STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525678	A. Building B. Wing	07/14/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Minocqua Health and Rehab	9969 Old Hwy 70 Rd Minocqua, WI 54548

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32267 Based on interviews and record reviews the facility failed to notify a physician of residents who did not receive insulin as prescribed. The facility failed to consult with a physician about the potential adverse consequences of not administering insulin within the required parameters as noted on physician orders. This had the ability to affect 6 of 9 residents(R) reviewed for insulin administration. (R31, R5, R27, R32, R33 and R34). R31, R5, and R27 were prescribed insulin with meals. On 06/28/21 residents did not receive insulin with their meal, which was served between 11:30a.m. and 12:00p.m Residents received insulin almost 2 1/2 hours after the meal was served. The residents' physicians were not notified of the missed medication or consulted about the potential consequences of inaccurate insulin administration. R32 and R34 were prescribed insulin before meals. On 06/28/21 residents did not receive insulin before their meal which was served between 11:30a.m. and 12:00p.m. R32 and R34 received insulin over 2 hours after the noon meal was served. The residents' physicians were not notified nor consulted about the potential consequences of inaccurate insulin administration, or given the opportunity to make any necessary changes due to insulin not being given timely. R33 was prescribed blood sugar checks and insulin on sliding scale before meals, R33's blood sugar was not checked until 2:24p.m. which was almost 2 1/2 hours after lunch. R33's physician was not notified and no changes or alterations were made due to R33 not receiving timely blood sugar checks. This is evidenced by: Upon entrance to the facility on [DATE] at 11:33 a.m. , Surveyors were notified by Admissions Coordinator (AC) C and Social Services Director (SSD) D that there was no nurse in the facility. AC C and SSD D stated the 2 nurses who had worked the night shift stayed over until 10:41a.m. so morning medications could be administered by the nurses and the Med Tech (MT) H. AC C and SSD D stated MT H continued to provide medication administration until the Nurse Practitioner (NP) U, who was in the building seeing patients, left the facility. Medication administration was halted once NP U left the building. Surveyor requested Medication Administration Records (MAR) and Medication Administration Audit Reports for all residents receiving medications during the noon time med pass for 06/28/2021. (continued on next page)

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

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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 06/28/2021 at 1:32 p.m. Surveyor observed LPN E with a medication cart in 200 hall. Surveyor asked LPN E what she was doing. LPN E stated she was finishing up the noon med pass in the 200 and 300 halls. When asked by surveyor when noon med pass usually takes place, LPN E stated, noon med pass is normally done between noon and 1:00 o'clock. On 06/30/21 at 7:52 a.m. Surveyor interviewed MT H about the med pass on Monday, June 28, 2021. MT H stated, morning med pass was late. The 2 nurses working night shift stayed late to help pass meds. They finished late. It was around 11:00 a.m. when they were done. MT H stated she was not able to complete the noon med pass on Monday and it was late because she had to wait for a nurse to come in. MT H stated she had given some medications while NP U was in the building doing rounds but stopped when NP U had left. MT H said she had re-started noon med pass when LPN E came in around 1:30p.m. Surveyor asked MT H what residents received insulin during the noon med pass. MT H provided surveyor with resident names. Surveyor asked if any of the resident's physicians had been contacted about residents not getting their insulin as prescribed. MT H stated, As the med tech, it is not my role to notify physicians. I was working as a med tech on Monday. I called corporate in South Carolina to clarify what my role in the facility was for that day and they stated I was working as a med tech and not under a temporary RN license. I did not do any notifications and I did not ask anyone to. When asked if she was aware of any negative outcomes due to not providing insulin as prescribed, MT H stated she was not aware of any at the time. Surveyor interviewed Medical [NAME] (MC) N on 06/30/21 at 9:45a.m. about the lunch meal on 06/28/21. MC N sated she was in volunteer status that day in the facility. When surveyor asked what time lunch trays were served, MC N stated, Lunch was served at the usual time. Surveyor asked what the usual time was for lunch to be served and if there were any late trays served that day. MC N stated, lunch is served between 11:30a.m. and 12:00p.m. and there were no late trays served during the noon meal. Surveyor interviewed Social Services Director (SSD) D at 9:50a.m. on 06/30/21. SSD D stated she had started work at the facility at 6:30 a.m. on 06/28/21. Surveyor asked if meals were served timely on 06/28/21. SSD D reported all scheduled kitchen staff had reported to work and meals were served at the normally scheduled times on 06/28/2021. SSD D reported meal trays were delivered timely to those residents eating in their rooms. SSD D was not aware of any late meal trays being delivered to any residents on 06/28/21 during the noon meal which is normally served between 11:30a.m. and 12:00p.m On 06/30/2021 Surveyor reviewed MARs and Medication Administration Audit Reports. All residents listed received their noon meal between the usual hours of 11:30a.m. and 12:00p.m No physicians were notified or consulted regarding the administration of insulin outside the prescribed parameters. MAR and Medication Administration Audit Reports revealed: R31 is prescribed Humalog 100 UNIT/ML Vial, 17 units subcutaneously with meals. Scheduled 11:30a.m R31 received 17 units on 06/28/2021 at 1:56p.m R31's physician was not notified or consulted that day. R5 is prescribed NovoLOG FlexPen Solution Pen-injector 100 UNIT/ML, inject as per sliding scale subcutaneously with meals. On 06/28/21 R5 received 2 units at 1:59p.m R5's phsycian was not notified or consulted that day. (continued on next page)

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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	R27 is prescribed HumaLOG Solution 100 UNIT/ML. Inject 16 units subcutaneously with meals. R27 received 16 units on 06/28/21 at 1:58p.m R27's physician was not notified or consulted that day. R32 is prescribed Insulin Aspart Solution, sliding scale, subcutaneously before meals and at bedtime. Scheduled 11:00a.m. On 06/28/21 R32 received 4 units at 2:13 p.m R32's physician was not notified or consulted that day. R34 is prescribed NovoLIN R Solution 100 UNIT.ML, sliding scale, scheduled 11:00 a.m. On 06/28/21 R34 received 4 units at 2:45 p.m R34's physician was not notified or consulted that day. R33 is prescribed HumaLOG KwikPen Solution Pen-injector 100 UNIT/ML, sliding scale, scheduled 11:00a.m On 06/28/21 R33 did not receive any units at 2:24p.m R33's orders require blood sugar checks prior to meals and insulin on sliding scale per blood sugar checks. R33's blood sugar was not checked until 2:24p.m. which was almost 2 1/2 hours after lunch. R33's physician was not notified and no changes or alterations were made due to R33 not receiving timely blood sugar checks. R33's physician was not notified or consulted that day. On 07/01/2021 at 10:50 a.m. Surveyor interviewed Nurse Practitioner (NP) U. When surveyor asked NP U if she was in the building on 06/28/2021, she stated, I was in the building doing rounds on my patients. Surveyor asked NP U if she had been notified on 06/28/21 of residents not receiving insulin at the required prescribed times. NP U stated, No, I was not told of that on 06/28/21. Surveyor asked NP U if she had ever been notified of residents not receiving insulin at the prescribed times to which she replied, I was told yesterday that 2 of my patients did not get their insulin correctly on Monday. Surveyor asked NP U, You weren't told until yesterday, which was 2 days later, that 2 of your patients didn't receive insulin correctly? NP said Yes. When Surveyor asked if NP U was notified of any other residents not receiving insulin correctly, she stated, No. None of the residents' physicians were notified or consulted on 06/28/2021 of insulin medications not being given as prescribed or ordered. There was no consultation with physicians regarding administration of insulin outside the defined parameters, whether or not the amount of medication should be adjusted, or what signs or symptoms resdients should be monitored for due to incorrect or lack of administration of insulin.

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F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. 16041 Based on observations, interviews, and record reviews, the facility failed to ensure that 51 of 51 residents were free from neglect. The facility was aware of the needs of each of the 51 residents living in the facility. The facility did not provide sufficient staffing to provide cares to all residents beginning on 6/25/21. Because there were inadequate staff, residents were left in their rooms, left in bed with no way of getting up independently, and did not receive needed cares such as personal hygiene cares, toileting assistance, and/or repositioning. Staff had to choose which residents received care while others went without. As a result, there were resident falls, worsening of pressure injuries, and the development of pressure injuries, and medication errors. The facility failure to ensure residents were free from neglect, created a finding of immediate jeopardy that began on 6/25/21. ANHA-A (Acting Nursing Home Administrator), ADON-B (Acting Director of Nursing), and the COO-GG (Chief Operating Officer) were notified of the immediate jeopardy on 7/1/21 at 12:00 p.m. The immediate jeopardy was removed 7/1/21, however the deficient practice continues at a scope/severity of F (potential for more than minimal harm that is not immediate jeopardy/Widespread). This is evidenced by: On 6/25/21, Surveyor spoke with FNHA-DD (Former Nursing Home Administrator) regarding staffing. FNHA-DD stated that after the recertification survey on 6/14/21, the survey team had recommended a sufficient staffing deficiency. FNHA-DD indicated she had told the corporation that she would not accept any new admissions until staffing increased. FNHA-DD stated that she was told until she started admitting residents to the building, her pay would be cut $1,000 a month. FNHA-DD stated that there were phone conversations with corporate representatives who directed her to make cutbacks and to begin working on a plan. Ultimately, as determined in a follow up interview with FNHA-DD on 7/1/21 at 8:08 a.m., FNHA-DD stated she was directed to furlough 4 staff. These staff included the Medical Coder-N the Activities Director, a Laundry Assistant, and an Activities Assistant. FNHA-DD stated that she was asking CEO-FF and COO-GG to allow her to move the Medical Coder/Purchaser into a vacancy in laundry, and then have the Activities Assistant in laundry 3 days and activities 2 days. When she did not get a reply, she indicated she had to furlough those staff. FNHA-DD stated in light of the furloughs and the staffing shortage that was not addressed by the corporation, she and the Director of Nursing (DON) resigned from their positions effective immediately on 6/27/21, leaving the facility without two key administrative staff. FNHA and the former Director of Nurses contributed to resident neglect by abandoning their positions and the oversight of resident care. (continued on next page)

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F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	On 6/28/21, at 11:30 a.m., Surveyors entered the building and were told the census was 51. Surveyors toured the building to determine the nurse and CNA (Certified Nursing Assistant) staffing levels. There was 1 Medication Technician/Graduate Nurse, and 1 CNA. Therapy staff were observed to be assisting with some resident cares. Surveyors requested the Daily Assignment Sheets and schedules beginning on 6/25/21. Both documents reveal the following: A review of the facility assessment, dated 2017, indicates that the number of licensed nurses and CNAs needed to ensure there is sufficient staff to meet resident needs is 160 hours to 216 hours per day. A review of the actual hours worked revealed the following: 6/25/21: 88.98 hours worked that day by direct care staff (licensed nurses and CNAs) This included 8 hours worked by a light duty CNA who is unable to perform all CNA duties. On 6/28/21, Surveyor interviewed CNA Y who is on light duty. She indicated she is a CNA, but due to restrictions, she is not able to perform all CNA duties. This is more than 71 hours below the minimum number of hours the facility determined was necessary to meet resident needs. 6/26/21: 112.11 hours worked that day by direct care staff. *From 6:00 a.m. until 2:00 p.m., there were only 2 CNAs to care for 50 residents as the nurses had their own work to complete. *From 2:00 p.m. to 6:00 p.m. there was only 1 CNA to care for 50 residents. This is more than 47 hours below the minimum number of hours the facility determined was necessary to meet resident needs. 6/27/21: 100.89 hours worked that day by direct care staff. This included 4 hours worked by a light duty CNA who is unable to perform all CNA duties. This is more than 59 hours below the minimum number of hours the facility determined was necessary to meet resident needs. 6/28/21: 64 hours worked that day by direct care staff. There were no licensed nurses working on the day shift, only a Graduate Nurse. Therapy staff were observed to assist, however, are not CNAs and not able to perform all duties of a CNA. (continued on next page)

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F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	This is 96 hours below the minimum number of hours the facility determined was necessary to meet resident needs. On 6/28/21 at 1:36 p.m., Surveyor spoke with the AC-C (Admissions Coordinator). AC-C confirmed that there was no licensed nurse in the building on 6/28/21, only a graduate nurse. Surveyor asked if medications were passed. AC-C indicated a Nurse Practitioner was completing regular resident rounds and medications were passed while she was in the building. AC-C stated the NP had to leave at 10:40 a.m. so med pass stopped at that time. AC-C stated that a licensed nurse was coming on soon to assist. When asked if anyone from the corporation had been notified, AC-C indicated that the RNC (Regional Nurse Consultant) had been notified of the staffing situation on 6/27/21. AC-C indicated the response from the RNC was, what do you want me to do about it? On 6/29/21 at 5:20 a.m., Surveyor interviewed RN Z. RN Z stated she had just been hired on 6/28/21. Surveyor asked if she had received any orientation prior to beginning her shift, such as emergency policies and procures. RN Z indicated she had not. On 6/29/21 at 5:25 a.m., Surveyor interviewed RN X. Surveyor asked RN X what a typical staffing pattern is for the facility. RN X stated most often, it is 2 licensed nurses and 1 CNA. RN X stated on those days, residents may receive the minimum care, as long as nothing unforeseen happens. On 6/29/21 at 9:30 a.m., Surveyor interviewed CNA I. CNA I stated that all residents stay in their rooms over the weekend because there aren't enough staff to get everyone up or to assist them to bed in the evening. CNA I stated that today (6/29/21) was the first time she had ever seen therapy assist with residents. CNA I stated that when she came in this morning, she found R 25 had taken off his incontinent pad because it was saturated with urine, had a full urinal, and had urinated in cups that were in his room. CNA I was visibly shaken and stated she knows no one checked on him through the night. CNA I stated without enough staff, residents are not being repositioned or toileted like they should. CNA I also stated that showers are not being given because they do not have the time to do them. CNA I stated that this past weekend, there were a number of falls, 1 of which resulted in the resident going to the hospital. On 6/29/21 at 10:00 a.m., Surveyor interviewed R5. R5 stated that her concern is there is not enough staff in the building. R5 stated that often there is only 1 nurse and 1 CNA in the entire building. R5 stated, How are they supposed to do that? R5 stated this past weekend all of the meals were served in resident rooms. When asked why, R5 stated because there was not enough staff to get everyone up. R5 stated that she can transfer herself to the toilet when she needs to, cannot get off the toilet alone as she needs assistance to pull up her pants afterwards. R5 stated that more than once this weekend, she had to wait for over 45 minutes to get off the toilet. Surveyor asked about the call light timer that is at the nurses station. R5 stated that staff will come in to answer the light, turn it off and then turn it back on. This way they timer won't show the actual time the resident waited. Surveyor asked if this has happened to her. R5 stated it has. R5 also stated that she had a concerns with her medications on 6/28/21. She said she counts her pills to make sure she is getting all of them. She stated that she did not have enough pills in her cup and had to tell the nurse to go look for the rest of them. R5 stated that she is the Resident Council President so she hears concerns from several other residents. R5 stated, It is getting to the point where I am scared to be here. (continued on next page)

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F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	On 6/29/21 at 10:20 a.m., Surveyor interviewed R4. R4 stated there is not enough staff in the building. He stated the ones that are working are working very hard to try to care for everyone, there just aren't enough people. R4 stated that over the weekend, everyone had to stay in their rooms for meals. R4 stated he normally goes to the dining room for meals. R4 stated that those meals that were served in the room were cold. R4 stated his daughter brought in food for him so he could have a decent meal. He stated that his bed had not been made for quite some time. R4 stated that this bothered him as his bed was made daily. R4 stated I am a type A personality, and that he wants things neat. Surveyor asked R4 if he received the cares and assistance he needs. R4 stated he is not. Surveyor asked for examples. R4 stated he is supposed to walk with staff assistance every day and this has not been happening. Review of R4's medical record found this to be accurate. Since 6/14/21 (exit date of the last survey) R4 was ambulated in his room and the hall only 2 times, once on 6/28/21 and again on 6/29/21. All other dates are marked as activity did not occur. R4 stated that he used to use the bathroom independently, but had an occasion where his knees buckled and staff wanted him to wait for assistance. R4 stated last Thursday (6/24/21) he was following the recommendations and waiting for assistance. He was incontinent 5 times because staff did not respond to his call light. He stated it was embarrassing and he is no longer waiting for staff and is taking himself to the bathroom. On 6/30/21 at 1:50 p.m., Surveyor spoke with CNA AA. CNA AA stated that she is the last full time CNA for the evening shift. CNA AA stated that she had worked this past weekend on the evening shift and that she was the only CNA working. CNA AA stated that nearly all residents had to stay in bed as there weren't enough staff to get them up or to put them back to bed later. CNA AA stated that only the ones that absolutely had to get up for safety reasons were gotten up. Those residents were then brought to the nurses station so staff could somewhat observe them. Surveyor asked CNA AA how she was able to care for the residents if she was the only CNA in the building. CNA AA stated she couldn't. Surveyor asked what cares she could provide. CNA AA stated she fed residents who needed assistance, and provided toileting, incontinence care, and reposition to as many people as she could. Surveyor asked CNA AA if she was able to provide those care at appropriate intervals. CNA AA stated, she didn't get to everyone once a shift let alone every two hours. The lucky ones received cares once during the shift. CNA AA stated she feels like she is breaking down physically and mentally with the stress of being the only caregiver. Surveyor asked if the nurses or therapy provide any assistance. CNA AA stated the nurses are just as busy as they are trying to care for resident with only 1 or 2 of them. CNA AA indicated therapy will help if you specifically ask them to help. 31088 On 06/28/21 at 12:05 p.m., Surveyor interviewed R18 to ask how things were going with her cares. R18 stated, I am very disappointed with what is going on here, firing staff when we have no help. We wait for over an hour for help and they fired staff. On 06/28/21 at 12:10 p.m., Surveyor interviewed R5 asking how staffing has been. R5 stated, It is terrible there are no workers here. We have 1 aide and 1 nurse on duty for days. I have to wait at least 45 minutes for any help. On the weekend there was no help to get me out of bed. I ended up dressing myself and after waiting for hours I got some help because I can tell them I need it. I feel so bad for those who can't ask for help. (continued on next page)

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F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	On 06/28/21 at 12:15 p.m., Surveyor interviewed R6 about staffing and getting help with cares. R6 stated she has been waiting about 1 1/2 hours for help with toileting. Surveyor asked what has happened to R6 as a result of waiting so long. R6 said she has pooped her pants and has to sit in it until they get there. Surveyor asked if this is bothering R6 feeling humiliated. R6 stated, I feel bad but not that upset. I'm getting used to it. On 06/28/21 at 12:17 p.m., Surveyor interviewed R13 about staffing. R13 stated she has to wait at least 45 minutes for help to get to the bathroom and was left on the toilet over 45 minutes on the weekend before she was helped. On 06/28/21 at 12:20 p.m., Surveyor interviewed R23. R23 stated, I wait at least 45 minutes for anyone to answer my call light. They have no time to walk me, there is no staff. Please get us help! On 06/28/21 at 12:50 p.m., Surveyor interviewed CNA G about staffing. CNA G stated on the weekend there was only 1 CNA working. Residents could not be repositioned or toileted. Today they have the Physical Therapy Assistant (PTA) M, Speech Therapy (P), Occupational Therapist (OT) Q helping with cares. On 06/28/21 at 1:05 p.m., Surveyor interviewed R1 asking about staffing and getting assistance with cares. R1 stated, I stay in bed a lot. I need help with my incontinence care. I put my light on they come in turn it off and leave. Surveyor asked when was the last time R1 had been assisted with cares. R1 stated, I want to use the bedpan for my bowel movements but they don't get here. I put my light on they come in turn it off and leave. R1 stated, They were in here about 8:00 a.m. or so, I have laid on my back like this since then, it has been really bad the last few days. Surveyor asked R1 to put on her call light to get help. After about 5 minutes Speech Therapy came and answered the call light, turned it off and said she would get a CNA to help R1. Surveyor continued to observe for staff to come back and assist R1. Surveyor continued to observe for staff to come back and assist R1. At 1:37 p.m. Surveyor observed CNA enter the room to assist R1. On 06/28/21 at 1:30 p.m., Surveyor interviewed Medication Technician (MT) H. MT H stated she worked from 6 a.m. - 10 a.m. on the weekend as a CNA. MT H indicated they got up a few residents that had to get up, but there was not enough staff to get all residents out of bed. Surveyor asked which residents did not get out of bed. MT H was not sure of all the residents but named R26, R10, R28 and R8. On 06/28/21 at 1:40 p.m., Surveyor interviewed PTA M. PTA M stated he came to work this morning and was informed at the morning meeting about the staffing situation. He called his supervisor and was told to help on the floor with transfers. PTA M stated, It is impossible for 1 CNA to keep up and help the residents. PTA M stated that all therapy services were canceled for Monday and Tuesday as all the therapy staff are working on the floor. PTA M stated his last day of work here is Thursday. 17661 As a result of the lack of appropriate staffing levels as defined by the Facility Assessment, the following deficient practices were identified in which the facility and their staff failed to provided services to residents: ~13 residents did not receive activities of daily living cares, including repositioning, incontinence cares, personal hygiene, and mobility. (Refer to F677.) (continued on next page)

