

| | | | |
|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525482 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/17/2019 |
| NAME OF PROVIDER OR SUPPLIER Burlington Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 677 E State St Burlington, WI 53105 | |

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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Keep residents' personal and medical records private and confidential.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 03357</p> <p>Based upon observation, interview and record review, the facility did not ensure the personal privacy for 2 of 2 residents (R16 & R5) who expressed concerns over the lack of privacy during resident interviews.</p> <p>* R16 expressed concern that Residents who are seated at an outside patio table located against her window look in at her. R16 reported having to adjust her window blinds a certain way in order to have privacy from residents looking into her room. R16's care plan, progress notes, and through staff interviews, the facility has not established interventions to promote privacy for R16 when she is in her room and residents are seated at the table outside of her room.</p> <p>* R5 expressed concerns that 2 residents enter her room without her permission. R5 stated she previously had a Velcro stop sign placed across her door to prevent the residents from wandering into her room. R5 stated the Velcro stop sign had been removed and not replaced. R5's care plan, progress notes, and through staff interviews, the facility has not established interventions to promote privacy for R5 when she is in her room.</p> <p>Findings include:</p> <p>1. On 10/14/19 08:37 AM, Surveyor interviewed R16 in her room. R16 informed Surveyor she uses oxygen/CPAP at night. R16 then pointed to the 2 windows in her room which look out onto the facility's outdoor patio where Residents can sit outside. In addition, this outdoor patio is also the facility's smoking area.</p> <p>Surveyor observed a room air conditioner in one of the windows in R16's room. In addition, surveyor observed two taped pieces of paper, one on each window. The written words on each of the pieces of paper were facing out onto the patio for those sitting out on the patio to read. The writing on each of the pieces of paper read, No smoking. In addition, surveyor observed a white plastic round table outside on the patio which was situated up against R16's window.</p> <p>R16 informed Surveyor even with the signs they smoke, the table is right up against the (R16's) window. I can still smell it (the smoke) with the air conditioner on and also they know I am in here and they look right at me. I turn my blinds up so they don't see me. It's not that I can't breathe, I don't like the smell of the smoke.</p> <p>(continued on next page)</p> |

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

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

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525482 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/17/2019 |
| NAME OF PROVIDER OR SUPPLIER Burlington Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 677 E State St Burlington, WI 53105 | |
| 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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>R16 continued to inform Surveyor, They (referring to other residents) sit out there (pointing to the table situated outside of R16's window) and some look into my window because they position their chairs a certain way. I like to have my blinds a certain way so they cannot look in. That table outside was way over there (pointing to a distance away from her window) but now they put it by my window again. This is not first time the table is by window. Staff takes it away and the guys that live here or the girl next door move it there, pointing to the plastic table outside her window on patio. It (the pieces of paper taped to her window) says no smoking here and they still do it. I don't want a different room. I change my window blinds so it you put them upwards they can't see into your room. The nurse (first name provided) put the sign on my windows, the other day I smelled marijuana.</p> <p>On 10/15/19 at 10:38 AM, Surveyor interviewed Director of Social Service (DSS) W and Social Service Assistant (SSA) X regarding R16's concern with privacy when residents are outside on the patio smoking and with the outdoor patio table situated up against R16's window. DSS W and SSA X stated that the patio is the designated smoking area and she (R16) has been offered to be able to move. DSS W and SSA X stated they would discuss this with Administrator A, as telling them (Residents) they cannot do stuff also comes into play keeping in mind that this is the area for them to smoke. DSS X stated, I might recollect something in the grievance book regarding this issue and that she did not know who put the no smoking signs up on the R16's bedroom windows.</p> <p>SSA X looked through the grievance log stating, there is nothing in the July, August September and October grievances pertaining to this issue. SSA stated, we can look at it, the table might be moved there (under R16's window) from wind. DSS W stated she looked in her notes too and there was nothing pertaining to R16's mention of smoking.</p> <p>Surveyor reviewed R16's medical record. R16 was admitted into the facility on [DATE]. R16's admission Minimum Data Set (MDS) dated [DATE] indicates R16 has adequate hearing, clear speech, understood and understands, adequate vision. The MDS indicates a Brief Interview for Mental Status (BIMS) score of 14 indicating R16 is cognitively intact for daily decision making skills. R16 is noted to have trouble falling or staying asleep or sleeping too much and also feeling tired or having little energy. R16 has no behavioral symptoms and no rejection of cares. The MDS indicates R16 does not use tobacco.</p> <p>A review of R16's care plans address R16's Congestive Heart Failure initiated on 8/1/19 which indicates the need to monitor for signs of exacerbation of CHF (Congested Heart Failure) .SOB (Shortness of Breath) . and report to MD any changes. R16's care plan also addresses a Respiratory area with an at risk for impaired gas exchange, shortness of breath with interventions consisting of monitor resident for the need for oxygen therapy, change in respiratory rate pattern .adjust head of bed for complaints of shortness of breath when lying flat, PRN, assist with body positioning PRN to assist in easing respiratory effort, etc. In addition, R16's care plan addresses depression with interventions consisting of administering medications as ordered . R16 needs time to talk frequently. Encourage R16 to express feelings, monitor/document/report to nurse/MD s/sx of depression, including: hopelessness, anxiety, sadness, .verbalizing negative statements, repetitive anxious or health-related complaints tearfulness initiated on 8/1/19.</p> <p>A review of R16's Medication and Treatment Administration Records (MAR & TAR) since R16's admission into the facility on [DATE] indicate R16 wears a CPAP/BIPAP nightly during times of sleepiness at bedtime starting 7/12/19. R16 receives a daily anti-anxiety medication Sertraline.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525482 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/17/2019 |
| NAME OF PROVIDER OR SUPPLIER Burlington Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 677 E State St Burlington, WI 53105 | |
| 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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>A review of R16's progress notes do not reflect any concerns R16 may have shared with facility staff regarding Residents on the patio looking into her room windows and smoking so close to her room, although nursing placed a signs up on R16's windows and according to SSA X, R16 declined a room change.</p> <p>As of 10/14/19, R16 continues to express concerns regarding a lack of privacy with Residents sitting at a patio table outside her room and looking into her windows along with concerns regarding the smell of smoke wafting into her room. The facility has not established interventions to assist in promoting privacy for R16 when she is in her room and residents are seated at the patio table outside of her room.</p> <p>2. On 10/10/19 03:20 PM, in regards to privacy, R5 informed Surveyor, one Resident keeps walking into my room and keeps looking around. Last night he had his garbage can in his hand and wanted to use my room as a bathroom the aides got him out of here. They say go to your room . additionally a little old lady wheels herself into my room and one night she tried to get into bed with me .They did use a Velcro with a stop sign across my door it helped but they took it off when they started painting and it was not put back up.</p> <p>On 10/15/19 at 11:06 AM Surveyor interviewed Director of Social Services (DSS) W and Social Service Assistant X regarding R5's concern with privacy. Surveyor discussed with DSS W and SSA X R5's concerns with residents entering R5's room and R5 no longer having a Velcro stop sign across her door to help prevent these residents from entering her room uninvited. DSS W and SSA X stated they were not aware of R5's concerns with residents entering her room and no longer having a Velcro stop sign. DSS W and SSA X questioned as to which Residents may have entered R5's room and Surveyor informed them of one male resident's named by R5. DSS W and SSA X also mentioned a female resident's name who has a Velcro sign across the doorway of her room.</p> <p>Surveyor reviewed R5's medical record.</p> <p>R5's Admission Minimum Data Set (MDS) dated [DATE] indicates R5 was admitted on [DATE]. The MDS indicates R5 has adequate hearing; speech is clear, understood and understands, adequate vision. The MDS indicates R5 scored a 12 on the Brief Interview for Mental Status which places R5 as moderately cognitively impaired for daily decision making skills. R5 is noted to have days of feeling down, depressed or hopeless. She is noted to have trouble falling asleep or sleeping too much, with feeling tired and having little energy, etc. R5 scored an 11 the Resident Mood Interview PHQ-9 which indicates moderate depression.</p> <p>R5's care plan addresses R5's symptoms of mood distress initiated on 1/9/19 which includes interventions such as; Allow resident time to talk and encourage to express feelings .monitor/ document/report to nurse/MD s/sx of depression including: hopelessness, anxiety, .negative statements, repetitive anxious or health-related complaints, etc.</p> <p>R5's care plan and progress notes reviewed did not address R5's concerns regarding residents entering her room or ways to assist in preventing residents from entering R5's room without R5's permission. R5's care plans, progress notes and through staff interviews, the facility has not established interventions to promote R5's desire for personal privacy while in her room.</p> <p>(continued on next page)</p> | | |

| | | | |
|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525482 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/17/2019 |
| NAME OF PROVIDER OR SUPPLIER Burlington Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 677 E State St Burlington, WI 53105 | |

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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>On 10/16/19 10:34 AM, Surveyor observed the Velcro stop sign across R5's door. Director of Nursing B stated she had placed the Velcro stop sign on R5's door today.</p> |

| | | | |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525482 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/17/2019 |
| NAME OF PROVIDER OR SUPPLIER Burlington Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 677 E State St Burlington, WI 53105 | |
| 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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 03357</p> <p>Based on observation, interview and record review, the facility did not ensure prompt efforts were made to resolve resident grievances for 6 of 6 residents (R502, R83, R5, R16, R24, and R27) who complained of call light response times.</p> <p>Findings include:</p> <p>On 10/17/19, Surveyor reviewed the Resident Grievance/Complaint Procedures not dated.</p> <p>The Resident Grievance/Complaint Procedures include in part the following:</p> <p>A Resident, his or her representative (sponsor), may file a verbal, written, or anonymous grievance/complaint concerning treatment, abuse .</p> <p>Give the completed form to the Grievance Official or Administrator .you may leave the form with the supervisor on duty or you may slide it under the office door of the appropriate person you wish to handle the grievance or complaint.</p> <p>Within 5 working days of the date you filed the grievance, you will receive a written summary of the results of the investigation .(Note: Complaints of abuse .or mistreatment will be immediately investigated and you will receive an oral and written report of the findings, recommendations, and/or corrective action taken within 5 working days of filing the report.)</p> <p>It is the policy of this facility to assist you in filing a grievance or complaint. Should you feel that our staff has not assisted you in this matter, or you feel that you are being discriminated against for taking such steps, you are encouraged to report such incidents to the Administrator at once .</p> <p>1. On 10/10/19 at 10:24 AM, Surveyor observed R502 in bed. R502 resides on the 400 unit. R502's call light was already activated prior to Surveyor's entrance into R502's room. R502 informed Surveyor his call light had been on since 10:07 AM this morning and that the call light has been on now for about 20 minutes. R502 stated, over the last 5 days the call light response has plummeted and has waited 30 to 50 minutes especially in morning. R502 stated when the Certified Nursing Assistants (CNAs) do come in they have an attitude and they do not know how to care for me. They should know by now. I have been here about 3-4 months. R502 stated he needs assistance with cares and is presently waiting for assistance to get my [NAME] hose on, lower bed bath and help me get dressed to get up.</p> <p>R502 reported, lately, I have been getting up at 10:00 am, I skip breakfast which is horrible, staying up later and sleeping later works for me, nothing to fill my days .</p> <p>On 10/10/19 at 10:34 AM, Surveyor observed a CNA entered R502's room. The CNA stated, Hello [R502] I will be with you in just a minute. The CNA left the room. Surveyor observed a housekeeper in R502's room visiting with R502 but he too left R502's room at 10:35 AM. Surveyor observed R502's call light was still on above his door from the hallway.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525482 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/17/2019 |
| NAME OF PROVIDER OR SUPPLIER Burlington Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 677 E State St Burlington, WI 53105 | |
| 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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>On 10/10/19 at 10:41 AM Surveyor continued to observe R502's door to his room closed.</p> <p>On 10/10/19 11:25 AM, Surveyor knocked and entered R502's room. R502 was placing his cell phone next to him in bed. R502 stated the aides have come in and say they will be back but still no one came back. I called front desk and told them I have been waiting over an hour.</p> <p>At this time, Surveyor observed CNA GG enter R502's room. CNA GG stated to R502, I was on break. R502 responded to CNA GG, you went on break after you came in saying you would help me. CNA GG responded with, I told the other CNAs . CNA GG began filling up the basin to get R502 washed.</p> <p>Surveyor observed that on 10/10/19, R502 waited for at least 1 hour before the CNA was able to meet R502's needs.</p> <p>Surveyor reviewed R502's quarterly Minimum Data Set (MDS) dated [DATE] located in R502's medical record. The MDS indicates R502 has a Brief Interview for Mental Status (BIMS) score of 15 indicating R502 is cognitively intact with daily decision making skills. The MDS indicates R502 is always continent of Bowel and Bladder, and requires extensive assistance with bed mobility, transfers, dressing, toilet use and hygiene. The MDS indicates R502 is at risk for the development of Pressure Injuries.</p> <p>2. On 10/10/19 02:55 PM, Surveyor interviewed R83. R83 resides on the 400 unit. R83 stated, I am still waiting to lay down since after lunch. R83 reported he often has to wait long periods of time even with call light on. R83 stated staff must use a Hoyer lift for me and there is only 1 Hoyer lift on the unit 4 hallway. Call light wait times sometimes more than an hour to get to bed.</p> <p>Surveyor reviewed R83's quarterly MDS dated [DATE] located in the R83's medical record. The MDS indicates R83 has a BIMS score of 15 indicating R83 is cognitively intact. The MDS indicates R83 requires extensive assistance with bed mobility, dressing, toilet use and personal hygiene. R83 requires total dependence with transfers. The MDS indicates R83 is always incontinent of bowel and bladder and is at risk for the development of pressure injuries. The MDS indicates R83 has 1 stage 2 pressure injury.</p> <p>3. On 10/10/19 03:55 PM, Surveyor interviewed R5 who resides on the 300 unit. R5 stated, Yes incontinent, I don't get into the bathroom and I can't get on to bedpan because it hurts back side. I push the light to be changed or sometimes I tell the aide I need to be changed and it is an hour before they come back and in the meantime I am laying in pee or poop .They have to find help, 1 aide says I am 100 pounds I can't do it, other staff are just as small and they do it and it is no fun laying in wet.</p> <p>Surveyor reviewed R5's medical record.</p> <p>R5's Admission Minimum Data Set (MDS) dated [DATE] indicates R5 was admitted on [DATE]. The MDS indicates R5 has adequate hearing; speech is clear, understood and understands, adequate vision. The MDS indicates R5 scored a 12 on the Brief Interview for Mental Status which places R5 as moderately cognitively impaired for daily decision making skills. R5 requires extensive assistance with bed mobility, dressing, toilet use and personal hygiene. The MDS indicates R5 is frequently incontinent of bowel and bladder.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525482 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/17/2019 |
| NAME OF PROVIDER OR SUPPLIER Burlington Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 677 E State St Burlington, WI 53105 | |
| 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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>4. On 10/14/19 08:52 AM, R16 who resides on the 400 unit informed Surveyor call light responses sometimes takes a while on all shifts. R16 stated, it takes anywhere from 15 minutes to an hour. They are short staff over here. I have complained to all the nurses & it doesn't help.</p> <p>Surveyor reviewed R16's medical record. R16 was admitted into the facility on [DATE]. R16's admission Minimum Data Set (MDS) dated [DATE] reflects a Brief Interview for Mental Status (BIMS) score of 14 indicating R16 is cognitively intact for daily decision making skills. The MDS also indicates R16 requires extensive assistance with bed mobility, dressing, toilet use and personal hygiene. R16 requires total dependence with transferring. R16 is frequently incontinent of bowel and occasionally incontinent of bladder.</p> <p>5. On R24 10/14/19 10:59 AM, R24 who resides on the 400 unit informed Surveyor sometimes it takes 20-30 minutes to respond to call lights even during the day. I know they have others to take care of I try to give them the benefit of the doubt. I have complained to the charge nurse on shift and nurse on shift. They fired a manager who was here when I first got here so anything told to her is blown out of the water and the one now is trying to save money again.</p> <p>A review of R24's medical record indicates R24 was admitted to the facility 5/7/2019 with diagnoses of spastic quadriplegic cerebral palsy, anxiety, multiple pressure injuries, and anemia. R24's admission Minimum Data Set (MDS) assessment dated [DATE] had a Brief Interview for Mental Status (BIMS) score of 15 indicating R24 was cognitively intact and coded R24 needing extensive assistance with bed mobility, toileting, and hygiene.</p> <p>The quarterly MDS dated [DATE] indicates R24 is always incontinent of bowel and has an indwelling catheter. The quarterly MDS indicates R24 is at risk for the development of pressure injuries and has 2 stage 4 pressure injuries.</p> <p>On 10/15/19 10:06 AM, Surveyor met with the Director of Social Service (DSS) W and Social Service Assistant (SSA) X. DSS W stated she is full time since employment in June of 2019 and has had SSA X designee part time since August 2019.</p> <p>When asked about the grievance procedures, SSA X stated the previous Administrator II handled facility grievances. SSA X stated Administrator A currently is involved in the grievances however the grievance responsibilities were in transition with SSA X to become responsible for grievances. SSA X had the grievance book with her and was paging through the grievance logs trying to locate grievances that may have pertained to various resident concerns that Surveyor was addressing with DSS W and SSA X.</p> <p>On 10/15/19 and 10/16/19, Surveyor shared Resident concerns regarding call light responses with Administrator A, DON B and Regional Consultant C.</p> <p>On 10/17/19 08:37 AM Surveyor reviewed the facility's grievance log. Surveyor did not see any complaints involving call light response times, even though;</p> <p>R16 stated, I have complained to all the nurses & it doesn't help,</p> <p>R24 stated I have complained to the charge nurse on shift and nurse on shift,</p> <p>(continued on next page)</p> | | |

| | | | |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525482 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/17/2019 |
| NAME OF PROVIDER OR SUPPLIER Burlington Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 677 E State St Burlington, WI 53105 | |
| 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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>On 10/10/19, R502 called the front desk to report he had been waiting over an hour, and R27 complained of a wait during the September Resident Council meeting.</p> <p>On 10/17/19 09:35 AM, Surveyor interviewed Director of Nursing (DON) B regarding complaints pertaining to call light responses. DON B stated she thought there were no complaints from the last Resident Council but there may have been a complaint before that. DON B reported they had some complaints regarding call lights so we did education and call light audits but nothing was over an hour. After meals sometimes it is a little longer wait because residents having to go to the bathroom. DON B stated she would look for the call light audits. DON B stated the facility has no electronic call light monitoring system.</p> <p>On 10/17/19, Surveyor was provided with copies of the call light audits:</p> <p>Surveyor observed the call light audits were started in May of 2019. The call light audit pertained to whether the call light was in reach of the resident. The call light audits provided to Surveyor did not address call light response times. The call light audit did not reflect that any rooms for units 300 or 400 were included in the audit.</p> <p>On 10/17/19 12:48 PM, Surveyor interviewed Activity Director HH who assists Residents with Resident Council. Activity Director HH reported there was a lady at the last Resident Council who said she didn't like it when she gets wet as she gets sore and she waited 20 minutes. Activity Director HH stated the Resident was [R 27.]</p> <p>Activity Director HH stated, I have only been here 2 months. I did one Resident Council the 3rd day I was here so I did August and September 2019.</p> <p>Surveyor reviewed the Resident Council meeting minutes.</p> <p>The 1/4/19 Resident Council minutes documented 19 residents in attendance.</p> <p>Residents were asked to identify concern; suggestions for improvement as well as compliments:</p> <p>New Business: Resident stated that call lights are not answered in a timely manner. Director of Nursing notified and concern was put on grievance form. Call light audit is scheduled.</p> <p>The 2/5/19 Resident Council meeting minutes documented;</p> <p>Residents were asked to identify concern; suggestions for improvement as well as compliments:</p> <p>New Business: 2/5/19 Nursing: Residents stated that when 2nd shift aides answer the call lights they aren't so friendly, AD will recommend an all staff customer service meeting and in-service.</p> <p>The March, April, May, June, July, August 2019 Resident Council minutes did not contain any information regarding call light responses.</p> <p>The 10/17/19 Resident Council meeting minutes contained the following documentation:</p> <p>(continued on next page)</p> | | |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525482 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/17/2019 |
| NAME OF PROVIDER OR SUPPLIER Burlington Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 677 E State St Burlington, WI 53105 | |
| 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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Change me as soon as I am wet or I will get sore. I have to wait longer than I wanted to .</p> <p>A review of R27's annual MDS dated [DATE] indicates R27 has a BIMS score of 11 indicating moderately cognitively impaired, requires extensive assistance for bed mobility, dressing and personal hygiene. R27 is totally dependent on transfers, is always incontinent of bowel and bladder and is at risk for the development of pressure injuries.</p> <p>On 10/17/19, Surveyor shared the grievance concern involving call light response with Corporate Nurse Consultant C.</p> | | |

| | | | |
|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525482 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/17/2019 |
| NAME OF PROVIDER OR SUPPLIER Burlington Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 677 E State St Burlington, WI 53105 | |

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38937</p> <p>Based on observation, interview and record review the facility did not ensure 5 (R91, R65, R97, R79, R5) of 20 residents reviewed had comprehensive, person-centered care plans created.</p> <p>* R91 did not have a care plan addressing her desired goal to return to the community.</p> <p>* R65 did not have a care plan addressing his desired goal to return to the community and recent history of alcohol abuse with withdrawal.</p> <p>* R97 did not have a care plan addressing her desire to return to the community.</p> <p>* R79 did not have a care plan addressing her depressive disorder, high PHQ-9 (Patient Health Questionnaire) score and use of 3 antidepressants.</p> <p>* R5 did not have a comprehensive care plan to include the use of bilateral leg wraps.</p> <p>Findings include:</p> <p>The facility policy, entitled Care Plans, Comprehensive Person-Centered, dated 2001, revised December 2016, states: . 1. The Interdisciplinary Team (IDT), in conjunction with the resident his/her family or legal representative, develops and implements a comprehensive, person-centered care plan for each resident.</p> <p>2. The care plan interventions are derived from a thorough analysis of the information gathered as part of the comprehensive assessment.</p> <p>4. Each resident's comprehensive person-centered care plan will be consistent with the resident's rights to participate in the development and implementation of his or plan of care, including the right to:</p> <ul style="list-style-type: none"> a. Participate in the planning process; b. Identify individuals or roles to be included; c. Request meetings; d. Request revisions to the plan of care; e. Participate in establishing the expected goals and outcomes of care; f. Participate in determining the type, amount, frequency, and duration of care; g. Receive services and/or items included in the plan of care; and <p>(continued on next page)</p> |

| | | | |
|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525482 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/17/2019 |
| NAME OF PROVIDER OR SUPPLIER Burlington Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 677 E State St Burlington, WI 53105 | |

