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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525604 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 01/12/2022 |
| NAME OF PROVIDER OR SUPPLIER Southpointe Care and Rehab Center LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE 4500 W Loomis Rd Greenfield, WI 53220 | |

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

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| (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 - Few</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** 36161</p> <p>Based on interview and record review, the facility did not make prompt efforts to resolve grievances for 1 (R3) of 4 grievances reviewed for acknowledgment and resolutions of grievances.</p> <p>Findings include:</p> <p>The facility's policy dated as revised June 2021 and titled Customer Experience Made Simple documents under the Policy section, The center actively resolves complaints submitted orally or in writing to any member of the center's staff.</p> <p>Under the A=Action section it documents, 1. Staff receiving the concern should acknowledge receipt of concern, immediately notify the Grievance Official and initiate an investigation.</p> <p>Under the R=Response section it documents, 1. The Grievance Official informs the individual filing the concern of the resolution as soon as possible but not longer than 72 hours after receipt of the concern (or as soon as possible after that time frame if the concern cannot be resolved in 72 hours) .4. The grievance official will follow-up with the individual filing the concern within seven (7) days after the initial follow-up to ensure that the concern is addressed to their satisfaction.</p> <p>R3 was readmitted to the facility on [DATE] with a diagnosis that included Speech and Language Deficits due to Cerebrovascular Disease, Dementia without Behavioral Disturbance and Cognitive Communication Deficit.</p> <p>R3's Quarterly MDS (Minimum Data Set) dated 11/19/21 documents a BIMS (Brief Interview for Mental Status) score of 9, indicating that R3 is moderately cognitively impaired.</p> <p>R3's Cognitive Loss/Dementia CAA (Care Area Assessment) dated 5/20/21 documents under the Analysis of Findings section, Resident presents with deficits in cognition as evidenced by ST (short term) and LT (long term) memory loss.</p> <p>R3's Discharge care plan documents under the Focus section, Resident will remain at facility for LT (long term) placement. Under the Interventions section it documents, Encourage resident and family to speak with staff if having an issue or concern.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>R3's medical record lists Family Member-K as R3's POA (Power of Attorney) for Financial and Healthcare matters.</p> <p>On 12/26/21 at 7:25 p.m., Family Member-K emailed SW (Social Worker)-J regarding a fall from bed R3 experienced at the facility on 12/24/21.</p> <p>The email documents, Last week when I visited I was told by staff he (R3) was getting a new bed. When I visited him today, I saw his bed rail was longer on his bed frame-why is that? I need to know what your facility is going to do to insure this never happens again.</p> <p>Surveyor was unable to locate any grievance concerns dated 12/26/21 for R3 in the facility's December 2021 grievance log.</p> <p>Surveyor was also unable to locate any documentation in R3's medical record that R3's family member's grievance was addressed by facility staff.</p> <p>On 1/3/22 at 11:24 a.m., Surveyor informed SW-J of the above findings. Surveyor showed SW-J the above email from Family Member-K and asked SW-J if she had received the above email on 12/26/21 regarding R3's fall on 12/24/21.</p> <p>SW-J confirmed to Surveyor that she did receive the above email on 12/26/21 from Family Member-K and that since it was related to clinical concerns, she forwarded the email to NHA-A upon receiving it on 12/26/21 at 7:25 p.m.</p> <p>Surveyor asked SW-J if she had replied to Family Member-K or filled out a grievance form regarding Family Member-K's concerns documented in her email dated 12/26/21.</p> <p>SW-J informed Surveyor that she assumed NHA-A would respond and informed Surveyor that she did not reply, fill out a grievance or responds to Family Member-K's email dated 12/26/21. SW-J informed Surveyor that she did not know if NHA-A had reached out or replied to Family Member-K since she forwarded the email on 12/26/21.</p> <p>On 1/3/22 at 4:09 p.m., Surveyor informed RN Consultant-H and Interim DON (Director of Nursing)-B of the above findings. At the time, no additional information was provided.</p> <p>On 1/4/22 at 7:55 a.m., Surveyor informed NHA-A of the above findings. Surveyor asked NHA-A if she had received Family Member-K's email that was forwarded to her by SW-J on 12/26/21 regarding R3's fall on 12/24/21.</p> <p>NHA-A informed Surveyor that she would review her email and let Surveyor know.</p> <p>On 1/4/22 at 8:18 a.m., NHA-A confirmed to Surveyor that she received the above email on 12/26/21 from Family Member-K and that due to the holiday season she had not gotten a chance to reply or fill out a grievance for R3's fall as described in Family Member-K's email dated 12/26/21.</p> <p>NHA-A informed Surveyor that she would follow up with Family Member-K soon and resolve her concern/grievance.</p> <p>(continued on next page)</p> | | |