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F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	~2 residents were not provided with appropriate care to prevent and/or improve non-pressure related skin ulcerations resulting in actual harm. (Refer to F684.) ~5 residents did not receive appropriate care to prevent the development or redevelopment of pressure injuries. (Refer to F686.) ~6 residents did not receive treatment and services to improve, prevent further decline, and/or maintain range of motion resulting in actual harm. (Refer to F688.) ~4 residents were not provided with care and supervision to prevent accidents. (Refer to F689.) ~4 residents were not provided with care to maintain and/or prevent decline of bowel and bladder incontinence resulting in actual harm. (Refer to F690.) ~8 residents received medications from an unauthorized personnel without supervision of a licensed nurse. (Refer to F755.) ~6 residents received insulin outside of the prescribed time frames when no licensed nurse was on duty. (Refer to F760.) The facility removed the immediate jeopardy on 7/1/21 when the following were implemented: 1. The facility signed contracts with staffing agencies. 2. Plan to implement Emergency CNA Training Program. 3. Implemented twice weekly town hall meetings with staff to review schedules, get feedback, and provide updates. 4. Incentive program expanded to include sign on, retention, and shift pick up bonuses. 5. All staff, not only nursing staff, are to interact/check in with residents and respond to resident needs as appropriate. 6. Daily staffing to be reviewed and signed off by 2 management team members as being adequate using 2. 75 hours per patient day as a threshold. 7. Implemented a Manager of Duty during the weekends. 8. Management will interview residents with a BIMS (Brief Interview for Mental Status) of 8 or above to ensure they are receiving appropriate care and to follow up on any concerns. 9. For residents with a BIMS of 8 or lower, or who cannot communicate, nursing staff will be assigned to sign off on cares received. 10. All staff will be educated on neglect prior to the beginning of their next shift.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525678	A. Building B. Wing	07/14/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Minocqua Health and Rehab	9969 Old Hwy 70 Rd Minocqua, WI 54548

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0675 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	Honor each resident's preferences, choices, values and beliefs. 16041 Based on observations, interviews, and record reviews, the facility did not provide necessary cares and services to promote quality of life and help 51 of 51 residents maintain their highest practicable level of of physical, mental, and psychosocial well-being. Residents stated they felt scared, felt embarrassed from wetting themselves, were getting used to wetting themselves, felt neglected, and felt as if no one would help them. The facility and governing body did not provide an adequate level of staff to provide cares and services to residents of the facility for an extended period of time. In addition, the governing body did not ensure payments were made to facility vendors in a timely manner, which put the facility at risk of not receiving necessary food, supplies, and utilities. This resulted in noncompliance at 14 federal regulations during the survey. This pervasive disregard of residents' quality of life created a finding of immediate jeopardy that began on 6/25/21. ANHA-A (Acting Nursing Home Administrator), ADON-B (Acting Director of Nursing) and COO-GG (Chief Operating Officer) were notified of the immediate jeopardy on 7/1/21 at 12:00 p.m. The immediate jeopardy was removed on 7/1/21, however the deficient practice continues at a scope/severity of F (potential for more than minimal harm that is not immediate jeopardy/widespread). This is evidenced by: During the complaint investigation, the following deficiencies were identified: ~6 residents' physicians were not notified that insulin had been administered outside of the prescribed time parameters. (Refer to F580.) ~51 residents were not free from neglect when the facility and governing body did not ensure that sufficient staff were deployed to care for residents. This resulted in a finding of immediate jeopardy and substandard quality of care. (Refer to F600.) ~13 residents did not receive activities of daily living cares, including repositioning, incontinence cares, personal hygiene, and mobility. (Refer to F677.) ~2 residents were not provided with appropriate care to prevent and/or improve non-pressure related skin ulcerations resulting in actual harm. (Refer to F684.) ~5 residents did not receive appropriate care to prevent the development or redevelopment of pressure injuries. (Refer to F686.) ~6 residents did not receive treatment and services to improve, prevent further decline, and/or maintain range of motion resulting in actual harm. (Refer to F688.) ~4 residents were not provided with care and supervision to prevent accidents. (Refer to F689.) (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0675 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	~4 residents were not provided with care to maintain and/or prevent decline of bowel and bladder incontinence resulting in actual harm. (Refer to F690.) ~The facility and governing body did not ensure there were sufficient staff to care for 51 residents. This resulted in a finding of immediate jeopardy. (Refer to F725.) ~8 residents received medications from an unauthorized personnel without supervision of a licensed nurse. (Refer to F755.) ~6 residents received insulin outside of the prescribed time frames when no licensed nurse was on duty. (Refer to F760.) ~The governing body did not ensure there was sufficient resources, including staff and accounts payable, were available to the facility. This resulted in a finding of immediate jeopardy. (Refer to F837.) ~The facility did not ensure that staff and visitors were actively screened prior to entrance to the facility and also did not ensure staff wore all appropriate PPE (personal protective equipment) was worn for resident interactions. (Refer to F880.) Resident interviews during survey revealed that residents were scared, felt embarrassed from wetting themselves, were getting used to wetting themselves, felt neglected, and felt as if no one would help them, as evidenced by: On 6/29/21 at 10:00 a.m., Surveyor interviewed R5. R5 stated that her concern is there is not enough staff in the building. R5 stated that often there is only 1 nurse and 1 CNA in the entire building. R5 stated, How are they supposed to do that? R5 stated this past weekend all of the meals were served in resident rooms. When asked why, R5 stated because there was not enough staff to get everyone up. R5 stated that she can transfer herself to the toilet when she needs to, cannot get off the toilet alone as she needs assistance to pull up her pants afterwards. R5 stated that more than once this weekend, she had to wait for over 45 minutes to get off the toilet. Surveyor asked about the call light timer that is at the nurses station. R5 stated that staff will come in to answer the light, turn it off and then turn it back on. This way they timer won't show the actual time the resident waited. Surveyor asked if this has happened to her. R5 stated it has. R5 also stated that she had a concerns with her medications on 6/28/21. She said she counts her pills to make sure she is getting all of them. She stated that she did not have enough pills in her cup and had to tell the nurse to go look for the rest of them. R5 stated that she is the Resident Council President so she hears concerns from several other residents. R5 stated, It is getting to the point where I am scared to be here. (continued on next page)

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F 0675 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	On 6/29/21 at 10:20 a.m., Surveyor interviewed R4. R4 stated there is not enough staff in the building. He stated the ones that are working are working very hard to try to care for everyone, there just aren't enough people. R4 stated that over the weekend, everyone had to stay in their rooms for meals. R4 stated he normally goes to the dining room for meals. R4 stated that those meals that were served in the room were cold. R4 stated his daughter brought in food for him so he could have a decent meal. He stated that his bed had not been made for quite some time (R4's bed was observed to be unmade during the interview). R4 stated that this bothered him as his bed was made daily. R4 stated I am a type A personality, and that he wants things neat. Surveyor asked R4 if he received the cares and assistance he needs. R4 state he is not. Surveyor asked for examples. R4 stated he is supposed to walk with staff assistance every day and this has not been happening. Review of R4's medical record found this to be accurate. Since 6/14/21 (exit date of the last survey) R4 was ambulated in his room and the hall only 2 times, once on 6/28/21 and again on 6/29/21. All other dates are marked as activity did not occur. R4 stated that he used to use the bathroom independently, but had an occasion where his knees buckled and staff wanted him to wait for assistance. R4 stated last Thursday (6/24/21) he was following the recommendations and waiting for assistance. He was incontinent 5 times because staff did not respond to his call light. He stated it was embarrassing and he is no longer waiting for staff and is taking himself to the bathroom. On 06/28/21 at 12:15 p.m., Surveyor interviewed R6 about staffing and getting help with cares. R6 stated she has been waiting about 1 1/2 hours for help with toileting. Surveyor asked what has happened to R6 as a result of waiting so long. R6 said she has pooped and peed her pants and has to sit in it until they get there. Surveyor asked if this is bothering R6 feeling humiliated. R6 stated, I feel bad but not that upset. I'm getting used to it. On 06/28/21 at 12:20 p.m., Surveyor interviewed R23. R23 stated, I wait at least 45 minutes for anyone to answer my call light. They have no time to walk me, there is no staff. Please get us help! On 06/29/21 at 9:25 a.m., R1 was observed in bed with her breakfast tray on the side table. R1 was in a green colored gown that appeared to be her pajamas. Surveyor asked R1 if she was done with breakfast and if she was ready to get up for the day. R1 stated, What's the use, there isn't anyone to come and help me anyway. Surveyor asked R1 how she asks for help and R1 said she uses her call light but no one comes. Surveyor asked R1 if she had been helped yet this mornng with any cares and R1 said she had not. She said, They tilted my bed up so I could eat my breakfast, that is it. R1 stated she was still in her pajamas and had not been changed before breakfast. R1 stated she does have a catheter, but doesn't know why. Surveyor asked R1 if she would like someone to come in and help her and R1 stated, If I want to get help I ring, if they have anyone here to help. The other day there was only one person in the whole place. They come in and then they say they will be back and they leave and I don't get any help. R1 stated on the weekends there is never anyone around and she doesn't hear anyone out in the hallway. R1 said if you put your light on no one comes. When Surveyor asked R1 how that made her feel, R1 stated, Neglected. Surveyor asked R1 if she was afraid she wouldn't get any help and R1 stated she felt neglected, I am not getting the care I should be. On 06/30/21 at 9:25 AM, Surveyor interviewed R7. Surveyor asked about staffing and getting assistance with cares. R7 lifted his call light and stated, See this. This is for emergencies. When you need help. The other day I put this on and waited an hour and a half for someone to answer it. I had to go to the bathroom. Another time, I waited 2 and a half hours for my light to be answered. It wasn't for the bathroom; but still---it isn't right. (continued on next page)

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F 0675 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	On 06/29/21 at 10:50 a.m. Surveyor asked R7 if he had recently experienced any falls. R7 said he had fallen on 06/27/21. When Surveyor asked what had happened, R7 said he was tired of waiting for more than an hour and tried to get himself into bed and fell on his knee. R7 stated, I need help getting from my chair to my bed. Surveyor asked R7 if he had to wait any other times. R7 said he always has to wait for assistance. R7 stated it always takes at least an hour or more after putting on his call light to get anyone to help him. R7 stated, It is really bad when a grown man has to go in your pants because you have to wait to get help to go to the bathroom. On 06/28/21 at 1:00 p.m., Surveyor interviewed R4 about cares and staffing. R4 stated he was so happy to be in this facility near his family but things have gotten so bad. R4 went on to describe the events of the past weekend. R4 indicated there was only 1 nurse and 1 CNA to care for over 50 people. R4 stated he observed several residents did not get out of bed for 2 days. R4 indicated he is to have assistance to walk to the bathroom but no one comes to help. R4 stated on the weekend he waited for one hour after the call light was put on, so I just took myself to the bathroom. R4 stated he has continued to transfer, dress himself and ambulate without assistance so that he can get to the bathroom and get dressed. R4 indicated he is to be getting therapy but as of today therapy is canceled because all of the therapy workers have to work on the floor. R4 stated, I don't want to fall again, my knee gives out at times and down I go. No one will help me. On 06/29/21 at 10:20 a.m., Surveyor observed R2 lying in her bed fully clothed with the wheelchair by the side of the bed. When Surveyor asked R2 how she had gotten into bed, R2 stated she had transferred self to bed because no one had answered her call light to assist her. Surveyor asked R2 what she does if she wants assistance. R2 stated she will put on the call light but has to wait over an hour. R2 stated, I put myself to bed. Who is going to do it? If I put on my call light no one comes. There are so few people here to help that there isn't anyone to do it. Surveyor asked R2 if she requires assistance for toileting. R2 stated, I can't walk, so I can't go to the bathroom myself. It is humiliating to have to go in my pants when I have to wait for over an hour for someone to answer my light. That's why I have to wear this pad. Surveyor asked R2 if anyone had assisted her this morning. R2 said she had gotten up for breakfast which is served between 7:30 and 8:00 a.m. and was changed and ready to go to therapy. When asked if she had any assistance since breakfast, R2 stated no one had come in to assist her or to change her incontinence product. R2 stated she had waited, but no one came to assist her out of her wheelchair into her bed so she did it herself. She also stated no one had helped her to go to the bathroom or change her incontinent product since getting up this morning. Surveyor asked R2 if she had ever fallen. R2 stated she had fallen just recently. When Surveyor asked R2 what had happened, R2 stated, I had to go to the bathroom. I put my call light on but no one came to help me so I went in my pants. It is so humiliating when that happens. I was so wet, so I tried to change myself because I knew I wouldn't get help. I slid off the bed. When asked if she had been changed or toileted the day she fell , R2 indicted she had not since she had gotten up for breakfast. R2 fell at approximately 11:26 a. m., which is over 3 hours after breakfast is served. (continued on next page)

