

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

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No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525397	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/09/2021
NAME OF PROVIDER OR SUPPLIER Dove Healthcare - Superior		STREET ADDRESS, CITY, STATE, ZIP CODE 1800 New York Ave Superior, WI 54880	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22548</p> <p>Based on observation, record review, policy review, and interviews the facility did not provide adequate assistive devices to prevent accidents for 1 (R1) out of 3 sampled residents reviewed for safe mobility using a power wheelchair.</p> <p>R1 has used a power wheelchair for greater than [AGE] years due to paraplegia following a motor vehicle accident in 1998. R1 had no sensation and no movement of self from the lower chest area down and was taking a blood thinner to prevent blood clots. R1 was dependent on staff for transfers in and out of the power wheelchair. Once seated in the power wheelchair, R1 required 2 leg straps, one around the mid thigh and the other around the mid calf, to keep legs together and on the foot platform due to paraplegic status. These straps were not provided when R1 left the building on [DATE] in the power wheelchair. R1's legs fell off the platform and her right foot dragged four blocks on the sidewalk, causing significant bleeding. R1 was sent to the hospital via ambulance, treated for hypovolemic (low blood volume) shock to include intravenous fluids, intravenous antibiotics, and two units of packed red blood cells. Once R1 was medically stable, R1's 4th and 5th toes on the right foot were amputated and the remaining abrasions and toes were surgically debrided. R1 was readmitted to the facility following the hospital stay on [DATE].</p> <p>The facility's failure to assess and care plan R1's safe power wheelchair use on all terrains and to implement a plan that would keep her safe created a finding of immediate jeopardy that began on [DATE]. Regional Director notified Director of Nursing of the immediate jeopardy on [DATE] at 3:00 p.m. The immediate jeopardy was removed on [DATE]; however, the deficient practice continues at a scope/severity of D (potential for more than minimal harm/isolated) as the facility continues to implement its removal plan.</p> <p>This is evidenced by:</p> <p>Surveyor requested and reviewed the policies titled, Power Operated Vehicle and Scooter Policy, and, Leave of Absence and Against Medical Advice Process and Acknowledgement Policy.</p> <p>The power chair policy included the completion of an assessment for the safe use of the power chair, residents acknowledgment and agreement to the safe handling of the power chair, and residents were provided a copy of the facility policy for power chair use. There was no evidence that R1 was provided with an assessment, policy, or acknowledgment of the use of power chairs.</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

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	<p>The LOA (Leave of Absence) process was for the resident to sign out on a form kept at the nursing desk. The form included the name of the resident, date and time of departure, signature of responsible person accepting responsibility for resident, destination, contact phone number, and expected time of return. R1 had been leaving the facility almost daily according to facility records, care plan, and staff interviews, however, R1 had never signed out using the LOA process so that the facility would know R1's destination and have the ability to assist R1 when on leave out of the building.</p> <p>R1 was admitted to this facility on [DATE] for 30 days of rehabilitation then discharge to home to live with daughter in Wisconsin. R1 was transferred from a sister nursing facility in Minnesota to this facility to establish residency in Wisconsin. R1 had the following, but not all inclusive, diagnoses: paraplegia, end stage renal (kidney) disease on dialysis, heart failure, atrial fibrillation on Coumadin, and post motor vehicle accident in 1998 that resulted in paraplegia.</p> <p>According to the interdisciplinary progress notes, R1 was alert and oriented and able to make needs known.</p> <p>The facility completed an admission MDS (Minimum Data Set) assessment for R1 on [DATE], however, Section C, cognition, was not completed and there was no brief mental status interview conducted.</p> <p>On [DATE] at 12:50 p.m., Surveyor interviewed FM (family member of R1)-F. FM-F stated R1 had used a power wheelchair for decades and has had only one incident when R1's foot fell off of the platform and caused an ankle fracture. FM-F stated since that incident, R1 has used leg straps to secure both legs and prevent them from falling off of the platform. FM-F stated because R1 cannot move her legs, the use of the mid-thigh leg strap and mid-calf strap were imperative to keep R1's feet on the platform. FM-F also stated R1 was to wear utility style work boots on both feet once up in the power wheelchair to prevent the shoes from falling off and to protect R1's toes and feet in the event of an accident.</p> <p>FM-F stated at the time of admission, she had a phone conversation with NM (Nurse Manager)-D and SS (Social Service)-E regarding the need for the two leg straps once R1 was seated in the power wheelchair. FM-F stated R1 required staff to assist with the leg strap placement as R1 could not reach forward safely.