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>h. See the care plan and sign it after significant changes are made.</p> <p>5. The resident will be informed of this or her right to participate in his or her treatment.</p> <p>6. An explanation will be included in a resident's media record if the participation of the resident and his/her resident representative for the developing the resident's care plan is determined to not be practicable.</p> <p>7. The care planning process will:</p> <p>a. Facilitate resident and/or representative involvement;</p> <p>b. Include an assessment of the resident's strengths and needs; and</p> <p>c. Incorporate the resident's personal and cultural preferences in developing the goals of care.</p> <p>8. The comprehensive, person-centered care plan will:</p> <p>a. Include measurable objectives and timeframe's;</p> <p>b. Describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being;</p> <p>c. Describe services that would otherwise be provided for the above, but are not provided due to the resident exercising his or her rights, including the right to refuse treatment.</p> <p>e. Include the resident's stated goals upon admission and desired outcomes;</p> <p>f. Include the resident's stated preference and potential for future discharge, including his or her desire to return to the community and any referrals made to local agencies or other entities to support such a desire;</p> <p>g. Incorporate identified problem areas;</p> <p>h. Incorporate risk factors associated with identified problems;</p> <p>i. Build on resident's strengths;</p> <p>j. Reflect the resident's expressed wishes regarding care and treatment goals;</p> <p>k. Reflect treatment goals, timetables and objectives in measurable outcomes; .</p> <p>m. Aid in preventing or reducing decline in the resident's functional status and/or functional levels;</p> <p>n. Enhance the optimal functioning of the resident by focusing on a rehabilitative programs; and</p> <p>o. Reflect currently recognized standards of practice for problem are and conditions.</p> <p>(continued on next page)</p> |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525482 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/17/2019 |
| NAME OF PROVIDER OR SUPPLIER Burlington Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 677 E State St Burlington, WI 53105 | |
| 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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>12. The comprehensive, person-centered care plan is developed within seven (7) day of the completion of the required comprehensive assessment (MDS).</p> <p>13. Assessments of the residents are ongoing and care plans are revised as information about the residents and the resident's conditions change.</p> <p>1.) R91 was admitted to the facility on [DATE], with diagnoses that including: encounter for orthopedic aftercare following surgical amputation, acquired absence of left leg below the knee, acute and chronic respiratory failure with hypoxia, chronic obstructive pulmonary disease with exacerbation, anxiety disorder, type 2 diabetes, and end stage renal disease.</p> <p>R91's Admission Minimum Data Set (MDS) assessment, with an Assessment Reference Date (ARD) of 9/28/19, documents: A Brief Interview of Mental Status (BIMS) score of 12, indicating moderate cognitive impairment; Patient Health Questionnaire (PHQ-9) score of 4, indicating no depressive symptoms; totally dependent on 2 staff for toilet use, extensive assistance of two staff with bed mobility, extensive assist with one staff for locomotion on unit, dressing and personal hygiene; impairment on both side of lower extremity for range of motion; the resident participated in the assessment and has an overall goal of discharging to the community but no active discharge plan has occurred for R91.</p> <p>On 10/14/19, at 11:07 AM, Surveyor interviewed R91, who stated: She wants to go to an assisted living facility after her stay at this facility. R91 states: she really hasn't met with anyone from the facility or had any assistance with discharge planning from the facility staff. Her family has been helping her locate some facilities she may want to go to since she will not be able to return to her daughter's home where she lived prior to her hospitalization . R91 states: she wants to stay close to her family and is helpful they are assisting her with looking at assisted living facilities.</p> <p>R91's care plan does not address her desire to discharge to the community to an assisted living following her stay at the facility.</p> <p>On 10/16/19, at 12:59 PM, Surveyor interviewed Director of Social Services (DSS)-W, who stated: The facility staff will meet with the resident within 72 hours of admission. This meeting is done by each department individually and this is the time the Social Service Department will complete all of the required assessment with the residents and will also find out what their discharge goals are. The meeting is not a team meeting. The first team meeting with resident and responsible party occurs if a resident stays at the facility for a first quarter review or sooner if the resident will be discharging. DSS-W stated she isn't aware of R91's discharge goal, she will have to look into it because it isn't documented in her computer. DSS-W, stated she will need to look into R91's discharge goal and get back to Surveyor. (Cross-Reference F657, F745)</p> <p>On 10/17/19, at 11:12 AM, DSS-W, informed Surveyor she is planning on meeting with R91 today to discuss her discharge goals as one is not documented for R91 in the medical record. DSS-W, stated she wasn't aware of the need to care plan a resident's discharge plan until yesterday and that is why one is not documented for R91. No further information was provided as to R91's discharge goal.</p> <p>On 10/17/19, at 1:32, Director of Nursing-B was informed of the above concern.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525482 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/17/2019 |
| NAME OF PROVIDER OR SUPPLIER Burlington Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 677 E State St Burlington, WI 53105 | |
| 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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>2.) R65 was admitted to the facility in 2019 with diagnoses that include: Chronic alcoholism, diastolic heart failure, chronic obstructive pulmonary disease, hypertension and obstructive sleep apnea. R65 has additional diagnoses/history including vomiting of blood from erosive esophagitis and acute on chronic encephalopathy secondary to alcohol dependence.</p> <p>R65's Quarterly Minimum Data Set (MDS) assessment, with an Assessment Reference Date (ARD) of 9/13/19, documents: A Brief Interview of Mental Status (BIMS) score of 15, indicating R65 is cognitively intact; dependent on 2 staff for transfers, extensive assistance of 2 staff for bed mobility, extensive assist of 1 staff for locomotion, dressing, toileting and personal hygiene; R65 participated in the assessment and the overall expectation for discharge plan was left blank and no active discharge planning is occurring.</p> <p>On 10/14/19, at 9:38 AM, Surveyor interviewed R65, who stated: he didn't know what his discharge plan was.</p> <p>R65's care plan does not address his history of alcohol dependence and uncertain discharge plans.</p> <p>On 10/16/19, at 1:04 PM, Surveyor interviewed Director of Social Services (DSS)-W, who stated: the only care conference held for R65 occurred on 9/13/19. (Cross Reference F657) DSS-W, stated R65's discharge plan is a bit of an issue and he may need to go to court and is not sure of what his long term goal is at this time. DSS-W, stated the facility does not provide any groups or services to address R65's recent concerns of alcohol dependence. DSS-W, stated she was uncertain if R65 was participating in psychological services at the facility or if there are any restrictions or limitations for R65.</p> <p>On 10/17/19, at 11:12 AM, DSS-W, informed Surveyor she wasn't aware of the need to care plan a resident's discharge plan until yesterday and that is why one is not documented for R65 and R65 was not provided psychological services related to his alcohol dependency, and she is uncertain why his alcohol issues were not addressed by facility staff. (Cross-Reference F745)</p> <p>On 10/17/19, at 1:32, Director of Nursing-B was informed of the above concern.</p> <p>3.) R97 was admitted to the facility on [DATE] with diagnoses that include: Fracture of right hand and wrist, repeated falls, Parkinson's disease, anxiety, panic disorder, major depressive disorder.</p> <p>R97's Admission Minimum Data Set (MDS) assessment, with an Assessment Reference Date (ARD) of 7/30/19, documents: a Brief Interview of Mental Status (BIMS) score of 15, indicating no cognitive impairment; Patient Health Questionnaire (PHQ-9) score of 15, indicating moderately severe depressive symptoms; R97 participated in the assessment and has a discharge goal of returning to the community but no discharge planning is occurring for the resident at the time of the assessment.</p> <p>R97's Care Plan does not address her discharge goal of returning to the community. R97 discharged from the facility on 8/20/19 with Durable Medical Equipment (DME) needs.</p> <p>On 10/17/19, at 11:19 AM, Surveyor interviewed Director of Social Services (DSS)-W, who stated she did not know she needed to care plan a resident's desire to discharge or any of the services or needs they might have related to discharge and that is why R97 does not have a discharge planning care plan.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525482 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/17/2019 |
| NAME OF PROVIDER OR SUPPLIER Burlington Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 677 E State St Burlington, WI 53105 | |
| 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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>On 10/17/19, at 1:32, Director of Nursing-B was informed of the above concern.</p> <p>4.) R79 was admitted to the facility on [DATE], with diagnoses that include: unspecified fracture of the right foot, multiple sclerosis, chronic obstructive pulmonary disease and major depressive disorder.</p> <p>R79's Minimum Data Set (MDS) assessment, with an Assessment Reference Date (ARD) of 9/24/19, documents: A Brief Interview of Mental Status (BIMS) score of 6, indicating severe cognitive impairment; a Patient Health Questionnaire (PHQ-9) score of 10, indicating moderate depressive symptoms; requiring extensive assistance of 2 staff for transfers and toilet use, extensive assistance of 1 staff for bed mobility, dressing and personal hygiene.</p> <p>R79's Care Plan, dated 7/29/19, revised on 8/12/19, documents: A smoking cessation plan, R79 is at risk and/or potential for depression, anxiety related to not smoking. Interventions include:</p> <p>If R79 decides to smoke she will remove O2 prior to smoking;</p> <p>Provide smoking cessation treatment plan as ordered. Encouraged R79 to adhere to smoking cessation treatment plan;</p> <p>Assess R79's emotional status PRN (As needed), Allow R79 to verbalize feelings and attempt to resolve concerns PRN;</p> <p>Encourage/offer R79 alternative activities (i.e. (Example) reading, guided imagery, music therapy, chewing gum, 1:1 or group visits) PRN;</p> <p>Educate/reinforce to R79 benefits of smoking cessation (i.e. improved respiratory status, reduced risk for infection, increased activity tolerance, etc.) PRN.</p> <p>R79's Care Plan does not address her diagnosis of Major Depressive Disorder, recurrent; high Patient Health Questionnaire score, indicating moderate depressive symptoms or the prescribed 3 different medications to treat depression. R79 is prescribed Amitriptyline HCl Tablet 50 MG (Elavil), 50 mg by mouth at bedtime, for depression; Aripiprazole Tablet 2 mg (Abilify), by mouth one time per day for antidepressant augmentation and Escitalopram Oxalate 20 mg (Lexapro) by mouth, one time a day for depression.</p> <p>On 10/17/19, at 11:28 AM, Surveyor interviewed Director of Social Service (DSS)-W, who stated: there is no care plan for R79's need for 3 medications to treat her depression or addressing the assessed high PHQ-9 (Depression Scale) score, what mood concerns could be observed and nonpharmacological interventions to address R79's depression. DSS-W, stated she would expect to see a care plan addressing R79's depression and is uncertain why one was not initiated.</p> <p>On 10/17/19, at 1:32, Director of Nursing-B was informed of the above concern.</p> <p>03357</p> <p>(continued on next page)</p> | | |

| | | | |
|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525482 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/17/2019 |
| NAME OF PROVIDER OR SUPPLIER Burlington Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 677 E State St Burlington, WI 53105 | |

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>5.) On 10/10/19 03:06 PM, Surveyor interviewed R5 in her room. R5 was lying in bed. R5 was observed to have both of her legs wrapped. R5 informed Surveyor her legs are wrapped daily by the nurse because of her lymphedema and the only treatment she is getting for the lymphedema are the leg wraps. R5 stated the wraps come off for a couple of hours on the PM shift.</p> <p>Surveyor reviewed R5's medical record. R5 was admitted into the facility on [DATE] with diagnosis consisting of Lymphedema and Edema.</p> <p>A review of R5's physician's orders, care plan, and Treatment Administration Record did not reflect the use of bilateral leg wraps.</p> <p>R5's care plan initiated on 2/3/19 addressed R5's Impaired Skin integrity: lymphedema to bilateral lower extremities and excoriation to the buttocks</p> <p>Interventions initiated on 2/3/19 include:</p> <p>Monitor pain and offer PRN analgesic as ordered,</p> <p>Monitor for s/sx of infection</p> <p>Monitor for s/sx of worsening skin tissue</p> <p>Resident chooses to not be seen by lymphedema clinic as recommended, risks vs benefits provided to resident</p> <p>Treatment as ordered</p> <p>Update MD with changes in wound status and PRN</p> <p>Heel boots on in bed was initiated on 6/26/19</p> <p>The Admission Minimum Data Set (MDS) dated [DATE] indicated R5 has a Brief Interview for Mental Status (BIMS) score of 12 indicating R5 is moderately cognitively impaired.</p> <p>The MDS indicates no behaviors nor rejection of cares. R5 requires extensive assistance with bed mobility, and with personal hygiene.</p> <p>On 10/15/19 09:14 AM, Surveyor interviewed RN Supervisor Y regarding the treatment R5 receives for her lymphedema. RN Supervisor Y stated R5 is not getting any treatment for her lymphedema. RN Supervisor Y informed Surveyor R5 is not receiving any leg wraps.</p> <p>Surveyor discussed the observations of R5 wearing bilateral leg wraps with R5 indicating they are applied daily and removed on the pm shift with RN Supervisor Y.</p> <p>(continued on next page)</p> |

| | | | |
|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525482 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/17/2019 |
| NAME OF PROVIDER OR SUPPLIER Burlington Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 677 E State St Burlington, WI 53105 | |

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>On 10/15/19 09:23 AM, RN Supervisor Y and Surveyor went into R5's room to view R5's legs. R5 was observed wearing bilateral leg wraps. RN Supervisor Y stated R5 decides when they are applied and when they are taken off. R5 informed RN Supervisor Y and Surveyor that the leg wraps are on all the time and they come off if I am going out or if they slide down. They are taken off a couple of hours on the evening shift.</p> <p>RN Supervisor Y then went to the nurse administering the meds, Licensed Practical Nurse (LPN) JJ who acknowledged R5 having the leg wraps on saying she has been wearing them since being here.</p> <p>RN Supervisor Y informed Surveyor that RN Supervisor Y would have to look in R5's chart as she did not see orders for such on her first glance at the Medication Administration Record (MAR) or on the Treatment Administration Record (TAR).</p> <p>RN Supervisor Y with Surveyor started reviewing R5's care plan and physician orders. RN Supervisor Y stated, I will have to look into her chart she is her own person and is particular with cares. I did not see the leg wraps on her care plan.</p> <p>Surveyor observed that R5's Impaired Skin Integrity: lymphedema to bilateral lower extremities and excoriation to the buttock care plan was updated on 10/15/19 to reflect the following:</p> <p>New Intervention: 10/15/19 Apply Solaris wraps daily, remove for 2 hours a day and check for placement each shift and CMS</p> <p>Surveyor identified R5 was receiving lymphedema wraps. R5's care plan did not include the use of the bilateral leg wraps until after Surveyor shared concerns with RN Supervisor Y on 10/15/19.</p> <p>On 10/15/19 at 2:45 pm and on 10/16/19, Surveyor shared the above concerns with Administrator A, Director of Nursing B and Nurse Consultant C.</p> |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525482 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/17/2019 |
| NAME OF PROVIDER OR SUPPLIER Burlington Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 677 E State St Burlington, WI 53105 | |
| 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38937</p> <p>Based on interview and record review the facility did not ensure 3 (R91, R65, R22) of 20 residents sampled were able to participate in the development of their person centered plan of care.</p> <p>R91 was admitted to the facility on [DATE] and the facility has not arranged a time for her or her responsible party to participate in the development of her person centered plan of care.</p> <p>R65 was admitted to the facility on [DATE] and the facility did not arrange a time for him or his responsible party to participate in the development of his person centered plan of care until 9/13/19.</p> <p>R22 was admitted to the facility on [DATE] and the facility did not arrange a time for her to participate in the development of her person centered plan of care until 10/15/19.</p> <p>Findings include:</p> <p>The facility policy, entitled Care Plans, Comprehensive Person-Centered, dated 2001, revised December 2016, states: A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident.</p> <ol style="list-style-type: none"> 1. The Interdisciplinary Team (IDT), in conjunction with the resident his/her family or legal representative, develops and implements a comprehensive, person-centered care plan for each resident. 2. The care plan interventions are derived from a thorough analysis of the information gathered as part of the comprehensive assessment. 3. The IDT includes: <ol style="list-style-type: none"> a. The Attending Physician; b. A registered nurse; c. A nurse aide who has responsibility for the resident; d. A member of the food and nutrition services staff; e. The resident and the resident's legal representative (to the extent practicable); and f. Other appropriate staff or professionals as determined by the resident's needs or as requested by the resident. <p>(continued on next page)</p> | | |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525482 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/17/2019 |
| NAME OF PROVIDER OR SUPPLIER Burlington Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 677 E State St Burlington, WI 53105 | |
| 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>4. Each resident's comprehensive person-centered care plan will be consistent with the resident's rights to participate in the development and implementation of his or plan of care, including the right to:</p> <ul style="list-style-type: none"> a. Participate in the planning process; b. Identify individuals or roles to be included; c. Request meetings; d. Request revisions to the plan of care; e. Participate in establishing the expected goals and outcomes of care; f. Participate in determining the type, amount, frequency, and duration of care; g. Receive services and/or items included in the plan of care; and h. See the care plan and sign it after significant changes are made. <p>5. The resident will ve informed of this or her right to participate in his or her treatment.</p> <p>6. An explanation will be included in a resident's media record if the participation of the resident and his/her resident representative for the developing the resident's care plan is determined to not be practicable.</p> <p>7. The care planning process will:</p> <ul style="list-style-type: none"> a. Facilitate resident and/or representative involvement; b. Include an assessment or the resident's strengths and needs; and c. Incorporate the resident's personal and cultural preferences in developing the goals of care. <p>8. The comprehensive, person-centered care plan will:</p> <ul style="list-style-type: none"> a. Include measurable objectives and timeframe's; b. Describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being; c. Describe services that would otherwise be provided for the above, but are not provided due to the resident exercising his or her rights, including the right to refuse treatment. e. Include the resident's stated goals upon admission and desired outcomes; <p>(continued on next page)</p> | | |

| | | | |
|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525482 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/17/2019 |
| NAME OF PROVIDER OR SUPPLIER Burlington Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 677 E State St Burlington, WI 53105 | |

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>f. Include the resident's stated preference and potential for future discharge, including his or her desire to return to the community and any referrals made to local agencies or other entities to support such a desire;</p> <p>g. Incorporate identified problem areas;</p> <p>h. Incorporate risk factors associated with identified problems;</p> <p>i. Build on resident's strengths;</p> <p>j. Reflect the resident's expressed wishes regarding care and treatment goals;</p> <p>k. Reflect treatment goals, timetables and objectives in measurable outcomes; .</p> <p>m. Aid in preventing or reducing decline in the resident's functional status and/or functional levels;</p> <p>n. Enhance the optimal functioning of the resident by focusing on a rehabilitative programs; and</p> <p>o. Reflect currently recognized standards of practice for problem are and conditions.</p> <p>9. Areas of concern that are identified during the resident assessment will be evaluated before interventions are added to the care plan;</p> <p>10. Identifying problem areas and their causes, and developing interventions that are targeted and meaningful to the resident, are the endpoint of an interdisciplinary process.</p> <p>12. The comprehensive, person-centered care plan is developed within seven (7) day of the completion of the required comprehensive assessment (MDS).</p> <p>13. Assessments of the residents are ongoing and care plans are revised as information about the residents and the resident's conditions change.</p> <p>14. The Interdisciplinary Team must review and update the care plan:</p> <p>a. When there has been a significant change in the resident's condition;</p> <p>b. When the desired outcome is not met;</p> <p>c. When the resident has been readmitted to the facility from a hospital stay; and</p> <p>d. At least quarterly, in conjunction with the required quarterly MDS assessment.</p> <p>15. The resident has the right to refuse to participate in the development of his/her care plan and medical and nursing treatments. Such refusals will be documented in the resident's clinical record in accordance with established policies.</p> <p>(continued on next page)</p> |

| | | | |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525482 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/17/2019 |
| NAME OF PROVIDER OR SUPPLIER Burlington Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 677 E State St Burlington, WI 53105 | |
| 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>1.) R91 was admitted to the facility on [DATE], with diagnoses that include: encounter for orthopedic aftercare following surgical amputation, acquired absence of left leg below the knee, acute and chronic respiratory failure with hypoxia, chronic obstructive pulmonary disease with exacerbation, anxiety disorder, type 2 diabetes, and end stage renal disease.</p> <p>R91's Admission Minimum Data Set (MDS) assessment, with an Assessment Reference Date (ARD) of 9/28/19, documents: A Brief Interview of Mental Status (BIMS) score of 12, indicating moderate cognitive impairment; Patient Health Questionnaire (PHQ-9) score of 4, indicating no depressive symptoms; totally dependent on 2 staff for toilet use, extensive assistance of two staff with bed mobility, extensive assist with one staff for locomotion on unit, dressing and personal hygiene; impairment on both side of lower extremity for range of motion; the resident participated in the assessment and has an overall goal of discharging to the community but no active discharge plan has occurred for R91.</p> <p>On 10/14/19, at 11:07 AM, Surveyor interviewed R91, who stated: She wants to go to an assisted living facility after her stay at this facility. R91 states: she really hasn't met with anyone from the facility or had any assistance with discharge planning from the facility staff. Her family has been helping her locate some facilities she may want to go to since she will not be able to return to her daughter's home where she lived prior to her hospitalization . R91 states: she wants to stay close to her family and is helpful they are assisting her with looking at assisted living facilities.</p> <p>R91's care plan does not address her desire to discharge to the community to an assisted living following her stay at the facility. (Cross-Reference F656)</p> <p>On 10/16/19, at 12:59 PM, Surveyor interviewed Director of Social Services (DSS)-W, who stated: The facility staff will meet with the resident within 72 hours of admission. This meeting is done by each department individually and this is the time the Social Service Department will complete all of the required assessment with the residents and will also find out what their discharge goals are. The meeting is not a team meeting and the resident's responsible party isn't invited. The first team meeting with resident and responsible party occurs if a resident stays at the facility for a first quarter review or sooner if the resident will be discharging. DSS-W stated she isn't aware of R91's discharge goal, she will have to look into it because it isn't documented in her computer. DSS-W, stated she will need to look into R91's discharge goal and get back to Surveyor. (Cross Reference F745)</p> <p>On 10/17/19, at 11:12 AM, DSS-W, informed Surveyor she is planning on meeting with R91 today to discuss her discharge goals as one is not documented for R91 in the medical record. DSS-W, stated she wasn't aware of the need to care plan a resident's discharge plan until yesterday and that is why one is not documented for R91 and a care conference will be arranged for R91. No further information was provided as to why a care conference had not been arranged for R 91 and her responsible party.</p> <p>On 10/17/19, at 1:32, Director of Nursing-B was informed of the above concern.</p> <p>2.) R65 was admitted to the facility on [DATE], with diagnoses that include: Chronic alcoholism, diastolic heart failure, chronic obstructive pulmonary disease, hypertension , obstructive sleep apnea, erosive esophagitis, and acute on chronic encephalopathy secondary to alcohol dependence.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525482 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/17/2019 |
| NAME OF PROVIDER OR SUPPLIER Burlington Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 677 E State St Burlington, WI 53105 | |
| 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>R65's Quarterly Minimum Data Set (MDS) assessment, with an Assessment Reference Date (ARD) of 9/13/19, documents: A Brief Interview of Mental Status (BIMS) score of 15, indicating R65 is cognitively intact; dependent on 2 staff for transfers, extensive assistance of 2 staff for bed mobility, extensive assist of 1 staff for locomotion, dressing, toileting and personal hygiene; R65 participated in the assessment and the overall expectation for discharge plan was left blank and no active discharge planning is occurring.</p> <p>On 10/14/19, at 9:38 AM, Surveyor interviewed R65, who stated: he didn't know what his discharge plan was. R65 stated he hasn't met with anyone from the facility to discuss his discharge plan or history of alcohol dependence.</p> <p>R65's care plan does not address his history of alcohol dependence and uncertain discharge plan.</p> <p>On 10/16/19, at 1:04 PM, Surveyor interviewed Director of Social Services (DSS)-W, who stated: the only care conference held for R65 occurred on 9/13/19. DSS-W, stated R65's discharge plan is a bit of an issue. DSS-W, stated the facility does not provide any groups or services to address R65's recent concerns of alcohol dependence. DSS-W, stated she was uncertain if R65 was participating in psychological services at the facility or of any restrictions or limitations R65 has (Cross-Reference F745)</p> <p>On 10/17/19, at 11:12 AM, DSS-W, informed Surveyor she wasn't aware of the need to care plan a resident's discharge plan until yesterday and that is why one is not documented for R65 and R65 was not provided psychological services related to his alcohol dependency, alcohol issues were not addressed by facility staff. (Cross-Reference F745)</p> <p>On 10/17/19, at 1:32, Director of Nursing-B was informed of the above concern.</p> <p>38146</p> <p>3.) R22 admitted to the facility on [DATE]. During the initial interview on 10/10/19 at 10:02 AM, R22 indicated to Surveyor she had not had a care conference or care planning meeting since admission.</p> <p>R22 stated: My case manager is trying to find placement in Milwaukee I guess, but it's been 8 weeks and I haven't heard anything. R22 reported she has a brother, but does not want him involved in care planning.</p> <p>Review of R22's medical record revealed a progress note dated 2/19/19 which documented:</p> <p>Case Manager (CM) requesting phone conference be held with Social Worker, resident and CM. Phone conference held in resident's room. CM reviewed residents history of failed placements and re-hospitalization . CM reviewed that due to residents clinical condition, history of noncompliance and demanding a private room, discharge planning is challenging. CM reports that it is her understanding that while in the hospital, several referrals were made in preferred area and resident was denied placement. Resident became agitated at this, cursing at both writer and CM. Resident educated that it is of utmost importance she comply with MD (Medical Doctor) recommendations and remain medically and mentally stable as this will increase the likelihood of her being accepted at another SNF (Skilled Nursing Facility).</p> <p>(continued on next page)</p> | | |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525482 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/17/2019 |
| NAME OF PROVIDER OR SUPPLIER Burlington Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 677 E State St Burlington, WI 53105 | |
| 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>Surveyor was unable to locate documentation any subsequent care conferences or care planning meetings were held with the R22.</p> <p>On 10/15/19 at 08:25 AM Surveyor met with DSS (Director of Social Services)-W and SSA (Social Service Assistant)-X and reviewed R22's progress note dated 2/19/19. Surveyor asked if the facility had held any other care conferences with R22 since admission. SSA-X advised Surveyor the next care conference for R22 was scheduled for 7/15/19, but the resident was in the hospital, adding: Actually, believe it or not, we have a meeting scheduled for today.</p> <p>Surveyor advised social workers of the inability to locate any documentation regarding care plan meetings that have been held or documentation of any further discussions with resident regarding discharge planning since admission to the facility. DSS-W stated: She must have been overlooked.</p> <p>On 10/15/19 (after meeting with the DSS-W and SSA-X) Surveyor spoke with R22 who stated she was not made aware of the care conference (that is to be held today) until this morning.</p> <p>On 10/16/19 at 1:18 PM Surveyor spoke with DSS-W and SSA-X. Surveyor asked how often care conferences are held with residents? DSS-W stated: Quarterly, every 3 months.</p> <p>Surveyor confirmed a care conference was held with R22 in February and asked why the next care conference wasn't supposedly scheduled until July (5 months later). DSS-W stated: I couldn't say when the next conference was scheduled. Surveyor reminded DSS-W of her statement on 10/15/19 in which she informed Surveyor R22's care conference was scheduled for 7/15/19, but wasn't held because she was in the hospital.</p> <p>SSA-X spoke up and stated: We can't actually say for sure how the care conferences were scheduled, there wasn't a social worker interim. We both started here a few months ago. We had a care conference for her yesterday. She needs to be medically stable before another facility will take her. Thankfully, it's been while since she's been hospitalized .</p> <p>Surveyor confirmed R22 did not have a care conference with the facility since her admission in February, and a care conference was not held until 10/15/19 when Surveyor was in the building.</p> <p>On 10/16/19 during the daily exit meeting, Nursing Home Administrator-A and Director of Nursing-B were advised of the above. No additional information was provided.</p> | | |