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F 0675 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	On 6/29/21 at 9:30 a.m., Surveyor interviewed CNA-I. CNA-I stated that all residents stay in their rooms over the weekend because there aren't enough staff to get everyone up or to assist them to bed in the evening. CNA-I stated that today (6/29/21) was the first time she had ever seen therapy assist with residents. CNA-I stated that when she came in this morning, she found R25 had taken off his incontinent pad because it was saturated with urine, had a full urinal, and had urinated in cups that were in his room. CNA-I was visibly shaken and stated she knows no one checked on him through the night. CNA-I stated without enough staff, residents are not being repositioned or toileted like they should. CNA-I also stated that showers are not being given because they do not have the time to do them. CNA-I stated that this past weekend, there were a number of falls, 1 of which resulted in the resident going to the hospital. Failure to provide residents with the care and services necessary to promote quality of life and promote each resident's highest practicable physical, mental, and psychosocial well-being created a finding of immediate jeopardy. The facility removed the immediate jeopardy on 7/1/21 when the following were implemented: 1. The facility signed contracts with staffing agencies. 2. Plan to implement Emergency CNA Training Program. 3. Implemented twice weekly town hall meetings with staff to review schedules, get feedback, and provide updates. 4. Incentive program expanded to include sign on, retention, and shift pick up bonuses. 5. All staff, not only nursing staff, are to interact/check in with residents and respond to resident needs as appropriate. 6. Daily staffing to be reviewed and signed off by 2 management team members as being adequate using 2. 75 hours per patient day as a threshold. 7. Implemented a Manager of Duty during the weekends. 8. Management will interview residents with a BIMS (Brief Interview for Mental Status) of 8 or above to ensure they are receiving appropriate care and to follow up on any concerns. 9. For residents with a BIMS of 8 or lower, or who cannot communicate, nursing staff will be assigned to sign off on cares received.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31088 Based on observations, record reivew and interviews, the facility failed to provide hygiene, mobility, and continence cares to dependent residents who require assistance with activities of daily living affecting 13 sampled residents (R) of 51 residents. (R1, R4, R23, R2, R3, R8, R11, R12, R13, R14, R34, R9 and R10). R1 is dependent on staff for repositioning and personal hygiene. R1 was not repositioned or given incontinence cares. R1 was observed in bed in her pajamas at 9:25 am with a breakfast tray on the side table in front of her. R1 stated she had not been gotten up, dressed or changed, or provided cares prior to breakfast. R4 is dependent for assistance with ambulation. R4 has had assistance with ambulation two times since admission 5/11/21. R23 is dependent for assistance with ambulation. R23 did not receive any assistance with ambulation for the month of June. On 06/29/21 R2 was observed lying in her bed fully clothed with the wheelchair by the side of the bed. R2 did not have a pillow or any other device to float heels. R2 had transferred self to bed because no one had answered her call light to assist her. R2 stated her incontinence product had not been changed since she was gotten up in the morning prior to be taken to breakfast at 8:00 a.m. and it needed changing but no one comes when you put on the light. On 06/30/21 between 8:29 AM and 12:00 PM, R2 was in bed with no heelz up device, pillow edge/pillows for offloading or cradle in place as preventative devices for skin breakdown and no repositioning assist from staff. Surveyor observed 7 residents (R3, R8, R11, R12, R13, R14 and R34) sitting in wheelchairs in the aviary/nurses station area of the facility who had not been provided incontinence cares or repositioning for more than two hours. R9 had a history of a recently healed PI to his right heel and was to have a heel floating device in place while in bed to prevent the heels from rubbing onto the bed mattress. R9 was observed for a time period of 3 hours 37 minutes in which he was not repositioned in bed and his heels were not placed on the device and as a result, were resting on the mattress. Per R10's Plan of Care (POC); The resident has an ADL self-care performance deficit r/t Alzheimer's, weakness, impaired mobility, dementia w/behavioral disturbances, major depressive disorder, cervical disc degeneration, end of life care. R10's ADLs were not met by staff as identified in the POC. This is evidenced by: (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	1. On 06/28/21 at 1:05 p.m., Surveyor interviewed R1 asking about staffing and getting assistance with cares. R1 stated, I stay in bed a lot. I need help with my incontinence care. Surveyor asked if R1 uses the toilet. R1 stated, I want to use the bedpan for my bowel movements but they don't get here. I put my light on they come in turn it off and leave. Surveyor asked when was the last time R1 had been assisted with cares. R1 stated, About 8:00 a.m. or so, I have laid on my back like this since then, it has been really bad the last few days. Surveyor asked R1 to put on her call light to get help. After about 5 minutes, Speech Therapy Pathologist P came and answered the call light, turned it off and said she would get a Certified Nursing Assistant (CNA) to help R1. Surveyor continued to observe for staff to come back and assist R1. Surveyor continued to observe for staff to come back and assist R1. At 1:37 p.m. Surveyor observed CNA enter the room to assist R1. On 06/29/21 at 9:25 a.m., R1 was observed in bed with her breakfast tray on the side table. R1 was in a green colored gown that appeared to be her pajamas. Surveyor asked R1 if she was done with breakfast and if she was ready to get up for the day. R1 stated, What's the use, there isn't anyone to come and help me anyway. Surveyor asked R1 how she asks for help and R1 said she uses her call light but no one comes. Surveyor asked R1 if she had been helped yet this mornng with any cares and R1 said she had not. She said, They tilted my bed up so I could eat my breakfast, that is it. R1 stated she was still in her pajamas and had not been changed before breakfast. R1 stated she does have a catheter, but doesn't know why. Surveyor asked R1 if she would like someone to come in and help her and R1 stated, If I want to get help I ring, if they have anyone here to help. The other day there was only one person in the whole place. They come in and then they say they will be back and they leave and I don't get any help. R1 stated on the weekends there is never anyone around and she doesn't hear anyone out in the hallway. R1 said if you put your light on no one comes. When surveyor asked R1 how that made her feel, R1 stated, Neglected. Surveyor asked R1 if she was afraid she wouldn't get any help and R1 stated she felt neglected, I am not getting the care I should be. At 9:45 a.m., CNA F came into the room, lowered R1's bed and straightened R1's upper body, raised the upper half of the bed, and then left the room. CNA did not offer or ask R1 if she wanted to wash up, brush her teeth, get dressed or if she needed continence cares. 2. R4 was admitted to the facility on [DATE] with diagnoses of a recent stroke, Diabetes Mellitus and arthritis. R4's admission MDS documents a history of falls in the month prior to the admission. R4's Brief Interview for Mental Status (BIMS) score is 14, meaning R4 is alert and oriented and able to understand and answer questions accurately. R4's MDS documents R4 needs limited assist of one person physical assist for transfers. The ADL care plan in part, Activities of Daily Living: Self care deficit related to hemiplegia/hemiparesis following cerebrovascular infarct affecting left non-dominant side . 5. Morning/bedtime cares: Ind/mod for uppers and supervision for lowers 6. WALKING: limited assist of 1 for FWW, CNA to ambulate to/from bathroom Transfers: Supervision and assistance as needed. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 06/28/21 at 1:00 p.m., Surveyor interviewed R4 about cares and staffing. R4 stated he was so happy to be in this facility near his family but things have gotten so bad. R4 went on to describe the events of the past weekend. R4 indicated there was only 1 nurse and 1 CNA to care for over 50 people. R4 stated he observed several residents did not get out of bed for 2 days. R4 indicated he is to have assistance to walk to the bathroom but no one comes to help. R4 stated on the weekend he waited for one hour after the call light was put on, so he took himself to the bathroom. R4 stated he has continued to transfer, dress himself and ambulate without assistance so that he can get to the bathroom and get dressed. R4 indicated he is to be getting therapy but as of today therapy is canceled because all of the therapy workers have to work on the floor. R4 stated, I don't want to fall again, my knee gives out at times and down I go. No one will help me. Surveyor reviewed R4's ambulation documentation in the CNA tasks. The documentation was as follows: 5/11/21 - 7/6/21: Independently ambulated on: 6/28/21 at 16:23 6/29/21 at 10:19 All other fields checked as did not occur 3. R23's most recent MDS dated [DATE] documents R23 has a BIMS score of 15, meaning R23 can recall information and answer questions accurately. R23 needs supervision and oversight of one person for personal hygiene and ambulation. R23's care plan in part, ADL: BASELINE CARE PLAN: Self care deficit related to hypertensive heart disease with heart failure, pulmonary fibrosis, atrial fibrillation, PVD, OA, stress incontinence o In the next 3 months [R23] will maintain current level of functioning through next review. o 6. WALKING: Ambulate length of hallway (up to 175 ft) with 4ww and gait belt, limited assist. Requests w/c to follow at times. Ambulate to/from bathroom with FWW-supervision The CNA task list in part, Walk in corridor or walk in room has not occurred one time in June. The assignment is coded as 8 on most days or there are blanks for the month of June. The code 8 means the activity did not occur. On 07/01/21 at 9:30 a.m., Surveyor interviewed R23 about assistance with ambulation. R23 indicated there have been no staff to help get people out of bed and no one has time to help her walk. She is unable to safely walk alone. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	4. On 06/29/21 at 10:20a.m., Surveyor observed R2 lying in her bed fully clothed with the wheelchair by the side of the bed. There was a low bed rail on the top side of the bed and a fall mat on the floor. R2's feet were resting directly on the bed and had gripper socks on them. When Surveyor asked R2 how she had gotten into bed, R2 stated she had transferred self to bed because no one had answered her call light to assist her. Surveyor asked R2 what she does if she wants assistance. R2 stated she will put on the call light but has to wait over an hour. R2 stated, I put myself to bed. Who is going to do it? If I put on my call light no one comes. There are so few people here to help that there isn't anyone to do it. There is no one at times in the hallway so I have to get stuff for myself. Surveyor asked R2 if she was able to walk by herself. R2 stated she cannot walk and she was supposed to start therapy yesterday (Monday, 06/28/21) but there weren't any people to work, so therapy was cancelled so therapy staff could help residents. Surveyor asked R2 if she requires assistance for toileting. R2 stated, I can't walk, so I can't go to the bathroom myself. It is humiliating to have to go in my pants when I have to wait for over an hour for someone to answer my light. That's why I have to wear this pad. Surveyor asked R2 if anyone had assisted her this morning. R2 said she had gotten up for breakfast and was changed and ready to go to therapy. When asked if she had any assistance since breakfast, R2 stated no one had come in to assist her or to change her incontinence product. R2 stated she had waited, but no one came to assist her out of her wheelchair into her bed so she did it herself. She also stated no one had helped her to go to the bathroom or change her incontinent product. On 06/30/21 between 8:29 AM and 12:00 PM, R2 was in bed with no heelz up device, pillow edge/pillows for offloading or cradle in place as preventative devices for skin breakdown and no repositioning assist from staff. Resident has an ADL self-care performance deficit r/t cancer, hospice. Goal set by the facility for R2 was that R2 will have all ADLs and wants/needs met by staff assistance through the review date. Interventions for this POC included in part, Toilet Use: Max assist, incontinent of bowel and bladder. Check and change every 2 hours and PRN. On 06/30/21 between 8:29 AM and 12:00 PM, approximately 3 and 1/2 hours, R2 did not have any incontinence cares, or offers for toileting. 5. On 06/29/21 at 9:15 a.m., Surveyor observed 7 residents (R3, R8, R11, R12, R13, R14 and R34) sitting in wheelchairs in the aviary/nurses station area of the facility. At 9:25 a.m., Surveyor observed R3 in wheelchair by the nurses station at the entrance of the 400 hall. R3 was complaining of a sore throat and asking the other residents for an aspirin. There were no facility staff in the area and no one available to assist R3. At 10:10 a.m., CNA F entered the area but did not assist R3. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	At 10:10 a.m., Surveyor interviewed CNA F. Surveyor asked when R3, R8, R11, R12, R13, R14 and R34 had entered the nurses station/aviary area of the facility. CNA F stated, We wheeled the residents here from dining room after breakfast. Surveyor asked when the residents had been taken to the dining room for breakfast. CNA F stated, We got them up by 7:30 a.m. for breakfast and took all of them to the dining room and then wheeled them over here. Surveyor asked CNA F if any of the residents had been taken to their rooms for any cares after breakfast. CNA F stated they had not taken any of the residents to their rooms after breakfast, or provided any cares since before breakfast. Surveyor asked if any of the residents had been provided any repositioning since breakfast. CNA F said they had not. Residents had been sitting in their wheelchairs since before breakfast at 8:00 a.m. for over two hour without repositioning or cares being provided. Residents were not provided incontenent cares or repositioning since being gotten up by 7:30 a.m. and taken to the dining room for breakfast. After breakfast the residents were wheeled from the dining room to the nurses station/aviary area of the facility. At 10:15 a.m., CNA I pushed R8 to her room, left R8 in her wheelchair, placed a large white soft object on R8's lap, and placed R8's right arm on the object. CNA I then attached R8's call light to the wheelchair and exited the room. CNA I did not offload or reposition R8. R8's heels, covered in grippy socks were directly on the foot rests of the wheelchair, and had been throughout the morning hours. R8's care plan, initiated 2/24/21 indicates repositions every 2 hours and float heels. R8 is toally dependent upon staff. 10:15 R3 was still in wheelchair in the area, no cares provided, no offloading. At 10:20 a.m., Surveyor observed first R13 being pushed in her wheelchair towards the 100 hall. R13's Care Plan initiated 3/29/21 and revised on 6/30/21 indicates R13 requires assistance with mobility and repositioning every 2 hours and prn. R14 was wheeled from the area at aproximately 10:23 a.m. R14's care plan initiated 4/20/21 identifies R14 is at risk for impaired skin, dependent for toileting and should be checked and changed every 2 hours. Surveyor observed R11 and R12 being wheeled to dining room at 11:15 a.m. for the noon meal. Neither R11 or R12 had been provided incontinence cares, or repositioning since being wheeled to the dining room at 7:30 a.m. for breakfast and moved to the nurses station/aviary area after breakfast andthen back to thre dining room for the noon meal. R11's Care Plan intiated 02/26/21 identifies R11 as being at risk for impaired skin, extensive assist of 1. Reposition approximately every 2 hours and prn; frequently incontinent of urine, offer toileting before and after meals. R12's Care Plan initiated 2/15/21 and revised 5/14/21 identifies R12 is at risk for impaired skin; extensive assist of 1, reposition approximately every 2 hours and prn; toilet before and after meals and check and change approximately every 2 hours. 6. R9 was admitted to the facility on [DATE] with medical diagnoses that include but are not limited to Hemiplegia and Hemiparesis following Cerebral Infarction affecting his dominant (right) side, Unspecified Fracture of the Right Humerus, Chronic Obstructive Pulmonary Disease and Anxiety Disorder. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	R9 's most recently completed Minimum Data Set Assessment (MDSA) was a Quarterly assessment dated [DATE]. According to this assessment, R9 requires extensive assistance of one staff to meet his most basic daily tasks of bed mobility, transfers, personal hygiene, dressing and toilet use. He is non-ambulatory and has limited range of motion to his right side upper and lower extremities as a result of a stroke. This assessment also identifies R9 as being a risk for the development of PI's (Pressure Injuries.) R9's Care Plan (CP) dated 2/9/21 and last revised on 6/9/21 indicates the following problems: 1. Self-Care deficit Interventions that direct staff for this CP include: Pressure Relief: - Pressure relief mattress - Cushion in wheelchair - Float heels on Heels Up device - Prafo boot when up to right foot Repositioning: - Moderate assistance of 1 - Reposition approximately every two hours and as needed - Heels up device in bed On 6/30/21 at 8:12 AM, the Surveyor observed RN-X (Registered Nurse) conduct a skin sweep on R9. She removed the Heels-Up device from under R9's calves and then removed the slipper socks to reveal a dressing in place to R9's right heel. She stated the wound was healed and the dressing was for protective reasons. At 8:30 AM two staff entered R9's room to change his incontinent product and provide perineal cleansing. These were the Occupational Therapist-BB and the acting Nursing Home Administrator (NHA)- A. The Heels-up device was not placed under R9's calves at that time. At 8:35 AM, the two staff left R9's room after placing his meal tray on the over-the-bed table for him to eat. - 8:35 AM - 9:21 AM No staff entered R9's room to offer or attempt to place the Heels-up device or a cloth in his right inner elbow. - 9:21 AM, CNA-I entered R9's room to remove the meal tray. There were no offers to place the Heels-up device under his calves or to place a cloth in the right elbow space. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- 9:49 AM SW-D entered R9's room and placed a fresh pitcher of ice water on his table. There were no offers or attempts to place the Heels-up device under R9's calves at this time, nor was a cloth placed in his inner right elbow. He remained on his back with the head of bed up at 90 degrees. His heels were resting flat against the bed mattress and his right elbow remained flexed with skin-to-skin contact occurring with the wound. - 10:16 AM, Medication Technician (MT) - H entered R9's room to inform him that she was preparing his medications. She returned to his room at 10:19 M to administer medications. There was no repositioning, no heels-up device placed or a cloth placed to the right inner elbow at this time. - 10:56 AM SW-D entered R9's room to inform him of his discharge later that day. - 11:22 AM two housekeeping staff entered R9's room to box up his belongings in preparation for discharge. R9 remained on his back with no cloth applied to his inner right elbow, his heels were resting on top of the mattress with no Heels-up device placed underneath. - 11:54 AM The Surveyor approached RN-J who is also the facility wound nurse. The Surveyor explained the observation made of 3 hours 40 minutes in which R9 was left without the Heels-up device and the cloth within the right elbow. RN-J was asked what the expectations are for R9. RN-J stated that R9 was to absolutely have the Heels-Up device placed under his calves to prevent future breakdown. He had a wound on his heel that we healed up. He is high risk. The Heels-up should be placed under his calves whenever he is in bed so the heels float. - 12:12 PM RN-J repositioned R9 onto his left side. This extended observation of 3 hours 37 minutes increased the potential for R9 to develop a new wound on his heel as a result of the heels resting on the mattress, increasing the pressure load to his skin. The Heels-up device allows for the heels to float, thus no pressure is applied. This was not in place. 7. R10 was admitted to the facility on [DATE] with diagnoses that include, in part: .Alzheimer's Disease, Dementia in other diseases classified elsewhere with behavioral disturbances, Displaced Intertrochanteric Fracture left femur, Wedge Compression Fracture of T11-T12, Major Depressive Disorder, Other Cervical Disc Degeneration, Cerebrovascular Disease, Difficulty in Walking, Weakness, Muscle Weakness . Per R10's Plan of Care (POC); The resident has an ADL self-care performance deficit r/t Alzheimer's, weakness, impaired mobility, dementia w/behavioral disturbances, major depressive disorder, cervical disc degeneration, end of life care. Facility set goal The resident will have ADLs met by staff and will be able to participate as able through the review date. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Interventions for this POC included, in part: .Impaired Skin Risk: At risk fragile skin, extremely prone to skin tears and bruising, dermasavers to BLE and tubigrips to BUE, update nurse with any signs of skin breakdown, pressure relief: pressure relief mattress and cushion in w/c, heelz up, bed mobility: Assist 1-2 for repositioning and hygiene, 2 assist for boosting, reposition every 2 hours and PRN. Toilet Use: Check and change incontinence product, approx every2 hours and as needs. Has Foley cares BID with AM and PM care and PRN. On 06/30/21 at 8:40 AM, Surveyor observed R10 in bed. Tubigrips on BUE. Bilateral lower extremities had dermasavers on the. R10's right leg was off of pillow under lower legs and sitting directly on the blue heelz up device. Left lower positioned on pillow and heel was resting directly on the pillow. No offloading. Resident observed at 9:02 AM, 9:15 AM, 9:30 AM, and 9:45 AM I same position. On 06/30/21 at 10:10 AM Surveyor observed CNA CC performing AM cares on R10. R10 had tubigrips on BUE. Surveyor observed CNA CC rolling R10 onto left side to wash R10's back. Surveyor observed R10's back had creases in the skin and redness from lying in supine position. After CNA CC finished cares, CNA CC repositioned R10's lower extremities at 10:30 AM. CNA CC placed heelz up device under R10's knee and lower legs and put 2 pillows on top of the heelz up. Bilateral lower extremities had dermasavers on them for protection. R10 yelled when pillows were placed. CNA CC stated R10 never used to yell before. CNA CC stated she didn't like the way the positioning looked. CNA CC removed the heelz up device and placed 2 pillows side by side under R10's lower extremities. Surveyor asked what the expectation for positioning was. CNA CC stated she tries to make her as comfortable as possible and felt the pillows worked better. Surveyor asked CNA CC what was ordered for positioning. CNA CC stated the heelz up and pillows, but stated she just couldn't use the heelz up when the resident yelled out in pain with using it. CNA CC left R10 positioning with the 2 pillows under the lower extremities and the heels were directly on the pillows. Heels not offloaded. From 8:40 AM to 10:10 AM R10's heels not offloaded and from 10:30 AM till last observed at 12:00 PM, heels not offloaded.

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F 0684 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32267 Based on observations, interviews and record reviews, the facility failed to ensure 2 of 2 residents reviewed for skin ulceration (R9 and R1) received treatment and care per professional standards of practice to prevent reoccurrence and worsening skin ulcerations. R9 had a denuded area to the right inner elbow as a result of skin to skin contact. The facility failed to complete weekly wound assessments or measurements regarding the wound, resulting in the wound increasing in size and becoming wet, red and weepy. The facility failed to provide necessary interventions, monitoring, and care, for a resident who was identified to be at risk due to the presence of contractures. Care plan interventions were not followed resulting in the wound becoming larger, increasing the potential for infection. R1 has macerated area to her left lower back that was documented by the wound nurse as being healed on 6/22/21. On 06/30/21 a new area was noted on R1's right lower back and the left lower back maceration was reoccurring. The facility failed to identify, evaluate, and respond to a change in a resident's skin integrity of the lower back maceration or follow care plan interventions to ensure repositioning to prevent reoccurrence or new areas developing. This is evidenced by: 1. R9 was admitted to the facility on [DATE] with medical diagnoses that include but are not limited to Hemiplegia and Hemiparesis following Cerebral Infarction affecting his dominant (right) side, Unspecified Fracture of the Right Humerus, Chronic Obstructive Pulmonary Disease and Anxiety Disorder. R9's most recently completed Minimum Data Set Assessment (MDSA) was a Quarterly assessment dated [DATE]. According to this assessment, R9 requires extensive assistance of one staff to meet his most basic daily tasks of bed mobility, transfers, personal hygiene, dressing and toilet use. He is non-ambulatory and has limited range of motion to his right side upper and lower extremities as a result of a stroke. Surveyor reviewed wound records (Wound Tracking, Interdisciplinary Progress Notes and Skin Only Assessments) from 12/1/20 to present completed for R9 in order to determine onset and progression or healing of wounds and noted the following: Right Elbow crease (Antecubital space) denudation was noted on 3/21/21. The area was measured as being 4.0 cm length x 3.0 cm width. It was described as moisture-associated skin damage (MASD) related to the right arm contracture and was reoccurring. On this date, the entry indicates Area is improving and more pink now. This was first entry located regarding this wound. It is unknown what its appearance was prior to this or when it first appeared, as that documentation was not located. (continued on next page)

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F 0684 Level of Harm - Actual harm Residents Affected - Few	Note: MASD is the general term for inflammation or skin erosion caused by prolonged exposure to a source of moisture. Intertriginous dermatitis (ITD) results from sweat being trapped in skin folds with minimal air circulation. When the sweat is not able to evaporate, the skin becomes overly hydrated and macerated, facilitating friction damage that is often mirrored on both sides of the fold. This in turn leads to inflammation and denudation of the skin, making the area more prone to infection. Wound documentation is as follows: -3/21/21 4.0cm length x 3.0 width. Area improving and more pink now. -3/28/21 no weekly entries located. -4/4/21 no weekly entries located. Documentation entries for 4/11/21 mirrored the 03/21/21 documentation -4/18/21 no weekly entries located. Documentation entries for 4/25/21 mirrored the 03/21/21 documentation -4/27/21 the area was documented as being 3.0 cm length x 7.0 cm width and was documented as being caused by skin-to-skin contact. A soft cloth was placed to keep the area dry and to prevent intertriginous contact. - 5/4/21 no weekly entries located. - 5/9/21 mirrored the 03/21/21 documentation - 5/11/21 no weekly entries located. - 5/18/21 no weekly entries located. - For 5/23/21, mirrored the 03/21/21 documentation - 5/25/21 no weekly entries located. - 6/1/21 no weekly entries located. - 6/6/21 mirrored the 03/21/21 documentation - 6/8/21 no weekly entries located - 6/15/21 no weekly entries located. - 6/20/21 mirrored the 03/21/21 documentation - 6/22/21 no weekly entries located. (continued on next page)

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F 0684 Level of Harm - Actual harm Residents Affected - Few	On 06/30/21 at 8:30 AM Surveyor observed R9 in his room. R9 did not have a soft cloth in his right elbow crease. Two staff entered R9's to provide cares. - 9:21 AM, CNA-I entered R9's room to remove the meal tray. There were no offers to place a cloth in the right elbow space. - 9:49 AM SW-D entered R9's room and placed a fresh pitcher of ice water on his table. There were no offers or attempts to place a cloth in R9's inner right elbow. He remained on his back with the head of bed up at 90 degrees. R9's right elbow remained flexed with skin-to-skin contact occurring with the wound. - 10:16 AM, Medication Technician (MT) - H entered R9's room to inform him that she was preparing his medications. She returned to his room at 10:19 M to administer medications. There was no repositioning, or a cloth placed to the right inner elbow at this time. On 06/30/21, 11:54 AM the Surveyor approached RN-J, who is also the facility wound nurse, to ask about R9's elbow wound. RN-J stated, He is supposed to have a cloth in that space to prevent the skin to skin contact. In examining R9's arms, it was noted severe contracture at the elbow of his right arm. RN J attempted to open R9's right elbow. Upon opening the area slightly, a wet and weepy area was noted in the crevice. RN-X stated, It comes and goes, but this is the worst I have seen it. He is supposed to have a cloth in there to prevent the skin-to-skin contact. On 06/30/21 at 11:56 AM, RN-J measured the right inner elbow wound of R9. It was noted to be 5.5 cm length x 10.0 cm width, which is more than double the area compared to 04/27/21 when it was 3.0 x 7.0 cm.) It was wet, weepy and red. After examining the area, RN-X did not apply a cloth to the area. At 12:25 PM, the Surveyor interviewed CNA-I regarding care of R9. CNA-I stated as a result of a stroke, R9 is unable to use his right side, and his right arm was severely contracted. She stated R9 was to have a cloth in his right elbow to keep it dry or it will breakdown. There was no evidence that the right elbow area was assessed. There was no weekly wound documentation with measurements or documentation other than the 3/21/21 and 4/27/21 entries. Surveyor did not observe a soft cloth in the elbow area on 06/30/21. There was no evidence a soft cloth to keep the area dry and prevent skin to skin contact was used after being placed on 4/2721. RN X did not apply a soft dry cloth to the area after examining on 6/30/21 after stating there should be a cloth between the layers of skin to protect them. Skin to skin contact increases the progression of the wound from the accumulation of sweat and heat to the area. Lack of weekly assessments and measurements and lack of using a soft dry cloth to the area meant the wound continued to worsen. 2. R1 was admitted to the facility on [DATE]. Medical diagnoses for R1 include, but are not limited to Diabetes Mellitus Type 2, Neuropathy, Abnormal Posture, Dementia and Muscle Weakness. The most recent Minimum Data Set Assessment was an Annual assessment dated [DATE]. According to this assessment: - R1 requires extensive assistance of two staff to meet her most basic tasks of bed mobility, transfers and toileting. (continued on next page)

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F 0684 Level of Harm - Actual harm Residents Affected - Few	- R1 also requires extensive assistance of one staff for personal hygiene and dressing and is dependent on staff for bathing. She is non-ambulatory and uses an indwelling Foley catheter for her urinary function and is always incontinent of bowel function. - R1 has a BIMs (Brief Interview of Mental Status) score of 11/15, indicating a slight cognitive deficit. According to the Care Plan (CP) implemented for R1, dated 1/28/21 and last revised on 5/28/21, R1 had the following area of concern: 1. ADL: BASELINE CARE PLAN: Self-care deficit related to dementia, anxiety, reduced mobility. Interventions for this plan included: - Specialty mattress, ROHO cushion in wheelchair, Float heels - Repositioning: extensive assist of one staff, approximately every two hours and as needed, use a wedge cushion to keep resident on sides, and Heels up while in bed. Surveyor reviewed the wound documentation (Wound Tracking, Interdisciplinary Progress Notes and Skin Only Assessments) for R1 and the following was noted: - 1/24/21 R1 had Moisture Associated Skin Damage to the buttocks and coccyx regions. - 3/8/21 blisters appeared to R1's mid to lower back that measured 10.0 centimeters (cm) in length x 7.0 cm width. - 6/21/21, documentation stated skin normal pink in color no redness and no open areas. The most recent Braden assessment was dated 4/21/21 and scored R1 as 11. A score of 10-12 indicates a high risk for the development of a pressure injury (PI). On 06/28/21 at 1:05 p.m. Surveyor interviewed R1 asking about staffing and getting assistance with cares. R1 stated, I stay in bed a lot. I need help with my incontinence care. Surveyor asked if R1 uses the toilet. R1 stated, I want to use the bedpan for my bowel movements but they don't get here. I put my light on they come in turn it off and leave. Surveyor asked when the last time was R1 had been assisted with cares. R1 stated, About 8:00 a.m. or so, I have laid on my back like this since then, it has been really bad the last few days. Surveyor asked R1 to put on her call light to get help. After about 5 minutes Speech Therapy Pathologist P came and answered the call light, turned it off and said she would get a CNA to help R1. Surveyor continued to observe for staff to come back and assist R1. At 1:37 p.m. Surveyor observed CNA enter the room to assist R1. (continued on next page)