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| <p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>No additional information was provided as to why the facility did not make prompt efforts to resolve grievances R3.</p> |

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| <p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38253</p> <p>Based on observation, record review, and interview, the facility did not provide treatment and services, consistent with professional standards of practice, to promote healing of pressure injuries for 1 (R6) of 3 residents reviewed with pressure injuries.</p> <p>R6 was admitted on [DATE] with a pressure injury to the right heel that was not comprehensively assessed until 12/27/2021, a treatment was not put in place until 12/27/2021, and a Skin Integrity Care Plan was not initiated until 12/29/2021.</p> <p>Findings:</p> <p>The facility policy and procedure entitled Skin Management dated 7/2017 states: 1. Upon admission or readmission, residents are assessed for skin integrity by completing a head to toe physical assessment of skin condition . 4. Residents admitted with skin impairments will have: a. Interventions implemented to promote healing; b. A physician's order for treatment; c. Wound location and characteristics documented in the Nursing Admission Data Collection Set (UDA - User Defined Assessment); . e. Notification of the presence of skin impairment to the resident's representative and attending physician and documentation in the Nursing Admission Data Collection Set (UDA) or Progress Notes; f. Completion of the Weekly Pressure Ulcer Record for pressure ulcers; . 5. A Care Plan is developed upon admission, and reviewed upon readmission, identifying the contributing risks for breakdown, including history of skin impairment or the actual impairment, and the interventions implemented to promote healing and prevent further breakdown. 7. If a new pressure ulcer is identified, either upon admission, readmission, or during the resident's stay, the wound is, assessed and documented on the Weekly Pressure Ulcer Record (UDA).</p> <p>R6 was admitted to the facility on [DATE] with diagnoses of toxic encephalopathy, central cord syndrome, spondylosis with myelopathy, Non-ST Elevation Myocardial Infarction; diabetes, atrial fibrillation, chronic kidney disease, coronary artery disease, and cervical disc disorder with myelopathy.</p> <p>The Infections Diseases Daily Progress Note dated 12/23/2021 while R6 was in the hospital documented R6 had an Unstageable right heel pressure ulcer with no signs of acute infection and colonized with Pseudomonas aeruginosa.</p> <p>The documentation provided by the hospital to the facility on [DATE] with R6's Medical Problem List indicated R6 had an Unstageable pressure injury to the right heel noted on 11/24/2021.</p> <p>On 12/25/2021, on admission to the facility, on the Admission Data Collection form, nursing charted in the Skin Integrity section R6 had a pressure area to the right toe. No further documentation of a comprehensive assessment of the right toe pressure area was found. No documentation was found indicating the physician was notified of the pressure area. No treatment was initiated to the area. No documentation was found indicating there was a right heel pressure injury as noted in the hospital notes.</p> <p>(continued on next page)</p> | | |