| | | | |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525482 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/17/2019 |
| NAME OF PROVIDER OR SUPPLIER Burlington Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 677 E State St Burlington, WI 53105 | |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) | | |
| <p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> | <p>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** 40533</p> <p>Based upon observation, interview and record review, the facility failed to ensure 2 of 6 (R14 and R5) sampled residents received care and treatment based off of a comprehensive assessment and in accordance with professional standards of practice, a comprehensive person-centered care plan and the resident's choice.</p> <p>R14 had an IV graft completed on her left arm fistula on [DATE] with instructions for aftercare that were not followed by facility. R14's fistula occluded again on [DATE] and a left internal jugular port was placed. On [DATE] a thrombectomy was completed on the left fistula. There was no monitoring of either site for bruit or thrill, no care plan for left chest port and no assessments completed on fistula or port. Due to RN error, Warfarin was not administered to R14 from [DATE] thru [DATE]. As a result R14 was admitted to the hospital on [DATE] with a blocked left fistula with critical limb ischemia and severe sepsis. The resident passed away on [DATE].</p> <p>The facility's failure to complete assessments, including the monitoring of Warfarin and fistula patency, and not providing her with appropriate medical care created a finding of Immediate Jeopardy beginning on [DATE].</p> <p>Nursing Home Administrator (NHA)-A and Assistant Director of Nursing (ADON)-I were informed of the Immediate Jeopardy on [DATE] at 3:35 PM. The Immediate Jeopardy was removed on [DATE] when the facility implemented an action plan related to assessment of a resident when there is a change in condition. This deficient practice continues at a scope/severity of D (potential for harm/isolated) as the facility continues to implement its action plan and related to the following example:</p> <p>The facility did not ensure 1 of 3 residents (R5) reviewed for lymphedema had physician's orders for the use of bilateral leg wraps, that the bilateral leg wraps were care planned for and that R5 legs and the leg wraps were being monitored.</p> <p>Findings include:</p> <p>Critical Limb Ischemia (CLI) is a severe obstruction of the arteries which markedly reduces blood flow to the extremities (hands, feet, and legs) and has progressed to the point of severe pain and even skin ulcers or sores. Critical limb ischemia is the advanced stage of peripheral artery disease (PAD), which results from a progressive thickening of an artery's lining (caused by a buildup of plaque). This buildup of plaque, also known as atherosclerosis, narrows or blocks blood flow, reducing circulation of blood to the legs, feet, or hands .</p> <p>Critical limb ischemia is a serious condition that requires immediate treatment to re-establish blood flow to the affected area or areas (most patients with CLI have multiple arterial blockages). Treatment for CLI can be quite complex and individualized, but the overall goal should always be to reduce the pain and improve blood flow to save the leg. The number one priority is to preserve the limb. The earlier a diagnosis can be made, the earlier treatment can be started with less serious consequences. https://surgery.ucsf.edu/conditions--procedures/critical-limb-ischemia.aspx</p> <p>(continued on next page)</p> | | |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525482 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/17/2019 |
| NAME OF PROVIDER OR SUPPLIER Burlington Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 677 E State St Burlington, WI 53105 | |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) | | |
| <p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> | <p>Surveyor reviewed facility's Policy and Procedure: Change in Condition with a revision date of ,d+[DATE]. Documented was Purpose: The facility will make every effort to inform the resident, consult with the resident's physician; and notify, consistent with his or her authority, the resident representative when there is the following: 1. An accident involving the resident which results in injury and has the potential for requiring physician intervention. 2. A significant change in the physical, mental or psychosocial status, that is a deterioration in health, mental or psychosocial status in either life threatening conditions or clinical complications. 3. A need to alter treatment significantly, that is a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment</p> <p>Surveyor reviewed R14's Aurora [NAME] Medical Hospital paperwork. R14 was admitted to hospital on [DATE] after Home Care nurse assessed INR (International Normalization Rate - test to monitor clotting factor in blood) at above 8.0 and resident was having black, tarry and blood streaked stools. Resident was discharged to the facility on [DATE].</p> <p>R14 was admitted to the facility [DATE] for End Stage Renal Disease (ESRD), Uremia, Toxic Metabolic Encephalopathy, Long Term use of Warfarin, Supratherapeutic INR, Occult Blood in Stool, Diabetes Mellitus 2, Bilateral Below Knee Amputations and Hemodialysis.</p> <p>R14's Hospital Discharge Summary with a discharge date of [DATE] included orders for Coumadin with INR Monitoring and three time weekly hemodialysis.</p> <p>R14's Admission Minimum Data Set (MDS) with an assessment date [DATE] documents a Brief Interview for Mental Status (BIMS) of 14 which indicates cognitively intact.</p> <p>Surveyor reviewed R14's Comprehensive Plan of Care with a creation date of [DATE] that documents I need dialysis r/t ESRD & hypercalcemia: auscultate bruit and palpate thrill daily and [as needed (PRN)]. (Note: Bruit and thrill indicate how well the blood is flowing through the fistula. Changes may indicate that stenosis has occurred.)</p> <p>Surveyor reviewed Progress Notes, Medication Administration Record (MAR) and Treatment Administration Record (TAR) for May and June. There was no documented assessment of bruit or thrill for either month.</p> <p>R14 was admitted [DATE] to Aurora [NAME] Medical Hospital for planned left upper extremity loop graft surgery. She was discharged back to the facility on [DATE].</p> <p>Surveyor reviewed Progress Notes, MAR and TAR for July and [DATE]. There was no documented assessment of bruit or thrill for either month.</p> <p>On [DATE] R14 was transferred to Aurora [NAME] Medical Hospital from DaVita Dialysis Lake Geneva for fistula not functioning. An IV graft was done and resident was discharged back to facility with the following discharge instructions, Keep arm elevated for at least a week; check arm and hand for blood flow by checking thrill daily; hand and arm exercises as instructed; call MD if signs of infection, you can't feel a thrill; pain or numbness in fingers, hand or arm.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525482 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/17/2019 |
| NAME OF PROVIDER OR SUPPLIER Burlington Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 677 E State St Burlington, WI 53105 | |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) | | |
| <p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> | <p>Surveyor reviewed the Comprehensive Care Plan, Progress Notes, Medication Administration Record (MAR) and Treatment Administration Record (TAR) for R14. There were no updates made to care plan or assessments completed for graft completed on [DATE].</p> <p>On [DATE] R14 was transferred to Aurora [NAME] Medical Hospital from DaVita Dialysis Lake Geneva for fistula not functioning again. Hospital discharge paperwork documents Recurrent thrombosis of AV graft. Left internal jugular tunneled catheter exchange placed. Documented was follow up with MD to possibly revise fistula and new orders for dialysis on Monday [DATE] and restrict fluids for weekend to prevent fluid volume overload.</p> <p>Surveyor reviewed the Comprehensive Care Plan for R14. On [DATE] an intervention was added that states returned from ER with temporary line in left neck. There is no care plan for monitoring or assessing port.</p> <p>Surveyor reviewed Progress Notes, MAR and TAR for R14. There were no updates made or assessments completed for left jugular port placed on [DATE]. There were no assessments of or monitoring completed to the left fistula.</p> <p>On [DATE] an MD order was given for continue current Warfarin dose, recheck INR Friday [[DATE]]. This order was not entered into electronic record and resident did not receive Warfarin from [DATE] thru [DATE] at discharge. No INR was drawn on [DATE]. (Cross-reference F757).</p> <p>On [DATE] R14 underwent a thrombectomy to left fistula for occlusion. No specific discharge instructions were given.</p> <p>On [DATE] no INR lab draw was completed.</p> <p>Surveyor reviewed Progress Notes, MAR and TAR for R14 for [DATE]. Progress notes state dressing intact but no updates were made to care plan or assessments completed for left jugular port placed or bruit or thrill assesses for revised fistula to left arm.</p> <p>Documented in Progress Notes on [DATE] at 1:47 PM was resident is lethargic but responsive to staff when spoken to but falls asleep in midsentence. Resident has not eaten breakfast and lunch, blood sugar stable. Resident refused shift dressing change. Resident complains of pain but is resting soundly. Resident received prn (as needed) tramadol and has a fentanyl patch for pain management.</p> <p>Documented in Progress Notes on [DATE] at 5:27 PM was [Nurse Practitioner (NP)] updated to current status of resident, lethargic but responsive, not eating and falling asleep mid conversation, New order Fentanyl patch 25 mcg every 72 hours [discontinued], Fentanyl patch 12 mcg every 72 hours, continue with current Tramadol order, will continue to monitor . No further assessments, Progress Notes, Neurological checks or other monitoring for change in condition was documented.</p> <p>On [DATE] the missed INR and doses of Warfarin were found and investigated. An order for INR was sent to lab to be drawn on [DATE]. MD or NP were not updated on [DATE]. Lab noted INR on [DATE] collected at 9:50 AM was 1.6. New order for Warfarin 4mg [by mouth (PO) every (Q)] Mon, Wed, Fri, Sun. Warfarin 3mg PO Q Tues, Thurs, Sat. Recheck INR [DATE] was received on [DATE] from NP-O.</p> <p>Surveyor reviewed MAR for R14 for September. Warfarin dose for [DATE] was not given.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525482 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/17/2019 |
| NAME OF PROVIDER OR SUPPLIER Burlington Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 677 E State St Burlington, WI 53105 | |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) | | |
| <p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> | <p>Documented in Progress Notes on [DATE] at 1:34 PM, R14 was Returned from dialysis with [no new orders]. Remains very lethargic this shift.</p> <p>On [DATE] at 3:19 PM Surveyor interviewed Driver-M. Surveyor asked Driver-M if he was R14's main driver for appointments. Driver-M stated yes, he drove her to all her dialysis appointments and some MD appointments. Surveyor asked if Driver-M noticed her in pain or if R14 had mentioned she was in pain. Driver-M stated she was guarding her left arm and she had said she was in pain when he picked her up from her left arm fistula surgery on [DATE]. Driver-M stated when he returned to the facility with her he brought her to a nurse and asked if her arm was supposed to be that swollen. Driver-M stated the nurse responded it can be. Surveyor asked about [DATE] dialysis ride. Driver-M stated she was guarding her left arm still and complaining of pain in that arm.</p> <p>On [DATE] R14 was seen in Wound Physician-N's clinic accompanied by R14's two daughters and Assistant Director of Nursing (ADON)-I from facility. Resident's daughter, Complainant-Q, stated on [DATE] at 12:08 PM that prior to arrival and during Wound Clinic appointment, R14 complained her left arm felt like it was broken. Complainant-Q stated she felt R14's left hand and it was cold to the touch.</p> <p>On [DATE] at 2:06 PM Surveyor interviewed Wound Physician-N. Wound Physician-N stated when R14 presented in the clinic she was somnolent, had low blood pressure(s), about ,d+[DATE]'s, and multiple new wounds. Wound Physician-N states we turned her to see her peri-area and copious, copious amounts of purulent drainage was coming from her peri-area. Wound Physician-N stated since the resident was extremely ill with drainage, low blood pressures and worsening wounds she discussed with the daughters the plan to send her to the ER.</p> <p>On [DATE] R14 was admitted to the ER directly from Wound Clinic. ER documentation states The patient [complains of] pain everywhere from the neck down here but was able to isolate the left wrist and hand as an ,d+[DATE]. Resident was admitted to ICU following ER visit.</p> <p>On [DATE] hospital documentation stated Hospital Course: Upon my evaluation this morning patient was found to be in profound sepsis requiring IV Levophed and IV dopamine to maintain pressure. Patient was being evaluated by vascular surgery for critical limb ischemia of the left upper extremity. Patient has a blocked AV fistula. Patient was only barely arousable, however she did respond to pain. Patient underwent a fistulogram/left upper extremity angiogram with temporary intraprocedural fistular acute occlusion. Findings of this study were consistent with critical limb ischemia. It was determined that patient needed an emergent thrombectomy of her left upper extremity. Patient was evaluated by Cardiology. Echo was performed at bedside which revealed [ejection fraction] of 25%. Patient determined to be extremely high risk for surgery. Patient subsequently continued to decompensate throughout the day. Patient's pressor requirement continued to increase. Patient had to be placed on vasopressin along with the Levophed and dopamine drip and MAP still remained below 55. Patient was then evaluated by vascular surgery and anesthesia who both determined that given her extremely high risk for surgery and it would be detrimental to proceed with surgery. At this time it was determined that no lifesaving measures would or could help. The family was contacted and the patient's diagnosis and prognosis was discussed. According to the patient's daughter yesterday she had expressed her wishes, stating that she did not want to be intubated or have CPR performed on her. At this time decision was made to transition to comfort care. Family was in agreement with this and verbalized understanding. We will proceed with comfort measures at this time. Patient passed away overnight while I was off shift.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525482 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/17/2019 |
| NAME OF PROVIDER OR SUPPLIER Burlington Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 677 E State St Burlington, WI 53105 | |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) | | |
| <p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> | <p>On [DATE] at 8:12 AM Surveyor interviewed ADON-I. Surveyor asked what assessments should be completed for a resident with a fistula. ADON-I stated assessment for bruit and thrill. Surveyor noted to ADON-I that there were no assessments of the left arm, fistula, left jugular port, only assessments of the dressing. ADON-I stated assessments should have been completed.</p> <p>On [DATE] at 10:57 AM Surveyor interviewed Nurse Practitioner (NP)-O. Surveyor asked if she was aware that the Warfarin was not restarted until [DATE]. NP-O stated no and it should have started [DATE] as she ordered. Surveyor asked if missing 10 days of Warfarin could have attributed to her left arm fistula occlusion and ischemia. NP-O stated yes.</p> <p>The Immediate Jeopardy was removed on [DATE] when the facility implemented the following:</p> <ul style="list-style-type: none"> ~ The facility developed a system to ensure residents with fistulas are assessed and monitored in accordance to standards of practice and physician orders. ~ Education was provided to all licensed staff regarding care of residents with fistulas. ~ A system was established to ensure anticoagulant medications are administered and monitored as ordered. ~ The facility established an audit system to ensure implementation of the plan. <p>This deficient practice continues at a scope/severity of D (potential for harm/isolated) related to the following: 03357</p> <p>2.) On [DATE] 03:06 PM, Surveyor interviewed R5 in her room. R5 was lying in bed. R5 was observed to have both of her legs wrapped. R5 informed Surveyor her legs are wrapped daily by the nurse because of her lymphedema and the only treatment she is getting for the lymphedema are the leg wraps. R5 stated the wraps come off for a couple of hours on the PM shift.</p> <p>Surveyor reviewed R5's medical record. R5 was admitted into the facility on [DATE] with diagnosis consisting of Lymphedema and Edema.</p> <p>A review of R5's physician's orders, care plan and Treatment Administration Record did not reflect the use of bilateral leg wraps.</p> <p>The Admission Minimum Data Set (MDS) dated [DATE] indicated R5 has a Brief Interview for Mental Status (BIMS) score of 12 indicating R5 is moderately cognitively impaired.</p> <p>The MDS indicates no behaviors nor rejection of cares. R5 requires extensive assistance with bed mobility, and with personal hygiene.</p> <p>On [DATE] 09:14 AM, Surveyor interviewed RN Supervisor Y regarding the treatment R5 receives for her lymphedema. RN Supervisor Y stated R5 is not getting any treatment for her lymphedema. RN Supervisor Y informed Surveyor R5 is not receiving any leg wraps.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525482 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/17/2019 |
| NAME OF PROVIDER OR SUPPLIER Burlington Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 677 E State St Burlington, WI 53105 | |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) | | |
| <p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> | <p>Surveyor discussed the observations of R5 wearing bilateral leg wraps with R5 indicating they are applied daily and removed on the pm shift with RN Supervisor Y.</p> <p>On [DATE] 09:23 AM, RN Supervisor Y and Surveyor went into R5's room to view R5's legs. R5 was observed wearing bilateral leg wraps. RN Supervisor Y stated R5 decides when they (the wraps) are applied and when they are taken off. R5 informed RN Supervisor Y and Surveyor that the leg wraps are on all the time and they come off if I am going out or if they slide down. They are taken off a couple of hours on the evening shift.</p> <p>RN Supervisor Y then went to the nurse administering the meds, Licensed Practical Nurse (LPN) JJ who acknowledged R5 having the leg wraps on saying she has been wearing them since being here.</p> <p>RN Supervisor Y informed Surveyor that RN Y would have to look in R5's her chart as she did not see orders for such on her first glance at the Medication Administration Record (MAR) or on the Treatment Administration Record (TAR).</p> <p>RN Supervisor Y with Surveyor started reviewing R5's care plan and physician orders. RN Supervisor Y stated, I will have to look into her chart she is her own person and is particular with cares. I did not see the leg wraps on her care plan.</p> <p>On [DATE] at 09:30AM, Surveyor and RN Supervisor Y discussed that on [DATE] there were Physician orders for bilateral leg wraps take off approximately 2 hours a day and then reapply monitor wraps around bilateral legs. RN Supervisor Y stated that the leg wraps were discontinued on [DATE] and were taken off R5's care plan as resolved. RN Supervisor Y stated she needs to look into this because she was unsure if the wraps were just left in R5's room. RN Supervisor Y stated she will be talking to the MD and adding it to the TAR and the care plan.</p> <p>On [DATE] at 1500, new physician's orders were obtained which indicated the following:</p> <p>Apply Solaris Wraps to bilateral lower legs, take off for approx. 2 hours a day then re-apply. Every shift for lymphedema AND at bedtime for lymphedema. Remove Solaris wraps at 2000 and reapply 2 hours later at 2200 AND every shift for lymphedema. Check Solaris leg wraps for proper placement and CMS checks</p> <p>Other Active [DATE] 15:00</p> <p>On [DATE], R5's TAR included the following order; Apply Solaris Wraps to bilateral lower legs take off approximately 2 hours a day then re-apply remove solaris at 2000 & reapply at 2200 start [DATE].</p> <p>Surveyor noted R5's care plan, physician's orders and the ,d+[DATE] TAR did not include the bilateral leg wraps, until later in the day on [DATE] after Surveyors discussion with RN Supervisor Y.</p> <p>R5's care plan was updated on [DATE] to the following:</p> <p>Resident has Impaired Skin integrity: lymphedema to bilateral lower extremities and excoriation to the buttocks</p> <p>(continued on next page)</p> | | |