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F 0684 Level of Harm - Actual harm Residents Affected - Few	On 06/29/21 at 9:25 a.m., R1 was observed in bed with her breakfast tray on the side table. R1 was in a green colored gown that appeared to be her pajamas. R1 was on back with head of bed elevated about 90 degrees. There was no wedge cushion noted in the bed and R1's heels were not floated. Surveyor asked R1 if she was done with breakfast and if she was ready to get up for the day. R1 stated, What's the use, there isn't anyone to come and help me anyway. Surveyor asked R1 how she asks for help and R1 said she uses her call light but no one comes. Surveyor asked R1 if she had been helped yet this morning with any cares and R1 said she had not. She said, They tilted my bed up so I could eat my breakfast, that is it. R1 stated she was still in her pajamas and had not been changed since before breakfast. R1 stated she does have a catheter, but doesn't know why. Surveyor asked R1 if she would like someone to come in and help her and R1 stated, If I want to get help I ring, if they have anyone here to help. The other day there was only one person in the whole place. They come in and then they say they will be back and they leave and I don't get any help. R1 stated on the weekends there is never anyone around and she doesn't hear anyone out in the hallway. R1 said if you put your light on no one comes. When surveyor asked R1 how that made her feel, R1 stated, Neglected. Surveyor asked R1 if she was afraid she wouldn't get any help and R1 stated she felt neglected, I am not getting the care I should be. At 9:45 a.m., CNA F came into the room, lowered R1's bed and straightened R1's upper body, raised the upper half of the bed, and then left the room. On 6/30/21, the following observation was made by Surveyor: - 8:10 AM: R1 was positioned in bed on her back with the head of the bed elevated to 90 degrees. There was an over-the-bed table in front of her with her morning meal. Her legs were resting on a pillow or pad of a sort under the sheet. - 9:16 AM, C.N.A- I (Certified Nursing Assistant) entered R1's room and removed the meal tray from her table. There was no repositioning done at this time. The head of the bed remained at 90 degrees and the over-the-bed table remained in front of R1. - 12:15 PM: R1 remained as noted above with no staff entering her room to attempt or offer repositioning. At this time, the Surveyor approached RN- J (Registered Nurse), who is also the Wound Nurse, and informed her of the observation above. RN-J and the Surveyor entered R1's room for repositioning. Upon uncovering R1's legs it was noted that her heels were resting on top of the Heels-up device and not floating and her legs were edematous. The Surveyor then asked RN-J what the expectation is. RN-J stated Her heels should be floating to relieve pressure so that she doesn't develop a wound. She should be repositioned off of her back and side to side as she can tolerate because of the rash and her high risk for developing a PI. She used to have one on her bottom RN-J then rolled R1 onto her right side to observe her skin. R1's back was very red with a dark red to purple raised, shiny and wet rash on both sides of her lower back. There was a greenish drainage on the white linens underneath the resident that measured approximately 3 inches in length x 4 inches wide. The wounds were weepy and inflamed. There was scar tissue also noted on R1's buttocks, but no open areas. (continued on next page)

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F 0684 Level of Harm - Actual harm Residents Affected - Few	RN-J stated that R1 had a history of a PI to her buttocks leaving the scar tissue. She also stated the area to R1's back had been nearly healed and now, it appeared severe again with new development to the right side. When asked if laying on the area may have worsened the back wounds, RN-J stated, I am not sure but I would say the potential is there because of the heat and moisture. She should be on her side as much as she will allow or tolerate. RN-J then measured the existing maceration to R1's back and noted the following: Left middle to lower back: 10.5 cm length x 8.0 cm width Right middle to lower back: 3.0 cm length x 5.0 cm width Lack of repositioning observed 06/28, 06/29 and for over 4 hours on 06/30/21 increased the potential for R1 to develop skin breakdown and created the potential for the wounds on her back to resurface. At 12:25 PM, the Surveyor approached CNA-I and asked what the care needs of R1 were. CNA-I stated that R1 was to be repositioned off her back every two hours. There is only me down there and one floating and I'm going crazy. We need more CNAs. 400 Hall is a difficult hall with the high level of cares and number of mechanical lifts. I always need to go and find people when I need to transfer a resident with a lift. It's so hard. It opens residents up for dignity issues, declines in function and increased incontinence. I won't skimp on resident cares because of no help. Unfortunately, with only me down there, cares are delayed and I can't get to residents in the required time frames they need.

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 17661 Based on observations, interviews and record reviews, the facility failed to ensure 5 of 7 residents(R) (R9, R1, R2, R10, R7) reviewed for the risk of Pressure Injury development received care consistent with professional standards of practice and the comprehensive assessment and care plan to prevent pressure injuries (PI) from developing or reoccurring. R9 had a history of a recently healed PI to his right heel and was to have a heel floating device in place while in bed to prevent the heels from rubbing onto the bed mattress. R9 was observed and was not repositioned in bed and his heels were not placed on the device per standards of practice creating a potential for additional and recurring pressure injuries. R1's heels were to be floating when in bed to prevent pressure as a result of resting on the mattress. This was not done. Facility failed to promote prevention of pressure associated injuries. R2 is high risk for development of Pressure Injuries (PI) and/or impaired skin integrity. R2 is to be repositioned every 2 hours, use of heelz up device, and wedge pillow/pillows to offload. R2 is incontinent and requires checking and changing every 2 hours and PRN. An observation was made on 06/30/21, in which this was not completed by staff for a time period of 3 hours and 31 minutes. R10 is high risk for development of Pressure Injuries (PI) and/or impaired skin integrity. R10 is to be repositioned every 2 hours, use of bilateral dermasavers to BLE, and Tubigrips to BUE. Surveyor observed R10 not repositioned every two hours and heels not elevated to prevent pressure. R7 has a pressure injury to right heel. R7 is to have pressure relieving device: PRAFO to right foot: heelz up device, egg crate mattress, ROHO, and heels to be floated on pillow when up in wheelchair, repositioning every 2 hours and PRN. Pressure injuries worsened. R7 observed in bed with no offloading of heels. This is evidenced by: 1. R9 was admitted to the facility on [DATE] with medical diagnoses that include but are not limited to Hemiplegia and Hemiparesis following Cerebral Infarction affecting his dominant (right) side, Unspecified Fracture of the Right Humerus, Chronic Obstructive Pulmonary Disease and Anxiety Disorder. R9 's most recently completed Minimum Data Set Assessment (MDSA) was a Quarterly assessment dated [DATE]. According to this assessment, R9 requires extensive assistance of one staff to meet his most basic daily tasks of bed mobility, transfers, personal hygiene, dressing and toilet use. He is non-ambulatory and has limited range of motion to his right side upper and lower extremities as a result of a stroke. This assessment also identifies R9 as being a risk for the development of PI's (Pressure Injuries.) (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Surveyor reviewed wound records (Wound Tracking, Interdisciplinary Progress Notes and Skin Only Assessments) from 12/1/20 to present completed for R9 in order to determine onset and progression or healing of wounds and noted the following: R9's Care Plan (CP) dated 2/9/21 and last revised on 6/9/21 indicates the following problems: 1. Self-Care deficit Interventions that direct staff for this CP include: Pressure Relief: - Pressure relief mattress - Cushion in wheelchair - Float heels on Heels Up device - Prafo boot when up to right foot Repositioning: - Moderate assistance of 1 - Reposition approximately every two hours and as needed - Heels up device in bed 1. Potential for impaired skin integrity (dated 2/5/21 and last revised 6/9/21) Interventions for this plan of care included: - To see Self Care Deficit plan for pressure relief and repositioning Right heel Stage II PI noted on 12/1/20 that measured 4.0 cm (centimeters) length x 6.2 cm width with a moderate amount of serous drainage. Aquacel AG (silver) was ordered and an appointment with Walk About Foot Clinic was made as the facility felt the right leg brace was a cause. This wound healed over on 2/9/21. On 6/30/21 at 8:12 AM, the Surveyor observed RN-X (Registered Nurse) conduct a skin sweep on R9. She removed the Heels-Up device from under R9's calves and then removed the slipper socks to reveal a dressing in place to R9's right heel. She stated the wound was healed and the dressing was for protective reasons. On 06/30/21 at 8:30 AM two staff entered R9's room to change his incontinent product and provide perineal cleansing. These were the Occupational Therapist-BB and the acting Nursing Home Administrator (NHA)- A. Surveyor observed R9's incontinence brief was saturated with urine. R9's groin and buttocks contained dark red breakdown from the inner groin and extending to his buttocks on both sides. The Heels-up device was not placed under R9's calves at that time. At 8:35 AM, the two staff left R9's room after placing his meal tray on the over-the-bed table for him to eat. The Surveyor continued to observe R9 and noted the following: (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- 8:35 AM - 9:21 AM No staff entered R9's room to offer or attempt to place the Heels-up device. - 9:21 AM, CNA-I entered R9's room to remove the meal tray. There were no offers to place the Heels-up device under his calves. - 9:49 AM SW-D entered R9's room and placed a fresh pitcher of ice water on his table. There were no offers or attempts to place the Heels-up device under R9's calves at this time. He remained on his back with the head of bed up at 90 degrees. His heels were resting flat against the bed mattress. - 10:16 AM, Medication Technician (MT) - H entered R9's room to inform him that she was preparing his medications. She returned to his room at 10:19 M to administer medications. There was no repositioning, no heels-up device placed. - 10:56 AM SW-D entered R9's room to inform him of his discharge later that day. - 11:22 AM two housekeeping staff entered R9's room to box up his belongings in preparation for discharge. The Heels-up device was placed near his doorway on top of the wheelchair. R9 remained on his back with his heels resting on top of the mattress with no Heels-up device placed underneath. - 11:54 AM The Surveyor approached RN-J who is also the facility wound nurse. The Surveyor explained the observation made of 3 hours 40 minutes in which R9 was left without the Heels-up device RN-J was asked what the expectations are for R9. RN-J stated that R9 was to absolutely have the Heels-Up device placed under his calves to prevent future breakdown. He had a wound on his heel that we healed up. He is high risk. The Heels-up should be placed under his calves whenever he is in bed so the heels float. When asked what the purpose of the Heels-up device was, RN-J stated, It offloads pressure, especially him. He is very susceptible to breakdown. RN-J then removed the slipper sock to R9's right foot to reveal the dressing in place. She then removed the dressing and there were no open areas noted but the heel was dark pink in color. At 12:12 PM RN-J then repositioned R9 onto his left side. R9 was not repositioned off his buttocks, increasing the risk for the development of wounds to his coccyx, sacrum and posterior thighs. At 12:25 PM, the Surveyor interviewed CNA-I regarding care of R9. CNA-I stated R9 was to be repositioned every two hours. She also stated R9 was to use the Heels-up device at all times when in bed because of his high risk to develop a pressure area to his heels. 2. R1 was admitted to the facility on [DATE]. Medical diagnoses for R1 include, but are not limited to Diabetes Mellitus Type 2, Neuropathy, Abnormal Posture, Dementia and Muscle Weakness. (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The most recent Minimum Data Set Assessment was an Annual assessment dated [DATE]. According to this assessment: - R1 requires extensive assistance of two staff to meet her most basic tasks of bed mobility, transfers and toileting. - R1 also requires extensive assistance of one staff for personal hygiene and dressing and is dependent on staff for bathing. She is non-ambulatory and uses an indwelling Foley catheter for her urinary function and is always incontinent of bowel function. - R1 has a BIMs (Brief Interview of Mental Status) score of 11/15, indicating a slight cognitive deficit. This assessment scored R1 as being a risk for PI development and the facility implemented a pressure relieving device for the chair and bed, as well as a repositioning program. According to the Care Plan (CP) implemented for R1, dated 1/28/21 and last revised on 5/28/21, R1 had the following area of concern: 1. ADL: BASELINE CARE PLAN: Self-care deficit related to dementia, anxiety, reduced mobility. Interventions for this plan included: - Specialty mattress, ROHO cushion in wheelchair, Float heels - Repositioning: extensive assist of one staff, approximately every two hours and as needed, use a wedge cushion to keep resident on sides, and Heels up while in bed. Note: A Heels-Up device is a special cushion placed under an individual's calves in order to allow floating of the heels. - Toileting: Check and change approximately every two hours and as needed. On 6/30/21, the following observation was made by Surveyor: - 8:10 AM: R1 was positioned in bed on her back with the head of the bed elevated to 90 degrees. There was an over-the-bed table in front of her with her morning meal. Her legs were resting on a pillow or pad of a sort under the sheet. - 9:16 AM, C.N.A- I (Certified Nursing Assistant) entered R1's room and removed the meal tray from her table. There was no repositioning done at this time. The head of the bed remained at 90 degrees and the over-the-bed table remained in front of R1. - 12:15 PM: R1 remained as noted above with no staff entering her room to attempt or offer repositioning. At this time, the Surveyor approached RN- J (Registered Nurse) who is also the Wound Nurse and informed her of the observation above. (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	RN-J and the Surveyor entered R1's room for repositioning. Upon uncovering R1's leg's it was noted that her heels were resting on top of the Heels-up device and not floating and her legs were edematous. The Surveyor then asked RN-J what the expectation is. RN-J stated Her heels should be floating to relieve pressure so that she doesn't develop a wound. She should be repositioned off of her back and side to side as she can tolerate because of the rash and her high risk for developing a PI. She used to have one on her bottom This time period of 4 hours 5 minutes increased the potential for R1 to develop skin breakdown. On 7/13/21, the facility Policy and Procedure for Repositioning was reviewed and noted that the facility utilizes a policy from a policy book titled Nursing Services Policy and Procedure Manual for Long-Term Care (C) 2001 MED-PASS, Inc. (Revised May 2013). Although it is acceptable to use these manuals for facility policies, the facility needs to make it their own by individualizing the policy to meet the needs of the facility. The policy as presented to the Surveyor, did not include an implementation date, a review date, the signature of the individual that completed the review, or revision dates, if warranted. The Surveyor then requested evidence that the facility Medical Director had completed a review of this policy. There was no evidence presented. The acting Director of Nursing (DON) stated that he would submit these documents to the Medical Director for her review. On 7/14/21 at 7:40 AM, the acting DON approached the Surveyor and presented a form for the facilities use of the Med-Pass Policy and Procedure Manual approval by the Medical Director through the date of 12/31/2021. This was signed by the Medical Director, the Nursing Home Administrator and the acting DON, however it does not indicate the date these signatures were obtained. The acting DON stated to the Surveyor that the form was completed on this date (7/14/21) and they received it electronically from the Medical Director this morning with her signature. 41945 3. R2 was admitted to the facility 3/26/21 with medical diagnoses that include but are not limited to, Malignant Neoplasm of the Vulva and Thyroid Gland, Weakness, History of Falls, Functional and Urge Urinary Incontinence, Paraneoplastic Neuromyopathy and Neuropathy, Hypokalemia, Hypomagnesemia, Adult Failure to Thrive, Severe Protein-Calorie Malnutrition, and Iron Deficiency Anemia. According to the most recent Minimum Data Set Assessment (MDS) completed for R2, which was a Significant Change in Status assessment dated [DATE] related to R2 enrolling in Hospice Services, R2 requires extensive assistance of two staff to meet her most basic daily tasks of bed mobility, dressing and toilet use. She requires extensive assistance of one staff to meet tasks such as transfers and personal hygiene. She is non-ambulatory and frequently incontinent of bowel and bladder function. The facility conducted a Brief Interview of Mental Status (BIMS), which scores the individual's cognitive function, and scored R2 as 9/15, indicating moderate impairment. (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The Surveyor conducted a brief record review of R2 and noted the following Care Plans (CP) included in R2's plan of care (POC), 4/22/21: The resident has potential for pressure ulcer development and/or impaired skin integrity r/t (related to) non-ambulatory, incontinent, malignant neoplasm of vulva and thyroid: cancer lesions, opioid med use, refusals to reposition. No goal was set by the facility for R2's skin condition. Included in the interventions for this POC is to Reposition every 2 hours. The POS states, Pressure device-heelz up device, wedge pillow/pillows. Surveyor reviewed Skin/Wound Notes. Note dated 06/15/21 states, in part: .Writer and MD assessed areas to left great toe and left 2nd toe. MD states areas are ischemic ulcers. Great toe: 0.5cm x 0.5cm. Area purple and dry. Surrounding area pink and blanchable. 2nd left tip of toe: 0.3cm x 0.3cm Area light scattered maroon. Area blanchable. Surrounding area pink and blanchable. To continue treatment per MD orders. Foot cradle. Heelz up device in bed . Skin/Wound Note dated 06/22/21 states, in part: .Resident continues with ischemic ulcer to left great toe: 0.5cm x 0.5cm. Area dark purple and dry. Center pus filled: 0.3cm x 0.3cm. Area opened with gentle cleansing. Skin underneath granulation. Surrounding area pink and blanchable. 2nd left tip of toe: 0.3cm x 0.3cm. Area light scattered maroon. Area blanchable. Surrounding area pink and blanchable. Foot cradle to bed, resident kicks foot cradle out at times. Heelz up device in bed . On 06/30/21 at 10:00 AM, Surveyor observed Registered Nurse (RN) L perform dressing change on R2's left great toe. RN L removed the band aid that was on the left great toe. RN L cleansed the toe with normal saline. RN L measured the left great toe ischemic ulcer. Top of toe very red measuring 2cm x 2cm. The tip of toe had pus filled center measuring 0.4cm x 0.4cm R2 stated the toes are painful to the touch and her foot always feels like it is waking up. RN L did not respond to or note R2's statement regarding her foot. The left 2nd toe area measured 0.7cm x 0.5cm. The measured area had a red border with white center. Skin surrounding area dry and flaky. Surveyor asked what the expectations are with treatment. RN l stated that it just gets the normal saline treatment on the great toe. RN L stated she did not know there was an area on the second left toe. Surveyor asked RN L if there were any preventative measures in place. RN L stated just the band aid and booties on her feet. Surveyor observed RN replacing R2's gripper socks onto R2's feet and covering her feet with the blankets. R2 had no cradle, no heelz up device, pillow wedge/pillows for offloading in place. Measurements for left great toe and 2nd left toe had increased in size since the last skin/wound note from 06/22/21. On 06/29/21 at 10:20a.m., Surveyor observed R2 lying in her bed fully clothed with the wheelchair by the side of the bed. There was a low bed rail on the top side of the bed and a fall mat on the floor. R2's feet were resting directly on the bed and had gripper socks on them. On 06/30/21 between 8:29 AM and 12:00 PM, R2 was in bed with no heelz up device, pillow edge/pillows for offloading or cradle in place as preventative devices for skin breakdown and no repositioning assist from staff. (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	4. R10 was admitted to the facility on [DATE] with diagnoses that include, in part: .Alzheimer's Disease, Dementia in other diseases classified elsewhere with behavioral disturbances, Displaced Intertrochanteric Fracture left femur, Wedge Compression Fracture of T11-T12, Major Depressive Disorder, Other Cervical Disc Degeneration, Cerebrovascular Disease, Difficulty in Walking, Weakness, Muscle Weakness . The facility completed a quarterly MDS (Minimum Data Set) assessment for R10 on 02/02/21 with the following data noted: *always able to make self understood and usually able to understand others. *BIMS (brief interview for mental status) was an 8 out of 15 indicative of moderate cognitive deficits. *frequently incontinent of bladder and bowel *had no pain. The facility completed a significant change in status MDS assessment for R10 on 05/03/21 and noted the following declines: *decline in ability to make self understood. *decline in BIMS or cognitive function to 5 out of 15, indicative of severe cognitive deficits *decline in transfers. R10 was bedrest and did not transfer. *decline in ability to move about in room and outside of room. R10 was bedrest and did not move about. *reported frequent moderate pain that affected sleep and day to day activities. Surveyor conducted a review of R10's POC. The POC dated 01/14/21 stated: The resident has potential for impairment to skin integrity r/t fragile skin, impaired safety awareness, impaired mobility, weakness, incontinence, end of life care, intertrochanteric fx of left femur and compression fx to T11-T12. Facility set goal The resident will be free from skin breakdown r/t decreased mobility, and/or incontinence. Interventions included in the POC stated, in part: .The resident needs to apply protective garments to BLE. Pressure relief: pressure relief mattress and cushion in w/c, heelz up. Tubigrips to BUE. If skin tear or bruising occurs, assess for severity, depth, size, pain/discomfort and document. (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The resident has an ADL self-care performance deficit r/t Alzheimer's, weakness, impaired mobility, dementia w/behavioral disturbances, major depressive disorder, cervical disc degeneration, end of life care. Facility set goal The resident will have ADLs met by staff and will be able to participate as able through the review date. Interventions for this POC included, in part: .Impaired Skin Risk: At risk fragile skin, extremely prone to skin tears and bruising, dermasavers to BLE and tubigrips to BUE, update nurse with any signs of skin breakdown, pressure relief: pressure relief mattress and cushion in w/c, heelz up, bed mobility: Assist 1-2 for repositioning and hygiene, 2 assist for boosting, reposition every 2 hours and PRN. Toilet Use: Check and change incontinence product, approx every 2 hours and as needs. Has Foley cares BID with AM and PM care and PRN. On 06/28/21, during the initial tour, Surveyor observed R10 at 12:40 p.m., lying in bed with the head of the bed elevated at 45 degrees. R10 was on her back, with a pillow under her legs. The pillow was not positioned to prevent the heels from having direct contact with the mattress. Surveyor continued to observe R10 in this same position until 2:50 p.m. when Certified Nursing Assistant (CNA) F and CNA O came to assist R10 with cares. Surveyor asked CNA F to check R10's heel placement. Surveyor asked if the heels were directly on the mattress. CNA F said, Yes they are touching the mattress, she should have a heelz up pillow. This pillow is in the wrong place. Surveyor observed R10's back to be a darker pink in several areas, along with several indentations of her skin from lying on the blankets. CNA F touched the darker areas on R10's back; the areas were blanchable. On 06/30/21 at 8:40 AM, Surveyor observed R10 in bed. Tubigrips on BUE. Bilateral lower extremities had dermasavers on R10's right leg was off of the pillow under lower legs and sitting directly on the blue heelz up device. Left lower positioned on pillow and heel was resting directly on the pillow. No offloading. Resident observed at 9:02 a.m through 10:10 a.m.in same position. On 06/30/21 at 10:10 AM Surveyor observed CNA CC performing cares for R10. R10 had tubigrips on BUE. Surveyor observed CNA CC rolling R10 onto left side to wash R10's back. Surveyor observed R10's back had creases in the skin and redness from lying in supine position. After CNA CC finished cares, CNA CC repositioned R10's lower extremities at 10:30 a.m. CNA CC placed heelz up device under R10's knee and lower legs and put 2 pillows on top of the heelz up. Bilateral lower extremities had dermasavers on them for protection. R10 yelled when pillows were placed. CNA CC stated R10 never used to yell before. CNA CC stated she didn't like the way the positioning looked. CNA CC removed the heelz up device and placed 2 pillows side by side under R10's lower extremities. Surveyor asked what the expectation for positioning was. CNA CC stated she tries to make her as comfortable as possible and felt the pillows worked better. Surveyor asked CNA CC what was ordered for positioning. CNA CC stated the heelz up and pillows, but stated she just couldn't use the heelz up when the resident yelled out in pain with using it. CNA CC left R10 position with the 2 pillows under the lower extremities and the heels were directly on the pillows. Heels were not offloaded. (continued on next page)