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| <p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>On 12/26/2021 on the Nursing Daily Skilled Charting form, nursing charted in the Skin/Wound Section of the form the skin was not intact. The rest of the section was incomplete. No documentation of a comprehensive assessment was found to any area that was not intact. No documentation was found indicating the physician was notified of the pressure area. No treatment was initiated to the area.</p> <p>On 12/27/2021 on the Skin - Head to Toe Skin Checks form, nursing charted the right heel had a Stage 3 pressure injury that measured 3.0 cm x 4.0 cm x 0.1 cm. The 12/27/2021 Weekly Pressure Ulcer Record indicated the wound had 100% granulation tissue. The physician was notified at that time of the pressure area and a treatment was initiated. No physician notification or treatment was completed for two days.</p> <p>No further documentation was found of a pressure injury to the right toe as documented on the admission assessment.</p> <p>On 12/29/2021, an Impaired Skin Integrity Care Plan was initiated.</p> <p>In an interview on 1/4/2022 at 8:50 AM, Registered Nurse (RN)-C stated the wound care to R6 had been completed earlier that morning and Surveyor was not able to see R6's right heel wound. RN-C stated wound rounds are completed weekly on Tuesdays with RN-C and Nurse Practitioner (NP)-D. Surveyor asked RN-C what the facility protocol was for completing a skin assessment on admission. RN-C stated the nurse on the floor does the initial assessment including the skin and then RN-C will assess all wounds at the next opportunity, even coming in on Saturday or Sunday if needed. Surveyor asked RN-C if RN-C would expect the floor nurse to contact the physician when a newly admitted resident comes into the facility with a wound. RN-C stated that would be the expectation. RN-C stated when RN-C assesses the wounds initially, RN-C will make sure there is a treatment in place at that time. NP-D stated NP-D will also assess any pressure injury or complex non-pressure injury on wound rounds on Tuesdays.</p> <p>On 1/4/2022 at 1:30 PM, Surveyor observed R6 in bed with an alternating pressure mattress to be in place. R6's feet were not able to be visualized to see if pressure reducing boots were in place.</p> <p>On 1/4/2022 at 1:40 PM, Surveyor shared with Nursing Home Administrator (NHA)-A the concerns R6 was not comprehensively assessed for wounds until 12/27/2021, two days after admission, a treatment was not put in place to the right heel pressure injury until 12/27/2021, and the Skin Integrity Care Plan was not initiated until 12/29/2021. NHA-A agreed R6 should have been assessed on admission and the physician should have been notified to get a treatment in place. No further information was provided at that time.</p> | | |

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| <p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> | <p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36161</p> <p>Based on observation, record review and interview, the facility did not ensure that 1 (R4) of 2 residents reviewed for elopement had adequate interventions in place to prevent elopement and accidents. After assessing that R4, who is severely cognitively impaired and frequently voiced that she was leaving, was at risk for elopement, the facility failed to develop and implement interventions to prevent R4 from leaving the facility. Subsequently, R4 eloped from the facility sometime after 1:30 a.m. on 12/3/21 and was found by police walking on a divided four-lane road in the dark, fog, and rain at 3:28 a.m.</p> <p>The failure to put interventions in place to prevent elopement after R4 was assessed to be at risk of elopement and the failure to ascertain R4's whereabouts when she was not in bed at 1:30 a.m. created a finding of immediate jeopardy that began on 12/3/21. NHA (Nursing Home Administrator)-A and RN (Registered Nurse) Consultant-H were informed of the finding of immediate jeopardy on 1/4/21 at 3:51 p.m.</p> <p>The immediate jeopardy was removed on 12/7/21, however the deficient practice continues at a scope/severity level of E, (potential for more than minimal harm/pattern) as the facility continues to monitor their immediate jeopardy action plan and as the facility continues to train their staff on conducting resident rounds during the night and what to do if a resident is not in bed.</p> <p>Findings include:</p> <p>The facility's policy dated as revised July 2021 and titled Elopement Management documents, The goal of the Elopement Management System is to identify residents with potential exit-seeking behavior, to ensure the Care Plan and Kardex reflect effective and consistent interventions and safety measures, and to assure staff are educated regarding the Elopement Management System and resident specific interventions.</p> <p>Under the Practice Guidelines it documents, 3.) Upon admission or readmission, if the resident is identified to be at risk for elopement, interventions are developed and implemented in accordance with the Care Plan .6.) An individualized Care Plan is developed upon admission. If the resident is identified as at risk for elopement, the Care Plan and Care Kardex should address the contributing risk factors, including, but not limited to: a. Cognitive impairment; b. Ambulation status; c. Mental status; d. Resistance to long term placement; e. History of elopement; f. Disease or medications that may cause confusion/disorientation and; g. Indications or diagnosis of dementia .8.) Care Plan interventions are individualized to the resident and are based on the assessed risk of elopement.</p> <p>The facility's policy dated as revised June 2021 and titled Resident Elopement documents, It is the responsibility of all personnel to report any resident attempting to leave the premises, or suspected of being missing, to the Director of Nursing and the Administrator immediately and to document the occurrence.</p> <p>Under the Procedure section it documents, Missing Resident: 1.) Should an employee discover that a resident is missing from the center, he or she should:</p> <p>(continued on next page)</p> | | |