| | | | |
|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525482 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/17/2019 |
| NAME OF PROVIDER OR SUPPLIER Burlington Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 677 E State St Burlington, WI 53105 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|--|---|
| <p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> | <p>New Intervention: [DATE] Apply Solaris wraps daily, remove for 2 hours a day and check for placement each shift and CMS</p> <p>Heel boots on in bed</p> <p>Monitor for s/sx of infection</p> <p>Monitor for s/sx of worsening skin tissue</p> <p>Monitor pain and offer PRN analgesic as ordered</p> <p>Resident chooses to not be seen by lymphedema clinic as recommended, risks vs benefits provided to resident</p> <p>Treatment as ordered</p> <p>Update MD with changes in wound status and PRN</p> <p>Surveyor identified R5 was receiving lymphedema wraps with no current MD orders, no care plan and the application of the lymphedema wraps was not addressed on the TAR until after Surveyor discussed the wraps with RN Supervisor Y on [DATE].</p> <p>On [DATE] at 2:45 pm and on [DATE], Surveyor shared the above concerns with Administrator A, Director of Nursing B and Nurse Consultant C.</p> |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525482 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/17/2019 |
| NAME OF PROVIDER OR SUPPLIER Burlington Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 677 E State St Burlington, WI 53105 | |
| 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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> | <p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 25698</p> <p>Based upon observation, interview, and record review, the facility did not ensure proper prevention and treatment for 3 (R14, R49 and R24) of 4 Residents reviewed for pressure injuries.</p> <p>R14 was admitted to the facility for rehabilitation following hospitalization for supratherapeutic Coumadin levels with tarry stools. R14 had a previous left below the knee amputation and a right below the knee amputation earlier in 2019. At the time of admission R14 had no open pressure injuries.</p> <p>Initial assessments of R14 placed her at low risk for pressure injuries. An alternating pressure mattress was put in place. R14 was transferred via assist of two staff with a Hoyer lift. R14 also wore stump shrinking devices to both amputation stumps. There was no care plan put in place to monitor under these devices for R14 or to ensure the sling fit properly to prevent potential shearing. On approximately 5/14/19 R14 sustained a mechanical device pressure injury from the Hoyer sling to the right and left inner/posterior thigh and right lower back. R14 continued to have these pressure areas throughout her admission to the facility. Both areas deteriorated to unstageable areas. The facility's plan was to place a bath blanket within the Hoyer sling for padding. Interviews indicate R14 sat on a cushion in her wheelchair with a sling and bath blanket on top of the cushion decreasing the effectiveness of the cushion and creating layers that could increase pressure. There is no indication the facility looked into obtaining a padded Hoyer sling or a device to help decrease the potential for shearing when transferring.</p> <p>On 5/17/19 therapy noticed the start of R14 developing wounds under her stump shrinking devices. The facility nursing staff did not initiate a weekly wound evaluation until 5/22/19. At this time R14's right thigh wound measured 33 cm x 2 cm as a suspected deep tissue injury. This area would progress to an area that became infected requiring hospitalization on [DATE] for IV antibiotic treatment and oral antibiotic treatment. This area would deteriorate to a facility acquired Stage 4 pressure injury.</p> <p>The left thigh/stump area was initially measured on 5/16/19 as a Stage 1 area with a measurement of 1.2 x 21.5 x</p> <p>0.5. By 5/23/19 the area progressed to have 50% slough present. The facility did not develop a plan of care for staff to monitor R14's skin under the stump shrinkers. On 5/29/19 it is indicated R14 obtained a Roho type cushion and a larger stump shrinker. The record and plan of care does not clearly indicate if or when R14 stopped wearing the stump shrinkers. Therapy notes indicate communication with R14's prosthetist regarding the amputation sites and swelling and the benefit of wearing the devices however it is not clear when or if R14 stopped wearing the devices or what the frequency of wearing was.</p> <p>In addition to these areas R14 developed facility acquired Stage 3/unstageable areas to the sacrum, right iliac crest, right medial buttock, right lateral buttock, right inner buttock and left buttock. It was not until September 2019 when the facility implemented a repositioning plan of care to reposition every two hours instead of the Certified Nursing Assistant task documented reposition each shift.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525482 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/17/2019 |
| NAME OF PROVIDER OR SUPPLIER Burlington Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 677 E State St Burlington, WI 53105 | |
| 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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> | <p>Review of R14's records indicate R14 expressed recurring pain with her various wounds. On 6/6/19 the facility indicated they would pre-medicate R14 for pain prior to treatments. There is no indication this plan was established.</p> <p>On 7/24/19 the facility obtained an order for lidocaine gel to be applied to skin surrounding wounds. However, this was a PRN (as needed) order and review of R14's medication/treatment (MAR/TAR) records and interview of nursing staff indicate it was not routinely offered to R14 with treatment changes. In August R14 expressed that her wounds Hurt a whole lot. The facility's pain management plan was to add Tramadol. Review of R14's pain management plan indicates R14's pain was not effectively managed causing her to express she had uncontrolled pain and refusal of dressing changes and cares (Cross-reference F697).</p> <p>Review of R14's plan of care indicates the facility did not establish a comprehensive plan of care based upon assessment of R14 to prevent the development of pressure injuries and to help heal areas when developed.</p> <p>The facility's failure to prevent R14 from developing 11 facility acquired pressure injuries that progressed to an infected, stage 4 pressure injury and multiple Stage 3/unstageable areas created a situation of immediate jeopardy. The immediate Jeopardy started on 6/27/19. Nursing Home Administrator (NHA)-A and Assistant Director of Nursing (ADON)-I were notified of the Immediate Jeopardy on 9/9/19 at approximately 3:45 pm. The immediate Jeopardy was removed on 9/11/19 as the facility implements its action plan related to wounds. The deficient practice continues at the scope and severity of a D (potential for harm/isolated) based upon the additional examples regarding R49 and R24.</p> <p>R49 has a long standing Stage 4 pressure injury on her coccyx that is not healing. On 8/8/19 R49 was seen by the facility's wound physician who recommended R49 receive a Roho cushion for their wheelchair rather than the pressure reducing blue foam cushion R49 was sitting on. During the survey, R49 was observed sitting in her wheelchair still on the blue foam cushion. When asked if R49 had received a cushion that had air cells to sit on R49 indicated no, but it sounded interesting. Interviews indicate R49 did not receive the Roho cushion as ordered because of the cost associated with the device. One was ordered during the survey.</p> <p>R24 was admitted with four (two Stage 4 and two Stage 2) pressure injuries 5/7/2019. The four pressure injuries were not assessed until 5/9/2019. Treatment was not provided to the four pressure injuries until 5/11/2019.</p> <p>Findings include:</p> <p>1.) R14 was admitted to the facility on [DATE] following hospitalization for elevated INR (international normalization rate) related to anticoagulant therapy. R14 had a history of bilateral below the knee amputations with the most recent amputation in January of 2019. R14 wore a stump shrinker to the right and left amputation stumps. Review of R14's hospital discharge summary and facility admission documentation indicates R14 was not admitted to the facility with any pressure injuries, just old skin tears to left upper arm.</p> <p>R14's additional diagnoses include diabetes type 2, end stage renal failure with dialysis Thursday, Thursday and Saturday, muscle weakness diabetes polyneuropathy, history of osteomyelitis and urinary incontinence.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525482 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/17/2019 |
| NAME OF PROVIDER OR SUPPLIER Burlington Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 677 E State St Burlington, WI 53105 | |
| 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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> | <p>R14's progress note dated 4/24/19 at 18:50 indicates: admitted at 16:30. Pacemaker, left jugular dialysis port. Scattered bruising throughout body happened before going to ER (emergency room). Both legs below the knee. Old skin tears on left upper arm. Now resting well/will monitor. R14's admission assessment was completed by Licensed Practical Nurse (LPN)-D.</p> <p>R14's admission Minimum Data Set (MDS) dated [DATE] indicates R14 has a Brief Interview for Mental Score of a 14 indicating R14 was cognitively intact. R14 has no mood or behavior problems including no refusals of care. R14 requires extensive assist of two plus staff for bed mobility, personal hygiene and toilet use and total dependence of two staff for transfers. The MDS indicates R14 is frequently incontinent of bowel and bladder and is not on a toileting plan. R14 has no open areas and is at risk for pressure injuries. The MDS indicates pressure relieving bed and chair.</p> <p>Review of the Care Area Assessment (CAA) for activities of daily living (ADL's) dated 5/6/19 indicates: the resident has an ADL self-care deficit evidenced by assistance related to physical limitations secondarily to weakness. Continuing with plan of care in pcc (Point Click Care). The CAA for pressure ulcers dated 5/6/19 indicates: The resident is at risk for alteration in skin integrity related to impaired mobility and incontinence. Continuing with plan of care in pcc. The CAA also indicates according to documentation the resident has been requiring extensive assistance with toileting and has been frequently incontinent of bladder. Continuing with plan of care in pcc. Surveyor noted the CAA summaries do not fully analyze R14's factors that contribute to her increased need for assistance and increased risk for developing pressure injuries to assist in developing a comprehensive, preventative plan of care for R14.</p> <p>On 4/24/19 a Braden Assessment indicated R14 has total score of 18 indicating R14 is at low risk for pressure injuries.</p> <p>The care plan for Resident has impaired skin integrity initiated on 4/26/19 indicates for the goal area dated 4/26/19: will show s/sx (signs/symptoms) of healing by next review date. Surveyor noted there is no indication R14 had an open area as of 4/26/19. Interventions include: APM (alternating pressure mattress) check function Q (each) shift, initial Braden and per facility protocol, monitor s/sx of infection, monitor s/sx worsening skin tissue, monitor pain and offer analgesic as ordered, w/c (wheelchair) cushion, treatment as ordered and update MD with changes in wound status and PRN.</p> <p>Surveyor reviewed R14's Comprehensive Plan of Care with a creation date of 5/13/19 that documents for pain management. Explore non pharmacological pain alleviating interventions such as heat, ice, repositioning, massage, elevation, relaxation, food. Update MD PRN and/or if pain is not controlled.</p> <p>A Progress note dated 5/14/19 at 12:01 indicates: Resident on board for increased congestion and decreased pulse ox, lung sounds crackles and wheezing noted. Pulse ox 92% at 3 L (liters) of O2 via nasal cannula resident also had a low blood sugar of 36. One dose glucagon given. Also noted to have an open area to bilateral gluteal folds - linear in size. MD and family updated and NOR (new order). Surveyor noted this was completed by Licensed Practical Nurse (LPN)- G. Surveyor noted there is no indication an assessment was completed by a registered nurse. Review of R14's record does not clearly indicate the facility recognized R14's change in condition regarding her respiratory status and potential increased risk to R14's skin if she became more dependent upon staff or spent more time in bed.</p> <p>Lower back and left and right posterior and inner thigh:</p> <p>(continued on next page)</p> | | |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525482 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/17/2019 |
| NAME OF PROVIDER OR SUPPLIER Burlington Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 677 E State St Burlington, WI 53105 | |
| 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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> | <p>*Note: All pressure injury wounds are measured in centimeters (CM) per facility weekly wound documentation.</p> <p>Revision to R14's impaired skin integrity care plan dated 5/14/19 includes: place barrier between resident and the sling, leave brief open in bed. The Focus area initiated 5/14/19 MDRPI (medical device related pressure injury) to the lower back and left and right posterior and inner thigh secondary to mechanical lift sling.</p> <p>Right posterior/inner thigh:</p> <p>Weekly wound evaluation dated 5/16/19 indicates pressure injury right posterior and inner thigh 1 x 16 x 0, Stage 1. The evaluation indicates no abnormalities to wound edge or periwound. No exudate or odor. The evaluation asks has the DPOA/responsible party been notified of a decline in the wound. NA (not applicable) is indicated. The form also asks has the physician been notified of no change or deterioration over the past 2 weeks. NA is indicated. Wound progress is documented as stable/no change despite indications this is an initial assessment. Date of onset for treatments is 5/14/19 and indicated is chair pressure reduction/redistribution, turning and repositioning, positioning/splinting device, wound treatment/application of dressing and APM (alternating pressure mattress). Has the treatment changed in the past two weeks? No. No pain is indicated. Comments: DTI/1: apply barrier cream with zinc. Signed by DON-B in 7/30/19.</p> <p>A physical therapy progress note dated 5/16/19 indicates: pt (patient) states having new wound care precautions as stated by wound care (consulted nurse for verification), pt has wounds @ (at) post sacral and B (bilateral) med inner thigh. Zinc being applied. Pt allowed to transfer to w/c (wheelchair) with blanket barrier between pt and sling. Discussed with pt current sx's (symptoms) and determined slide board unviable due to requiring brief/pants (these being donned would cause undo friction to inner thigh and sacrum w/mvmt (with movement), determined no lower body clothing to be used and Hoyer w/sheet-blanket covering advisable at this time.</p> <p>Revisions to R14's care plan dated 5/17/19 include: apply a bath blanket between the Hoyer sling and the resident for transfers and apply zinc barrier to bruising and abrasion tid (three times daily) and as needed and leave brief open when in bed. Surveyor noted all three interventions were canceled on the plan of care with a system cancel date by Director of Nursing (DON)-B. Surveyor noted if the open areas were caused by shearing or abrasions by the Hoyer sling, Surveyor noted there is no indication the facility looked into obtaining an actual padded sling for R14 rather than adding a bath blanket to R14's sling increasing risk for the sling to not be used properly and increase pressure from added bulk.</p> <p>The 5/23/19 weekly wound sheets indicates pressure injury 1 x 15.9 x 0, Stage 1. MDRPI. No abnormalities to wound edges or peri wound. No exudate or odor. NA to notification to DPOA and physician. Wound progression indicates: stable/no changes Is pain associated with the wounds? Yes. Hurts a little bit is indicated. The pain management plan is blank. Comments indicate: DTI/1 stable continue POC. Signed by DON-B on 7/30/19. Surveyor noted there is no plan of care to address R14's pain with her wounds.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525482 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/17/2019 |
| NAME OF PROVIDER OR SUPPLIER Burlington Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 677 E State St Burlington, WI 53105 | |
| 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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> | <p>A revised intervention to R14's skin integrity care plan dated 5/29/19 includes Roho cushion when up in chair check inflation am and pm. Surveyor noted there is no indication an assessment of R14 sitting on a bath blanket and sling in the chair potentially on top of the Roho was assessed to ensure effectiveness of the Roho cushion.</p> <p>The next weekly wound evaluation has an effective date of 5/30/19. This document indicates the date of measurement as being 5/23/19. Pressure injury of right inner thigh. 6.9 x .7 x .3, Stage 3. MDRPI. 25% granulation, 50% slough, 25% eschar. Scant serous exudate with no odor. Progress of wound is indicated as being improved. Surveyor noted this is despite the area progressing to a stage 3 with necrotic tissue. Is pain associated with the wound? Yes/no is blank. The facial pain scale indicates hurts a little bit. The pain management plan is blank. Comments include: DTI/3 continue barrier cream with zinc. Signed DON-B on 7/30/19. Surveyor noted there still is no care plan related to pain Surveyor noted there are no changes to R14's overall plan of care regarding preventing shearing/abrasions despite a decline in the wound.</p> <p>The 6/6/19 weekly wound evaluation indicates pressure injury to right inner posterior thigh 9 x .6 x .3, Stage 3. MDRPI. 25% granulation, 75% slough. Is pain associated with the wound? Yes. Level of pain is hurts a little bit. The pain management plan indicates medicate before assessment. Comments: DTI/3 continue barrier cream with zinc. Signed by DON-B on 7/30/19. Review of R14's record indicates no order for pain medication was obtained at this time.</p> <p>The weekly wound evaluation dated 6/13/19 indicates pressure injury to right inner thigh 1.8 x 6.4 x .2, Stage 3. MDRPI. 100% granulation is documented. No assessment of the periwound or edges is indicated. Exudate is identified as small serous. Odor is not assessed. The facial pain scale indicates hurts a little. Pain management plan is blank. Surveyor noted there still is no plan of care for R14's pain.</p> <p>R14's plan of care for skin integrity includes a revision dated 6/12/19 indicating MDRPI to the left and right posterior inner thighs now presents as a DTI/3 (deep tissue injury/stage 3) secondary to mechanical lift sling. Surveyor noted the revised plan of care does not address R14's pain or interventions to prevent further deterioration of the wound.</p> <p>Surveyor noted there is no weekly evaluation for the week on 6/20/19. On 6/20/19 R14 was hospitalized for a left extremity loop graft. During this hospitalization the hospital documentation identified R14 as having multiple unstageable and stage 3 pressure injuries. During this hospitalization a referral was made to the wound clinic for R14.</p> <p>The weekly wound evaluation dated 6/27/19 at 09:29 indicates pressure injury of right post inner thigh. 1.2 x 2 x 0, Stage 3. 100% granulation. No abnormalities to wound edges/peri wound. Small serous exudate is noted, odor is not assessed. Comments: DTI/3 presents as st (stage) 2, much improved, smaller in size to see wound clinic today. Signed by DON-B on 7/30/19.</p> <p>A weekly wound summary with an effective date of 7/4/19 has a wound measurement date listed as 7/11/19 indicates pressure injury to right inner thigh .5 x .1 x .1, stage is N/A. DTI mech injury is listed. 75% granulation, 25% slough. Moderate serous exudate noted. Odor is not assessed. Has treatment changed in past two weeks? No. Comments: small amount of slough remains, area much smaller than previous assessment, goes to wound clinic. Signed by DON-B on 7/28/19.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525482 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/17/2019 |
| NAME OF PROVIDER OR SUPPLIER Burlington Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 677 E State St Burlington, WI 53105 | |
| 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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> | <p>The weekly wound evaluation form dated 7/11/19 indicates pressure injury to right inner thigh.7 x 4.5 x .2, Stage 3. MDRPI. 76% granulation, 25% slough (surveyor noted percentage is greater than 100%). Scant serous exudate is noted. Odor is not assessed Comments: small amount of slough noted this week at the base, goes to wound clinic. Signed DON-B 7/30/19. Surveyor noted the measurement increased this past week and there still are no notable changes to R14's plan of care.</p> <p>The weekly wound evaluation dated 7/18/19 indicates pressure injury.9 x 4.3 x 0, Stage 3. MDRPI. 95% granulation is identified. The remaining 5% is not identified. Small serous exudate is indicated, no odor</p> <p>The weekly wound evaluation dated 7/24/19 indicates pressure injury to right posterior thigh 1 x 5 x .1, stage 3. MDRPI. 25% granulation, 75% slough. Small serous exudate is noted with no odor. Wound progress is indicated as deteriorated/declined. Comments: DTI/3 area had declined wound clinic aware and will see at next appointment. Signed DON-B on 7/31/19.</p> <p>The 7/31/19 weekly wound evaluation indicates pressure injury to right post thigh. 1 x 6.2 x .2, Stage 3. 50% granulation, 50% slough. Small serous exudate is noted with no odor.</p> <p>The weekly wound assessment dated [DATE] indicates pressure injury 2.5 x 5.9 x .1, Stage 3. MDRPI. 25% granulation, 75% slough. Are abnormalities noted to wound edges/peri-wound? No. Small serosanguineous exudate with no odor. Wound progress is noted as deteriorated/declined.</p> <p>The 8/14/19 weekly wound evaluation indicates pressure injury right post thigh. 2.3 x 6 x .1, Stage 3. MDRPI. 50% granulation, 20% slough and 30% eschar. Small serosanguineous exudate with no odor. Yes is indicated for notification of DPOA and physician. Wound progress is noted as deteriorated/declined. Continue POC & f/u with the wound clinic. Gently wash the right leg wound and bilateral ischial wounds daily. Place Iodosorb or pre-mixed iodoflex/wound gel in the wound follow by ABD and medipore tape. Signed ADON-K 8/14/19.</p> <p>The 8/21/19 weekly wound assessment indicates pressure injury Right post thigh. 1.7 x 6 x .1, Stage 3. 5% granulation, 90% slough, 5% eschar. Are abnormalities noted to wound edges/peri-wound? No. No exudate is indicated along with no odor. Wound progress is indicated as stable/no change. Surveyor noted this is despite the overall increase in necrotic tissue. Onset date for treatments is now listed as 6/12/19 and indicates same treatment devices as previous week.</p> <p>The next weekly wound evaluation has an effective date of 8/28/19 with a wound measurement date of 8/21/19. The wound is a pressure injury of the right post thigh. 1.4 x 6.7 x .1, Stage 3. 100% eschar is indicated. No exudate is indicated along with no odor. Wound progress is noted as deteriorated/declined. Has treatment changed in past two weeks? No is indicated despite change to medihoney as a treatment on previous evaluation. Is pain associated with the wound? Yes. The facial pain scale indicates hurts a whole lot. The pain management plan is new order for Tramadol. Comments include: DTI/3 area stable. Continue POC & f/u with the wound clinic.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525482 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/17/2019 |
| NAME OF PROVIDER OR SUPPLIER Burlington Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 677 E State St Burlington, WI 53105 | |
| 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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> | <p>The 9/4/19 weekly wound evaluation indicates pressure injury right post thigh. 0.9 x 6.7 x 0.3, Stage 3. MDRPI. 20% granulation, 75% slough, 5% eschar. No exudate is indicated along with no odor. Wound progress is indicated as deteriorated/declined. Has treatment changed in the past two weeks? No is indicated. Is pain associated with wound? Yes. The facial pain scale indicates hurts a whole lot. Pain management plan is: Tramadol. Comment indicates: DTI/3 area improved 5% eschar. Continue POC f/u with the wound clinic</p> <p>On 10/8/19 Surveyor interviewed Certified Nursing Assistant (CNA)-J regarding 14's pressure injuries. CNA-J indicated a normal day for R14 would be for R14 to be up in her chair until she was too uncomfortable and then they would lay her down. CNA-J indicates they used a sling to transfer R14 and would put a bath sheet in it and it seemed to help. When asked about pain, CNA-J indicated towards the end of her stay at the facility R14 was in a lot of pain. When asked if CNA-J was familiar with all of R14's wounds and needs for those wounds CNA-J shrugged her shoulders.</p> <p>On 10/8/19 at approximately 1:28 pm Surveyor interviewed CNA-L. CNA-L indicated R14 would get up just before or after breakfast and stay up in her wheelchair. CNA-L indicated R14 would stay up in her chair but also it was R14 who said after the wound clinic visit in June that they wanted her on bed rest and to get up just before dialysis. Surveyor asked CNA-L if this was on her plan of care and CNA-L indicated she didn't think so. CNA-L indicated R14 knew what she wanted and that she got worse as time went on. Surveyor asked CNA-L about providing cares to R14. CNA-L indicated it was hard with all of the wounds and the pain. Surveyor asked CNA-L if they used any special sheets to prevent shearing or to help boost R14 in bed. CNA-L indicated no they used a sheet and a small pad/sheet that was on the bed. CNA-L indicated in her wheelchair, R14 sat on a bath sheet with a sling on top of her wheelchair cushion.</p> <p>Right Iliac Crest/Rear</p> <p>The Weekly wound evaluations for R14 include a facility acquired area that is also considered a medical device related pressure injury. The weekly assessments contain the same questions as answered weekly for the Right thigh wound. Surveyor noted the evaluation, despite indicating the cause is from a medical device, an explanation of what device lead to the area is not specified. Surveyor noted all weekly sheets associated with this wound are signed by DON-B on 7/30/19.</p> <p>Details of the wound indicates:</p> <p>5/16/19: 1.5 x 2.5 x 0 - Stage 1 Wound team to follow. Pain is associated with the wound hurts a little bit. DTI/1: purple intact, barrier cream with zinc.</p> <p>5/23/19: 1x 1.6 x 0 - Stage 1. DTI/1: improved. Continue plan of care (POC).</p> <p>5/30/19: .8 x .5 x .1 - Stage 2. 20% granulation. Surveyor noted the rest of the characteristics are not specified. Comments on evaluation include: DTI/2: Area smaller in size now superficially open.</p> <p>A Focus area of R14's skin integrity care plan dated 6/2/19 includes st (stage) 2, sacrum and iliac crest. (Iliac crest resolved 6/27/19). Surveyor noted the care plan entry is a log of the wound without any added intervention related to the area (s)</p> <p>(continued on next page)</p> | | |