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	525678	A. Building B. Wing	07/14/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Minocqua Health and Rehab	9969 Old Hwy 70 Rd Minocqua, WI 54548

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	From 8:40 a.m. to 10:10 a.m. R10's heels were not offloaded and from 10:30 a.m. till last observed at 12:00 p.m., heels not offloaded. 5. R7 was admitted to the facility on [DATE] with diagnoses which include, in part: .Other Arterial Embolism and Thrombosis of Abdominal Aorta, Paraplegia-incomplete, Muscle weakness, Pressure Ulcer of Sacral Region, Changes in skin texture, Chronic Embolism and Thrombosis of Other Specified Veins, Spontaneous Ecchymosis . Surveyor reviewed R7's Plan of Care dated 05/06/21: The resident has pressure ulcer to right heel r/t decreased mobility, admitted with. Facility set goal The resident's pressure ulcer will show signs of healing and remain free from infection by/through review date. Interventions included, in part: .Pressure reducing device: PRFO to right foot: refuses to wear most of the time, heelz up device, egg crate mattress, ROHO. Repositioning: heelz up device in bed PRAFO device when up. Weekly treatment documentation, to include measurement of each area of skin breakdown's width, length, depth, type of tissue, and exudate . Surveyor reviewed Skin/Wound Note dated 06/15/21. Note stated resident readmitted with DTI to right lateral foot: Area Healed. Resident had pressure ulcer to right lateral foot (5th metatarsal) and area continues healed. Resident has right plantar heel ulcer. Stage 1. 2.5cm x 1.5 cm. Area pink and non-blanchable. Center area 1.0cm x 1.0cm Dry eschar-100%. Denies pain. No s/sx infection. Resident has abrasion to lateral right great toe: 0.5cm x 0.2cm. Area dry and scabbed. No drainage. Surrounding area pink. Continue heelz up device. Arginaid BID. Skin/Wound Note date 06/22/21. Resident readmitted with DTI to right lateral foot: 1.5cm x 0.6cm. Area deep purple and non-blanchable. Surrounding area pink. Unstageable pressure ulcer to right later foot (5th metatarsal): area healed. Resident has right plantar heel pressure ulcer: Stage 1: 2.5cm x 1.5cm. Area pink and non-blanchable. Center area 1.8cm x 1.3cm. Dry eschar 100%. Denies pain. No s/sx infection. Resident has abrasion to right great toe: 0.5cm x 0.3cm. Area dry and scabbed. No drainage. Surrounding area pink. Continues with heelz up device. Arginaid BID. Surveyor observed R7 on 06/29/21 at 10:50 a.m. R7 was lying in bed on his left side facing the doorway. R7 had blanket over the middle part of his body. His feet were showing. R7 had a blue grippy sock on his right foot. The left foot was bare. Surveyor asked R7 what the blue covered cushion on his bed was for. R7 stated, That is for me to keep my feet on so my foot gets better. Surveyor asked R7 if he was supposed to be using it while lying in bed, to which R7 replied, Yes. When asked why R7 wasn't using, R7 replied, Sometimes I don't do what they tell me. At 9:35 a.m. on 6/30/21 Surveyor observed RN L perform dressing change and measure wound areas. Right lateral foot: 2cm x 1.25cm Area dark purple. In the dark purple area an open red area noted measuring 1cm x 0.5cm. Right great toe 1cm x 0.5cm dry and scabbed. Area around is pink. Right plantar heel: Dark purple outer ring measures 5cm x 6cm. Inner purple area measures 2.25cm x 2.5cm. Middle center area has a white dried slough appearance in the center. Heel is boggy except for top of the outer purple ring. (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Treatment performed as per order. RN L place the heelz up device, but R7's bilateral heels were resting on the mattress of the bed. Based on measurements taken 06/30/21 at 9:35 a.m., right plantar heel, right great toe, and right lateral foot have worsened and increased in size. Surveyor asked RN L what her assessment was as to staging/classification of wounds. RN L stated she really didn't know. RN L looked in medical record and stated the right heel is documented as a Pressure Ulcer Stage I and the right lateral foot is documented as a DTI. 0n 06/30/21 Surveyor observed from 8:27 a.m. to 8:49 a.m., and 10:00 a.m. to 11:38 a.m. R7's heels were not offloaded.

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F 0688 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31088 Based on observation, interview and record review, the facility did not ensure residents received appropriate treatments and services to increase or maintain range of motion and/or prevent further decline or that residents with limited mobility received appropriate services, equipment, and assistance to maintain or improve mobility. This occurred for 6 of 8 (R27, R3, R11, R6, R29, And R30) residents reviewed for range of motion R27 needs extensive assist of 1 with transfers and ambulation. R27 has not received the scheduled ambulation and restorative services resulting in decreased ability to ambulate and decreased range of motion in R27's knee joints. R3 needs extensive assist of one for ambulation and restorative dressing and grooming care. R3 has not received these services as instructed. R11 needs extensive assist of one person for the restorative walking program and restorative dressing and grooming. R11 has not received these services. R6 needs extensive assistance of one for ambulation. R6 did not receive her restorative ambulation program or restorative dressing and grooming services. R29 needs extensive assistance of one person for ambulation. R29 did not receive the restorative ambulation services or restorative dressing and grooming services as scheduled. R30 needs extensive assistance of one for ambulation and personal hygiene. R30 did not receive restorative dressing/grooming program or the restorative walking program services as scheduled. R27 is being cited at severity level 3 (actual harm). This is evidenced by: R27 was admitted on [DATE] with diagnoses in part: Emphysema, Diabetes Mellitus, and weakness. R27's most recent quarterly MDS dated [DATE] documents R27 has a Brief Interview for Mental Status score of 15. This means R27 is alert and oriented and able to answer questions accurately. The MDS indicates R27 needs 1 person physical assistance to walk in the room or corridor. The frequency with which walking occurred in the look back period was 1 - 2 times. The MDS documents no functional limitations in range of motion. R27's care plan in part, The resident has potential for decreased ROM to upper extremities and lower extremities The resident will participate in theraband home exercise program at least 15 minutes, 6-7 days per week. (continued on next page)

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F 0688 Level of Harm - Actual harm Residents Affected - Few	The resident will participate in ambulation program at least 15 minutes, 6-7 days per week. Review program quarterly, annually, with sig changes, and prn Update RN with any concerns with program NURSING REHAB/RESTORATIVE: ACTIVE ROM Program #1 Green theraband with both right arm and left arm #1-6 exercises, 2 sets of 10 each one (sheet in room) NURSING REHAB/RESTORATIVE: Walking Program #1 amb 100-120 feet 2-3x daily using 2ww [wheeled walker] with limited assist, w/c to follow. Walking: only with therapy 06/30/2021 (This entry was made after Surveyor interviewed about restorative/ambulation programs.) Walking: limited assist of 1 with FWW [front wheeled walker], to and from bathroom, ambulate with CNA in hall 100-120 ft 1/25/2021 [RN J] Walking: limited assist of 1 with FWW, ambulate with CNA in hall 100 ft 1/21/2021 Surveyor interviewed R27 on 06/30/21 at 10:35 a.m. to ask how cares were going for him. R27 expressed concerns with not walking anymore. Surveyor asked how long since R27 had walked. R27 said, It's been months, there is no one to walk with me, they won't let me walk alone. Surveyor asked if R27 has noticed any changes since not walking. R27 stated, My legs are getting weak, it's harder to stand up. If they walked me every day I'd be strong so I could go home. Surveyor reviewed the restorative documentation for the past 3 months. Each month has several blanks for the assigned tasks above. For the month of June the walking progrm of 100-120 feet 2-3x daily did not occur at any time. On 07/01/21 at 8:00 a.m., Surveyor interviewed Physical Therapy Assistant (PTA) M to ask if physical therapy had worked with R27. PTA M said in the past R27 was in therapy and then put on an ambulation and restorative program. Surveyor asked if R27 is currently getting those services PTA M stated, That has not been happening; there is not staff here to have the time. Surveyor interviewed Licensed Practical Nurse (LPN) R at 8:05 a.m. to ask about R27's walking and restorative programs. LPN R indicated R27 has not been walking or getting exercises because of the short staffing situation. Surveyor asked if LPN R has noticed a change in R27's mobility. LPN R stated, He is so stiff now, his ability to move and transfer has decreased. On 07/01/21 at 8:30 a.m., Surveyor interviewed Certified Nursing Assistant (CNA) I to ask about the restorative programs. CNA I stated, The programs have not been done in approximately 6 months since this staffing shortage started. I was the restorative aide and I have not been able to do it. Surveyor asked if CNA I had noticed any changes in R27's mobility or transfers in the past few months. CNA I stated, Yes, he is weaker, it is harder for him to stand and even do a pivot transfer. He is unable to stand up straight. (continued on next page)

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F 0688 Level of Harm - Actual harm Residents Affected - Few	On 07/01/21, at 8:45 a.m., Surveyor observed Physical Therapy Assistant (PTA) M and CNA I assist R27 to ambulate. PTA M used a gait belt and walker. PTA M encouraged and cued R27 to stand up. R27 was unable to do so without assist from PTA M. R27 stood up but remained in a hunched position, with his knees bent. PTA M asked R27 if he could stand up straight. R27 said that was as straight as he could get. Surveyor asked PTA M if that was a change in R27's range of motion. PTA M said, Yes this is a change. He can no longer straighten his knee joints. PTA M had R27 start to walk down the hall. After 25 feet R27 said, I have to sit down. Surveyor asked PTA M if this has changed since PTA M had walked R27 before. PTA M pointed to the fire doors and down the hall indicating that is how far R27 would ambulate in the past. Surveyor asked how many feet that would be. PTA M stated, He would walk 125-150 feet. This is a notable decline in his ambulation ability. 2. R3's most recent quarterly MDS documents R3 needs extensive assistance with walking and personal hygiene. R3's care plan states in part, ADL: BASELINE CARE PLAN: Self care deficit related to dementia, ASHD, depressive disorder, type 2 diabetes In the next 3 months [R3] will continue to participate in ADLs and mobility through next review. 6. WALKING: limited assist of 1 with FWW, ambulate in hallway 60 feet, ambulate to/from bathroom as tolerates. The Certified Nursing Assistant task lists: Restorative dressing/grooming to be done twice daily and walking to be done twice daily. Surveyor reviewed the past month of R3's restorative services that were provided. R3 did not receive the dressing and grooming 28 times. R3 received the restorative walking program one time in the past month. On 23 of these occasions the code 97 is used. This code means not applicable per the documentation instructions. R3 has had a current care plan and assignment to be completing these tasks. 3. R11's annual MDS dated [DATE] indicates R11 needs assistance of 1 person for ambulation and grooming. R11's care plan in part, ADL: BASELINE CARE PLAN: Self care deficit related to Parkinson's, dementia, type 2 diabetes, morbid obesity, depression, CKD [chronic kidney disease]. In the next 3 months will actively participate in ADLs through next review. + 6. WALKING: CGA [contact guard assist] of 1 with 4WW with CNA in hallway approx 100 feet The CNA task list in part: Restorative dressing/grooming assigned twice a day. Restorative walking assigned twice a day. Surveyor reviewed the past month restorative services that were provided. R11 did not receive the dressing/grooming 17 times. R11 received the ambulation program 9 times in the month of June. On 23 of these occasions the 97 is used. This code means not applicable. R11 has a current care plan and assignment for the restorative services during the month of June. (continued on next page)

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F 0688 Level of Harm - Actual harm Residents Affected - Few	4. R6's most recent MDS dated [DATE] indicates R6 needs extensive assistance of one for ambulation and personal hygiene. The MDS documents ambulation in the room or corridor did not occur in the look back period. R6's care plan states in part, ADL: BASELINE CARE PLAN: Self care deficit related to pancreatitis, dementia, type 2 diabetes, OA [osteoarthritis], weakness. In the next 3 months [R6] will have all ADLs met with staff assistance through next review. 6. WALKING: min assist of 1 with FWW, w/c to follow. Encourage to ambulate in hallway as tolerated. The CNA task list states in part, Restorative dressing/grooming assigned twice a day, and restorative walking assigned twice a day. Surveyor reviewed the month of June restorative documentation. R6 did not receive the restorative grooming/dressing 26 times. R6 did not receive the restorative ambulation 33 times. On 9 of these occasions the code 97 is used. This code means not applicable. R6 has a current care plan and assignment for the restorative services to be completed during the month of June. Surveyor interviewed R6 on 06/28/21 at 12:15 p.m. asking about cares and her ability to move independently. R6 indicated that she does not get help with walking because there are no staff in the building to help her. 5. R29's most recent MDS dated [DATE] indicates R29 needs extensive assistance for ambulation and personal hygiene. The MDS documents the activity of walking in the room or hallway did not occur in the look back period. R29's BIMS score is 10, meaning R29 has moderate cognitive impairment. R29's care plan in part, 6. WALKING: min assist of 1 with FWW, w/c to follow. Encourage to ambulate in hallway as tolerated. Walking program: Ambulate limited/CGA assist of 1 with FWW and gait belt, to and from bathroom twice a day. 3/4/2021 The CNA task list states in part, Restorative grooming/dressing assigned twice a day and Restorative walking assigned twice a day. Surveyor reviewed the month of June restorative documentation. R29 did not receive the restorative grooming/dressing 23 times. R29's restorative ambulation did not occur one time in the month of June. On 25 of these occasions the code 97 is used. This code means not applicable. R29 has a current care plan and assignment for the restorative services to be completed during the month of June. 6. R23's most recent MDS dated [DATE] documents R23 has a BIMS score of 15, meaning R23 can recall information and answer questions accurately. R23 needs supervision and oversight of one person for personal hygiene and ambulation. R23's care plan states in part, (continued on next page)

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F 0688 Level of Harm - Actual harm Residents Affected - Few	ADL: BASELINE CARE PLAN: Self care deficit related to hypertensive heart disease with heart failure, pulmonary fibrosis, atrial fibrillation, PVD [peripheral vascular disease], OA, stress incontinence. In the next 3 months [R23] will maintain current level of functioning through next review. 6. WALKING: Ambulate length of hallway (up to 175 ft) with 4ww and gait belt, limited assist. Requests w/c to follow at times. Ambulate to/from bathroom with FWW-supervision The CNA task list states in part, Walk in corridor or walk in room has not occurred one time in June. The assignment is coded as 8 on most days or there are blanks for the month of June. The code 8 means the Activity did not occur. On 07/01/21 at 9:30 a.m., Surveyor interviewed R23 about assistance with ambulation. R23 indicated there have been no staff to help get people out of bed and no one has time to help her walk. 7. R30's quarterly MDS dated [DATE] indicates R30 has BIMS of 10 and needs extensive assistance of 1 person for bed mobility and transfers. The MDS documents ambulation in the corridor or room did not occur in the look back period. R30's care plan states in part, The resident at risk for limited physical mobility r/t arthropathy, Intervertebral disc degeneration, spinal stenosis, back pain, weakness. The resident will remain free of complications related to immobility, including contractures, thrombus formation, skin-breakdown, fall related injury through the next review. The resident will maintain current level of mobility of CGA with FWW, w/c to follow through review date. Re-evaluate per policy and prn. Provide supportive care, assistance with mobility as needed. Document assistance as needed. PT, OT referrals as ordered, PRN. NURSING REHAB/RESTORATIVE: Walking Program: walk from room to nurses station daily with FWW and CGA with w/c following. The CNA tasks list in part, Restorative grooming/dressing assigned twice a day and Restorative walking program assigned twice a day. Surveyor reviewed the month of June restorative documentation. R30 did not receive the restorative grooming/dressing 33 times. R30's restorative ambulation occurred 3 times in the month of June. On 20 of these occasions the code 97 is used. This code means not applicable. R30 has a current care plan and assignment for the restorative services to be completed during the month of June. Surveyors were in the facility for 4 days. No observations of residents ambulating or restorative services were observed other than when Surveyor requested to observe R27 ambulate. Cross Reference F725 Staffing 17661 On 7/13/21, the facility Policy and Procedure for Restorative Nursing Programs was reviewed and noted that the facility utilizes a policy from a policy book titled The Compliance Store, LLC (C) 2020. (continued on next page)

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F 0688 Level of Harm - Actual harm Residents Affected - Few	Although it is acceptable to use these manuals for facility policies, the facility needs to make it their own by individualizing the policy to meet the needs of the facility. The policy as presented to the Surveyor, did not include an implementation date, a review date, the signature of the individual that completed the review or revision dates, if warranted. The Surveyor then requested evidence that the facility Medical Director had completed a review of this policy. There was no evidence presented. The acting Director of Nursing (DON) stated that he would submit these documents to the Medical Director for her review. On 7/14/21 at 7:40 AM, the acting DON approached the Surveyor and presented a form for the facility's use of the Med-Pass Policy and Procedure Manual approval by the Medical Director through the date of 12/31/2021. This was signed by the Medical Director, the Nursing Home Administrator and the acting DON, however it does not indicate the date these signatures were obtained. The acting DON then presented a revised Restorative Nursing Program policy to the Surveyor with an implementation date and review date of 7/13/21. This policy was reviewed by the DON. There was no form presented indicating that the Medical Director reviewed and accepted this policy.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31088 Based on observations, interviews and record reviews, the facility failed to promptly assist residents so they would not independently try to transfer themselves (resulting in falls), failed to fully complete fall investigation reports, conduct root cause analysis of falls, update care plans, follow care plans or implement fall interventions for 4 of 4 residents (R) reviewed for falls (R2, R7, R3 and R4). Facility failed to update or implement appropriate interventions for R2 after R2 slid out of bed while attempting to change her own incontinence product when she got tired of waiting for staff to assist. New interventions included adding quarter rail for positioning, which R2 stated would not have prevented her fall R7 sustained a fall when he got tired of waiting for staff to assist him and attempted to transfer independently. The facility failed to complete a full investigation into the fall, did not conduct a root cause analysis or implement appropriate interventions. R7's fall care plan interventions were not being followed. R3 has a history of falls. On 06/14/21, the care plan instructs that R3 cannot be left alone on the toilet. On 06/22/21, R3 was left alone on the toilet and fell . R4 needs assistance and supervision with ambulation and dressing to maintain safety since having a recent stroke. R4 is not getting the supervison to ambulate or dress safely. This is evidenced by: 1. Surveyor reviewed Fall Scene Investigation report completed by Registered Nurse (RN) L for R2. The report reveals R2 fell on [DATE] at 11:26 a.m. in her room while attempting to change her own incontinence product without assistance. Immediate intervention to prevent further falls included 2 quarter rails for positioning and use in transfers. R2's fall care plan initiated on 4/22/21 includes bed in low position, check and change every 2 hours and prn, call light within reach, and was updated with the 2 quarter rails for positioning on 06/21/21 and fall mat on 5/10/21. On 06/29/21 at 10:20 a.m., Surveyor observed R2 lying in her bed fully clothed with the wheelchair by the side of the bed. There was a low bed rail on the top side of the bed and a fall mat on the floor. When Surveyor asked R2 how she had gotten into bed, R2 stated she had transferred self to bed because no one had answered her call light to assist her. Surveyor asked R2 what she does if she wants assistance. R2 stated she will put on the call light but has to wait over an hour. R2 stated, I put myself to bed. Who is going to do it? If I put on my call light no one comes. There are so few people here to help that there isn't anyone to do it. (continued on next page)

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Minocqua Health and Rehab	9969 Old Hwy 70 Rd Minocqua, WI 54548