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| <p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> | <p>a) Determine if the resident is out on an authorized leave or pass. If not;</p> <p>b) Notify the Administrator and Director of Nursing services immediately;</p> <p>c) Make a thorough search of the building(s) and premises.</p> <p>1. R4 was admitted to the facility on [DATE] with diagnoses that included Cerebral Infraction, Hemiplegia and Hemiparesis, Frontal Lobe and Executive Function Deficit following Cerebral Infraction and Cognitive Communication Deficit.</p> <p>R4's Quarterly MDS (Minimum Data Set) dated 11/18/21 documents a BIMS (Brief Interview for Mental Status) score of 5, indicating that R4 is severely cognitively impaired.</p> <p>Section G (Functional Status) documents that R4 requires supervision and set up help for her transfer, walking in room and corridor and locomotion on and off the unit needs.</p> <p>Section G0300 (Balance During Transitions and Walking) documents that R4 is steady at all times when walking, moving from seated to standing position and turning around and facing the opposite direction while walking.</p> <p>Section G0400 (Functional Limitation in Range of Motion) documents that R4 has no impairment to either side of her upper and lower extremities.</p> <p>R4's Cognitive Loss/Dementia CAA (Care Area Assessment) dated 5/1/21 documents under the Care Plan Considerations section, Resident triggered for CAA 2 Cognitive Loss / Dementia related to BIMS score of 0 screening for severe cognitive impairment as identified through BIMS assessment conducted and scored by OT (occupational therapy). Resident is a recent new admission to the facility here for short-term rehab with potential to be LTC (long term care). Resident has an activated HCPOA (health care power of attorney) who is actively involved and appropriately supportive of resident's care at this time. Resident is able to make daily decisions at times and has a HCPOA involved to assist with important healthcare decisions. Resident is able to make her needs known and staff are able to anticipate and meet her needs at this time as well. IDT (interdisciplinary team) will continue to monitor.</p> <p>R4's Function Performance admission assessment dated [DATE] documents that R4 is independent with her self-care, indoor mobility and ambulation, stairs and functional cognition needs.</p> <p>R4's Admission Data Collection assessment dated [DATE] documents an elopement risk score of 7, indicating that R4 is at risk for eloping.</p> <p>Surveyor was unable to locate any care plan or documentation that the facility put measures in place to address R4's assessed risk for wandering/elopement.</p> <p>R4 was previously admitted to the facility on [DATE] and was discharged from the facility on 2/12/19. During that time, Surveyor noted R4 was deemed to be at risk for wandering and had a wander guard placed during her previous stay at the facility.</p> <p>R4's elopement assessment dated [DATE] documents a score of 12, indicating that R4 was at risk for elopement.</p> <p>(continued on next page)</p> | | |

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| <p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> | <p>R4's elopement assessments dated 7/28/21 and 11/12/21 document a score of 6, indicating that no risk of elopement was identified for R4. Surveyor was unable to locate any documentation of any changes in R4's mental status or behavior that would indicate that R4 was no longer at risk for elopement. Surveyor was unable to interview the nursing staff whom completed R4's elopement assessments dated 7/28/21 and 11/12/21 as they no longer were employed at the facility as of the time of the survey.</p> <p>R4's nursing note dated 12/3/21 documents, What I think is going on with the resident is: Resident appeared confused yet amused with the fact that she was able to walk around. Kept repeating how much fun she had.</p> <p>Additional Nursing Notes as applicable: Family/Health Care Agent Notified: 12/03/2021 5:25 AM. Primary Care Clinician Notified: 12/03/2021 5:30 AM.</p> <p>R4's facility's self-report dated 12/10/21 to the state agency documents,</p> <p>On December 3, 2021 the facility was made aware that a resident, R4 went on leave without supervision. On the NOC (night) shift, a resident care specialist reported that at midnight on December 3, 2021, the above-mentioned resident, was seen going to bed for the night.</p> <p>At 1:30 AM, the resident care specialist was doing her rounds and noticed that the resident was not in bed. The resident care specialist stated that she thought the resident was outside smoking. At 4:30 AM, the nurse for R4 was outside on break and the police approached the building stating that R4 was found on [NAME] Blvd. and stated that she was meeting a friend .The nursing staff immediately removed wet clothing, showered the resident, completed skin assessments, completed neurological checks and elopement assessment. The resident's skin was intact, no pain was reported. The nursing staff stated that the resident was in good spirits and enjoyed her walk. The resident was not in distress upon her return. Per the nurse, she (R4) appeared confused yet amused and perseverating on all the fun she had on her walk. A head count of every resident in the facility was initiated and completed .The facility immediately launched an investigation, it was determined that the resident went out the front door. On this night, the automatic door lock was unlocked and the door was opening automatically when anyone either is going out or coming in. This is in contrast to how the door operates normally. The receptionist leaves at 8 PM and locks the front door, if someone approaches the door to either go out or come in, it will not open automatically. The door code must be punched in when you are going in or out of the building. On this particular night, we think staff unlocked the front door to make it easier for them to enter and exit the building to go on break, go get lunch or even to go to their cars to retrieve items .This particular resident did not exhibit exit seeking behaviors and was not wearing a wander guard. She (R4) was re-evaluated after this incident and now she has a wander guard (placed).</p> <p>Included in the facility's self-report investigation were statements from staff that documented R4's behavior prior to her elopement on 12/3/21. The following statements were included:</p> <p>Statement from LPN (Licensed Practical Nurse)-F dated 12/3/21 documents, I was sitting outside on break and a police car pulled up. I approached the car and the officer asked if we had a resident named R4. I stated yes. Resident stated she was trying to go meet a friend and had candy. She was wet from the rain. We got her in her room and changed her clothes.</p> <p>(continued on next page)</p> | | |