| | | | |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525482 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/17/2019 |
| NAME OF PROVIDER OR SUPPLIER Burlington Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 677 E State St Burlington, WI 53105 | |
| 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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> | <p>6/6/19 1 x 1 x .1 - Unstageable. 5% slough 100% eschar (Surveyor noted the % is greater than 100%). Comments: DTI/U (unstageable) intact scab beginning to slough off.</p> <p>6/13/19: 2.3 x .8 x 0 - Stage 3. 50% granulation, 50% slough. DTI/3: add medi-honey wound base.</p> <p>There are no wound measurements for the week of 6/20/19 as R14 was admitted to the hospital on 6/20 and released on 6/21/19.</p> <p>The 6/27/19 weekly wound evaluation indicates the DTI/1 is resolved.</p> <p>Anterior and posterior Right Stump</p> <p>Review of R14's therapy treatment encounter notes dated 5/17/19 indicates: w/pt present called prosthetist, left message about obtaining larger stump shrinkers for R (right) stump as the lvl (level) 1 was demoing (demonstrating) skin breakdown at medial thigh . Surveyor noted there is no indication a change was made to R14's care plan to address her stump shrinker potentially causing skin breakdown.</p> <p>A 5/21/19 therapy treatment encounter note indicates: pt in presence contacted prosthetist by telephone, discussed pt adverse reaction to current stump shrinkers and other issues, prosthetist available to reassess the pt this date, will meet w/pt and prosthetist. This inc's pt progress w/ability to met (sic) w/prosthetist and RLE (right lower extremity) stump shaping prep for prosthetic creation. Met with prosthetist/pt, pros. Decided to provide alternative compression stump shrinker, education for pt/therapist was provided. Surveyor noted the changed stump shrinker was not added to R14's plan of care for nursing staff at this time to include monitoring with change in device.</p> <p>There is no indication/assessment by nursing regarding this issue until 5/22/19.</p> <p>Progress note dated 5/22/19 at 9:59 am indicates R14 has new mechanical pressure injury secondary to stump shrinker to R stump posterior and anterior. New bruise with hematoma to right elbow secondary top (sic) transfer at dialysis. This was noted by Director of Nursing (DON)-B.</p> <p>There is no initial wound assessment document for this wound. The initial weekly wound evaluation is dated 5/22/19 and indicates the posterior right stump measures 33 x 2 x 0 suspected deep tissue injury (DTI) is the identified stage. The evaluation indicates DTI mechanical injury. The evaluation indicates the peri wound is normal with no exudate and description of odor is blank. The form asks if the designated power of attorney (DPOA) has been notified of a decline in the wound and indicates not applicable. The form asks has the physician been notified of no change or deterioration over the past two weeks. This also indicates not applicable. Treatments with an onset date of 5/22/19 include chair/pressure reduction/redistribution cushion, turning and repositioning and positioning/splinting device are all checked. Surveyor noted there is no indication these treatments are on a plan of care for R14. Has treatment been changed in last two weeks? No. The evaluation asks is pain associated with the wound and yes is indicated with a facial scale of it hurts a little bit checked. The identified pain management plan is stump shrinker removed. Comments include: wound team will follow, area goes around her stump intact purple in color. Skin prep applied.</p> <p>There is a new order dated 5/22/19 to apply skin prep to the DTI to right posterior and anterior right stump BID. This order was discontinued on 6/5/19.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525482 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/17/2019 |
| NAME OF PROVIDER OR SUPPLIER Burlington Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 677 E State St Burlington, WI 53105 | |
| 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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> | <p>R14's care plan interventions dated 5/22/19 include: MDRPI DTI (deep tissue injury)/1 (stage 1) x (times) 2 (anterior and posterior to the right stump (anterior right stump dti resolved 5/23/19) bruise with hematoma to right elbow. Interventions dated 5/22/19 include: stump shrinker removed, dialysis updated on bruise. Surveyor noted there was no prior care plan or treatment order to monitor R14's skin under the stump shrinker.</p> <p>On 5/22/19 the physical therapy encounter note indicates: New BLE compression stocking doffed (removed) and noted RLE skin reddening almost full circumference of thigh, mid-thigh where stocking most restrictive, noted pt may have lymph edema and would need to be addressed. OT (occupational therapy) stated would contact prosthetist to inform of pt current condition, follow up. During observation nurse present to witness and acknowledge.</p> <p>On 5/23/19 the physical therapy encounter note indicates: observed RLE med skin integrity, pt has 8 by 3/4 wide intact blister .nursing aware.</p> <p>Posterior Right Stump</p> <p>On 5/23/19 a weekly wound assessment was completed on the right posterior stump indicating this area measures 1.9 x 8 x 0 Stage 1. MDRPI (medical device pressure injury). The evaluation indicates there are no abnormalities to the peri wound with no exudate. Question of whether the DPOA or physician is notified is checked as not applicable. Treatments indicates an onset date of treatment to be 5/23/19 with chair pressure reduction/redistribution cushion, turning and repositioning, positioning/splinting device and wound treatment/supplication of dressing indicated along with other APM (alternating pressure mattress) Treatment changed in last two weeks? Yes however there is no date to indicate change. Is pain associated with the wound? Yes hurts a little bit. Pain management plan is blank. DTI/1 (DTI/stage 1) a portion of this DTI is now fluid filled. Continue skin prep. Signed DON-B on 7/30/19. Surveyor noted there is no indication the treatments were added to R14's plan of care or that a physician was consulted with.</p> <p>A 5/27/19 physical therapy encounter note indicates: reviewed recent updates of goals, assisted pt w/dressing and prep for bed to w/c transfer, multiple rolls to address wounds, SBA (stand by assist) w/bed rails, set up for shirt, [NAME] (maximum assist) for pants due to wound concerns, Hoyer placement w/ blanket barrier for transfer, Hoyer to s/c Ax2 (assist times two). Comments: due to pt fragile skin integrity state, present wound progress and stump reduction plan, pt requires continual skin assessment. Advised nurse of pt wound dressing, required changing, nurse observed pt wounds and addressed as necessary. Surveyor noted this not indicates multiple opportunities for R14 to shear while rolling and dressing. Additionally, this note still references use of a bath blanket for padding with a sling present in her chair despite the potential for added pressure concerns with the layers under R14. There is no indication these concerns are addressed on R14's skin plan of care.</p> <p>On 5/29/19 a Roho cushion was ordered. R14's care plan includes a revision dated 5/29/19 indicating a larger stump shrinker applied by therapy. Surveyor noted there is no plan for monitoring R14's skin under the stump shrinker or to assess for fit.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525482 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/17/2019 |
| NAME OF PROVIDER OR SUPPLIER Burlington Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 677 E State St Burlington, WI 53105 | |
| 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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> | <p>The 5/30/19 weekly wound evaluation for the right posterior stump indicates 1.5 x 11 x na - Stage 2. No abnormal peri wound. No exudate. DPOA/physician notification indicates not applicable. Wound progress indicates improved. Treatments listed with a blank onset date include bed pressure reduction/redistribution mattress, chair pressure reduction/redistribution, turning and repositioning, wound treatment/application of dressing and APM. Has treatment changed in last two weeks? No. Is pain associated with wound? No. Comments include: DTI/2 (DTI/stage 2) area has improved, fluid filled blister has deflated for the most part a small amount of fluid remain, decrease in size. Surveyor noted the overall size of the area has increased. Signed DON-B on 7/30/19.</p> <p>The 6/6/19 weekly wound measurement for right posterior stump indicates 1.5 x 12.2 x na now identified as unstageable with 100% eschar. Still MDRPI. No abnormalities with peri wound. No exudate or odor. The question of has the DPOA or physician been notified indicates NA (not applicable). Wound progress indicates stable/no change despite 100% eschar. Has treatment changed in last two weeks? No Is pain associated with the wound? No. Comments include: DTI/U (DTI/unstageable) intact dried scab. Signed DON-B on 7/30/19.</p> <p>Right anterior stump</p> <p>Weekly wound assessment dated [DATE] indicates this is a pressure injury. 2.4 x .5 x 0 - suspected deep tissue injury. DTI mech injury is identified. The evaluation indicates no abnormal peri wound. Notification of DPOA and physician are not applicable. Treatments include an onset date of 5/22/19 indicating chair pressure reduction/redistribution cushion, turning and repositioning, positioning/splinting device and wound treatment/application of dressing and APM. Is pain associated with the wound? No. Comments include: Area from stump shrinker, removed shrinker. Purple in color i [TRUNCATED]</p> | | |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525482 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/17/2019 |
| NAME OF PROVIDER OR SUPPLIER Burlington Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 677 E State St Burlington, WI 53105 | |
| 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 - Minimal harm or potential for actual harm</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>41438</p> <p>Based upon observation, interview and record review, the facility did not ensure appropriate supervision for 2 (R3 and R13) of 7 residents reviewed during meal time.</p> <p>On 10/15/19 R3 was placed at the dining room table by the Director of Nursing (DON)-B, with food already present on the table. The staff walked away from R3 who proceeded to eat the food in front of them until a different staff noticed R3 wasn't eating food meant for R3 as R3 is on a mechanical soft diet. R3 was removed from the table and DON-B proceeded to place R13 in the spot R3 just vacated. R13 then proceeded to eat the food R3 had already started to eat.</p> <p>Findings include:</p> <p>On 10/17/19, the facility's policy entitled: Meal Service-Meals and Snacks dated on 04/01/16 and revised on 2019 was reviewed and stated: Dietary, nursing and other departments, as assigned, shall participate in the distribution of meals. Dining areas will be supervised.</p> <p>On 10/15/19 at 8:20 am, Surveyor observed a small dining room during breakfast. Surveyor observed R3 was wheeled by the Director of Nursing (DON)-B to a table that had cereal, biscuit with gravy and milk on the table. DON-B then left and continued to place trays for other residents. R3 started to eat the meal in front of her. R3 took a piece of cereal with her right hand. R3 then took a piece of the biscuit with her left hand. R3 then placed the cereal into her mouth. After she ate a piece of cereal, R3 then put a piece of biscuit in her mouth and ate it. Assistant Director of Nursing (ADON)-I came and indicated to DON-B that food was not R3's and she should not be eating that food. ADON-I then moved R3 to a different spot at the dining room. DON-B then wheeled R13 to the same place where R3 previously was. The same food that R3 was eating was on the table and not exchanged. R13 then started eating the food that R3 previously ate. R13 was observed to complete the breakfast meal that was initially eaten and touched by R3.</p> <p>On 10/15/19, Surveyor reviewed R3's medical record which indicates R3 has an active diagnosis of Dysphagia f the Oropharyngeal Phase. R3's Minimum Data Set (MDS) dated on 10/05/19 section G (Functional Status) indicates R3 needs limited supervision during eating. Section I indicates R3 has an active medical diagnosis of Non-Alzheimer's Dementia.</p> <p>On 10/15/19, Surveyor reviewed R3's plan of care dated on 07/20/18, which indicates R3 has Aphasia. R3's plan of care includes to monitor oral motor function, place food in bowls to encourage R3 to use utensils, and speech therapy for evaluation. R3's plan of care also includes potential for nutritional problem, which includes to monitor and document R3's signs and symptoms of dysphagia including pocketing, choking, coughing, drooling, holding food in her mouth, several attempts at swallowing, and refusing to eat. R3's plan of care indicates that R3 demonstrated impaired cognitive function and was relying on staff to help make decisions on her behalf throughout the day.</p> <p>On 10/15/19 Surveyor reviewed R3's current physician orders indicate R3 is to have Regular Diet, Mechanical Soft with thin liquids.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525482 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/17/2019 |
| NAME OF PROVIDER OR SUPPLIER Burlington Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 677 E State St Burlington, WI 53105 | |
| 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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>On 10/15/19 Surveyor reviewed R13's medical record which indicated that R13 had an active diagnosis of Alzheimer's disease. Surveyor then reviewed R13's MDS, dated on 07/14/19, which indicated that R13 requires set up assistance for meals.</p> <p>On 10/15/19 at 8:27 am, Surveyor interviewed DON-B. DON-B indicated that food should have been exchanged and that she did not see R3 eating R13's food. DON-B also indicated that other staff in the dining room did not see R3 eating R13's breakfast.</p> <p>On 10/17/19 at 9:54 am, Surveyor interviewed ADON-I who indicated that she did not see R3 eating the food but if she did that she would replace the tray. ADON-I indicated that she saw R3 reaching for the food but did not see R3 eating the food.</p> <p>On 10/17/19 at 10:14 am, DON-B also indicated that at least one Nursing Assistant will be monitoring R3 from now on, so resident could not reach someone else's food.</p> <p>On 10/15/19 at 9:00 am, Administrator-A and DON-B were made aware of the findings above.</p> | | |

| | | | |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525482 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/17/2019 |
| NAME OF PROVIDER OR SUPPLIER Burlington Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 677 E State St Burlington, WI 53105 | |
| 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 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Provide medically-related social services to help each resident achieve the highest possible quality of life.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 03357</p> <p>Based on observation, interview and record review, the facility did not provide medically related social services for residents to attain or maintain their highest practicable physical, mental and psychosocial well-being for 6 of 20 sampled residents (R16, R47, R5, R86, R91 and R65) reviewed for medically-related social services.</p> <p>* R16 did not receive her new glasses and did not know the name and the phone number for the optometrist. There was lack of follow up with R16's medically related social services even though R16 had previously reached out to Business Office Manager Z about not receiving her glasses.</p> <p>* R47 was trying to get a State of Wisconsin ID. There was lack of follow through with contacting the Department of Motor Vehicles with trying to assist R47 in obtaining the ID.</p> <p>* R5 was concerned about her cell phone being taken away and residents entering her room.</p> <p>Director of Social Services W and the Social Service Assistant X were not aware of R5's concerns.</p> <p>* R86 was not referred to a psychologist as per recommendations made by the Psychiatric Nurse Practitioner on [DATE]. The Director of Social Services W and Social Service Assistant X were not aware of the need to refer R86 to the psychologist, even though the Psychiatric Nurse Practitioner provided copies of her notes to Nursing and Social Services, via email.</p> <p>In addition, R86 had previous roommate compatibility issues and on [DATE] R86 was transferred to a different room with a new roommate, R36. On [DATE], R86 expressed compatibility issues with her present roommate, R36.</p> <p>R86's adjustment to her new room and roommate was not being monitored after [DATE].</p> <p>On [DATE], Director of Social Services W and Social Service Assistant X was not aware of R86's current roommate compatibility issues.</p> <p>* R91 was not provided with discharge planning until after Surveyor discussed R91's concern regarding lack of discharge planning assistance with Director of Social Services W.</p> <p>* R65 was not assisted with discharge planning or with his history of alcohol dependence.</p> <p>Findings include:</p> <p>1.) On [DATE] 08:57 AM, Surveyor interviewed R16 who stated, the lady who came here for the optometrist said it would be 4 weeks before I get my glasses it is going on 6 weeks now .and I still don't have them. The top of my nose is starting to hurt a lot. If I had the phone number I would call myself to see where my glasses are. I talked to [Business Office Manager (BOM) Z] at the front desk and she said she called the optometrist and they did not call her back. They should have given me his name and phone number so I could keep it with my stuff and could call.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525482 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/17/2019 |
| NAME OF PROVIDER OR SUPPLIER Burlington Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 677 E State St Burlington, WI 53105 | |
| 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 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Surveyor observed R16 wearing her older glasses. R16 stated, they are really bothering me. Ever since they dilated my eyes my vision has been fuzzy and I am not getting anywhere asking people.</p> <p>Surveyor reviewed R16's medical record. R16 was admitted into the facility on [DATE]. R16's admission Minimum Data Set (MDS) dated [DATE] indicates R16 has adequate hearing, clear speech, understood and understands, adequate vision. The MDS indicates a Brief Interview for Mental Status (BIMS) score of 14 indicating R16 is cognitively intact for daily decision making skills. Surveyor reviewed R16's progress notes since admission and there was no information pertaining to R16's eye glasses.</p> <p>On [DATE] 10:29 AM, Surveyor interviewed the Director of Social Services DSS W and the Social Service Assistant X who were not aware of R16's concern, pertaining to her eye glasses and not having the name and phone number of the optometrist.</p> <p>DSS W and SSA X checked R16 electronic file and stated, there are no Health Drive notes, let me check with Office Manager Z as to who R16 is using. SSA X then informed Surveyor that R16 does not use Health Drive, she (R16) uses her own optometrist and that Office Manager Z makes outside appointments for the Residents. DSS W and SSA X stated they would find out who the Dr is which would be a big help.</p> <p>On [DATE] Surveyor reviewed the Social Services Note which stated: [DATE] 07:46 Social Services spoke with the resident regarding Optometry and she informed writer that she does not know what the Dr.'s name is and that the Dr. came to the facility to see her. She informed writer that the Dr. told her she would have her glasses in 4 weeks and it has been way longer than 4 weeks .Social Services to discuss optometrist with [BOM Z.] Social Services to follow up as needed.</p> <p>[DATE] 08:48 Social Services placed a phone call to Health Drive and spoke with .she informed writer that the last comment is that there is pending payment. The resident did not have Medicaid when she had seen the eye Dr. and the cost of the glasses out of pocket would be \$106.00, however the amount will now be covered per Medicaid.also informed Social Services that the Prior Auth. is currently down and this will be down for another ,d+[DATE] weeks. They are adding high power to one of the lenses of the glasses .was given contact information for Social Services at The Bay at [NAME] and in about 2 weeks .will call with an update regarding the glasses. Social Services to follow up as needed.</p> <p>Surveyor noted SSD W and SSA-X were not aware of R16's concerns regarding her glasses and the name and phone number of the Optometrist, even though R16 had previously reached out to the Business Office Manager Z for assistance. R16 was not provided with medically related social services until R16's concerns involving her glasses were brought to the attention of SSD W and SSA-X, until after Surveyor brought this issue to their attention.</p> <p>2.) On [DATE] 01:43 PM Surveyor interviewed R47 who stated I like to go out. When I lived in [NAME] I would go to the Malls, would read books .I love coffee and cappuccino and Movies, me being here it is like jail, I am always in my room or in the facility the only time I go out is when we are out in the back, my brother and I are looking for a place in [NAME]. R47 informed Surveyor they have people who trim peoples hair, ears, feet, why not get someone from the Department of Motor Vehicles (DMV) to come to provide an identification card for transportation .I asked the Social Worker last week and she said No they can't do that, my old one expired in 2017 & I need a new one.</p> <p>Surveyor reviewed R47's medical record. R47 was admitted on [DATE] with a [DATE] readmission.</p> <p>(continued on next page)</p> | | |

| | | | |
|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525482 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/17/2019 |
| NAME OF PROVIDER OR SUPPLIER Burlington Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 677 E State St Burlington, WI 53105 | |