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Surveyor asked R2 if she requires assistance for toileting. R2 stated, I can't walk, so I can't go to the bathroom myself. It is humiliating to have to go in my pants when I have to wait for over an hour for someone to answer my light. That's why I have to wear this pad. Surveyor asked R2 if anyone had assisted her this morning. R2 said she had gotten up for breakfast which is served between 7:30 and 8:00 a.m. and was changed and ready to go to therapy. When asked if she had any assistance since breakfast, R2 stated no one had come in to assist her or to change her incontinence product. R2 stated she had waited, but no one came to assist her out of her wheelchair into her bed so she did it herself. She also stated no one had helped her to go to the bathroom or change her incontinent product since getting up this morning. Surveyor asked R2 if she had ever fallen. R2 stated she had fallen just recently. When Surveyor asked R2 what had happened, R2 stated, I had to go to the bathroom. I put my call light on but no one came to help me so I went in my pants. It is so humiliating when that happens. I was so wet, so I tried to change myself because I knew I wouldn't get help. I slid off the bed. When asked if she had been changed or toileted the day she fell , R2 indicted she had not since she had gotten up for breakfast. R2 fell at approximately 11:26 a. m., which is over 3 hours after breakfast is served. Nurses notes dated 06/18/21 at 12:32 state .Resident found by CNA sitting on fall mat near bed. Resident reports she had very wet depends and wanted to change herself . Incident Description in Incident Audit Report completed 06/21/21 states: .Resident found by CNA sitting on floor in her room on fall mat next to bed. Resident had wet depends next to her .Call light was on . Resident attempted to change own incontinent product due to being wet and call light not being answered. Care plan interventions implemented 3 days after fall included 2 quarter rails for positioning. When Surveyor asked, R2 stated the rails would not have helped her as she had her light on because she needed to go to the bathroom. 2. R7's care plan initiated 05/06/21 and updated 06/27/21 identifies R7 is at risk for falls. Interventions include .Ensure resident is wearing appropriate footwear (shoes) when up in chair, ambulating, transferring or mobilizing in w/c. To wear grippy socks at all times in bed and when up. Surveyor requested fall investigation report for R7. Surveyor received fall checklist filled out at 3:13p.m. on 06/27/21 and an undated, unnamed document with an incident description. Incident description in part states .Writer called to room .Res was laying on right side as he had attempted to transfer himself stand alone and slid on butt and then laid self on side .He did not have his shoes on, only regular socks .Was trying to get in bed. Surveyor observed R7 on 06/29/21 at 10:50 a.m. R7 was lying in bed on his left side facing the doorway. R7 had blanket over the middle part of his body. His feet were showing. R7 had a blue grippy sock on his right foot. The left foot was bare. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Surveyor asked R7 if he had recently experienced any falls. R7 said he had fallen on 06/27/21. When Surveyor asked what had happened, R7 said he was tired of waiting for more than an hour and tried to get himself into bed and fell on his knee. R7 stated, I need help getting from my chair to my bed. Surveyor asked R7 if he had to wait any other times. R7 said he always has to wait for assistance. R7 stated it always takes at least an hour or more after putting on his call light to get anyone to help him. R7 stated, It is really bad when a grown man has to go in your pants because you have to wait to get help to go to the bathroom. Surveyor requested the complete fall investigation and root cause analysis for R7's fall on 06/27/21 from ADON T. At 10:05 a.m., Surveyor was given the same documentation of fall checklist and undated, unnamed document with incident description. No further documentation was available or provided. The facility failed to do a complete fall investigation, did not conduct a root cause analysis, nor follow the care plan of grippy socks on at all times. 3. R3's most recent admission to the facility was 07/27/20. R3 has a history of falls since the last MDS assessment. The most recent MDS dated [DATE] documents R3 has a BIMS score of 4, meaning R3 has cognitive impairment affecting her ability to make safe decisions. ADL [Activities of Daily Living]: BASELINE CARE PLAN: Self care deficit related to dementia, ASHD [arteriosclerotic heart disease], depressive disorder, type 2 diabetes In the next 3 months R3 will continue to participate in ADLs and mobility through next review. 7. TOILETING: Ext assist of 1. Occasionally incontinent of bowel and bladder. Wears brief. *CAN NOT BE ALONE IN BATHROOM* To offer/encourage toileting upon awakening, before and after meals, and HS, offer on rounds at NOC. Check and change approx q2hr and prn. Good pericare and barrier cream with incontinence. 6/14/2021 7. TOILETING: Ext assist of 1. Occasionally incontinent of bowel and bladder. Wears brief. *CAN NOT BE ALONE IN BATHROOM* To offer/encourage toileting upon awakening, before and after meals, and HS, offer on rounds at NOC. Check and change approx q2hr and prn. Good pericare and barrier cream with incontinence. Toilet paper placed out of reach as resident is not conscientious of infection control (plays with toilet paper roll when hands are soiled with BM/urine. Staff to provide care during toileting) The falls care plan states in part, The resident is at high risk for falls related to decreased mobility, incontinence, history of falls. The most recent interventions were 04/11/21 The resident needs activities that minimize the potential for falls while providing diversion and distraction. This has a revised date of 06/27/21 with no new interventions added. 04/20/21 Offer prompt toileting between 0500 and 0600 daily as she is an early riser and will attempt to toilet herself. Surveyor reviewed the nurses' notes and noted the incident below: 6/22/2021 10:40 Incident Note (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident was being toileted by writer, writer was attending to roommate and could see resident in the bathroom, asked resident to wait for writer to finish task so that she could be assisted off the toilet. Resident did not wait and was observed falling forward off the toilet and landing on the floor on her hands and knees. No pain or injury reported. Resident can no longer be left alone in bathroom as she will not wait for staff to assist her. The fall investigation was reviewed. The level of consciousness is left blank, the mental status is blank. The predisposing environmental factors has fall alarm checked. The physiological factors are confused, gait imbalance, and weakness. Predisposing situation factors are ambulating without assistance. The falls investigation does not address the fact R3 was left alone on the toilet when the care plan instructs R3 is not to be left alone on the toilet since 06/14/21. The facility did not implement a new intervention related to the cause of this fall to prevent future falls. 4. R4 was admitted to the facility on [DATE] with diagnoses of a recent stroke, Diabetes Mellitus and arthritis. R4's admission MDS documents a history of falls in the month prior to the admission. R4's Brief Interview for Mental Status (BIMS) score is 14, meaning R4 is alert and oriented and able to understand and answer questions accurately. The ADL care plan states in part, Activities of Daily Living: Self care deficit related to hemiplegia/hemiparesis following cerebrovascular infarct affecting left non-dominant side . 5. Morning/bedtime cares: Ind/mod for uppers and supervision for lowers 6. WALKING: limited assist of 1 for FWW [front wheeled walker], CNA to ambulate to/from bathroom Transfers: Supervision and assistance as needed. On 06/28/21 at 1:00 p.m., Surveyor interviewed R4 about cares and staffing. R4 stated he was so happy to be in this facility near his family but things have gotten so bad. R4 went on to describe the events of the past weekend. R4 indicated there was only 1 nurse and 1 CNA to care for over 50 people. R4 stated he observed several residents did not get out of bed for 2 days. R4 indicated he is to have assistance to walk to the bathroom but no one comes to help. R4 stated on the weekend he waited for one hour after the call light was put on, so I just took myself to the bathroom. R4 stated he has continued to transfer, dress himself and ambulate without assistance so that he can get to the bathroom and get dressed. R4 indicated he is to be getting therapy but as of today therapy is canceled because all of the therapy workers have to work on the floor. R4 stated, I don't want to fall again, my knee gives out at times and down I go. No one will help me.

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F 0690 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31088 Based on record review and interview, the facility did not ensure assessments for bowel and bladder decline were completed to determine the needs of residents (R) to maintain or restore bowel and bladder function for 4 of 6 (R6, R12, R15, and R1) residents reviewed with a bowel and bladder decline. R6 had a decline in her urine and bowel continence from continent of bowel and bladder 11/25/20 to frequently incontinet of bowel and bladder 05/26/21. Revisions to the care plan or a toileting program were not established to restore R6's bladder and bowel function. R12 had a decline in bowel continence from February 2021 to present. R12 was occasionally incontinent of bowel in February and currently is always incontinent of bowel. An assessment, care planning, or a toilet program revision were not established to attempt to restore R12's bowel continence. R15 was always continent of bowel on 03/24/21. On 05/25/21, R15 is occasionally incontinent of bowel. R15 did not have updates to the care plan or a toileting program put in place to restore R15's bowel continence. R1 has bowel incontinence and wishes to use the bedpan. The care plan was updated to a check and change only on 02/02/21 when the most recent bowel and bladder assessment indicates R1 is a candidate for a scheduled bowel training program. R6 is being cited at severity level 3 (actual harm). This is evidenced by: 1. R6 was admitted to the facility on [DATE] with diagnoses in part, Atrial fibrillation and Unspecified Dementia. R6's Brief Interview for mental status score is 15 on the most recent MDS dated [DATE], meaning R6 is cognitively intact. The MDS documents R6 was continent of bowel and bladder on the quarterly MDS dated [DATE]. The quarterly MDS dated [DATE] documents R6 is occasionally incontinent of of bladder and frequently incontinent of bowel. The quarterly MDS dated [DATE] documents R6 is frequently incontinent of bowel and bladder. The ADL baseline care plan states in part, 7. TOILETING: ext x 1. Uses FWW [front wheeled walker] to transfer to toilet and off toilet. Able to make all toileting needs known. May be left alone in the bathroom but stay in the room. Occasional incontinence of urine and bowel. 3/15/2021 Original Care Plan Item Description Created Date Created By (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0690 Level of Harm - Actual harm Residents Affected - Few	7. TOILETING: assist before morning cares, at bedtime and every 2-3 hours while awake and upon request NIGHTS to check every 2-3 hours and assist Good pericare and barrier cream with incontinence 3/4/2021 The last update to the toileting program was on 03/04/21. On 06/28/21 at 12:15 p.m., Surveyor interviewed R6 about staffing and getting help with cares. R6 stated she has been waiting about 1 1/2 hours for help with toileting. Surveyor asked what has happened to R6 as a result of waiting so long. R6 said she has pooped and peed her pants and has to sit in it until they get there. Surveyor asked if this is bothering R6 causing her to feel humiliated. R6 stated, I feel bad but not that upset. I'm getting used to it. The bowel/bladder screener was completed on 02/20/21 and indicates R6 is never incontinent of stool. This contradicts the 02/24/21 MDS. The screener states R6 needs assistance of 1 person and is always aware of the need to toilet. R6 has a total score of 16 on the bowel/bladder screening tool. A score of 16 means R6 is a good candidate for retraining. The bowel/bladder screener is completed on 05/20/21 indicating R6 is not always continent of urine, and is incontinent of stool 1-3 x per week. The screener states R6 is always aware of the need to toilet and needs assistance of 1 person. R6 has a score of 15, meaning R6 is a good candidate for retraining. Surveyor reviewed R6's bowel and bladder tracker. R6 has been frequently incontinent of bowel and bladder since 05/20/21. The care plan was not revised with individualized interventions for R6 to restore her bowel and bladder function when a decline was noted. 2. R12 was admitted to the facility on [DATE] with diagnoses of Parkinson's Disease and Lewy Body Dementia. The admission Minimum Data Set (MDS) dated [DATE] documents R12 is continent of bowel and bladder. The significant change in status MDS dated [DATE] documents R12 is always incontinent of urine and occasionally incontinent of bowel. The quarterly MDS dated [DATE] documents R12 is always incontinent of bowel and bladder. All of the above MDS assessments document there is no bowel or bladder program in place. R12's BIMS score is 8, meaning R12 has moderate cognitive impairment. R12's care plan states in part, 7. TOILETING: Ext assist of 1. Incontinent of bowel and bladder. Wears brief. Staff to assist/prompt toileting at routine intervals- upon rising, before and after meals, before going to bed, offer during rounds on noc. Check and change approx q2hr and prn. Good pericare and barrier cream with incontinence *cannot be left alone in bathroom. 2/15/2021 (continued on next page)

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F 0690 Level of Harm - Actual harm Residents Affected - Few	7. TOILETING: Ext assist of 1. Incontinent of bowel and bladder. Wears brief. Staff to assist/prompt toileting at routine intervals- upon rising, before and after meals, before going to bed, offer during rounds on noc. Check and change approx q2hr and prn. Good pericare and barrier cream with incontinence. 2/15/2021 R12's bladder and bowel screener has been done one time on 02/03/21. The screener documents R12 is never incontinent of stool, and voids appropriately without incontinence at least daily. R12's score is 14, meaning she is a candidate for scheduled toileting.The screener identifes R12 is confused, needs prompting and is usually aware of the need to toilet. A bowel and bladder screener was not completed after the MDS of 5/03/21 that indicates a decline from occasionally incontinent to always incontinent of bowel. The care plan has had no changes; a toileting program has not been established for R12. Surveyor reviewed the bowel tracker that shows R12 has not had a continent BM since 5/13/21. 3. R15 was admitted [DATE] with diagnoses in part, Alzheimer's Dementia and kidney disease. R15's quarterly MDS assessment dated [DATE] documents R15 is occasionally incontinent of bladder and always continent of bowel. The Significant Change in Status MDS dated [DATE] documents R15 is now occasionally incontinent of bowel. R15 has a BIMS score of 4, meaning R15 has severe cognitive impairment. R15's care plan states in part, The resident has occ bowel and bladder incontinence r/t Alzheimer's disease, depression, anxiety, h/o UTI's, decreased mobility The resident will remain free from skin breakdown and experience no complications due to incontinence and brief use through the review Clean peri-area with each incontinence episode. .Ensure the resident has has unobstructed path to the bathroom. Monitor and document intake and output as per facility policy. Monitor/document for s/sx UTI: pain, burning, blood tinged urine, cloudiness, no output, deepening of urine color, increased pulse,increased temp, Urinary frequency, foul smelling urine, fever, chills, altered mental status, change in behavior, change in eating patterns. .Monitor/document/report PRN any possible causes of incontinence: bladder infection, constipation, loss of bladder tone, weakening of control muscles, decreased bladder capacity, diabetes, Stroke, medication side effects. Toileting: resident toilets self, assist prn. Offer assistance. Toilet riser.6/8/2021 (continued on next page)

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F 0690 Level of Harm - Actual harm Residents Affected - Few	Toileting: ext assist x 1, resident will frequently toilet herself as she does not remember to use call light, re approach to provide cares, incontinent at times, offer to take to bathroom upon rising, before and after meals, each period in bed at hs and PRN. She is able to make her toileting needs known and she will take herself to the bathroom. Toilet riser. 1/18/2021 The bowel/bladder screener was completed on 05/30/21 and documents R15 is never incontinent of stool. This contradicts the 5/25/21 MDS. The screener has a score of 20, meaning R15 is a good candidate for retraining. The screener indicates R15 is forgetful but follows commands and is always aware of the need to toilet. New interventions to restore R15's bowel continence have not been put into place with a retraining program with individualized approaches or care plan updates since the decline in bowel function on 05/25/21. Surveyor reviewed R15's bowel tracker. R15 has been occasionally incontinent of bowel consistently since 04/09/21. 4. R1 was admitted to the facility 11/7/19 with diagnoses in part, Diabetes Mellitus Type II, dementia, bowel incontinence, reduced mobility and a history of pressure injury. The annual Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 04/28/21 documents R1 is always incontinent of bowel. R1 has a BIMS score of 11, meaning R11 can understand and answer questions accurately. The most recent Bowel and Bladder Screener was completed on 04/21/21. The screener identifies R1 as being incontinent of bowel 4- 6 times per week. R1's score for incontinence is 12, meaning she is a candidate for scheduled toileting. The screener indicates R1 is forgetful but follows commands and is sometimes aware of the need to toilet. The care plans were reviewed and include in part, 7. TOILETING: Foley. Incontinent of bowel. Requests bedpan prn. Check and change approx q2hr and prn. Good pericare and cream with incontinence. 2/2/2021 7. TOILETING: assist before morning cares, at bedtime and every 2-3 hours while awake and upon request NIGHTS to check every 2-3 hours and assist Good pericare and barrier cream with incontinence 1/28/2021 On 06/28/21 at 1:05 p.m., Surveyor interviewed R1 asking about getting assistance with cares. R1 stated, I stay in bed a lot. I need help with my incontinence care. Surveyor asked if R1 uses the toilet. R1 stated, I want to use the bedpan for my bowel movements but they don't get here. I put my light on they come in turn it off and leave. Surveyor asked when was the last time R1 had been assisted with cares. R1 stated, About 8:00 a.m. or so, I have laid on my back like this since then, it has been really bad the last few days. Surveyor asked R1 to put on her call light to get help. After about 5 minutes, Speech Therapy Pathologist P came and answered the call light, turned it off and said she would get a CNA to help R1. Surveyor continued to observe for staff to come back and assist R1. (continued on next page)

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F 0690 Level of Harm - Actual harm Residents Affected - Few	Surveyor continued to observe for staff to come back and assist R1. At 1:37 p.m. Surveyor observed CNA enter the room to assist R1. R1 has had only one bowel and bladder screening since her admission that indicated she is a candidate for scheduled toileting. A plan was not established for R1 to maintain or improve R1's bowel continence. R1 has not been offered the opportunity to use the bedpan for bowel movements as she requests. Surveyor reviewed the past months of bowel records for R1 from 6/1/21 - 6/30/21. R1 has not had one continent bowel movement during this time. F

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F 0725 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. 16041 Based on observations, interviews, and record reviews, the facility did not provide sufficient staffing to meet the needs of 51 of 51 residents living in the facility. On 6/14/21, following a recertification survey, the state survey agency notified the facility that there was insufficient staff to meet the needs of the residents. Facility administration communicated the deficiency to the governing body. The governing body did not take adequate action to ensure there was enough staff to care for residents. On 6/25/21 through 6/28/21, the facility only provided 70% to 40% of the staffing hours identified in their facility assessment as the amount needed to meet the needs of the residents. Because there were inadequate staff, residents were left in their rooms, left in bed with no way of getting up independently, and did not receive needed cares such as personal hygiene cares, toileting assistance, and/or repositioning. Staff had to choose which residents received care while others went without. As a result, there were resident falls, worsening of pressure injuries, and the development of pressure injuries, and medication errors. The failure to provide adequate staffing created a finding of immediate jeopardy that began on 6/25/21. The Acting NHA (nursing home administrator), Acting DON (Director of Nurses), and Chief Operating Officer were notified of the immediate jeopardy on 6/30/21 at 12:20 p.m The immediate jeopardy was removed on 6/30/21, however the deficient practice continues at a scope/severity of an F (potential for more than minimal harm/widespread). This is evidenced by: On 6/28/21, at 11:30 a.m. Surveyors entered the building and were told the census was 51. Surveyors toured the building to determine the nurse and CNA (Certified Nursing Assistant) staffing levels. There was 1 Medication Technician/Graduate Nurse, and 1 CNA. Therapy staff were observed to be assisting with some resident cares. Surveyors requested the Daily Assignment Sheets and schedules beginning on 6/25/21. Both documents reveal the following: A review of the facility assessment, dated 2017. indicates that the number of licensed nurses and CNAs needed to ensure there is sufficient staff to meet resident needs is 160 hours to 216 hours per day. A review of the actual hours worked revealed the following: 6/25/21: 88.98 hours worked that day by direct care staff (licensed nurses and CNAs) This included 8 hours worked by a light duty CNA who is unable to perform all CNA duties. On 6/28/21, Surveyor interviewed CNA-Y who is on light duty. She indicated she is a CNA, but due to restrictions, she is not able to perform all CNA duties. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0725 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	This is more than 71 hours below the minimum number of hours the facility determined was necessary to meet resident needs. 6/26/21: 112.11 hours worked that day by direct care staff. *From 6:00 a.m. until 2:00 p.m., there were only 2 CNAs to care for 50 residents as the nurses had their own work to complete. *From 2:00 p.m. to 6:00 p.m. there was only 1 CNA to care for 50 residents. This is more than 47 hours below the minimum number of hours the facility determined was necessary to meet resident needs. 6/27/21: 100.89 hours worked that day by direct care staff. This included 4 hours worked by a light duty CNA who is unable to perform all CNA duties. This is more than 59 hours below the minimum number of hours the facility determined was necessary to meet resident needs. 6/28/21: 64 hours worked that day by direct care staff. There were no licensed nurses working on the day shift, only a Graduate Nurse. Therapy staff were observed to assist, however, are not CNAs and not able to perform all duties of a CNA. This is 96 hours below the minimum number of hours the facility determined was necessary to meet resident needs. On 6/28/21 at 1:36 p.m., Surveyor spoke with the Admissions Coordinator (AC)-C. AC-C confirmed that there was no licensed nurse in the building on 6/28/21, only a graduate nurse. Surveyor asked if medications were passed. AC-C indicated a Nurse Practitioner (NP) was completing regular resident rounds and medications were passed while she was in the building. AC-C stated the NP had to leave at 10:40 a.m. so med pass stopped at that time. AC stated that a licensed nurse was coming on soon to assist. When asked if anyone from the corporation had been notified, AC-C indicated that the RNC (Regional Nurse Consultant) had been notified of the staffing situation on 6/27/21. AC-C indicated the response from the RNC was, what do you want me to do about it. The facility failed to provide sufficient staff to provide ADL (Activities of Daily Living) to R1, R4, R23, R2, R3, R8, R11, R12, R13, R14, R34, R9 and R10. ADL care not provided includes, but is not limited to personal hygiene, repositioning, toileting, incontinence cares, and ambulation. (Refer to F677.) The facility failed to provide sufficient staff to provide care and treatment to heal existing pressure injuries and to prevent the development and/or redevelopment of pressure injuries. (continued on next page)