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| <p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> | <p>Statement from CNA (Certified Nursing Assistant)-E dated 12/3/21 documents, On December 3, 2021 at about 3:45 AM the police called the unit. It was at this time I was informed R4 was walking on [NAME] Avenue. I had saw her about 12 AM and she said she was going to bed. When I went in her room she wasn't there at about 1:30 AM, I thought she went out for a smoke. I didn't think anything of it and went on with rounds. While helping her to change into dry clothes, all she keep saying was 'how much fun she had walking.' I tried to convince her of how dangerous this was, but she only laughed.</p> <p>Statement from CNA-I dated 12/14/21 documents, I, CNA-I, has never witnessed R4 leave or attempt to leave the building. I have occasionally heard the resident state that her daughter would be here to pick her up around 5:00 p.m. It is always the same time every time.</p> <p>Statement from Medication Technician-M dated 12/14/21 documents, I Medication Technician-M, observed R4 saying throughout the day, all day she's going home and her daughter is picking her up at 5:00 PM on multiple occasions. I've never observed R4 leave the building or try to leave the building.</p> <p>Statement from CNA-N dated 12/14/21 documents, I, CNA-N, have heard R4 say she's going home or on her way home at least 2 time a week when working with her but she always smiles and only go smoke.</p> <p>Statement from CNA-O dated 12/14/21 documents, R4 has always voiced she was going home as well as she was going home to make lasagna when she got there. R4 packs her belongings and stores them in her room. She has always went out to the smoking area unsupervised prior to her elopement and has always returned without any problems.</p> <p>On 1/3/22 at 10:26 a.m., Surveyor observed R4 standing independently at the nursing station, requesting water from facility staff. Surveyor observed R4 standing without difficulty and while waiting for a CNA to get her water, Surveyor heard R4 tell facility staff in a loud and clear voice that she wanted to go home.</p> <p>On 1/3/22 at 10:26 a.m., Surveyor asked CNA-I, if it was normal for R4 to state she wants to go home. CNA-I informed Surveyor that R4 is always stating that she wants to go home and that her daughter is going to pick her up. CNA-I informed Surveyor that while she has not observed R4 attempt to leave the facility, she has observed R4 pack up her belongings in her room because of R4's belief that she is going home.</p> <p>On 1/3/22 at 3:13 p.m., Surveyor interviewed CNA-E, whom was the CNA assigned to R4 when R4 eloped from the facility on 12/3/21, regarding R4's elopement. Surveyor read CNA-E her written statement and asked CNA-E if her statement was accurate. CNA-E informed Surveyor that her written statement was accurate and informed Surveyor that it was not uncommon for R4 to go smoke and or be out of her room late at night.</p> <p>CNA-E informed Surveyor that on 12/3/21, CNA-E did not see R4 in her room when she did her rounds at approximately 1:30 p.m. CNA-E informed Surveyor that at the time, she did not think anything of it, and instead went to another wing to assist another CNA as she was the float CNA on the night shift that night.</p> <p>(continued on next page)</p> | | |