</p> <p>In addition, FM-F stated she also reminded the transferring nursing facility to send the two leg straps along with the power wheelchair.</p> <p>Review of the activity care plan dated [DATE], R1 was, independent and uses power chair to enhance independence with paraplegic diagnosis. Resident likes to go outside and will frequently leave the building on her own in her power chair. Surveyor reviewed the comprehensive care plan and there was no other mention of the power wheelchair and donning 2 leg straps for R1.</p> <p>Review of the CNA (Certified Nursing Assistant) care plan had no additional information on R1's ability to safely use the power wheelchair or the need for the leg straps to secure R1's legs.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On [DATE], at approximately 11:00 a.m., R1 left the facility in the power wheelchair and did not sign out or make her plans known per facility policy. R1 left without any cellular phone or means to call for help if needed. At approximately 11:30 to 12:00 noon, R1 came upon a young man mowing lawn. R1 stopped and asked the young man to help with her shoe and sock. The young man saw the extensive injuries with visible bone tissue to R1's right foot with the bleeding and called 911. R1 stated she, passed out and remembers waking up in the ambulance.</p> <p>According to the facility investigation that was initiated on [DATE], R1 was found on [NAME] Street which was four blocks from the facility. The police and ambulance arrived and the police noted a trail of blood extending four blocks and ending where R1 was seated in her power wheelchair with a pool of blood around R1's right foot. R1 was transferred to the hospital emergency department for treatment of right foot injuries.</p> <p>Surveyor requested a copy of the facility investigation, but these documents were not provided. DON-B (Director of Nurses) stated she had submitted the investigation; however, the evidence provided did not support the facility reported incident had been completed.</p> <p>On [DATE] at 12:50 p.m., Surveyor interviewed FM (family member R1)-F. FM-F stated she was told by the emergency department provider at the hospital R1 was not wearing any leg straps when R1 arrived on [DATE]. FM-F stated the police and local ambulance noted R1 had lost a shoe and sock and had left a blood trail for four city blocks before finding a bystander to call for help. FM-F stated the hospital emergency department provider told her R1 had lost a lot of blood and likely could have died within minutes of calling for help.</p> <p>Review of the hospital records did confirm FM-F statement about the absence of the right shoe. In addition, the hospital notes did state R1 passed out while waiting for the ambulance to arrive. The hospital history and physical noted hypovolemic shock with a low blood pressure of ,d+[DATE]. R1 was treated with intravenous fluids, intravenous antibiotics, and 2 units of packed red blood cells prior to surgery. R1 required amputation of the 4th and 5th toes on the right foot and debridement of the other remaining toes and an abrasion of the right foot.</p> <p>On [DATE] at 12:15 p.m., Surveyor interviewed DON-B regarding R1's power wheelchair incident. DON-B stated R1 was her own decision maker and had frequently gone outside using her power wheelchair. DON-B stated residents are expected to sign out if they want to leave the facility.</p> <p>DON-B stated she was alerted to R1's problems with the power wheelchair prior to the [DATE] event and had been proactive by requesting therapy evaluations of all power wheelchairs in the facility but stated that did not happen. DON-B stated she had reported her concerns with R1's power wheelchair to her superiors but again there was no support to get the power wheelchair assessments completed. DON-B stated the facility contracted therapy services. DON-B stated she was very displeased with therapy services regarding R1 and others with power wheelchairs. DON-B stated she did not recall how she learned of R1's problems with the power wheelchair and had made no other changes to R1's care plan. DON-B stated her inkling for problems regarding R1 was correct and stated she knew something bad could happen to R1 because of her power wheelchair. Surveyor asked if there were any other interventions to R1's safety and DON-B responded there were no other interventions considered.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On [DATE] at 1:30 p.m., Surveyor interviewed RD (Rehab Director)-H regarding power wheelchairs. RD-H stated there had been no power wheelchair assessments completed prior to today. RD-H stated she was unaware of any power wheelchair assessments completed for R1 since her admission on [DATE]. RD-H stated R1's power wheelchair assessment would be done today.</p> <p>On [DATE] at 11:55 a.m. and again at 1:45 p.m., Surveyor interviewed OT (Occupational Therapist)-C who stated he had worked with R1 since the time of admission. OT-C stated on [DATE] he observed R1 in the power wheelchair but did not recall seeing any leg straps in place. OT-C stated R1 was safe with the power wheelchair for mobility but was totally dependent on staff for all lower body movement due to paraplegic status. OT-C stated R1 had mentioned the use of gait belts around her legs to keep legs securely on the platform; however there were no gait belts in place on [DATE] during the evaluation. Review of therapy evaluations and notes did not reveal any mention of leg straps or gait belts to be used to secure R1's legs.