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F 0725 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	~R9 was observed to not be repositioned for over 4 hours. Previously healed areas were found to have redeveloped after the observations of lack of repositioning. ~R1 has an open area to the right inner elbow. Treatment was not completed over the weekend. Observation by the wound nurse and the surveyor found it had doubled in size. R1 was observed to not be repositioned and did not have his heals floated for over 3 hours. ~R10 was observed to have heels resting directly on the mattress. The heels were observed to be dark pink. ~R2 is high risk for development of Pressure Injuries (PI) and/or impaired skin integrity. R2 is to be repositioned every 2 hours, use of heelz up device, and wedge pillow/pillows to offload. R2 is incontinent and requires checking and changing every 2 hours and PRN. An observation was made on 06/30/21, in which this was not completed by staff for a time period of 3 hours and 31 minutes. ~R7 has a pressure injury to right heel. R7 is to have pressure relieving device: PRAFO to right foot: heelz up device, egg crate mattress, ROHO, and heels to be floated on pillow when up in wheelchair, repositioning every 2 hours and PRN. Pressure injuries worsened. R7 observed in bed with no offloading of heels. (Refer to F686.) The facility failed to provide sufficient staff to ensure residents were provided care to maintain or improve range of motion. ~R27 needs extensive assist of 1 with transfers and ambulation. R27 has not received the scheduled ambulation and restorative services resulting in decreased ability to ambulate and decreased range of motion in R27's knee joints. ~R3 needs extensive assist of one for ambulation and restorative dressing and grooming care. R3 has not received these services as instructed. ~R11 needs extensive assist of on person for the restorative walking program and restorative dressing and grooming. R11 has not received these services. ~R6 needs extensive assistance of one for ambulation. R6 did not receive her restorative ambulation program or restorative dressing and grooming services. ~R29 needs extensive assistance of one person for ambulation. R29 did not receive the restorative ambulation services or restorable dressing and grooming services as scheduled. ~R30 needs extensive assistance of one for ambulation and personal hygiene. R30 did not receive restorative dressing/grooming program or the restorative walking program services as scheduled. (Refer to F688.) (continued on next page)

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F 0725 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	The facility failed to provide sufficient staff to provide supervision to timley respond to call lights and to prevent accidents/falls for R7, R2, R3, and R4. R7, R2, and R4 tranfered themselves in order to use the bathroom when no staff responded to their call lights. R3 was left unsupervised in the bathroom and fell off the toilet. (Refer to F689.) The facility failed to provide sufficient staff to maintain 4 residents' bladder and/or bowel continence because staff couldn't respond timely to requests for assistance with toileting. R6, R12, R15, and R1 all had declines in their bowel and/or bladder continence with no evidence the declines were unavoidable. In addition, there were no actions taken to improve the diminished status. (Refer to F690.) On 6/28/21, the facility failed to have adequate staffing to ensure authorized personnel were administering medications consistent with state requirements. A medication aide, which requires supervision from a licensed nurse, was administering medications without having a licensed nurse in the building. There was no charge nurse on duty or any other facility employed nurse in the building at the time of the medication administration. The medication aide did not meet the state requirements of being a charge nurse under her temporary Registered Nurse (RN) license on 06/28/21 and was working in the capacity of a medication aide on that date. (Refer to F755.) On 6/28/21, 6 residents, with a diagnosis of diabetes and requiring insulin injections, did not receive their insulin at the prescribed times as there was no licensed nurse in the facility from 10:40 a.m. until 1:10 p.m. ~R31 is prescribed Humalog 100 UNIT/ML Vial, 17 units subcutaneously with meals. Scheduled 11:30a.m R31 received 17 units on 06/28/2021 at 1:56p.m ~R5 is prescribed NovoLOG FlexPen Solution Pen-injector 100 UNIT/ML, inject as per sliding scale subcutaneously with meals. On 06/28/21 R5 received 2 units at 1:59p.m ~R27 is prescribed HumaLOG Solution 100 UNIT/ML. Inject 16 units subcutaneously with meals. R27 received 16 units on 06/28/21 at 1:58p.m ~R32 is prescribed Insulin Aspart Solution, sliding scale, subcutaneously before meals and at bedtime. Scheduled 11:00a.m. On 06/28/21 R32 received 4 units at 2:13 p.m ~R33 is prescribed HumaLOG KwikPen Solution Pen-injector 100 UNIT/ML, sliding scale, scheduled 11:00a.m On 06/28/21 R33 did not receive any units at 2:24p.m ~R34 is prescribed NovoLIN R Solution 100 UNIT.ML, sliding scale, scheduled 11:00 a.m. On 06/28/21 R34 received 4 units at 2:45 p.m. (Refer to F760.) On 6/29/21 at 5:20 a.m., Surveyor interviewed RN-Z. RN-Z stated she had just been hired on 6/28/21. Surveyor asked if she had received any orientation prior to beginning her shift, such as emergency policies and procedures. RN-Z indicated she had not. On 6/29/21 at 5:25 a.m., Surveyor interviewed RN-X. Surveyor asked RN-X what a typical staffing pattern is for the facility. RN stated most often, it is 2 licensed nurses and 1 CNA. RN-X stated on those days, residents may receive the minimum care, as long as nothing unforeseen happens. (continued on next page)

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F 0725 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	On 6/29/21 at 9:30 a.m., Surveyor interviewed CNA-I. CNA-I stated that all residents stay in their rooms over the weekend because there aren't enough staff to get everyone up or to assist them to bed in the evening. CNA-I stated that today (6/29/21) was the first time she had ever seen therapy assist with residents. CNA-I stated that when she came in this morning, she found R25 had taken off his incontinent pad because it was saturated with urine, had a full urinal, and had urinated in cups that were in his room. CNA-I was visibly shaken and stated she knows no one checked on him through the night. CNA-I stated without enough staff, residents are not being repositioned or toileted like they should. CNA-I also stated that showers are not being given because they do not have the time to do them. CNA-I stated that this past weekend, there were a number of falls, 1 of which resulted in the resident going to the hospital. On 6/29/21 at 10:00 a.m., Surveyor interviewed R5. R5 stated that her concern is there is not enough staff in the building. R5 stated that often there is only 1 nurse and 1 CNA in the entire building. R5 stated, How are they supposed to do that? R5 stated this past weekend all of the meals were served in resident rooms. When asked why, R5 stated because there was not enough staff to get everyone up. R5 stated that she can transfer herself to the toilet when she needs to, cannot get off the toilet alone as she needs assistance to pull up her pants afterwards. R5 stated that more than once this weekend, she had to wait for over 45 minutes to get off the toilet. Surveyor asked about the call light timer that is at the nurses station. R5 stated that staff will come in to answer the light, turn it off and then turn it back on. This way they timer won't show the actual time the resident waited. Surveyor asked if this has happened to her. R5 stated it has. R5 also stated that she had a concerns with her medications on 6/28/21. She said she counts her pills to make sure she is getting all of them. She stated that she did not have enough pills in her cup and had to tell the nurse to go look for the rest of them. R5 stated that she is the Resident Council President so she hears concerns from several other residents. R5 stated, It is getting to the point where I am scared to be here. On 6/29/21 at 10:20 a.m., Surveyor interviewed R4. R4 stated there is not enough staff in the building. He stated the ones that are working are working very hard to try to care for everyone, there just aren't enough people. R4 stated that over the weekend, everyone had to stay in their rooms for meals. R4 stated he normally goes to the dining room for meals. R4 stated that those meals that were served in the room were cold. R4 stated his daughter brought in food for him so he could have a decent meal. He stated that his bed had not been made for quite some time (R4's bed was observed to be unmade during the interview). R4 stated that this bothered him as his bed was made daily. R4 stated I am a type A personality, and that he wants things neat. Surveyor asked R4 if he received the cares and assistance he needs. R4 state he is not. Surveyor asked for examples. R4 stated he is supposed to walk with staff assistance every day and this has not been happening. Review of R4's medical record found this to be accurate. Since 6/14/21 (exit date of the last survey) R4 was ambulated in his room and the hall only 2 times, once on 6/28/21 and again on 6/29/21. All other dates are marked as activity did not occur. R4 stated that he used to use the bathroom independently, but had an occasion where his knees buckled and staff wanted him to wait for assistance. R4 stated last Thursday (6/24/21) he was following the recommendations and waiting for assistance. He was incontinent 5 times because staff did not respond to his call light. He stated it was embarrassing and he is no longer waiting for staff and is taking himself to the bathroom. (continued on next page)

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F 0725 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	On 6/30/21 at 1:50 p.m., Surveyor spoke with CNA-AA. CNA-AA stated that she is the last full time CNA for the evening shift. CNA-AA stated she had worked this past weekend on the evening shift and that she was the only CNA working. CNA-AA stated that nearly all residents had to stay in bed as there weren't enough staff to get them up or to put them back to bed later. CNA-AA stated that only the ones that absolutely had to get up for safety reasons were gotten up. Those residents were then brought to the nurses station so staff could somewhat observe them. Surveyor asked CNA-AA how she was able to care for the residents if she was the only CNA in the building. CNA-AA stated she couldn't. Surveyor asked what cares she could provide. CNA-AA stated she fed residents who needed assistance, and provided toileting, incontinence care, and reposition to as many people as she could. Surveyor asked CNA-AA if she was able to provide those care at appropriate intervals. CNA-AA stated, she didn't even get to everyone once a shift let alone every two hours. The lucky ones received cares once during the shift. CNA-AA stated she feels like she is breaking down physically and mentally with the stress of being the only caregiver. Surveyor asked if the nurses or therapy provide any assistance. CNA-AA stated the nurses are just as busy as the CNAs are trying to care for resident with only 1 or 2 of them. CNA-AA indicated therapy will help if you specifically ask them to help. 31088 On 06/28/21 at 11:30 a.m., Surveyor entered the building and noted there was no one in the Director of Nursing office, Nursing Home Administrator office, Minimum Data Set (MDS) office or the reception/business offices. Admissions Coordinator (AC) C greeted the surveyors. AC C informed Surveyor that the NHA and DON walked out on Friday. Several nurses have called in and do not plan to come back due to the staffing situation and working conditions. AC C stated she was here all weekend and most residents did not get out of bed. There was not enough staff to help the residents. All residents stayed in their rooms and were served their meals. On 06/28/21 at 12:05 p.m., Surveyor interviewed R18 to ask how things were going with her cares. R18 stated, I am very disappointed with what is going on here, firing staff when we have no help. We wait for over an hour for help and they fired staff. On 06/28/21 at 12:10 p.m., Surveyor interviewed R5 asking how staffing has been. R5 stated, It is terrible there are no workers here. We have 1 aide and 1 nurse on duty for days. I have to wait at least 45 minutes for any help. On the weekend there was no help to get me out of bed. I ended up dressing myself and after waiting for hours I got some help because I can tell them I need it. I feel so bad for those who can't ask for help. On 06/28/21 at 12:15 p.m., Surveyor interviewed R6 about staffing and getting help with cares. R6 stated she has been waiting about 1 1/2 hours for help with toileting. Surveyor asked what has happened to R6 as a result of waiting so long. R6 said she has pooped and peed her pants and has to sit in it until they get there. Surveyor asked if this is bothering R6 feeling humiliated. R6 stated, I feel bad but not that upset. I'm getting used to it. On 06/28/21 at 12:17 p.m., Surveyor interviewed R13 about staffing. R13 stated she has to wait at least 45 minutes for help to get to the bathroom and was left on the toilet over 45 minutes on the weekend before she was helped. On 06/28/21 at 12:20 p.m., Surveyor interviewed R23. R23 stated, I wait at least 45 minutes for anyone to answer my call light. They have no time to walk me, there is no staff. Please get us help! (continued on next page)

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F 0725 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	On 06/28/21 at 12:50 p.m., Surveyor interviewed CNA G about staffing. CNA G stated on the weekend there was only 1 CNA working. Residents could not be repositioned or toileted. Today they have the Physical Therapy Assistant (PTA) M, Speech Therapy (ST) P, Occupational Therapist (OT) Q helping with cares. On 06/28/21 at 1:00 p.m., Surveyor interviewed R4 about cares and staffing. R4 stated he was so happy to be in this facility near his family but things have gotten so bad. R4 went on to describe the events of the past weekend. R4 indicated there was only 1 nurse and 1 CNA to care for over 50 people. R4 stated he observed several residents did not get out of bed for 2 days. R4 indicated he is to have assistance to walk to the bathroom but no one comes to help. R4 stated on the weekend he waited for one hour after the call light was put on, so I just took myself to the bathroom. R4 stated he has continued to transfer, dress himself and ambulate without assistance so that he can get to the bathroom and get dressed. R4 indicated he is to be getting therapy but as of today therapy is canceled because all of the therapy workers have to work on the floor. R4 stated, I don't want to fall again, my knee gives out at times and down I go. No one will help me. On 06/28/21 at 1:05 p.m., Surveyor interviewed R1 asking about staffing and getting assistance with cares. R1 stated, I stay in bed a lot. I need help with my incontinence care. I put my light on they come in turn it off and leave. Surveyor asked when was the last time R1 had been assisted with cares. R1 stated, About 8:00 a. m. or so, I have laid on my back like this since then, it has been really bad the last few days. Surveyor asked R1 to put on her call light to get help. After about 5 minutes, Speech Therapy came and answered the call light, turned it off and said she would get a CNA to help R1. Surveyor continued to observe for staff to come back and assist R1. Surveyor continued to observe for staff to come back and assist R1. At 1:37 p.m. Surveyor observed CNA enter the room to assist R1. On 06/29/21 at 9:25 a.m., R1 was observed in bed with her breakfast tray on the side table. R1 was in a green colored gown that appeared to be her pajamas. Surveyor asked R1 if she was done with breakfast and if she was ready to get up for the day. R1 stated, What's the use, there isn't anyone to come and help me anyway. Surveyor asked R1 how she asks for help and R1 said she uses her call light but no one comes. Surveyor asked R1 if she had been helped yet this mornng with any cares and R1 said she had not. She said, They tilted my bed up so I could eat my breakfast, that is it. R1 stated she was still in her pajamas and had not been changed before breakfast. R1 stated she does have a catheter, but doesn't know why. Surveyor asked R1 if she would like someone to come in and help her and R1 stated, If I want to get help I ring, if they have anyone here to help. The other day there was only one person in the whole place. They come in and then they say they will be back and they leave and I don't get any help. R1 stated on the weekends there is never anyone around and she doesn't hear anyone out in the hallway. R1 said if you put your light on no one comes. When Surveyor asked R1 how that made her feel, R1 stated, Neglected. Surveyor asked R1 if she was afraid she wouldn't get any help and R1 stated she felt neglected, I am not getting the care I should be. At 9:45 a.m., CNA F came into the room, lowered R1's bed and straightened R1's upper body, raised the upper half of the bed, and then left the room. CNA did not offer or ask R1 if she wanted to wash up, brush her teeth, get dressed or if she needed continence cares. On 06/28/21 at 1:30 p.m., Surveyor interviewed Medication Technician (MT) H. MT H stated she worked from 6 a.m. - 10 a.m. on the weekend as a CNA. MT H indicated they got up a few residents that had to get up, but there was not enough staff to get all residents out of bed. Surveyor asked which residents did not get out of bed. MT H was not sure of all the residents but named R26, R10, R28 and R8. (continued on next page)

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F 0725 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	On 06/28/21 at 1:40 p.m., Surveyor interviewed PTA M. PTA M stated he came to work this morning and was informed at the morning meeting about the staffing situation. He called his supervisor and was told to help on the floor with transfers. PTA M stated, It is impossible for 1 CNA to keep up and help the residents. PTA M stated that all therapy services were canceled for Monday and Tuesday as all the therapy staff are working on the floor. PTA M stated his last day of work here is Thursday. 41945 On 06/30/21 at 8:14 AM, Surveyor interviewed R2. Surveyor asked R2 about staffing and getting assistance with cares. R2 stated, The staff that are here are caring, but there is not enough. We spend a lot of time waiting. Surveyor noticed water pitcher on bedside table and asked if R2 had received any fresh water. R2 stated, No, not yet. Hopefully they will come. On 06/30/21 at 9:25 AM, Surveyor interviewed R7. Surveyor asked about staffing and getting assistance with cares. R7 lifted his call light and stated, See this. This is for emergencies. When you need help. The other day I put this on and waited an hour and a half for someone to answer it. I had to go to the bathroom. Another time, I waited 2 and a half hours for my light to be answered. It wasn't for the bathroom; but still---it isn't right. 17661 Failure to ensure the facility had sufficient numbers of staff to meet the care needs of residents and to promote their highest practicable level of physical, social, and psychosocial well-being created a finding of immediate jeopardy. The facility removed the immediate jeopardy on 7/1/21 when the following were implemented: 1. The facility signed contracts with staffing agencies. 2. Plan to implement Emergency CNA Training Program. 3. Implemented twice weekly town hall meetings with staff to review schedules, get feedback, and provide updates. 4. Incentive program expanded to include sign on, retention, and shift pick up bonuses. 5. All staff, not only nursing staff, are to interact/check in with residents and respond to resident needs as appropriate. 6. Daily staffing to be reviewed and signed off by 2 management team members as being adequate using 2. 75 hours per patient day as a threshold. 7. Implemented a Manager of Duty during the weekends. 8. Management will interview residents with a BIMS (Brief Interview for Mental Status) of 8 or above to ensure they are receiving appropriate care and to follow up on any concerns. 9. For residents with a BIMS of 8 or lower, or who cannot communicate, nursing staff will be assigned to sign off on cares received. (continued on next page)

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F 0725 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	10. All staff will be educated on neglect prior to the beginning of their next shift.

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. 32267 Based on observations, interviews and record reviews the facility failed to have a process in place to ensure pharmaceutical services for administering medications are consistent with federal and state practices affecting 8 of 51 residents (R) reviewed for medication administration. (R11, R17, R18, R19, R20, R21, R23, and R25). The facility failed to have adequate staffing to ensure authorized personnel were administering medications consistent with state requirements. A medication aide, which requires supervision from a licensed nurse, was administering medications without having a licensed nurse in the building. There was no charge nurse on duty or any other facility employed nurse in the building at the time of the medication administration. The medication aide did not meet the state requirements of being a charge nurse under her temporary Registered Nurse (RN) license on 06/28/21 and by her own admission based on corporate guidance was working in the capacity of a medication aide on that date. This is evidenced by: On 06/28/21 1:32 p.m. Surveyor observed Licensed Practical Nurse (LPN) E with medication cart in 200 hall. Surveyor asked LPN E what she was doing. LPN E stated she was finishing up the noon med pass in the 200 and 300 halls. When asked by surveyor when noon med pass usually takes place, LPN E stated, noon med pass is normally done between noon and 1:00 o'clock. Surveyor asked LPN E if she knew why noon med pass was late and who normally does noon med pass. LPN E stated Med Tech (MT) H usually helps with the noon med pass, but was running late today because there wasn't a nurse in the building so LPN E was called in early to help. On 06/30/21 at 7:52 a.m. surveyor interviewed MT H about the med pass on Monday, June 28, 2021. MT H stated, Morning med pass was late. And the noon med pass was interrupted. MT H stated she was not able to complete the noon med pass on Monday and it was late as well because she had to wait for a nurse to come in. MT H said the night nurses had stayed late to help with the morning med pass, but had left about 10:30 a.m. Surveyor asked MT H if she had passed any medications after the night nurses had left. MT H stated she had given some medications while Nurse Practitioner (NP) U was in the building doing rounds but stopped when NP U had left. MT H said she wasn't sure what time NP U had left, but was guessing it was between 11:30 and 12. MT H said she had re-started noon med pass when LPN E came in around 1:30p.m MT H stated, I was working as a med tech on Monday. I called corporate in South Carolina as to what my role in the facility was that day and they stated I was working as a med tech and not under a temporary RN license. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 07/01/2021 at 10:50 a.m. Surveyor interviewed Nurse Practitioner (NP) U. When surveyor asked NP U if she was in the building on 06/28/2021, she stated, I was in the building doing rounds on my patients. Surveyor asked NP U what her role was in the building and in what capacity she was working. NP U stated, I am a nurse practitioner with the clinic. I was in the building doing rounds on my patients. I am not an employee of the facility. I work with the previous medical director. Surveyor asked if anything was unusual that day. NP U stated someone had told her a Registered Nurse (RN) license was needed and NP U was asked if NP U's license could be used. Surveyor asked NP U if she was aware of why someone would ask to work under her license and if that was a normal request. NP U indicated she had been told an RN license was needed in order for MT H to complete med pass and it was a very unusual request. NP U stated she had said she was not comfortable with the request, had no knowledge of MT H, and was in no position to provide oversight. NP U stated she had not provided any training, education, or monitoring to MT H prior to the request. NP U had no knowledge of MT H's abilities or performance as a medication aide. NP U could not remember what time she had left the faciity on Monday, June 28, 2021 but thought it was around 11:30a.m. to 12:00p.m Surveyor requested and reviewed the timecards for 6/28/21. The timecards provided by Human Resources Director (HR) W during survey revealed the following information: LPN V worked until 10:41 a.m. on 06/28/21 LPN E worked from 1:09 p.m. on 06/28/21 until 2:12 a.m. on 06/29/21. Med tech H worked from 5:41a.m. to 2:15p.m. on 06/28/21. There was no facility licensed nurse in the building from 10:41 a.m. to 1:09p.m. on 06/28/2021. Record review of the Medication Administration History Reports revealed MT H administered the following prescribed medications to residents on 06/28/2021 between the hours of 10:41 a.m. and 1:09 p.m. There was no facility licensed nurse in the building at the time of the medications being administered by MT H. Medication administration 06/28/21 by MT H between 10:41 a.m. and 1:09p.m. were as follows: 10:57a.m. R11 received Carbidopa-Levodopa 25-100 Tab, 1.5 tablet; and Simethicone Capsule125 MG, 1 capsule 11:01a.m. R11 received AYR Saline Nasal Gell 1 spray both nostrils 11:57a.m. R17 received Pyridostigmine BR 60 MG Tablet, 1 tablet 11:59am.-12:01p.m. R18 received the following medications: Aspirin 81 MG Chewable, 1 tablet Calcium 600-VIT D3 200, 1 tablet (continued on next page)

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	525678	A. Building B. Wing	07/14/2021

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Minocqua Health and Rehab	9969 Old Hwy 70 Rd Minocqua, WI 54548

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Celecoxib Capsule 100 MG, 1 Tablet Cholecalciferol Tablet 25 MCTG (1000UT), 2 Tablets Darifenacin Hydrobromide ER Tablet Extended Release 24 Hour, 15 MG, 1 Tablet Lisinopril 20 MG Tablet, 1 Tablet Lutein 20MG Cap, 1 Capsule Multivitamin, 1 tablet Protonix Tablet Delayed Release, 40 MG, 1 tablet Tylenol, 650 MG 11:14-11:16 am. R19 received the following medications: Doxycycline MONO 100 MG Cap, 1 capsule Ensure Plus Loratadine 10 MG Tablet, 1 Tablet Metronidazole 0.75% Cream Multivitamins w/minerals, 1 Tablet Niacinamide 500 MG Tablet-1 Tablet t 10:59a.m. and 1 Tablet at 11:16 a.m. Omeprazole 20 MG Cap DR, 1 capsule Prednisone 5 MG Tablet, 1 Tablet 11:04a.m. R20 received HYRDROcodone-Acetaminophen Tablet 10-325 MG, 1 tablet 10:58 a.m. R21 received the following medications: Albuterol Sulfate Nebulization Solution (2.5MG/3ML)0.083% via nebulizer Aspirin Tablet 325 MG (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Etodolac Tablet 400 MG Florajean3 Cabsule, 1 capasule Magnesium Oxide Tablet 400 (240Mg)MG, 1 Tablet Metoprolol Succinate ER Tablet Extended release 24 Hour 100 MG, 100 MG Omeprazole Capsule Delayed Release 40 MG Trimcinolone Acetonide Cream 0.5%, 17 grams 10:59a.m. R23 received Famotidine 20 MG Tablet, 1 Tablet 11:57a.m. R25 received Carbidopa-Levodopa Tablet 25-100MG, 1 Tablet MT H administered prescribed medications to 8 residents in the facility without a licensed nurse in the building. A medication aide requires supervision from a facility licensed nurse when administering medications to residents. MT H did have a temporary RN license, but was working in the capacity of the medication aide on 06/28/21. Direct supervision (defined as immediately available) by a Registered Nurse is required for an RN working under a temporary license. There was no facility RN working or in the building during the hours of 10:41 a.m. and 1:09p.m. on 06/28/21 when MT H passed the medications listed.