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| <p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> | <p>Surveyor asked CNA-E if she informed any other staff member that R4 was not in her room at 1:30 a.m. so that other staff could attempt to locate her (R4) as she (CNA-E) had left to work on another unit. CNA-E informed Surveyor that she could not recall if she told any staff member that she did not see R4 in her room at 1:30 a.m.</p> <p>Surveyor asked CNA-E if she had checked on R4 at 3:30 a.m., during her two hour rounds. CNA-E informed Surveyor that she did not see R4 again until approximately 4:30 a.m. when she was informed that R4 had eloped from the facility and was brought back to the facility by the police. CNA-E informed Surveyor that she did not round every two hours after 1:30 a.m. as the facility was short staffed that night and because she was working on another unit as the float CNA.</p> <p>Surveyor asked CNA-E if she had ever heard R4 state she wanted to go home. CNA-E informed Surveyor that she had heard R4 stating she wanted to go home with her daughter but that she (CNA-E) never got the 'vibe' that R4 would leave during the night. CNA-E informed Surveyor that she figured that if R4 would ever elope from the facility it would be during the morning and not at night during her shift.</p> <p>On 1/3/22 at 4:16 p.m., Surveyor informed NHA (Nursing Home Administrator)-A and RN Consultant-H of the above findings.</p> <p>Surveyor asked NHA-A and RN Consultant-H why facility staff had deemed R4 not at risk of elopement on R4's elopement assessments dated 7/28/21 and 11/12/21, as Surveyor was unable to locate any documentation of any changes in R4's mental status or behavior that would indicate that R4 was no longer at risk for elopement.</p> <p>NHA-A and RN Consultant-H informed Surveyor that they just became aware of the R4's previous elopement assessments and informed Surveyor that R4 had not tried to elope from the facility previously. NHA-A and RN Consultant-H informed Surveyor that they could not provide any additional information as to why R4 was not deemed at risk for elopement on 7/28/21 and 11/12/21 as both facility staff member whom completed the assessments were no longer employed at the facility.</p> <p>Surveyor asked NHA-A and RN Consultant-H why the facility did not put elopement interventions in place for R4, as facility staff were aware that R4 made statements of wanting to leave the facility. NHA-A and RN Consultant-H informed Surveyor that they were not aware that facility staff were aware R4 made statements of wanting to leave the facility and informed Surveyor that they could not provide any additional information as to why the facility did not put elopement interventions into place for R4.</p> <p>On 1/4/22 at 7:24 a.m., Surveyor interviewed PO (Police Officer)-G regarding R4's elopement from the facility on 12/3/21. Surveyor asked PO-G to describe where and how she found R4 on the morning of 12/3/21. PO-G informed Surveyor that she was driving down [NAME] avenue (a divided 4 lane road) on a cloudy/foggy and rainy morning when she observed R4 standing on the road appearing confused at 3:28 a. m. PO-G informed Surveyor that she picked up R4, who was wet and not wearing a coat at the time. PO-G informed Surveyor that she asked R4 if she could give her a ride home and that R4 provided PO-G with a home address that was not the facility's address.</p> <p>(continued on next page)</p> | | |

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| <p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> | <p>PO-G informed Surveyor that she (PO-G) drove R4 to the address R4 provided but when they arrived, PO-G saw that the house was empty and had a for sale sign on the front lawn. PO-G informed Surveyor that she then searched R4 and found a card with the facility's name, phone number and address. PO-G informed Surveyor that she then drove R4 to the facility.</p> <p>PO-G informed Surveyor that upon arriving to the facility, she saw facility staff outside at the front of the facility. PO-G informed Surveyor that she then asked facility staff if R4 lived at the facility to which staff stated yes and then PO-G handed R4 off to facility staff.</p> <p>PO-G informed Surveyor that when she dropped off R4, she overheard a facility staff member, whom she could not recall her name, state that she saw R4 go outside but that she never observed R4 go back into the facility.</p> <p>Surveyor reviewed the historical weather for [NAME], Wisconsin on the morning of 12/3/21. According to Weatherunderground.com, on 12/3/21 at 12:52 a.m., the temperature was 43 degrees Fahrenheit with cloudy conditions. On 12/3/21 at 1:52 a.m. and 2:27 a.m. the temperature was 42 degrees Fahrenheit with light rain conditions. On 12/3/21 at 2:52 a.m., the temperature was 41 degrees Fahrenheit with light rain conditions. On 12/3/21 at 3:52 a.m., the temperature was 39 degrees Fahrenheit with light rain conditions.</p> <p>On 1/4/22 at 7:53 a.m., Surveyor informed NHA (Nursing Home Administrator)-A and RN (Registered Nurse) Consultant-H of the above findings. At the time no additional information regarding R4's elopement was provided.</p> <p>On 1/4/22 at 8:39 a.m., Surveyor interviewed Maintenance Director-L regarding the facility's wander guard system. Surveyor asked Maintenance Director-L if he had checked the functionality of the wander guard system at the facility on 12/2/21. Maintenance Director-L provided Surveyor with a copy of the wander guard alarm system audits that document that Maintenance Director-L had checked the functionality of the wander guard alarm system on the day R4 eloped from the facility.</p> <p>Maintenance Director-L informed Surveyor that at night, the front doors of the facility are set up to let anyone leave but are closed from the outside, which means that you are unable to enter the facility without pressing in a code or using the intercom system. Maintenance Director-L informed Surveyor that staff are the only ones with the code and that if a resident with a wander guard approached the front doors, the doors would set off an alarm that staff could hear and respond to.</p> <p>Surveyor asked Maintenance Director-L how R4 was able to elope from the facility if the wander guard system was functional on the night that R4 eloped. Maintenance Director-L informed Surveyor that R4 was able to elope from the facility because R4 was not wearing a wander guard and thus when R4 exited the building, R4 did not set off any alarms. Maintenance Director-L informed Surveyor that it was also possible that R4 was unable to re-enter the building once she left as he believed that R4 did not know the door code to get back into the building.</p> <p>The facility's failure to put interventions in place to prevent elopement after R4 was assessed to be at risk of elopement and the failure to ascertain R4's whereabouts when she was not in bed at 1:30 a.m. on 12/3/21 created a reasonable likelihood that serious harm to R4 could occur, thus leading to the finding of immediate jeopardy that began on 12/3/21.</p> <p>(continued on next page)</p> | | |