</p> <p>OT-C stated when evaluating a power wheelchair he assesses for safe mobility and also assesses for any current and additional modifications to the power wheelchair. OT-C stated the leg straps would be considered a modification to the standard power wheelchair.</p> <p>OT-C stated R1 had an incident on [DATE] when her feet came off of the foot platform and caused injuries to her toes. OT-C stated R1 was hospitalized and had two toes amputated due to the injury. OT-C stated R1 returned to the facility on [DATE] and planned discharge to live with daughter soon. OT-C stated R1 was awaiting a new power wheelchair but this was held up due to insurance issues.</p> <p>OT-C stated since R1's return from the hospital on [DATE], R1 used a manual wheelchair with elevating foot rest due to lower extremity edema since surgery. OT-C stated the power wheelchair R1 owned had an elevating foot rest feature but it was not working. OT-C also stated R1 was given a manual wheelchair because she was not safe to operate a power wheelchair at this time.</p> <p>OT-C did complete a power wheelchair evaluation for R1 on [DATE]. Noted in that evaluation was R1's feet fell off of the platform with minimal side pressure and a recommendation to modify the wheelchair with a padded foot box was made.</p> <p>On [DATE] at 2:06 p.m., Surveyor interviewed SS-E. SS-E stated she had a phone conversation on [DATE] from FM-F regarding R1's leg straps not in place on [DATE]. SS-E provided a copy of the email she sent on [DATE] to DON-B and others stating FM-F stated the leg straps need to be on anytime R1 was in the power wheelchair. The email further stated the transferring facility did not have a care plan indicating the use of leg straps. The email also stated information regarding R1's care plan and power wheelchair assessment were not provided to the facility at the time of the transfer.</p> <p>On [DATE] at 11:55 a.m., Surveyor observed LPN (Licensed Practical Nurse)-G complete R1's right foot dressing change. Surveyor observed the right foot which had sutures intact on the inner aspect of the distal right foot as well as at the amputation of the 4th and 5th toes. The great toe, 2nd, and 3rd toe all had healing abrasions on the dorsal (top) side. There was no evidence of infection. LPN-G cleaned the surgical incisions with normal saline then painted the incisions and abrasions with betadine. The incisions were covered with gauze and wrapped with kerlix. R1 experienced no sensation during the dressing change. There was moderate dependent edema of both legs and feet.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>The failure to assess and develop a care plan for R1's power wheelchair use on all terrains and to implement this plan created a finding of Immediate Jeopardy. The facility removed the immediate jeopardy on [DATE] when it had completed the following:</p> <p>On [DATE] facility reviewed policy and procedure on POV/scooter policy, including assessment schedule, change in condition, and resident safety plan. POV/Scooter policy updated to reflect need for Occupational Therapy safety assessment upon admission, quarterly, and PRN.</p> <p>Education was completed with Director of Nursing, Social Services Director, and Remedy Therapy on [DATE].</p> <p>Updated procedure for communication of Therapy POV evaluation. Education completed with Remedy Therapy, Director of Nursing, and Director of Social Services regarding implementation of new communication process.</p> <p>All residents who utilize POV/Scooters were reassessed for safety and educated on new POV/Scooter Policy and Acknowledgment form. Resident in question's POV/scooter was removed upon return from the hospital until Occupational Therapy could complete a new assessment. Upon assessment by occupational therapy, resident was found to be appropriate for a POV/Scooter but scooter had new equipment recommendations for safety. Resident will not have access to POV/Scooter until necessary modifications have been completed.</p> <p>All residents who currently utilized POV/Scooter policy, leave of absence policy, acknowledgment form which includes resident specific safety plan and occupational therapy recommendations, educated on POV/Scooter policy updates.</p> <p>Full house audit of all residents who utilize electric wheelchairs. Currently, five residents utilize electric wheelchairs and all five have been reassessed as of [DATE] for safety. Upon completion of Occupation Therapy assessment, all recommendations will be provided to the Director of Nursing and Director of Social Services in a written and verbal format.</p> <p>All residents who utilize POV/Scooters Care Plans were reviewed and updated per OT recommendations as needed.</p> <p>Form initiated for residents who utilize POV/Scooter. Form shall review safety plan during use of POV/Scooter and risk of utilization of POV/Scooter. This will include Occupational Therapy recommendations that are included in resident's care plan.</p> <p>All staff education on changes for current POV/Scooter users care plan, updated policy, and new acknowledgment form.</p> <p>Staff education initiated on [DATE] regarding resident's right to be free of accident/hazards or Supervision.</p> <p>Staff education initiated on [DATE] from Remedy therapy regarding being aware of and reporting change in condition with use of POV.</p>		