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that residents are free from significant medication errors. 32267 Based on observations, interviews and record reviews the facility failed to administer medications in accordance with physicians orders for 6 of 9 residents (R) (R31, R5, R27, R32, R33 and R34) reviewed for insulin administration. Residents did not receive blood sugar checks and insulin medication as prescribed to ensure optimal diabetic management to prevent possible hyperglycemic episodes. Blood sugar checks and insulin was not administered as prescribed before or with meals for R31, R5, R27, R32, R33 and R34. This is evidenced by: On 06/28/21 1:32 p.m. Surveyor observed Licensed Practica Nurse (LPN) E with medication cart in 200 hall. Surveyor asked LPN E what she was doing. LPN E stated she was finishing up the noon med pass in the 200 and 300 halls. When asked by surveyor when noon med pass usually takes place, LPN E stated, noon med pass is normally done between noon and 1:00 o'clock. Surveyor requested Medication Administration Records (MAR) for all residents receiving meds during the noon med pass on 06/28/2021. On 06/30/21 at 7:52 a.m. surveyor interviewed Med Tech (MT) H about the med pass on Monday, June 28, 2021. MT H stated she was not able to complete the noon med pass on Monday and it was late because she had to wait for a nurse to come in. MT H stated she had given some medications while NP U was in the building doing rounds but stopped when Nurse Practitioner (NP) U had left. MT H said she had re-started noon med pass when LPN E came in around 1:30p.m Surveyor asked MT H what residents received insulin during the noon med pass. MT H provided Surveyor with resident names.When asked if she was aware of any negative outcomes due to not providing insulin as prescribed, MT H stated she was not aware of any at the time. On 06/30/2021 Surveyor reviewed MARs and Medication Administration Audit Reports. All residents listed received their noon meal between the usual hours of 11:30a.m. and 12:00p.m R31 is prescribed Humalog 100 UNIT/ML Vial, 17 units subcutaneously with meals. Scheduled 11:30a.m R31 received 17 units on 06/28/2021 at 1:56p.m R5 is prescribed NovoLOG FlexPen Solution Pen-injector 100 UNIT/ML, inject as per sliding scale subcutaneously with meals. On 06/28/21 R5 received 2 units at 1:59p.m R27 is prescribed HumaLOG Solution 100 UNIT/ML. Inject 16 units subcutaneously with meals. R27 received 16 units on 06/28/21 at 1:58p.m R32 is prescribed Insulin Aspart Solution, sliding scale, subcutaneously before meals and at bedtime. Scheduled 11:00a.m. On 06/28/21 R32 received 4 units at 2:13 p.m (continued on next page)

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	R33 is prescribed HumaLOG KwikPen Solution Pen-injector 100 UNIT/ML, sliding scale, scheduled before meals at 11:00a.m On 06/28/21 R33 did not receive blood sugar check until 2:24p.m. and received 0 units at 2:24p.m R34 is prescribed NovoLIN R Solution 100 UNIT.ML, sliding scale, scheduled 11:00 a.m. On 06/28/21 R34 received 4 units at 2:45 p.m None of the residents had their blood sugars tested timely or received their insulin as prescribed or ordered by a physician.

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F 0837 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	Establish a governing body that is legally responsible for establishing and implementing policies for managing and operating the facility and appoints a properly licensed administrator responsible for managing the facility. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 16041 Based on observations, interviews, and record reviews, the governing body failed to implement policies and procedures related to the management and operation of the facility by cutting staffing and failing to ensure there were adequate numbers of direct care staff to meet the needs of 51 of 51 resident as outlined in the Facility Assessment. In addition, it was found that payments to multiple vendors were in arrears, some being sent to collection agencies. In one instance, CEO-FF (Cheif Executive Officer) directed facility staff to issue a check for a past due utilities bill from the resident funds account. This account contains resident money and is not to be used for any other purposes than resident use. This places the facility at risk of not having supplies to maintain operations for 51 of 51 residents. The governing body's failure to ensure adequate staffing and financial accountability created a finding of immediate jeopardy that began on 6/25/21. ANHA-A (Acting Nursing Home Administrator), ADON-B (Acting Director of Nursing), and COO-GG (Chief Operating Officer) were notified of the immediate jeopardy on 6/30/21 at 12:20 p.m The immediate jeopardy was removed on 6/29/21, however the deficient practice continues at a scope/severity of an F (potential for more than minimal harm/widespread). This is evidenced by: STAFFING On 6/14/21, following a recertification survey, the state survey agency notified the facility that there was insufficient staff to meet the needs of the residents. Facility administration communicated the deficiency to the Corporate staff and informed them she would not accept new residents. Corporate staff responded by informing FNHA (former Nursing Home Administrator) that her pay would be cut $1000 a month and directing her to begin furloughing staff. In an interview with FNHA (former Nursing Home Administrator) on 7/1/21 at 8:08 a.m., FNHA stated that she was directed to furlough four staff. These staff included the Medical Coder/Purchaser, the Activities Director, a Laundry Assistant, and an Activities Assistant. FNHA stated that she asked the CEO and COO to allow her to move the Medical Coder/Purchaser into a vacancy in laundry, and then have the Activities Assistant in laundry 3 days and activities 2 days. When she did not get a reply, she indicated she had to furlough those staff. FNHA-DD stated in light of the furloughs and the staffing shortage that was not addressed by the coporation, she and the DON resigned from their positions effective immediately on 6/27/21, leaving the facility without two key administrative staff. From 6/25/21 through 6/28/21, the facility only provided 40% to 70% of the staffing hours identified in their facility assessment as the amount needed to meet the needs of the residents. (continued on next page)

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F 0837 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	On 6/28/21, at 11:30 a.m. Surveyors entered the building and were told the census was 51. Surveyors toured the building to determine the nurse and CNA (Certified Nursing Assistant) staffing levels. There was 1 Medication Technician/Graduate Nurse, and 1 CNA. Therapy staff were observed to be assisting with some resident cares. Surveyors requested the Daily Assignment Sheets and schedules beginning on 6/25/21. Both documents reveal the following: A review of the facility assessment, dated 2017 indicates that the number of licensed nurses and CNAs needed to ensure there is sufficient staff to meet resident needs is 160 hours to 216 hours per day. A review of the actual hours worked, provided by he Human Resources Coordinator, revealed the following: 6/14/21: 110 hours worked that day by direct care staff (licensed nurses and CNAs). 50 hours below the minimum number of hours the facility determined was necessary. 6/15/21: 124 hours worked that day by direct care staff. 36 hours below the minimum number of hours the facility determined was necessary. 6/16/21: 90.25 hours worked that day by direct care staff. 69.75 hours below the minimum number of hours the facility determined was necessary. 6/17/21: 110.25 hours worked that day by direct care staff. 49.75 hours below the minimum number of hours the facility determined was necessary. 6/18/21: 111 hours worked that day by direct care staff. 49 hours below the minimum number of hours the facility determined was necessary. 6/19/21: 87.5 hours worked that day by direct care staff 72.5 hours below the minimum number of hours the facility determined was necessary. 6/20/21: 91.75 hours worked that day by direct care staff. 68.25 hours below the minimum number of hours the facility determined was necessary. 6/21/21: 82.25 hours worked that day by direct care staff. 77.75 hours below the minimum number of hours the facility determined was necessary. 6/22/21: 125 hours worked that day by direct care staff. 35 hours below the minimum number of hours the facility determined was necessary. 6/23/21: 94.5 hours worked that day by direct care staff. 65.5 hours below the minimum number of hours the facility determined was necessary. 6/24/21: 115 hours worked that day by direct care staff. 45 hours below the minimum number of hours the facility determined was necessary. 6/25/21: 88.98 hours worked that day by direct care staff (licensed nurses and CNAs) This included 8 hours worked by a light duty CNA who is unable to perform all CNA duties. This is more than 71 hours below the minimum number of hours the facility determined was necessary to meet resident needs. (continued on next page)

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F 0837 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	On 6/29/21, Surveyor interviewed CNA-Y who is on light duty. She indicated she is a CNA, but due to restrictions, she is not able to perform all CNA duties. 6/26/21: 112.11 hours worked that day by direct care staff. This is more than 47 hours below the minimum number of hours the facility determined was necessary to meet resident needs. *From 6:00 a.m. until 2:00 p.m., there were only 2 CNAs to care for 50 residents as the nurses had their own work to complete. *From 2:00 p.m. to 6:00 p.m. there was only 1 CNA to care for 50 residents. 6/27/21: 100.89 hours worked that day by direct care staff. This included 4 hours worked by a light duty CNA who is unable to perform all CNA duties. This is more than 59 hours below the minimum number of hours the facility determined was necessary to meet resident needs. 6/28/21: 64 hours worked that day by direct care staff. There were no licensed nurses working on the day shift, only a Graduate Nurse. Therapy staff were observed to assist, however, are not CNAs and not able to perform all duties of a CNA. This is 96 hours below the minimum number of hours the facility determined was necessary to meet resident needs. Because there were inadequate staff, particularly over the weekend of 6/25 to 6/27/21, residents were left in their rooms, left in bed with no way of getting up independently, and did not receive needed cares such as personal hygiene cares, toileting assistance, and/or repositioning. Staff had to choose which residents received care while others went without. As a result, there were resident falls, worsening of pressure injuries, and the development of pressure injuries, and medication errors. Cross reference the other federal citations issued during this survey for details concerning unmet resident needs, including F725 (staffing, cited at immediate jeopardy), F600 (neglect, cited at immediate jeopardy), F675 (quality of life, cited at immediate jeopardy), F677 (services to maintain good nutrition and grooming), F684 (quality of care, cited at the level of harm), F686 (prevention of pressure injuries), F688 (maintain ability to perform activities of daily living, cited at the level of harm), F689 (superision to prevent accidents), F690 (maintain continence, cited at the level of harm), F757 (pharmacy services), and F760 (free of significant medication errors). FINANCIAL During the course of the survey (6/28/21 through 7/14/21) Surveyors reviewed financial information from the facility and noted the following past due bills 1. Windsor Capital Management. On 5/12/21, Windsor Capital Management requested a payment update as the account was 4 months past due for a total of $3,253.12. On 5/21/21, Accounts Payable issued a check for $1,091.52 leaving an unpaid balance of $2,161.60. As of 6/28/21, Windsor Capital Management acknowledged receipt of the payment, but indicated in an email that the account is still 4 months past due and requested a payment timeline as well as an explanation as to why the account was so far in arrears. On 6/29/21, Surveyor spoke with a Windsor Capital Representative who confirmed the facility is in arrears, but could not confirm the amount. (continued on next page)

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F 0837 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	Surveyor received a copy of the contract between the facility and the RD (Registered Dietitian). The contract was signed by the RD on 2/9/21 and FNHA DD (Former Nursing Home Administrator) on 2/10/21. Section 4 of the contract indicates it was to commence on 2/8/21. During the recertification survey, completed on 6/14/21, surveyors reviewed this contract as part of an investigation related to lack of RD response. At the time the surveyor reviewed the contract, only the FNHA had signed; the RD had yet to sign and return it to the facility. In email correspondences regarding the unsigned contract between CEO FF, RD and FNHA DD, the CEO stated, Since it hasn't been signed yet, is there any reason not to date it for January? Surveyor received and reviewed a copy of the signed contract on file at the facility. Section 4 of this contract has a commencement date of 1/1/21. During an interview with FNHA DD on 6/25/21, FNHA DD indicated that she identified the date change when the signed contract was returned to her. FNHA DD indicated that she did not agree to the date change and was not told it was going to occur. Failure to ensure the governing body implemented policies and procedures related to the management and operation of the facility contributed to multiple care issues identified during this survey (and created a finding of immediate jeopardy. The facility removed the immediate jeopardy on 6/29/21 when they implemented the following: 1. Governing Body met with the Chief Compliance Officer to expand the scope of the policy to include the entire chain of command. The policy will be posted in a conspicuous area and all staff will be educated on who they are to communicate with. 2. The lead staff will be responsible for notifying the governing body of any deficient staffing issues. 3. The governing body established a revolving line of credit. 4. Establish monitoring of all accounts payable on a monthly basis. 5. DON and NHA to monitor staffing sheets to assure appropriate staffing levels and notify the chain of command if minimums are not met.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525678	A. Building B. Wing	07/14/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Minocqua Health and Rehab	9969 Old Hwy 70 Rd Minocqua, WI 54548

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. 31088 Based on record review, observation and interviews, the facility failed to properly prevent and/or contain the spread of infection, including COVID-19. The facility did not have screening process in place for screening individuals for signs or symptoms of COVID or a process to check self screening individuals entering the facility. Facility staff did not wear eye protection while in the facility. Facility is located in a county rated moderate risk for community transmission. Resident vaccination rate for the facility is 81% and staff vaccination rate is 83%. This had the potential to affect the 19% of residents who are not vaccinated. Surveyors entered the building on 6/28/21 at 11:30 a.m. Surveyors observed that all staff working in the building were not wearing any eyewear. Surveyors were in the building all day 6/29, 6/30 and 07/01/21. Staff were not wearing protective eyewear at anytime during the 4 day survey. No staff were present in the facility conducting screening of individuals entering the facility. Staff did not sanitize the table or use a barrier for wound care supplies for R2 and R7. CNA did not perform correct hand hygiene when providing cares. This is evidenced by: Eye Protection On 06/28/21 at 11:30 a.m. when surveyors entered the building and walked to the nurses station they were greeted by AC C and SSD D. Surveyor obsered neither were wearing eye protection or a face mask. Further observations of the staff in the area, including MT H and PTA M indicated staff were not wearing face masks or eye protection while assisting residents. On 6/28/21 at 1:37 p.m. Surveyor observed CNA F at the nurses station. CNA F had a mask on, but no eye protection. On 6/29/21 at 8:00 a.m. Surveyor observed MT H, CNA F and ADON T at the nurses station area with face masks but no eye protection. ADON T's face mask was below her nose. At 1:32 p.m. Surveyor observed LPN E conducting med pass with a face mask and no eye protection. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 06/30/21 at 9:30 a.m., Surveyor interviewed the Assistant Director of Nursing (ADON) T to ask about the facility policy for the use of PPE. ADON T stated she was new to this position and did not know where to find the policy. Surveyor asked what PPE staff were to be wearing per their Covid policy. ADON T indicated the staff should wear masks. Surveyor asked about eyewear. ADON T stated the former NHA never included eyewear in the policy that she was aware of. Surveyor asked what training ADON T has had for the infection control preventionist position. ADON T indicated she has not had any training, and is now learning the role. At this time the facility does not have an acting Director of Nursing or Nursing Home Administrator to train ADON T. Centers for Diesease Control's (CDC) guidance in both the general infection control and LTC-specific infection control guidance indicates that eye protection should be used for patient/resident care based on the community transmission data which means that facilities should be using eye protection if at moderate level for transmission. It is recommended staff should wear eye protection in any resident care areas which would be any area that is not an office area or staff-only space Screening Surveyors entered the building on 6/28/21 at 11:30 a.m. There was a screening table set up in the lobby area of the building. There were no staff present in the reception area, business office or nursing administration office. Surveyors self screened and filled out the paperwork. The same process occurred on 06/29/21, 06/30/21 and 07/01/21. At no time during the survey did facility staff ask if surveyors were screened or verify that surveyors had no symptoms upon entering the facility. Centers for Medicare/Medicaid Services (CMS) guidelines as outlined in QSO-20-39 require facilities follow the Core Principles of COVID-19 Infection Prevention through screening of all who enter the facility for signs and symptoms of COVID-19 (e.g., temperature checks, questions about and observations of signs or symptoms), and denial of entry of those with signs or symptoms or those who have had close contact with someone with COVID-19 infection in the prior 14 days (regardless of the visitor's vaccination status). 41945 Dressing Changes (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 06/30/21 at 9:35 AM, Surveyor observed RN L changing dressing on R7. RN L gathered supplies prior to coming to R7's room. RN L placed dressing supplies on R7's bedside table. RN L did not sanitize table prior to placing supplies and RN L did not place a barrier between table and supplies. RN sanitized hands, and put on gloves. RN L put barrier film on right lateral foot. RN L measured foot: Right lateral foot: 2cm x 1.25cm Area dark purple. In the dark purple area an open red area noted measuring 1cm x 0.5cm. RN L then removed right plantar heel dressing. RN L removed gloves, sanitized hands and put on new gloves. RN cleansed right heel. RN L applied med-honey to heel. RN L removed gloves, and sanitized hands. RN L put on new gloves and placed foam dressing to heel. RN removed gloves threw paper tape measure in garbage, and sanitized hands. RN L left room to get a scissors. RN L came back to room, placed a smaller dressing on the bedside table. RN L sanitized hands and put on new gloves. RN L placed a foam dressing on right lateral foot. RN L was in process of opening a small dressing for right great toe and placing it on toe and Surveyor stated measurements were needed for the right great toe. RN L stated, Oh, I almost forgot. RN L then reached into the garbage can and retrieved the paper tape measure and measure the right great toe. Right great toe 1cm x 0.5cm dry and scabbed. Area around is pink. RN L put aquacel and foam dressing to right great toe. Surveyor asked why she took the tape measure out of the garbage, RN L stated, It was ok, it was just sitting on top of the clean dressing packages. On 06/30/21 at 10:00 AM, Surveyor observed RN L performing dressing changes on R2. RN L had gathered supplies prior to entering room. Dressing supplies were placed on bedside table. Bedside table not sanitized prior to RN L placing dressing supplies and RN L did not place a barrier between table and supplies. RN L sanitized hands and then gloved. RN L removed the band aid from R2's great toe. After RN L removed the band aid, RN L took gloves off and sanitized hands. RN L left room to retrieve paper tape measure. Upon return, RN L sanitized hands, and then gloved. RN L measured left great toe and left 2nd toe. RN L cleansed the left great toe with normal saline. RN L removed gloves. Sanitized hands, put on new gloves and applied band aid. Surveyor asked RN L about placing supplies on bedside table without sanitizing or using a barrier. RN L stated the supplies were all in packages. Peri Care On 06/28/21 at 3:00 p.m., Surveyor observed Certified Nursing Assistant (CNA) F and CNA O assist R10 with cares. CNA F washed her hands and donned gloves. CNA F then removed the soiled incontinent pad and washed R10's bottom. CNA F kept the contaminated gloves on, opened the bedside drawer and took out barrier cream. CNA F applied the barrier cream to R10's bottom, kept the same glove on and put the barrier cream back in the drawer. CNA F then applied the clean incontinent brief, touched R10's shirt, arm, bedrail, blankets and pants with the contaminated gloves. After all cares, CNA F removed her gloves and used hand sanitizer. At 3:10 p.m., Surveyor interviewed CNA F and asked when during cares should gloves be removed and hand hygiene be performed. CNA F stated, I should have taken my gloves off and washed my hands after washing R10's bottom.