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 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>R47's quarterly Minimum Data Set (MDS) dated [DATE] documents a Brief Interview for Mental Status (BIMS) score of 15 which indicates R47 is cognitively intact for daily decision making skills.</p> <p>A review of progress notes contains the following documentation:</p> <p>[DATE] 16:25 (4:25 pm) Social Services Note: received a phone call from the Therapist (name) who visits with the resident regularly . Per (name) he is calling writer regarding the resident needing a ride to the DMV. SSD explained to (name) that there has been issues getting transportation for the resident to get to his MD appointments and this will more than likely be the same in finding a ride to get him to the DMV for an ID. SSD (Social Service Director) has been informed that this is due to the width of the wheelchair. There have been companies contacted per Staff, however there has not been one at this time that will be able to take the resident to appointments. Case Managers have also been notified per staff. Social Services to follow up as needed.</p> <p>On [DATE] 11:19 AM, Surveyor interviewed the Director of Social Service (DSS) W and the Social Service Assistant SSA (X) asking if they called the Department of Motor Vehicle to follow up on R47's concern about getting an ID.</p> <p>SSA X stated we are stuck with the picture issue we are not sure if they will come to Nursing Home to take a picture. My Choice Family is also trying to find transportation because of the wide wheelchair we cannot get him to medical appointments. Our Business Office Manager Z tried calling 3 different companies and none of them transport residents who are bariatric. Surveyor encouraged DSS W and SSA X to try calling the DMV about picture IDs and to see whether they would be able to refer DSS W and SSA X with another contact if the DMV was unable to help.</p> <p>On [DATE] Surveyor reviewed the following Social Service note in R47's medical record;</p> <p>On [DATE] 11:35 Social Services Note: SSD (Social Service Director) placed a phone call to the DMV regarding the State ID process and to inquire of if they come to facilities if the individual is not able. Writer spoke with Staff who informed writer that 'no' they do not go to facilities and she then transferred writer to another dept. SSD left call back information. Social services to follow up as needed.</p> <p>On [DATE] 09:53 AM Surveyor spoke to SSD W who stated she called the DMV and transferred to a different department placed on hold with SSD leaving her phone number.</p> <p>Surveyor noted R47's medically related transportation issue involving obtaining a State ID was not followed up on until after Surveyor discussed this issue with DSS W and SSA X.</p> <p>3.) On [DATE] 03:20 PM Surveyor interviewed R5 who stated, I had to give whole disability check before I could come back. I have a cell phone bill and I can't even pay for my cell phone bill. Before this happened I got a new phone and I was paying off the bill on the phone, I am concerned they will be coming after me for the phone.</p> <p>In addition, R5 discussed with Surveyor concerns she had with 2 residents wandering into her room. R5 previously had a Velcro stop sign across her door which was taken down when painting was started in the facility.</p> <p>(continued on next page)</p> |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525482 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/17/2019 |
| NAME OF PROVIDER OR SUPPLIER Burlington Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 677 E State St Burlington, WI 53105 | |
| 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 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Surveyor reviewed R5's medical record.</p> <p>R5's Admission Minimum Data Set (MDS) dated [DATE] indicates R5 was admitted on [DATE]. The MDS indicates R5 has adequate hearing; speech is clear, understood and understands, adequate vision. The MDS indicates R5 scored a 12 on the Brief Interview for Mental Status which places R5 as moderately cognitively impaired for daily decision making skills. R5 is noted to have days of feeling down, depressed or hopeless. She is noted to have trouble falling asleep or sleeping too much, with feeling tired and having little energy, etc</p> <p>R5's progress notes and care plan did not address concerns involving R5's phone costs or resident's wandering into her room.</p> <p>On [DATE] 11:15 AM, Surveyor shared with the Director of Social Services (DSS) W and Social Service Assistant (SSA) X R5's concerns.</p> <p>DSS W stated R5 recently discussed her boyfriend being overseas and was not sure if that was why R5's phone bill was expensive or if R5 was paying her bill. DSS W stated, I did discuss with the business office and did talk to R5 about it.</p> <p>Surveyor shared with DSS W that R5's concern seems to be that she is still trying to pay off the cell phone itself and is concerned the cell phone itself will be taken away from her. Surveyor asked DSS W if she spoke to R5 regarding phone options such as trying to obtain a free phone for her. DSS W and SSA X stated that those free government phones are hard to get. Surveyor noted that DSS W and SSA X were unaware of R5's concern regarding her phone being taken away from her, in order to provide R5 with medically related social services.</p> <p>In addition, Surveyor shared with DSS W and SSA X R5's concerns regarding 2 residents wandering into her room and no longer having a Velcro stop sign across the doorway of her room. DSS W and SSA X stated they were not aware of R5's concerns regarding the 2 residents wandering into R5's room and were not aware of R5 previously having Velcro stop sign across her door. DSS W and SSA X stated that they were aware of only one other Resident with a Velcro sign across their door. DSS W and SSA X stated they would follow up with R5.</p> <p>On [DATE] at 3:05 pm, Director of Nursing B informed Surveyor she had placed the Velcro stop sign on R5's door.</p> <p>DSS W and SSA X were not aware of R5's concerns involving payment of the cell phone and residents wandering into R5's room. R5 was not provided with medically related social services until Surveyor informed DSS W and SSA X of R5's concerns.</p> <p>On ,d+[DATE] and [DATE], Surveyor shared the above concerns with Administrator A, Director of Nursing B and Corporate Nurse Consultant C.</p> <p>4.) R86 was admitted to the facility on [DATE] with diagnoses including Addison's Disease, Anxiety Disorder and Insomnia.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525482 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/17/2019 |
| NAME OF PROVIDER OR SUPPLIER Burlington Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 677 E State St Burlington, WI 53105 | |
| 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 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>R86's Admission MDS (Minimum Data Set) Assessment with an ARD (Assessment Reference Date) of [DATE] documents: A Brief Interview of Mental Status (BIMS) score of 15, indicating resident is cognitively intact. Patient Health Questionnaire (PHQ-9) score of 2, indicating minimal depressive symptoms. The MDS also indicates that resident has adequate hearing, clear speech and is able to understand and make self understood. She has adequate vision. The MDS also indicates resident has had ,d+[DATE] days in which she was feeling down, depressed or hopeless. The MDS identifies no behavior symptoms and no rejection of cares. R86 requires limited assistance of 1 staff with transfers, walking, toileting and personal hygiene.</p> <p>On [DATE] at 8:26 AM surveyor interviewed R86 in resident's room. R86 became tearful at the start of the interview. R86 discussed recent emotional challenges since admission to facility. R86 verbalized worrying about their mental health in this current living setting, stating Because of my Addison's Disease, I get very emotional and have a lot of anxiety. It's so hard sometimes when you don't have someone to talk to. I feel as while staying here, my psychosocial needs are not being met. Surveyor asked if she would be interested in speaking to someone who specializes in Psychological services. R86 informed surveyor that she thought someone was supposed to talk to her about her mental health but this has not yet occurred.</p> <p>Upon clinical record review conducted on [DATE] at 10:35 AM, an initial Psychiatric evaluation note, dated [DATE] from Psychiatric Advanced Practice Nurse Practitioner (APNP-CC) listed the following treatment recommendations: Sleep study quarterly; increase Duloxetine (an antidepressant/pain medication) 60 mg; stop date Ambien (sleeping medication) [DATE]; goal to taper and d/c (discontinue) Alprazolam (anxiety medication) in future; psychology consult. A telephone order sheet in the hard chart dated [DATE] read psych eval. The electronic medical record listed an order for psych eval dated [DATE]. Surveyor was unable to locate that a psychology consultation occurred as there was no follow up reference to APNP-CC's Psychology referral order dated [DATE].</p> <p>On [DATE] at 10:45 am, Surveyor interviewed Director of Social Services (DSS-W) and Social Services Assistant (SSA-X) to inquire about the facility's process for psychiatry and psychology evaluations. Surveyor asked DSS-W who is responsible for the processing of new referrals for in house psychiatry/psychological services. DSS-W stated That is something that we should be involved with and informed of. There should be a progress note. Surveyor asked for details regarding the process of initiating a psychology evaluation. SSA-X stated I put together a packet with the resident's face sheet and information with the request for Behavior health services along with a consent form that is signed by the resident or POA (Power of Attorney). Then we fax it (to the psychiatrist/psychologist). I keep a binder with resident requests forms and their consent forms. Surveyor asked who obtains consent forms from residents or their responsible party. DSS-W states I would say that nursing usually does that. They should tell us when there is a new order.</p> <p>On [DATE] at 11:12 AM, DSS-W provided surveyor with a blank copy of a consent form with Psychologist-DD's contact information. Surveyor requested if there was any additional information pertaining to R86's Psychology referral.</p> <p>On [DATE] at 11:17 AM, SSA-X provided surveyor with a consent form for the Psychiatrist dated [DATE]. The consent form allowed APNP-CC to see R86. APNP-CC saw R86 on [DATE] and referred R86 to be seen by a psychologist. SSA-X did not provide surveyor with any follow up for R86 to be seen by a Psychologist.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525482 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/17/2019 |
| NAME OF PROVIDER OR SUPPLIER Burlington Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 677 E State St Burlington, WI 53105 | |
| 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 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>On [DATE] Surveyor met with Administrator-A and DON (Director of Nursing)-B, informing them that surveyor did not find follow through related to R86's referral to be seen by Psychologist-DD and No consent from R86 to be seen by psychologist.</p> <p>On [DATE] at 12:31 PM, Surveyor interviewed Office Manager-Z to inquire about R86's Psychology consult. Surveyor asked Office Manager-Z if she ever assists residents with appointment scheduling and transportation needs. Office Manager-Z confirmed she does set up transportation for residents and will at times schedule appointments. Surveyor asked Office Manager-Z if she ever made a call to set up a Psychology consult for R86. Office Manager-Z stated, I am not involved with setting up those appointments for Psychologist-DD. I wouldn't make any calls to Psychologist-DD. The nurses take care of those things and they have their own lists for those types of appointments.</p> <p>On [DATE] at 1:07 PM, Surveyor interviewed LPN (Licensed Practical Nurse)-BB regarding the procedure for Psychology referrals. Per record review, LPN-BB had received order for the Psychology referral for R86 on [DATE]. Surveyor asked LPN-BB what the process would be for following through on a Psychology referral. LPN-BB stated I would follow through and process the order in the computer. Then I would call Psychologist-DD and ask when they can come here. Psychologist-DD used to come three times a week when they had more residents but still now Psychologist-DD usually comes more than once a month. Surveyor asked LPN-BB who is responsible for the consent forms to be signed before a resident can be seen by Psychologist-DD. LPN-BB stated I would say ADON-I Surveyor asked LPN-BB when taking orders for a Psychology referral whether someone would document if you called or spoke to Psychologist-DD? LPN-BB responded, Yes it would be in the progress notes.</p> <p>From [DATE] to [DATE], no documentation was noted in the medical record to confirm a Psychology referral was made to Psychologist-DD. From [DATE] to [DATE], the facility had no consent obtained and no noted follow up for the R86 to see Psychologist.</p> <p>On [DATE] at 10:29 AM surveyor interviewed APNP-CC. Surveyor inquired whether she was aware of the facility's procedure for processing psychology consult orders. APNP-CC stated The facility has a Psychologist they use, who is an independent practitioner. It is my understanding that Social Services should be taking the lead and following through on the referral. Surveyor asked how staff is notified of new orders or consultation requests from Psychiatry for Psychology referrals. APNP-CC stated Any orders I write are listed on my notes. I give copies of all my notes to the unit managers, Director of Nursing and Social Services by email to make sure that they (orders) get followed up on. Surveyor asked APNP-CC what would be the expected time frame for a resident to be seen after a Psychological consultation referral is given. APNP responded, I would hope for it to happen sooner than later. I personally see my residents at this facility twice a month and communicate this with social services. Psychology services are a different entity. (Psychologist-DD) is an independent practitioner and not affiliated with my practice so I cannot speak for him. It is my understanding that Social Services should be taking the lead and following up on the referral.</p> <p>On [DATE] at approximately 10:00 AM surveyor spoke with DSS-W and SSA-X regarding the concern of no follow through on the psychologist referral for R86. DSS-W and SSA-X acknowledge R86 was seen by APNP-CC but were not aware APNP-CC's order to have R86 referred to a Psychologist. DSS-W and SSA-X did not refer R86 to a Psychologist and did not obtain consent for R86 to be seen by psychologist.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525482 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/17/2019 |
| NAME OF PROVIDER OR SUPPLIER Burlington Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 677 E State St Burlington, WI 53105 | |
| 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 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>On [DATE] at 12:51 PM, surveyor interviewed RN Supervisor-Y to inquire about the process for obtaining consents and notifying consulting physicians after receiving a new order. Typically, when the order is written, the nurse who received the order should take it and set things up for the referral. It should be done promptly. From my understanding, (Psychologist-DD) was notified and is coming in today to see (R86). RN Supervisor-Y did not speak to Psychologist-DD. Surveyor asked RN Supervisor-Y who should be obtaining consent from the resident or POA for treatment by Psychology. RN Supervisor-Y stated That should be a nursing responsibility. Surveyor inquired about how the in house psychologist is notified when they have a new resident consultation. RN Supervisor-Y stated, I believe he would be called or we would fax if he wanted us to fax. I am not too sure. I am not too familiar with (Psychologist-DD) and what their process is. The consent would be signed by the resident or their POA. It should be in the chart or with Social Services.</p> <p>Surveyor noted that R86 had not been referred to the Psychologist until after surveyor began questioning whether the facility had followed through on R86's Psychology referral.</p> <p>In addition, during surveyor's interview with R86 on [DATE], R86 shared concerns regarding her current roommate (R36). R86 described to surveyor a negative verbal interaction with R36. R86 stated that R36 had called her a baby when she was crying. R86 stated she reported the interaction to someone higher up but could not elaborate as to who.</p> <p>Surveyor performed a record review on [DATE] regarding R86. R86's progress notes included the following:</p> <p>Social services dated [DATE] documents: Social Services and ADON-I spoke with resident regarding a room change. The resident was in agreement and belongings, including bed were moved. Social Services to follow up as needed.</p> <p>[DATE] PM shift: Resident had a room transfer from room # . to room #. No issues re-transfer-adjusting well/pleasant mood/tolerating med change well/starting Hydrocodone ,d+[DATE] in am-Resident aware.</p> <p>[DATE] Day shift Nursing Note: Adjusting well to room change. No concerns @ this time. Will continue to evaluate.</p> <p>On [DATE] at 1040 AM Surveyor interviewed with DSS-W. Surveyor asked DSS-W about the Social Services department's role in room changes. Surveyor inquired as to who is involved with any room changes in the facility. DSS-W stated It seems like it is now something that social services is involved with. Initially it seemed as if the admissions department was more in charge of room changes.</p> <p>Surveyor asked DSS-W if they knew why R86 switched rooms back on [DATE]. DSS-W stated that R86 was Having some problems getting along with her roommate .there was hearsay that they were clashing. I never saw any arguments or disagreements first hand. We thought about how to make it simple and where we could put [R86]. [R86] needed someone they could socialize with. We found a possible new roommate and had them meet before the move. It seemed like they were getting along so the move was initiated.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525482 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/17/2019 |
| NAME OF PROVIDER OR SUPPLIER Burlington Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 677 E State St Burlington, WI 53105 | |
| 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 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>During this interview, Surveyor shared with DSS-W and SSA-Y R86's compatibility concerns with her present roommate, R36. DSS-W and SSA-Y stated they were not aware of R86 having concerns with her present roommate, R36.</p> <p>Surveyor interviewed Licensed Practical Nurse (LPN)-BB on [DATE] at 1:07 PM, regarding R86's previous room change that occurred on [DATE]. LPN-BB stated I really pushed for her to change rooms from room# . to room# . At the time she was crying a lot and seemed very unhappy with her living situation. [R86] is a social person and I believe that the move was a good thing for her.</p> <p>Surveyor reviewed R86's care plan. Surveyor identified that R86's care plan did not address any monitoring of R86's adjustment to her new room and monitoring for R86's compatibility with her new roommate after R86's room transfer on [DATE]. Surveyor also noticed that there were no further progress notes after [DATE] related to resident's room transfer and roommate compatibility. R86 was not provided with medically-related social services pertaining to her roommate compatibility after R86 transferred into a new room and with a new roommate after [DATE]. As of [DATE], Social Services and nursing staff were not aware of R86's roommate concerns, even though R86 stated they reported it to someone higher up.</p> <p>On [DATE] at 2:43 PM, surveyor shared with Administrator-A and DON-B R86's concerns with her roommate.</p> <p>38937</p> <p>5.) R91 was admitted to the facility on [DATE], with diagnoses that including: encounter for orthopedic aftercare following surgical amputation, acquired absence of left leg below the knee, acute and chronic respiratory failure with hypoxia, chronic obstructive pulmonary disease with exacerbation, anxiety disorder, type 2 diabetes, and end stage renal disease.</p> <p>R91's Admission Minimum Data Set (MDS) assessment, with an Assessment Reference Date (ARD) of [DATE], documents: A Brief Interview of Mental Status (BIMS) score of 12, indicating moderate cognitive impairment; Patient Health Questionnaire (PHQ-9) score of 4, indicating minimal depression; totally dependent on 2 staff for toilet use, extensive assistance of two staff with bed mobility, extensive assist with one staff for locomotion on unit, dressing and personal hygiene; impairment on both side of lower extremity for range of motion; the resident participated in the assessment and has an overall goal of discharging to the community but no active discharge plan has occurred for R91.</p> <p>On [DATE], at 11:07 AM, Surveyor interviewed R91, who stated: She wants to go to an assisted living facility after her stay at this facility. R91 states: she really hasn't met with anyone from the facility or had any assistance with discharge planning from the facility staff. Her family has been helping her locate some facilities she may want to go to since she will not be able to return to her daughter's home where she lived prior to her hospitalization . R91 states: she wants to stay close to her family and is helpful they are assisting her with looking at assisted living facilities.</p> <p>R91's care plan does not address her desire to discharge to the community to an assisted living following her stay at the facility. (Cross-Reference F656)</p> <p>(continued on next page)</p> | | |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525482 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/17/2019 |
| NAME OF PROVIDER OR SUPPLIER Burlington Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 677 E State St Burlington, WI 53105 | |
| 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 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>On [DATE], at 12:59 PM, Surveyor interviewed Director of Social Services (DSS)-W, who indicated: The facility staff will meet with the resident within 72 hours of admission. This meeting is done by each department individually and this is the time the Social Service Department will complete all of the required assessment with the residents and will also find out what their discharge goals are. The meeting is not a team meeting and the resident's responsible party isn't invited. The first team meeting with resident and responsible party occurs if a resident stays at the facility for a first quarter review or sooner if the resident will be discharging. (Cross-Reference F657) DSS-W stated she isn't aware of R91's discharge goal, she will have to look into it because it isn't documented in her computer. DSS-W, stated she will need to look into R91's discharge goal and get back to Surveyor.</p> <p>On [DATE], at 11:12 AM, DSS-W, informed Surveyor she is planning on meeting with R91 today to discuss her discharge goals as one is not documented for R91 in the medical record. DSS-W, stated she wasn't aware of the need to care plan a resident's discharge plan until yesterday and that is why one is not documented for R91 and a care conference will be arranged for R91. No further information was provided as to why a care conference had not been arranged for R 91 and her responsible party and why Social Services staff was not aware of R91's goal to discharge from the facility to an assisted living facility.</p> <p>On [DATE], at 1:32, Director of Nursing-B was informed of the above concern.</p> <p>6.) R65 was admitted to the facility on [DATE], with diagnoses that include: Chronic alcoholism, diastolic heart failure, chronic obstructive pulmonary disease, hypertension, obstructive sleep apnea, erosive esophagitis, acute on chronic encephalopathy secondary to alcohol dependence.</p> <p>R65's Quarterly Minimum Data Set (MDS) assessment, with an Assessment Reference Date (ARD) of [DATE], documents: A Brief Interview of Mental Status (BIMS) score of 15, indicating R65 is cognitively intact; dependent on 2 staff for transfers, extensive assistance of 2 staff for bed mobility, extensive assist of 1 staff for locomotion, dressing, toileting and personal hygiene; R65 participated in the assessment and the overall expectation for discharge plan was left blank and no active discharge planning is occurring.</p> <p>On [DATE], at 9:38 AM, Surveyor interviewed R65, who stated: he didn't know what his discharge plan was. R65 stated he hasn't met with anyone from the facility to discuss his discharge plan or history of alcohol dependence.</p> <p>R65's care plan does not address his history of alcohol dependence and uncertain discharge plan.</p> <p>On [DATE], at 1:04 PM, Surveyor interviewed Director of Social Services (DSS)-W, who stated: the only care conference held for R65 occurred on [DATE]. (Cross-Reference F657) DSS-W, stated R65's discharge plan is a bit of an issue and he may need to go to court and not sure of what his long term goal is at this time. DSS-W, stated the facility does not provide any groups or services to address R65's recent concerns of alcohol dependence. DSS-W, stated she was uncertain if R65 was participating in psychological services at the facility or of any restrictions or limitations R65 has.</p> <p>On [DATE], at 11:12 AM, DSS-W, informed Surveyor she wasn't aware of the need to care plan a resident's discharge plan until yesterday and that is why one is not documented for R65 and R65 was not provided psychological services related to his alcohol dependency, and she is uncertain why his alcohol issues were not addressed by facility staff.</p> <p>(continued on next page)</p> | | |

| | | | |
|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525482 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/17/2019 |
| NAME OF PROVIDER OR SUPPLIER Burlington Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 677 E State St Burlington, WI 53105 | |

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 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>On [DATE], at 1:32, Director of Nursing-B was informed of the above concern.</p> |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525482 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/17/2019 |
| NAME OF PROVIDER OR SUPPLIER Burlington Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 677 E State St Burlington, WI 53105 | |
| 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 0757</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> | <p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40533</p> <p>Based on interview, record review, and observation, the facility failed to ensure that 3 of 6 sampled residents (R14, R24, R47) received appropriate medication and lab monitoring and follow up on physician orders.</p> <p>* The facility failed to monitor Warfarin (Coumadin) and R14 missed doses on [DATE] through [DATE].</p> <p>R14 had an IV graft completed on her left arm fistula on [DATE] for occlusion. R14's fistula occluded again on [DATE] and a left internal jugular port was placed. Failure to ensure that INR (International normalization rate - lab to monitor clotting factor when on an anticoagulant) blood-work was done on [DATE] led to her Warfarin being abruptly stopped. This increased her risk that another clot would form - which, indeed, happened. It also placed her at risk for development of additional clots. Due to RN error, Warfarin was not administered to R14 from [DATE] through [DATE]. As a result R14 was admitted to the hospital on [DATE] with a blocked left fistula with critical limb ischemia. (Cross-reference F684.) The resident passed away on [DATE].</p> <p>The facility's failure to follow physician orders including the monitoring and administering of Warfarin created a finding of Immediate Jeopardy beginning on [DATE]. Nursing Home Administrator (NHA)-A and Assistant Director of Nursing (ADON)-I were informed of the Immediate Jeopardy on [DATE] at 3:35 PM.</p> <p>The Immediate Jeopardy was removed on [DATE] when the facility put a system in place for monitoring blood-thinning medications, needed lab work, and lab work results. However, the</p> <p>deficient practice continues at a scope/severity of D (potential for harm/isolated) as the facility continues to implement its action plan and and related to the following examples:</p> <p>* R24 complained of tooth pain on [DATE] and nursing staff contacted the Nurse Practitioner (NP) to request an order for an antibiotic. R24 received an antibiotic from [DATE] to [DATE] with no assessment by the NP or a physician. As of [DATE], R24 continues to complain of oral pain and has not yet been seen by a dentist.</p> <p>* R47 who on [DATE] had an increase in Ferrous Sulfate to three times a day as a result of a low iron and a low percentage of iron saturation. The physician ordered a follow up iron panel to be conducted on [DATE]. As of [DATE], the facility was not monitoring the Ferrous Sulfate as the iron panel lab had not been followed up on.</p> <p>Findings include:</p> <p>(continued on next page)</p> | | |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525482 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/17/2019 |
| NAME OF PROVIDER OR SUPPLIER Burlington Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 677 E State St Burlington, WI 53105 | |
| 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 0757</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> | <p>Critical Limb Ischemia (CLI) is a severe obstruction of the arteries which markedly reduces blood flow to the extremities (hands, feet, and legs) and has progressed to the point of severe pain and even skin ulcers or sores .Critical limb ischemia is the advanced stage of peripheral artery disease (PAD), which results from a progressive thickening of an artery's lining (caused by a buildup of plaque). This buildup of plaque, also known as atherosclerosis, narrows or blocks blood flow, reducing circulation of blood to the legs, feet, or hands .</p> <p>Critical limb ischemia is a serious condition that requires immediate treatment to re-establish blood flow to the affected area or areas (most patients with CLI have multiple arterial blockages). Treatment for CLI can be quite complex and individualized, but the overall goal should always be to reduce the pain and improve blood flow to save the leg. The number one priority is to preserve the limb .The earlier a diagnosis can be made, the earlier treatment can be started with less serious consequences. https://surgery.ucsf.edu/conditions--procedures/critical-limb-ischemia.aspx</p> <p>Surveyor reviewed facility's Medication Error and Adverse Drug Reaction Reporting policy with a date of , d+[DATE]. Documented under Guidelines and Definitions was 3. Medication errors and adverse drug reactions are considered significant if they: a. Require discontinuing a medication or modifying a dose. b. Require hospitalization . c. Result in a disability. d. Require treatment with a prescription medication. e. Result in cognitive deterioration or impairment. f. Are life threatening. g. Result in death.</p> <p>1.) Surveyor reviewed R14's Aurora [NAME] Medical Hospital paperwork. R14 was admitted to hospital on [DATE] after Home Care nurse assessed the INR at above 8.0 and resident was having black, tarry and blood streaked stools. Resident was discharged to the facility on [DATE].</p> <p>R14 was admitted to the facility [DATE] for End Stage Renal Disease (ESRD), Uremia, Toxic Metabolic Encephalopathy, Long Term use of Warfarin (Coumadin), Supratherapeutic INR, Occult Blood in Stool, Diabetes Mellitus 2, Bilateral Below Knee Amputations and Hemodialysis.</p> <p>R14's Hospital Discharge Summary with a discharge date of [DATE] included orders for Warfarin with INR Monitoring.</p> <p>R14's Admission Minimum Data Set (MDS) with an assessment date [DATE] documents a Brief Interview for Mental Status (BIMS) of 14 which indicates cognitively intact.</p> <p>Surveyor reviewed R14's Comprehensive Plan of Care with a creation date of [DATE] that documents Resident is at risk for abnormal bleeding, spontaneous bleeding, potential hemorrhage and/or increased/easy bruising r/t Afib on Coumadin. PT and INR values will be maintained within therapeutic range, As determined by the physician. Administer anticoagulant as currently prescribed by the resident's physician (see current physician orders & Medication Administration Record (MAR)). If on Coumadin initiate and maintain Coumadin flow sheet as indicated. Monitor labs as ordered. Schedule lab tests as ordered by the physician to monitor coagulation factors. Updated MD [as needed (PRN)].</p> <p>Surveyor reviewed Progress Notes for R14. On [DATE] at 11:15 AM documented order to continue Coumadin dose of 4 mg Tuesday/Thursday. Coumadin 3 mg Monday, Wednesday, Friday, Saturday and Sunday. Redraw PT INR [labs] in a week [DATE].</p> <p>(continued on next page)</p> | | |