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| <p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> | <p>The immediate jeopardy was removed on 12/7/21 when the facility completed the following:</p> <ul style="list-style-type: none"> - On 12/06/2021 the facility Interdisciplinary team reviewed current residents Elopement Assessments and resident assessments are current and accurate. Each resident care planned to wear a wander guard bracelet to prevent elopement was verified for placement. - A system was put into place requiring each unit to complete a visual count of residents q (every) shift. - An Adhoc QAPI meeting was held on 12/07/2021 and the facility self-identified areas of opportunities in the areas related to Elopement/Missing resident and supervised smoking. Current staff were educated beginning on 12/03/2021 by the Nursing Home Administrator and Director of Nursing in relation to the Facility Elopement/Missing Person policy and the newly developed supervised smoking policy and procedure. This education continued through 12/07/2021, is ongoing and included: <ul style="list-style-type: none"> - Review of the facility Elopement Management System/Resident Elopement policy and practice guidelines. - It was emphasized that it is the responsibility to report to their immediate supervisor, Director of Nursing or Administrator when a resident is missing. - There is a photographic director [sic] of residents identified at risk for elopement located at each nursing unit and the front reception desk. These books are to be maintained, updated and used in the event of an alleged elopement. These books are updated by the Social Services department. - If a resident is believed to be missing an employee should determine if the resident is possibly out on an authorized leave, notify the supervisor, Director of Nursing or Nursing Home. <p>While the immediate jeopardy was removed on 12/7/21, it was noted the facility did not conduct staff training on resident rounds at night and what to do if a resident is not in bed.</p> | | |

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| <p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure that residents are free from significant medication errors.</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 ensure residents were free of significant medication errors for 1 (R2) of 3 residents reviewed for anti-seizure medications.</p> <p>R2 was not administered Briviact and Vimpat, two anti-seizure medications, on 11/14/2021 at 8:00 PM as ordered and sustained a seizure on 11/15/2021 at 8:30 AM.</p> <p>Findings:</p> <p>The facility policy and procedure entitled Medication Administration dated 6/2008 states: Physician's Orders - Medications are administered in accordance with written orders of the attending physician.</p> <p>R2 was admitted to the facility on [DATE] with a diagnosis of epileptic spasms with intractable status epilepticus.</p> <p>The following medication orders were in place on 11/14/2021:</p> <ul style="list-style-type: none"> -Briviact (Brivaracetam) 125 mg twice daily at 8 AM and 8 PM -Vimpat (lacosamide) 200 mg twice daily at 8 AM and 8 PM -Dilantin (phenytoin) 200mg Extended release once daily on Tuesday and Friday -Dilantin (phenytoin) 50 mg chewable once daily on Tuesday and Friday -Dilantin (phenytoin) 300 mg Extended release once daily on Monday, Wednesday, Thursday, Saturday, and Sunday <p>R2 had a Seizure Care Plan initiated on 12/17/2015 with the intervention: give seizure medications as ordered by doctor; observe/document side effects and effectiveness.</p> <p>On 4/9/2021 at 3:11 PM in the progress notes, nursing charted R2 had a seizure that lasted seven minutes. The Vagal Nerve Stimulator magnet was applied to the left side of the chest and was effective in resolving the seizure.</p> <p>No other seizures were documented from 4/9/2021 to 11/15/2021.</p> <p>On 11/15/2021 at 4:27 PM in the progress notes, nursing charted R2 had a seizure at 8:30 AM. The physician was notified and no new orders were obtained. The PM dose of medications were not administered on 11/14/2021.</p> <p>The Medication Administration Record was reviewed. The nurse had signed out all medication as being administered on 11/14/2021.</p> <p>(continued on next page)</p> | | |

