.</p> <p>On 5/9/23 at 12:29 PM, Surveyor noted R2's central line dressing was clean and intact; however, the dressing did not contain initials or a date.</p> <p>On 5/9/23, Surveyor reviewed R2's medical record, including physician orders, Treatment Administration Record (TAR) and hospital notes. R2 had a physician order, dated 4/10/23, to change the central line dressing every 72 hours. Per R2's TAR, the treatment was completed on 4/10/23, 4/13/23, 4/16/23, 4/19/23, and 4/25/23. R2's TAR did not contain initials or indicate the treatment was completed on 4/22/23.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/10/23 at 10:15 AM, Surveyor interviewed Director of Nursing (DON)-B who verified staff should date and initial dressings when applying a new dressing. DON-B was not aware of any concerns related to R2's central line dressing changes, but verified R2 was treated for an infection at the central line site.</p> <p>A nursing progress note, dated 4/27/23 at 7:53 AM, indicated R2's central line was red and warm around the site and stated R2 had pain even when blankets touched the site.</p> <p>A nursing progress note, dated 4/27/23 at 8:22 AM, contained the following information: (R2) complaining of pain in right chest where central line is placed. Area is red, warm to the touch and an angry red orders to send to the ER to evaluate and treat.</p> <p>An ER visit note, dated 4/27/23, contained the following information: Central line dressing not intact. Gauze underneath saturated with yellow drainage. Skin around site is reddened and excoriated (skin damage). Appears dressing has not been changed since 4/16/23.</p> <p>On 5/11/23 at 7:02 AM, Surveyor interviewed ER Registered Nurse (RN)-H who stated upon R2's arrival to the ER on [DATE], R2's central line dressing was dated 4/16. RN-H stated the central line site was infected and R2 was prescribed Clindamycin (antibiotic) 450 mg (milligrams) three times daily for five days.</p> <p>On 5/11/23 at 7:42 AM, Surveyor interviewed Licensed Practical Nurse (LPN)-F who initialed the central line dressing change in R2's TAR on 4/19/23. LPN-F stated LPN-F had never done a dressing change on R2's central line, but recalled assessing the area around the dressing. LPN-F verified LPN-F did not complete R2's central line dressing change on 4/19/23.</p> <p>On 5/11/23 at 9:26 AM, Surveyor interviewed LPN-G who initialed the central line dressing change in R2's TAR on 4/25/23. LPN-G stated LPN-G could not recall ever completing a central line dressing change for R2.</p>		