| | | | |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525482 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/17/2019 |
| NAME OF PROVIDER OR SUPPLIER Burlington Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 677 E State St Burlington, WI 53105 | |
| 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 0757</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> | <p>On [DATE] R14 was transferred to Aurora [NAME] Medical Hospital from DaVita Dialysis Lake Geneva for fistula not functioning. An IV graft was done and resident was discharged back to facility.</p> <p>On [DATE] R14 was transferred to Aurora [NAME] Medical Hospital from DaVita Dialysis Lake Geneva for fistula not functioning again. Hospital discharge paperwork documents Recurrent thrombosis of AV graft. Left internal jugular tunneled catheter exchange placed. Documented was follow up with MD to possibly revise fistula and new orders for dialysis on Monday [DATE].</p> <p>On [DATE] an MD order was given for continue current Warfarin dose, recheck INR Friday [[DATE]]. This order was not entered into electronic record and resident did not receive Warfarin from [DATE] thru [DATE] at discharge.</p> <p>On [DATE] at 9:08 AM Surveyor interviewed Licensed Practical Nurse (LPN)-G. Surveyor asked LPN-G why she did not enter the [DATE] orders into the electronic record or order the INR for [DATE]. LPN-G stated she passed that task on to second shift because she ran out of time. LPN-G stated the nurse on second shift was agency staff but noted she acknowledged to her she knew the process for medications and ordering labs. Second shift agency nurse was not available for interview.</p> <p>On [DATE] R14 underwent a thrombectomy to left fistula for occlusion.</p> <p>On [DATE] no INR lab draw was completed.</p> <p>On [DATE] the missed INR and doses of Warfarin were found and investigated. An order for INR was sent to lab to be drawn on [DATE]. MD or NP were not updated on [DATE]. Lab noted INR on [DATE] collected at 9:50 AM was 1.6. New order for Warfarin 4mg [by mouth (PO) every (Q)] Mon, Wed, Fri, Sun. Warfarin 3mg PO Q Tues, Thurs, Sat. Recheck INR [DATE] was received on [DATE] from Nurse Practitioner (NP)-O.</p> <p>Surveyor reviewed MAR for R14 for September. Warfarin dose for [DATE] was not given.</p> <p>On [DATE] at 3:19 PM Surveyor interviewed Driver-M. Surveyor asked Driver-M if he was R14's main driver for appointments. Driver-M stated yes, he drove her to all her dialysis appointments and some MD appointments. Surveyor asked if Driver-M noticed her in pain or if R14 had mentioned she was in pain. Driver-M stated she was guarding her left arm and she had said she was in pain when he picked her up from her left arm fistula surgery on [DATE]. Surveyor asked about [DATE] dialysis ride. Driver-M stated she was guarding her left arm still and complaining of pain in that arm.</p> <p>On [DATE] R14 was seen in Wound Physician-N's clinic accompanied by R14's two daughters and Assistant Director of Nursing (ADON)-I from facility. Record review indicates, .The patient arrived to her wound care appointment with manager from facility at which she resides and her two daughters. The patient is in pain to her left arm and her buttocks.</p> <p>On [DATE] at 12:08 PM Surveyor interviewed Complainant-Q who was the daughter of R14. Complainant stated prior to arrival and during Wound Clinic appointment, R14 complained her left arm felt like it was broken. Complainant-Q stated she felt R14's left hand and it was cold to the touch.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525482 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/17/2019 |
| NAME OF PROVIDER OR SUPPLIER Burlington Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 677 E State St Burlington, WI 53105 | |
| 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 0757</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> | <p>On [DATE] R14 was admitted to the ER directly from Wound Clinic. ER documentation states The patient [complains of] pain everywhere from the neck down here but was able to isolate the left wrist and hand as an ,d+[DATE]. Resident was admitted to ICU following ER visit.</p> <p>On [DATE] hospital documentation stated Hospital Course: Upon my evaluation this morning patient was found to be in profound sepsis requiring IV Levophed and IV dopamine to maintain pressure. Patient was being evaluated by vascular surgery for critical limb ischemia of the left upper extremity. Patient has a blocked AV fistula. Patient was only barely arousable, however she did respond to pain. Patient underwent a fistulogram/left upper extremity angiogram with temporary intraprocedural fistular acute occlusion. Findings of this study were consistent with critical limb ischemia. It was determined that patient needed an emergent thrombectomy of her left upper extremity. Patient was evaluated by Cardiology. Echo was performed at bedside which revealed [ejection fraction] of 25%. Patient determined to be extremely high risk for surgery. Patient subsequently continued to decompensate throughout the day. Patient's pressor requirement continued to increase. Patient had to be placed on vasopressin along with the Levophed and dopamine drip and MAP still remained below 55. Patient was then evaluated by vascular surgery and anesthesia who both determined that given her extremely high risk for surgery and it would be detrimental to proceed with surgery. At this time it was determined that no lifesaving measures would or could help. The family was contacted and the patient's diagnosis and prognosis was discussed. According to the patient's daughter yesterday she had expressed her wishes, stating that she did not want to be intubated or have CPR performed on her. At this time decision was made to transition to comfort care. Family was in agreement with this and verbalized understanding. We will proceed with comfort measures at this time. Patient passed away overnight while I was off shift.</p> <p>On [DATE] at 10:57 AM Surveyor interviewed Nurse Practitioner (NP)-O. Surveyor asked if she was aware that the Warfarin was not restarted until [DATE]. NP-O stated no and it should have started [DATE] as she ordered. Surveyor asked if missing 10 days of Warfarin could have attributed to her left arm fistula occlusion and ischemia. NP-O stated yes.</p> <p>The Immediate Jeopardy was removed on [DATE] when the facility put a system in place for monitoring blood-thinning medications, needed lab work, and lab work results.</p> <p>This deficient practice continues at a scope/severity of D (potential for harm/isolated) as the facility continues to implement its action plan and and related to the following examples:</p> <p>38253</p> <p>2.) R24 was admitted to the facility [DATE] with diagnoses of spastic quadriplegic cerebral palsy, anxiety, multiple pressure injuries, and anemia. R24's admission Minimum Data Set (MDS) assessment dated [DATE] had a Brief Interview for Mental Status (BIMS) score of 15 indicating R24 was cognitively intact.</p> <p>On [DATE] at 6:53 PM in the progress notes, nursing charted R24 complained of tooth pain. The nurse practitioner (NP) was notified and an oral antibiotic was requested and ordered. The progress note states R24 needs to see the dentist, but no documentation was found in R24's medical chart stating R24's mouth was examined by the NP or a physician.</p> <p>R24 received Amoxicillin 500 mg twice daily for 10 days from [DATE] to [DATE].</p> <p>(continued on next page)</p> | | |

| | | | |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525482 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/17/2019 |
| NAME OF PROVIDER OR SUPPLIER Burlington Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 677 E State St Burlington, WI 53105 | |
| 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 0757</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> | <p>On [DATE] at 11:30 AM, Surveyor interviewed R24 in R24's room. R24 stated R24 had requested to see the dentist in July, 2019. (Record review indicates R24's request for the dentist was [DATE] when R24 complained of tooth pain and the facility dentist was scheduled to see R24 on [DATE].) R24 stated tooth pain continues and R24's spouse brings in an oral analgesic which was observed on the bedside table. R24 stated the teeth are chipped and cracked and one tooth needs a filling.</p> <p>On [DATE] at 12:59 PM, Surveyor met with Director of Nursing (DON)-B to discuss concern with R24's antibiotic use [DATE] to [DATE] with no assessment by the NP or a physician. R24 complained of tooth pain [DATE] and nursing staff contacted the NP to request an order for an antibiotic. No documentation was found in R24's medical record to show R24's mouth was assessed. DON-B had no information at that time.</p> <p>On [DATE] at 1:24 PM, Surveyor interviewed Registered Nurse (RN) Supervisor-Y regarding R24's antibiotic use on [DATE] to [DATE]. RN Supervisor-Y stated she didn't know how the NP keeps notes and had no documentation to show an assessment was done to warrant the use of an antibiotic. R24 continues to complain of oral pain. No further information was provided at that time.</p> <p>03357</p> <p>3.) On [DATE], Surveyor reviewed R47's medical record in regards to the monitoring of R47's medications. R47 has physician's orders for Ferrous Sulfate (Iron) Tablet 325 (65 Fe) MG. Give 1 tablet by mouth three times a day for supplement, date [DATE].</p> <p>The [DATE] Medication Administration record reflects Ferrous Sulfate 325 mg 1 tab 3 times a day for supplement with a start date of [DATE]. R47 has been getting it 3 times a day throughout the month of [DATE].</p> <p>On [DATE] a lab test final report indicated a Complete Metabolic Panel (CMP) and a Complete Blood Count (CBC), along with an Iron Panel was performed.</p> <p>R47's Iron was low at 45 with a reference range of ,d+[DATE].</p> <p>R47's Iron Binding capacity was within range at 314 and the</p> <p>R47's % of Iron Saturation was low at 14 with a reference range of ,d+[DATE].</p> <p>The physician was contacted with orders to increase the ferrous sulfate to three times a day and to recheck R47's iron panel on [DATE].</p> <p>On [DATE], Surveyor was not able to locate the Iron panel follow up lab results for R47.</p> <p>On [DATE] at 11:27 AM, informed Director of Nursing B that Surveyor could not locate the follow up Iron panel lab for [DATE].</p> <p>On [DATE] at 2:01 pm, Director of Nursing B informed Surveyor the Iron panel due on [DATE] was not done.</p> <p>(continued on next page)</p> | | |

| | | | |
|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525482 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/17/2019 |
| NAME OF PROVIDER OR SUPPLIER Burlington Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 677 E State St Burlington, WI 53105 | |

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 0757</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> | <p>On [DATE], Surveyor observed a [DATE] 11:11 Nurses Note which stated, Iron panel, CBC, CMP re-ordered for [DATE] as it was not done [DATE]. NP (Nurse Practitioner) notified. Order faxed to ACLS (lab).</p> <p>The facility was not monitoring the increase in the Ferrous Sulfate (Iron) Tablet by ensuring follow through on the Iron panel lab ordered on [DATE] and was due on [DATE].</p> |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525482 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/17/2019 |
| NAME OF PROVIDER OR SUPPLIER Burlington Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 677 E State St Burlington, WI 53105 | |
| 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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure medication error rates are not 5 percent or greater.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41438</p> <p>Based on observation, interview, and record review the facility did not ensure that it maintained a medication error rate below 5 percent during observation of medication administration affecting 2 (R3, R91) of 5 residents observed. 3 medication errors were observed out of 33 opportunities, for a total error rate of 9.09%.</p> <p>* R3 received Novolog sliding scale Insulin after breakfast instead of prior to the meal.</p> <p>* R91 received Protonix after breakfast. R91's order indicates to administer Protonix before breakfast. R91 also was administered a [NAME] Inhaler without a date opened, without receiving directions on how to use it and directions to rinse mouth after administration.</p> <p>Findings Include:</p> <p>On 10/15/19, The facility's policy entitled: Medication Administration General Guidelines dated on 09/18 was reviewed and read: Prior to administration, review and confirm medication orders for each individual resident on the Medication Administration Record. Medications are administered in accordance with written orders of the prescriber. Medications to be given on an empty stomach or before meals are to be scheduled for administration 30 minutes to 2 hours prior to meals. The nurse shall place a date opened sticker on the medication if one is not provided by the dispensing pharmacy and enter the date opened.</p> <p>1.) On 10/15/19 at 8:39 am, Surveyor observed Licensed Practical Nurse (LPN)-BB administer Novolog 100unit/ml sliding scale Insulin to R3. R3's blood glucose was 207 and R3 received 5 units of Novolog. Surveyor observed this was administered after R3 had eaten breakfast.</p> <p>On 10/15/19, Surveyor reviewed R3's medical record. R3's Minimum Data Set (MDS) dated on 10/05/19, indicated in section I that R3 had an active diagnosis of Diabetes Mellitus (a condition that effects the way body processes blood glucose). R3's active Physician orders indicated that R3 had an active order for Novolog Solution 100 Unit/ML Insulin Aspart to give per sliding scale subcutaneously before meals and at the bedtime.</p> <p>On 10/15/19 at 9:25 am, Director of Nursing (DON)-B indicated that Novolog Insulin should have been given to R3 prior to breakfast per physician orders.</p> <p>2.) On 10/15/19 at 8:50 am, Surveyor observed LPN-BB administer medications to R91. Prior to entering R91's room, Surveyor observed that the Breo Ellipta inhaler did not have a date when it was opened. LPN-BB came into the R91's room and gave R91's medications, in which one of the medications was Protonix 40 mg. Protonix 40 mg was given to R91 after breakfast. LPN-BB then gave a Breo Ellipta 100 mcg/25 mg inhaler to R91. Surveyor observed that LPN-BB did not provide any instructions to R91 on how to use the Breo Ellipta inhaler. R91 took the inhaler and took 2 puffs from the Breo Ellipta inhaler. R91 was not instructed to rinse her mouth after the Breo Ellipta inhaler.</p> <p>(continued on next page)</p> | | |

| | | | |
|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525482 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/17/2019 |
| NAME OF PROVIDER OR SUPPLIER Burlington Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 677 E State St Burlington, WI 53105 | |

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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>On 10/15/19, Surveyor reviewed R91's active physician orders which indicated that R91 was to get a 1 puff of the Breo Ellipta inhaler. R91's active physician orders also indicated that R91's Protonix was to be given before breakfast.</p> <p>On 10/15/19, Surveyor reviewed Standards of Practice from Food and Drug Administration related to the Breo Ellipta medication administration which indicated that after a Breo Ellipta inhaler, a resident should have rinsed her mouth to prevent a Candida Albican (thrush) infection.</p> <p>On 10/15/19 at 9:25 am, Director of Nursing (DON)-B indicated R91 knows how to use the inhaler, but should have received the instructions prior to the administration and should have rinsed her mouth after the administration. DON-B also indicated that R91 should receive a Protonix medication prior to breakfast per physician order.</p> <p>On 10/15/19 at 9:30 am, Administrator-A and DON-B were made aware of the findings above.</p> |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525482 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/17/2019 |
| NAME OF PROVIDER OR SUPPLIER Burlington Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 677 E State St Burlington, WI 53105 | |
| 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 0791</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide or obtain dental services for each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38253</p> <p>Based on observation, interview, and record review, the facility did not seek dental services for a resident who complained of tooth pain for 1 (R24) of 1 residents that complained of oral pain.</p> <p>R24 complained of tooth pain to nursing staff 6/6/2019. No dental services were provided per R24's request.</p> <p>Findings include:</p> <p>The facility policy and procedure entitled Dental Services dated 12/2016 states: Routine and emergency dental services are available to meet the resident's oral health services in accordance with the resident's assessment and plan of care.</p> <p>Policy Interpretation and Implementation:</p> <p>1. Routine and 24-hour emergency dental services are provided to our residents through:</p> <p>a. A contract agreement with a licensed dentist that comes to the facility monthly;</p> <p>b. Referral to the resident's personal dentist;</p> <p>c. Referral to community dentists; or</p> <p>d. Referral to other health care organizations that provide dental services.</p> <p>R24 was admitted to the facility 5/7/2019 with diagnoses of spastic quadriplegic cerebral palsy, anxiety, multiple pressure injuries, and anemia. R24's admission Minimum Data Set (MDS) assessment dated [DATE] had a Brief Interview for Mental Status (BIMS) score of 15 indicating R24 was cognitively intact.</p> <p>On 6/6/2019 at 6:53 PM in the progress notes, nursing charted R24 complained of tooth pain. The nurse practitioner (NP) was notified and an oral antibiotic was requested and ordered. The progress note states R24 needs to see the dentist, but no documentation was found in R24's medical chart stating R24's mouth was examined by the NP or a physician.</p> <p>On 10/14/2019 at 11:30 AM, Surveyor interviewed R24 in R24's room. R24 stated R24 had requested to see the dentist in July, 2019. (Record review indicates R24's request for the dentist was 6/6/2019 when R24 complained of tooth pain and the facility dentist was scheduled to see R24 on 6/20/2019.) R24 stated the staff told R24 to wait in the room and someone would come to bring R24 to the dentist's office. R24 stated no one came to the room and R24 never saw the dentist. R24 stated nursing staff told R24 the dentist would be in the following week and R24 would see the dentist then. R24 stated the dentist never came the following week. R24 stated tooth pain continues and R24's spouse brings in an oral analgesic; which was observed on the bedside table. R24 stated the teeth are chipped and cracked and one tooth needs a filling.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525482 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/17/2019 |
| NAME OF PROVIDER OR SUPPLIER Burlington Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 677 E State St Burlington, WI 53105 | |
| 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 0791</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>On 10/17/2019 at 8:42 AM, Surveyor interviewed Registered Nurse (RN) Supervisor-Y regarding the process of obtaining dental care for residents. RN Supervisor-Y stated the scheduler and the social workers arrange for the dentist to come to the facility and have a list of residents that need to be seen. Surveyor asked if RN Supervisor-Y was aware of R24 having an oral analgesic at bedside. RN Supervisor-Y stated she was unaware R24 needed an oral analgesic.</p> <p>On 10/17/2019 at 10:32 AM, Surveyor interviewed Social Service Assistant (SSA)-X regarding the scheduling of residents to see the dentist. SSA-X stated she started doing the dental scheduling in August 2019. SSA-X stated Office Administrator (OA)-Z was taking care of scheduling residents to see the dentist in June, 2019. SSA-X reviewed paperwork from 6/2019 and stated the dentist was in the building 6/20/2019 but the dentist did not see R24. SSA-X had contacted the dental group to get a statement as to why R24 wasn't seen 6/20/2019 since there wasn't any documentation at the facility with that information, but had not heard back at that time from the dental group.</p> <p>On 10/17/2019 at 10:59 AM, Surveyor interviewed OA-Z regarding dental scheduling 6/2019. OA-Z stated the previous administrator did all the scheduling at that time and didn't have any information.</p> <p>On 10/17/2019 at 12:59 PM, Surveyor interviewed Director of Nursing (DON)-B regarding R24's request to see the dentist 6/6/2019. DON-B stated R24 was on the list to see the dentist 6/20/2019 and couldn't be seen that day for an unknown reason. DON-B didn't know why R24 wasn't seen by the dentist the next time the dentist was in the facility. DON-B stated R24 went to the hospital 6/21/2019 and returned 6/25/2019 and R24 didn't complain of tooth pain on return from the hospital. Surveyor told DON-B R24 has an oral analgesic at the bedside provided by R24's spouse and is still complaining of mouth pain. No further information was provided at that time.</p> | | |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525482 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/17/2019 |
| NAME OF PROVIDER OR SUPPLIER Burlington Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 677 E State St Burlington, WI 53105 | |
| 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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>03357</p> <p>Based on observation, interview, and record review the facility did not provide food that was palatable and at appetizing temperatures for 6 of 20 residents sampled (R16, R24, R5, R47, R75, R86) and 3 supplemental residents (R502, R83, R82).</p> <p>R16, R24, R5, R47, R75, R86, R502, R83 and R82 expressed food concerns during the recertification survey.</p> <p>A tested meal tray confirmed food temperatures were not kept hot. The facility's food carts are not heated and not insulated to keep room trays warm until served. In addition, the facility's pallet system to keep room trays warm does not work.</p> <p>This deficient practice has the potential to affect 70 of the 98 residents who eat in their room and who receive room trays.</p> <p>Findings include:</p> <p>1.) On 10/10/19 at 10:53 AM, Surveyor interviewed R16 who stated, I do not eat breakfast, everything is cold in the morning, I get a little bit of egg and cinnamon rolls. Lunch is nasty they don't give a [explicative] . alternate are hot dogs .I have on my paperwork no hot dogs and they give me hot dogs, I don't like carrots or corn and is is on my (dietary) slip and I still get. I am tired of this .</p> <p>On 10/14/19 08:17 AM, Surveyor observed R16 receive her breakfast. R16 received cereal, a muffin, toast, coffee, milk and juice. R16 did not receive a spoon to eat the cold cereal with. R16 stated, the food is always cold so I told them don't give me eggs, I don't eat this (explicative).</p> <p>Surveyor reviewed the dietary slip located on the tray. R16's dietary slip indicated: No Added Salt (NAS)/Regular diet. The dietary slip indicated Dislikes: carrots, cooked; carrots, raw; corn. Special Notes: No Hot Dogs, Please make side salad for meal. NO EGGS written in Magic Marker on slip.</p> <p>R16 stated, If I can't identify it I don't eat it. I have ordered out a couple of times this weekend, I didn't like the food this weekend, the beef stew gravy was nasty, I didn't like it. The Polish Sausage was rubbery I don't like that white sauce from the other day with some sort of meat and cheese or something that looked like ice cream it wasn't good so I didn't eat it. When you get your food it's cold. They use the tops to cover the food but don't use the warmer underneath. They say people burn themselves but I think they are just lazy and don't want to wash the bottoms. When I first got here I talked to someone about cottage cheese and a side salad but I never get it. The dietary slip does not indicate cottage cheese. I told them what I like and don't like. Once I got a salad on plate with mayonnaise all mixed up. If you eat in the dining room they have alternates. If you eat in your room they say you can ask for an alternate but it takes so much time to get your food to begin with that it would even take longer to get the alternate. I will tell the guy from the kitchen, I tell him what I want. Facility does not have an advanced choice menu. I am not aware of a food committee or a Resident Council.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525482 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/17/2019 |
| NAME OF PROVIDER OR SUPPLIER Burlington Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 677 E State St Burlington, WI 53105 | |
| 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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>On 10/15/19 09:04 AM R16 stated, RN Supervisor Y is aware of my complaints. Resolution depends what is it, if it involves food choices the dietary manager is notified and they address, if it is cold we look at reheating.</p> <p>2. On 10/10/19 at 10:35 AM R502 informed Surveyor that the food is cold, often no alternative. Breakfast is terrible. I sleep late and usually eat at lunch time.</p> <p>3. On 10/10/19 at 11:14 AM R83 stated to Surveyor, See if you can do something about the food here it is terrible . The meat loaf you can cut glass with. The Lasagna you can turn over on the plate and it sticks to the plate.</p> <p>On 10/10/19 at 11:40 AM, Surveyor observed the food cart in the hallway for the 400 unit. The food cart contained room lunch trays which were being delivered to the resident rooms.</p> <p>On 10/10/19 at 11:49 AM, Surveyor observed R83 in his room with his lunch tray. R83 showed Surveyor his lunch which consisted of a bratwurst & corn. R83 the corn is very good, however the bratwurst should have been browned off so it looks like a brat. Not bad tasting but it should be browned off to look like a brat, it looks like boiled pork.</p> <p>Surveyor observed the bratwurst to be pale in appearance and not browned off.</p> <p>On 10/10/19 at 11:55 AM R83 stated, most of the time the food is cold .they ran out of milk lucky I had some the day before .</p> <p>4. On 10/10/19 at 12:29 PM Surveyor interviewed R24 who stated, I kept getting fish and they have listed what I don't like on my dietary list but I have had to send back so many trays. They don't look at the list. The food is terrible. They are supposed to be giving me double portions but I only get that one time a day. The eggs are terrible and are liquid, I am not aware of any food committee, and I don't go to resident council. I would go to resident council if asked to go. The alternate is always something left over from the day before. There is no choice menu in advance. They had left over sausage for 3 days all made in different ways. Snacks are offered once in a great while. I accidentally stumbled across them at the nurse's station, you have to ask. They just hired a nutritionist. She is supposed to make food that is healthy for us.</p> <p>5. On 10/10/19 at 03:50 PM, Surveyor interviewed R5 who stated, they use a lot of pepper in their food . snacks . what snacks . they don't offer snacks .and then they may or may not have any so I have my son bring in my own snacks. Sometimes they have alternates, they offer sandwiches, I get so tired of eating sandwiches, I don't want my blood sugar getting out of control. I am supposed to have double protein but they can't give me it, too much (sic) carbs. R5 informed Surveyor that no dietary manager or dietitian has come to talk to her and just found out they have a new male dietitian. R5 reported no weight loss because of the food. Food is not always warm enough, my scrambled eggs were ice cold this morning I never get fried eggs always scrambled or boiled. I have no food allergies and I prefer to eat in my room.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525482 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/17/2019 |
| NAME OF PROVIDER OR SUPPLIER Burlington Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 677 E State St Burlington, WI 53105 | |
| 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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>6. On 10/10/19 at 04:43 PM, Surveyor interviewed R47 regarding the food. R47 stated the food is nasty, the alternate is nasty everyone in this building knows it's nasty, that is why residents order out but it costs a lot of money. Snacks, I have to ask the aide what snacks do you have they are good but they don't offer them. Lunch and dinner are nasty always the same stuff, same with breakfast always scrambled and boiled eggs.</p> <p>I talk to them about it, the aides know, I take a couple of bites and skip lunch, it's gross. Meat loaf doesn't taste like meat loaf and it doesn't taste like Salisbury steak.</p> <p>The left over mashed potatoes we will have for dinner and will be the same as what we had for lunch. I am not aware of any food committee. When I got here the aides told me residents order out and they have that instead of dinner. They say they have fried chicken but it's not fried. No one from dietary has talked to me about the food. You will hear from others that the food is nasty. I am not here to try to lose weight.</p> <p>7. On 10/14/19 at 01:13 PM R75 complained to Surveyor that the food does not have a good taste however was told that new cook will make better food.</p> <p>8. On 10/14/19 at 08:29 AM, R86 informed Surveyor the food is always cold. There is no seasoning/sugar given. The eggs are dry most of the time. It is worse than school/prison food. I feel like I am spending a lot of money to be kept in a place that feels like prison. There are no alternatives.</p> <p>On 10/15/19 01:24 PM Surveyor interviewed Food Service Director T regarding Resident food complaints. Food Service Director T stated everyone gets what is on the main menu. We do have an alternate available however in regards to choice menus we are working on that now. The facility has never done it (advanced choice menus) here and it has to get approved first. This is what the dietitian and I are working on now.</p> <p>I have had concerns with the food temperatures and I have been hearing complaints since I have gotten here.</p> <p>Food Service Director T stated he has spoken to R83 when he first started. R83 told me the homemade lasagna sticks to the plate and it was disgusting. 2 weeks later we had Stouffers Lasagna and the other residents wanted the homemade lasagna. The Bratwurst was boiled. I will always ask residents how the food was and how we can tweak it.</p> <p>Food Service Director T stated he was a little bit familiar with R16 and has talked to R16, before the biggest issue was cold food.</p> <p>Food Service Director T stated, I will check with R24 to see if he gets double portions.</p> <p>Food Service Director T stated, I have had concerns with the food temperatures and I have been hearing complaints since I have gotten here. The facility does not have heated or insulated food carts. The Administrator and I are trying to get pallets that work. We are trying to get metal pallets where the plates are heated. When I started 2 1/2 months ago the former Administrator II said they were too expensive and did not see a real big issue with it and it would be fine. The facility used to have pallets and when asked why they were not using them they said there was a problem with the heating system, the pallets do not work, maybe 10 of them work.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525482 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/17/2019 |
| NAME OF PROVIDER OR SUPPLIER Burlington Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 677 E State St Burlington, WI 53105 | |
| 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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>With the present Administrator A's first day in building I told her of the problem and we started looking at what we needed 3 weeks ago. We are still waiting on price. I noticed it the first day when I came to the building. When people start complaining we go to the kitchen and start reheating. This affects resident's eating in rooms, a lot of people from the 400 unit eat in dining. If residents eat in the dining room then usually they eat all 3 of their meals in the dining room.</p> <p>Food Service Director T stated he was not aware of how snacks are distributed, however there are snacks 24/7 I always check the snack bin so it is always full.</p> <p>Food Service Director T reported he does have a food committee since coming to the facility however he was not sure what was done prior to coming as there is no food committee book. Food Service Director T stated he started to go to Resident Council and the residents talk about the food prior to Resident Council.</p> <p>35928</p> <p>9. On 10/10/19, at 11:15 am, Surveyor observed the wing 3 hallway noting the lunch meal cart was delivered to the end of the wing. At 11:22 am, Staff opened the cart and left it open while serving meal trays to resident bedrooms. At 11:33 am Surveyor requested to receive the last tray on the meal cart from Certified Nursing Assistant (CNA-V) for a test tray. At 11:38 am, CNA-V offered Surveyor a test tray stating all the trays have been passed. Using a glass of ice water Surveyor checked his food thermometer in the ice water to be 32 degrees Fahrenheit (F). The test tray contained mechanical soft meat with mushroom sauce. The meat was tested for temperature and was noted to be 90 degrees F. and the meat tasted cool but the flavor was ok. Surveyor tested the temperature of the potato at 98 F and the potato tasted unpleasant, cool, and unpalatable. Surveyor tested the wax green beans and noted they were not hot. Surveyor tasted the lemonade and it was noted to be watery, lacking flavor, the lemonade was noted to be 60 F.</p> <p>On 10/10/19, at 12:06 pm, Surveyor observed the main dining room and requested a General Diet test tray from Cook-U. At 12:20 pm, Surveyor received the test tray. The meat with mushroom sauce was 120 F and tasted well, the potato was 140 F and tasted well, the beans were 110 F, and the lemonade was appeared to be a deeper color yellow and tasted good and was cold.</p> <p>On 10/10/19, at 12:29 pm, Surveyor interviewed Food Service Director (FD-T) showing him the lemonade from the hallway and the dining room. FD-T notes the lemonade from the dining room looks like it was mixed correctly and the other looks to be watered down. FD-T stated, I will look into this right away.</p> <p>On 10/10/19, at 12:37 pm, Surveyor interviewed Resident (R24) inquiring how his lunch was today. R24 stated, my lunch today is cold and bland like always. The meat patty was cold and bland, the wax beans were ok but cold and the potato was cold and dry. The lemonade is watered down. Surveyor observed one meat patty and the majority of the scoop of potato remained on R24's plate.</p> <p>On 10/10/19, at 12:45 pm, Surveyor interviewed Resident (R502) who stated he eats in the dining room and his lunch was ok the food was almost hot, but ok.</p> <p>(continued on next page)</p> | | |