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| <p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>The Narcotic Reconciliation form was reviewed. Briviact and Vimpat were not signed out for the 8 PM doses on 11/14/2021 and the medications were still in the narcotic drawer. Briviact and Vimpat were not administered as ordered.</p> <p>On 1/3/2022 at 3:25 PM, R2 was observed by Surveyor to be watching TV in R2's room with R2's roommate.</p> <p>In an interview on 1/3/2022 at 3:35 PM, Director of Nursing (DON)-B stated when R2 had a seizure on 11/15/2021, the narcotic records were reviewed and it was discovered the medications for R2 had not been signed out or administered. DON-B stated education was done to the nurse that did not administer the medication. Surveyor noted not all of the nurses were provided with this education. DON-B stated it is the expectation of the facility that all medications are to be administered as ordered by the physician.</p> <p>On 1/4/2022 at 11:50 AM, Surveyor interviewed R2 regarding any seizure activity R2 has had in the past. R2 denied having any seizures or any medical problem with seizures. R2 was happy and conversant.</p> <p>On 1/4/2022 at 3:50 PM, Surveyor shared the concern with Nursing Home Administrator (NHA)-A R2 did not receive anti-seizure medications on 11/14/2021 resulting in a seizure on 11/15/2021. R2 did not have any lasting effects from the seizure and no new orders were needed to address the outcome. No further information was provided at that time.</p> |

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| <p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p>16584</p> <p>Based on record review and staff interviews, the facility did not always ensure that 5 out of 5 randomly sampled CNA's (Certified Nursing Assistants) (CNA- P, CNA- Q, CNA-R, CNA-S and CNA-T), who have been employed with the facility for over one year, received an annual performance review to ensure continued competency and evaluation of possible training needs. This deficient practice has the capability of effecting all residents, as these CNA's work throughout the facility on various units.</p> <p>This is evidenced by:</p> <p>On 1/12/22, Surveyor conducted a review of 5 randomly selected CNA's for in-service hours and performance evaluations. The following was noted:</p> <p>CNA- P was hired on 3/15/2010. The facility was not able to provide evidence that CNA- P had an annual performance review and evaluation of possible training needs.</p> <p>CNA- Q was hired on 4/21/2016. The facility was not able to provide evidence that CNA- Q had an annual performance review and evaluation of possible training needs.</p> <p>CNA- R was hired on 8/21/2019. The facility was not able to provide evidence that CNA- R had an annual performance review and evaluation of possible training needs.</p> <p>CNA- S was hired on 7/13/2016. The facility was not able to provide evidence that CNA- S had an annual performance review and evaluation of possible training needs.</p> <p>CNA- T was hired on 5/15/2019. The facility was not able to provide evidence that CNA- T had an annual performance review and evaluation of possible training needs.</p> <p>On 1/13/2022 at 1:15 p.m. Surveyor interviewed Administrator- A and Nurse Consultant- H in regards to those employees who have been employed for longer than 1 year at the facility receiving an annual performance review. Administrator- A stated that the facility has been without a Staff Development Coordinator for several months and the task of annual performance reviews was completed by the person in that position. Administrator- A stated that they are currently looking to hire someone to fill that role. Nurse Consultant- H stated that training is provided through Reliance and that staff can identify training needs through this program. Nurse Consultant H stated that performance evaluations may have been conducted through different in-service fairs held at the facility but was unable to provide additional evidence that the performance evaluations were conducted for CNA P, Q, R, S, and CNA- T.</p> | | |