| | | | |
|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525482 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/17/2019 |
| NAME OF PROVIDER OR SUPPLIER Burlington Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 677 E State St Burlington, WI 53105 | |

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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>On 10/14/19 at 1:12 pm, Surveyor interviewed the residents from the resident council for a group interview. Residents R84, R38, R65, R46, R82, and R49 all attended and participated in the group interview. The residents in the group interview stated if you want hot food you eat in the dining room. R82 stated the food here is excellent, but if you eat in your room the food is cold and it is always cold. If you eat in the dining room it is hot.</p> |

| | | | |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525482 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/17/2019 |
| NAME OF PROVIDER OR SUPPLIER Burlington Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 677 E State St Burlington, WI 53105 | |
| 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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>35928</p> <p>Based on observation and interview, the facility failed to store, prepare, distribute and serve food in accordance with professional standards for food service safety. This has the potential to affect all 98 residents.</p> <p>The Food Service Director (FD-T) was observed with facial hair in the kitchen without using a hair restraint (Beard Net).</p> <p>The Food Delivery Driver was observed delivering food into the walk in refrigerator, freezer and dry storage. The Driver had facial hair was not using a beard net.</p> <p>The kitchen floor including; dry food storage, freezer, and food prep area was not cleaned properly leaving the floor sticky.</p> <p>The walk in freezer was observed to be unclean with visible debris on the floor. The door and floor had a thick layer of built-up frost.</p> <p>The room with clean cooking supplies like pots, pans, and lids was observed to be dirty with food debris stuck to cooking surfaces.</p> <p>The walk-in cooler was observed to be dirty. Food debris, dirty silverware, food condiment packets and debris was observed on the floor.</p> <p>The mixer was observed covered with a plastic bag indicating it is ready for use. The mixer was observed with visible food debris on the surface including the hub.</p> <p>The kitchen was observed with four rubber spatulas that were cracked and torn on the surface.</p> <p>A drawer with clean measuring scoops was observed to be dirty. Food debris was in the drawer and on the ready to use food scoops.</p> <p>On 10/14/19, the breakfast meal was observed ready to be served below the safe to serve temperature of 135 degrees Fahrenheit (F).</p> <p>The facility's Food Safety - Food Handling policy showed a food code from the United States Department of Agriculture (USDA). The USDA is not a food code that is identified for food safety and food handling. The Food Safety - Food Handling policy was revised to allow hair restraints to be optional for use based on length of the food staff's beard.</p> <p>Findings include:</p> <p>The facility policy, entitled Food Safety - Food Handling, dated 4/01/19 and revised 7/20/2019, shows:</p> <p>(continued on next page)</p> | | |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525482 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/17/2019 |
| NAME OF PROVIDER OR SUPPLIER Burlington Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 677 E State St Burlington, WI 53105 | |
| 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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>Purpose - To ensure food handling practices are consistent with USDA Food Code guidelines. To comply with federal and state regulations governing food safety and prevention of foodborne illness and to comply with state and local ordinances governing food safety.</p> <p>Policy - 1. Food handling practices shall be completed in a manner to protect food safety and avoid cross contamination. 2. Safe food practices shall be consistent with the USDA Food Code and shall include the following: a. good grooming and hygiene of personnel; hair nets to be worn, beard nets optional based on length of beard. Anything longer than an inch requires a hair net. D. proper handling of dishes and equipment, e. equipment sanitation, g. proper food service storage and preparation, h. safe and sanitary warewashing, i. acceptable use of chemicals, and j. proper sanitation. It is important to note that the USDA does not have food code guidelines. The United States, Food and Drug Administration (FDA) has the food code.</p> <p>The facility Dietary Cleaning List, undated shows in-part:</p> <p>Monday: #2 Clean the freezer and refrigerator doors. Then polish them with stainless steel cleaner. #5 Deep clean the dish room take off area. Scour until clean then sanitize the area. #6 Sweep and mop the back hallway and dry storage room thoroughly.</p> <p>Tuesday: Wipe clean and organize all kitchen drawers</p> <p>Wednesday: Thoroughly sweep and mop the dishroom</p> <p>Friday: #3 Sweep the refrigerator and mop. Allow to air dry before closing the door. #6 Sweep and mop the store room floor and back hallway.</p> <p>Sunday: #2 Organize and sanitize the tray and special utensil rack in the dish room.</p> <p>The facility policy, entitled Sanitization, dated October 2008, shows in-part: The food service area shall be maintained in a clean and sanitary manner. 1. All kitchen areas and dining areas shall be kept clean, free from litter and rubbish and protected from rodents, roaches, flies and other insects. 2. All utensils, counters, shelves and equipment shall be kept clean, maintained in good repair and shall be free from breaks, corruptions, open seams, cracks and chipped areas that may affect their use or proper cleaning. 3. All equipment, food contact surfaces and utensils shall be washed to remove or completely loosen soils by using the manual or mechanical means necessary and sanitized using hot water and/or chemical sanitizing solutions.</p> <p>The facility policy, entitled Food Preparation and Service, dated October 2017, shows in-part: Food and nutrition services employees shall prepare and serve food in a manner that complies with safe food handling practices.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525482 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/17/2019 |
| NAME OF PROVIDER OR SUPPLIER Burlington Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 677 E State St Burlington, WI 53105 | |
| 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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>Food Preparation, Cooking and Holding Temperatures and Times: 1. The danger zone for food temperatures is between 41 F and 135 F. This temperature range promotes the rapid growth of pathogenic microorganisms that cause foodborne illness. 2. Potentially hazardous foods include meats, poultry, and seafood, cut melon, eggs, milk, yogurt, and cottage cheese. 3. The longer foods remain in the danger zone the greater risk for growth of harmful pathogens. Therefore, potentially hazardous foods must be maintained below 41 F or above 135 F. Potentially hazardous foods held in the danger zone for more than 4 hours or 6 hours may cause food borne illness. 10. Mechanically altered hot foods prepared for a modified consistency diet must stay above 135 F during preparation or they must be reheated to 165 F for at least 15 seconds. 23. Food and nutrition services staff shall wear hair restraints (hair net, hat, beard restraint, etc.) so that hair does not contact food. It is important to note the policy shows references of the U.S. Food and Drug Administration Food Code. http://www.fda.gov/Food/GuidanceRegulation/RetailFoodProtection/FoodCode/.</p> <p>The Facility's floor cleaning product called No Rinse Floor Cleaner Direction for use shows: The No Rinse Floor Cleaner - Use dilution: 3 ounces (oz) per 3 gallons of water. 1. Wipe up spills and sweep debris from surface. 2. Add 3oz. of product per 3 gallons of warm water.</p> <p>Findings Include:</p> <p>On 10/10/19 at 8:50 am, and 10/14/19, at 8:45 am, Surveyor observed FD-T in the facility kitchen. FD-T had facial hair without using a beard net.</p> <p>On 10/10/19, at 9:05 am, Surveyor observed the Food Delivery Driver in the facility kitchen and food storage areas with facial hair. The driver was not wearing a beard net.</p> <p>On 10/14/19, at 8:45 am, Surveyor observed FD-T who still was not wearing a beard net and was cooking meatloaf for lunch. Surveyor questioned FD-T who is to wear a hair net and FD-T stated everybody in the kitchen is to wear a hair net. Surveyor questioned why FD-T was not wearing a hair net over his beard. FD-T stated when I started the previous Nursing Home Administrator (NHA) had told me that the length of my facial hair is fine and I don't have to wear a beard net. Surveyor questioned if the food delivery driver that was observed on 10/10/19 should have been wearing a hair restraint over his beard. FD-T stated that he started at the facility about two months ago and they said for delivery guys that it is just how it is done, without a hair net.</p> <p>It is important to note: There is not a USDA food code as identified in the Facility's Food Safety Food Handling Policy. The 2017 FDA (Food and Drug Administration) Food Code, from www.fda.gov, shows: Hair Restraints - 2-402.11 Effectiveness. (A) Except as provided in (B) of this section, Food Employees shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed food; clean equipment, utensils, and linens; and unwrapped single service and single-use articles.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525482 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/17/2019 |
| NAME OF PROVIDER OR SUPPLIER Burlington Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 677 E State St Burlington, WI 53105 | |
| 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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>On 10/10/19, at 8:50 am, Surveyor toured the facility kitchen with FD-T. Surveyor observed that when walking in the kitchen, food storage room, and walk-in freezer the Surveyor's shoes were sticking to the floor. Surveyor questioned FD-T why the floor is so sticky. FD-T notes the floor is sticky because too much cleaning product was used when mopping the kitchen. FD-T notes that one cup (8 fluid ounces) is added to a 5 gallon bucket when cleaning the kitchen. FD-T notes that the cleaning product dispenser is broken and they mix the cleaner on their own. Surveyor reviewed the Cleaning Product as the No Rinse Floor Cleaner with instruction to mix 3 ounces (oz) into 3 gallons of water. 8 oz in 5 gallons is too concentrated leaving the floors sticky.</p> <p>Surveyor observed during the tour that the walk in freezer was observed to be unclean with debris on the floor. The freezer door had a build-up of a thick layer of frost on the door and the door frame. Surveyor observed the dry Supply kitchen supplies that contained pots, pans, and lids that were to be ready for use. Surveyor observed a pan with visible stuck on food in the pan and on the lids and cookie sheets. FD-T notes the room needs to be cleaned and removed the pan stating it is in bad repair, full of scratched surfaces and he will be throwing it away. Surveyor observed the walk-in cooler/refrigerator that had floors that were visibly dirty with food debris, dirty silverware, and food condiment packets under the shelving.</p> <p>Surveyor observed the kitchen's industrial food mixer. The mixer was covered with a clear plastic bag. Surveyor observed that the mixer was not clean and food debris was on the mixer including the hub. FD-T stated it was not cleaned yet and he plans for it to be cleaned this morning. Surveyor questioned when the mixer was last used. FD-T notes it was used last night (10/09/19). Surveyor questioned if the mixer is covered with a plastic bag what does that mean. FD-T notes if the mixer is covered then it has been cleaned.</p> <p>Surveyor observed the kitchen's rubber spatulas. Four of the spatulas were cracked with torn surfaces leaving them uncleanable. FD-T stated they need to be replaced but he will have to order new ones as he does not have any to replace them with currently. Surveyor observed the drawer with clean food serving scoops. The drawer was visibly dirty with food debris in the drawer and on the scoops.</p> <p>On 10/14/19, at 8:09 am, Surveyor observed the main dining room for breakfast. At 8:09 am the Cook-U entered the dining room with the steam table and breakfast food to be served to the residents. Surveyor observed Ck-U check the holding temperatures of the breakfast food as follows: Oatmeal 187 F, Cream of wheat 178 F, Scrambled eggs 127 F, hard boiled eggs 104 F, and pureed muffin 102 F. The scrambled eggs, hard boiled eggs, and pureed muffin all are known to be potentially hazardous foods. Cook-U prepared to plate food when Surveyor questioned what temperature must the food reach before serving. Cook-U notes that she is all set to serve but eggs never stay well with temperature. If they don't meet temperature Cook-U indicated they would normally put them back in to the oven or maybe use the microwave. Cook-U stated to Surveyor what should I do, not serve them? Surveyor asked Cook-U to check with FD-T on what temperature the food needs to be at prior to serving. Cook-U spoke to FD-T and noted that nothing should be served below 140 F. Cook-U removed the scrambled eggs and brought them back to the kitchen. Surveyor observed Cook-U began to start serving the food again and Surveyor questioned if the hard boiled eggs and pureed muffins also need to be brought up to serving temperature. Cook-U replied oh-yeah the hard boiled eggs, but they are already fully cooked and the muffin is pureed with milk. Cook-U notes that she is not sure if the pureed muffins would be considered a hot or cold dish. At 8:34 am Cook-U returned to the dining room with the scrambled eggs and notes that the pureed muffins are considered a hot dish and she will need to return it to the kitchen to reheat it.</p> <p>(continued on next page)</p> | | |

| | | | |
|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525482 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/17/2019 |
| NAME OF PROVIDER OR SUPPLIER Burlington Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 677 E State St Burlington, WI 53105 | |

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>On 10/14/19, at 8:43 am, Surveyor returned to the kitchen to interview FD-T who stated that he did get rid of the rubber spatulas and has ordered more of them. FD-T notes he does have one that is not cracked and able to be used. Surveyor questioned how the kitchen staff including the cooks know what temperature the food is to be held at. FD-T notes that all food has instructions noted on the production sheets that show what temperature food must be served at.</p> <p>On 10/14/19, at 8:51 am, Surveyor interviewed NHA -A, who stated she expects everyone to be wearing hairnets and if needed, beard nets in the kitchen. Surveyor question if length matters when it comes to beard length and beard nets in the kitchen. NHA-A notes I don't think so but I will check the policy and let you know. NHA-A returned to Surveyor with the Food Safety - Food Handling policy and notes that the previous NHA had revised the policy on 7/20/19 to show that beard nets are optional based on the length of the beard and that anything longer than an inch requires a beard net. It is important to note that the 2017 FDA Food Code shows Food Employees shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed food; clean equipment, utensils, and linens; and unwrapped single service and single-use articles. The Food Code does not identify that beard nets are optional, based on length.</p> |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525482 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/17/2019 |
| NAME OF PROVIDER OR SUPPLIER Burlington Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 677 E State St Burlington, WI 53105 | |
| 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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 03357</p> <p>Based on observation, interview and record review, the facility did not have a functional call light system for 4 of 57 resident rooms (404, 412, 105, and 109) audited during the on-site survey. This deficient practice has the potential to affect the 5 of the 57 residents (R501, R31, R47, R43, and R49).</p> <p>Findings include:</p> <p>1. On 10/10/19 at 11:18 AM, R501, could not locate his remote control to his T.V. Surveyor assisted R501 with pushing the button on the call cord. Upon pushing the call button, Surveyor observed the call light on the metal panel in R501's room did not activate by lighting up. Surveyor walked out into the hallway and observed the call light dome located above R501's door also did not activate.</p> <p>Surveyor informed Certified Nursing Assistant (CNA) L of R501's missing remote control.</p> <p>On 10/10/19 at 11:23 AM, Surveyor rechecked R501's call light activation and observed the call light in R501's room was still not working nor was the dome call light working outside his room and above his door.</p> <p>On 10/10/19 at 01:05 PM, Surveyor rechecked R501's call light and it was now working both inside and outside his room.</p> <p>On 10/14/19 at 10:09 AM, R501 informed Surveyor he has never had to use his call light and did not know if it was presently working. Surveyor tested R501's call light and it was presently working.</p> <p>Surveyor reviewed R501's medical record. R501's Minimum Data Set (MDS) dated [DATE] scores R501 at a 9 on the Brief Interview for Mental Status (BIMS), which indicates R501 is moderately cognitively impaired for daily decision making skills.</p> <p>The MDS also indicates R501 needs limited assistance of 1 staff member for bed mobility requires supervision with transfers, is able to walk around in his room. The MDS indicates R501 is sometimes understood and sometimes understands.</p> <p>2. On 10/10/19 at 04:33 PM R47 was interviewed. When asked about call lights, R47 stated, sometimes the call lights don't work, it depends. The light or the sound doesn't come on, I had that happen a couple of times, it is fixed right away. Surveyor tested R47's call light and observed the call light to be functioning at this time.</p> <p>Surveyor reviewed R47's medical record. R47 was readmitted into the facility on [DATE] with an original admitted [DATE]. According to R47's quarterly Minimum Data Set (MDS) dated [DATE], R47 scored a 15 on the Brief Interview for Mental Status (BIMS) indicating R47 is cognitively intact for daily decision making skills.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525482 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/17/2019 |
| NAME OF PROVIDER OR SUPPLIER Burlington Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 677 E State St Burlington, WI 53105 | |
| 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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>3. On 10/15/19 at approximately 11:55 AM, Surveyor activated R31's call light. The call light did not work not in the room, the dome light above the door in the hallway was not functioning, and the call light at the call light panel located at the nurse's station was also not working for this room. Surveyor spoke to Maintenance Director AA who indicated routine call light checks have not been performed.</p> <p>Surveyor reviewed R31's medical record. The Minimum Data Set (MDS) dated [DATE] indicates a Brief Interview for Mental Status score of 10 indicating moderately cognitively impaired for daily decision making skills and that R31 requires extensive assist with 2 staff for bed mobility, transfer, dressing, and toileting. R31 requires extensive assistance with 1 staff member for personal hygiene. The MDS indicates R31's speech is clear, sometimes is understood and sometimes understands.</p> <p>On 10/16/19 at 09:22 AM Surveyor rechecked the call light for R31. The call light was not working in the room, the dome light outside of room and above the door was not working. The call light was also not activated at the call light panel located at the nurse's station.</p> <p>At this time, Surveyor observed 2 staff members in the unit 4 hallway going from room to room checking call lights and replacing the call cords when necessary.</p> <p>Surveyor interviewed the 2 staff members who were Maintenance EE and Scheduler/CNA FF. Maintenance EE and Scheduler/CNA FF stated that they were checking the call lights and so far they had checked units 100, 200, 300, and were now on 400 unit. Maintenance EE and Scheduler/CNA FF informed Surveyor that unit 500 has no residents and is closed and that they still needed to finish their audit of the call lights for unit 600.</p> <p>Maintenance EE and Scheduler/ CNA FF reported they were checking the call light cords and replacing those that do not work. Maintenance EE and Scheduler/CNA FF reported there were 2 rooms on the 100 unit whose call lights were not working and in which they replaced the call cords. Maintenance EE and Scheduler/CNA FF stated the 2 rooms were 105A and 109A. Maintenance EE and Scheduler/CNA FF also stated room [ROOM NUMBER] and room [ROOM NUMBER]A. Scheduler/CNA FF stated that both of these residents are able to use the call light.</p> <p>Maintenance EE and Scheduler/CNA FF stated just room [ROOM NUMBER] call light needed replacement on the 400 unit.</p> <p>On 10/16/19 09:36 AM, Surveyor observed the call light for R31 had just been replaced and was now functioning.</p> <p>On 10/16/19 at 10:41 AM, Surveyor interviewed Maintenance Director AA who stated, he did not have a prevention maintenance plan for routine checking of call lights. Maintenance Director AA reported the Administrator spoke to him about it yesterday 10/15/19 and that he would start a plan for checking call lights. Maintenance Director AA reported this has not been done in the past. Maintenance Director AA stated the frequency of replacing call lights varies as the call cords can go out at any time. Maintenance Director AA stated, we have not had a lot of calls for call light issues, we check the call lights for new admissions and when they go out, they make a work order and we fix them.</p> <p>(continued on next page)</p> | | |

| | | | |
|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525482 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/17/2019 |
| NAME OF PROVIDER OR SUPPLIER Burlington Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 677 E State St Burlington, WI 53105 | |

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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>On 10/15 and on 10/16/19 at 3:00 PM, Surveyor shared the call light concern with Administrator A and DON B. Administrator A stated that if the call cord is pulled too hard, the 2 wires in the wall can become disconnected.</p> <p>On 10/17/19, the Director of Nursing (DON) B provided Surveyor with call light audits which were conducted since May 2019. The audits pertain to whether the call light was in reach of the resident or not. The call light audit did not address whether the call light was functional or not. The call light audit did not reflect that any rooms for units 300 or 400 were checked.</p> |