

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525678	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/20/2021
NAME OF PROVIDER OR SUPPLIER  Minocqua Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>44863</p> <p>Based on observations, interviews, and record review, the facility did not provide needed care to prevent a physical decline for 1 of 3 residents (R1) reviewed for skin concerns.</p> <p>Facility did not follow up on orders from wound clinic for referral to dermatologist. R1's skin condition deteriorated and spread from back to other parts of R1's body. Surveyor observed R1's back on 12/20/21, which was red with excoriated areas and drainage.</p> <p>Findings include:</p> <p>R1 was admitted to facility on 11/07/19 with a diagnosis of dementia. R1 has documented Moisture Associated Skin Damage (MASD) to her back since approximately 03/2021. R1 has chronic Foley catheter in place.</p> <p>On 12/20/21 at 8:55 AM, Surveyor entered R1's room and observed her to be scratching her left shoulder and left upper back. R1 stated, My back is itchy today, my back is always itchy until they put something on it. R1 confirmed an appointment at the wound clinic a few weeks ago and stated, They are supposed to do it three times a day, but I'm lucky if they do it once. R1 denies back pain. R1 is noted to have Foley catheter with bedside drainage bag.</p> <p>R1 reported that staff assist her with repositioning in bed, but she is able to help by using the bilateral enabler bars on her bed. R1 agreed to roll to her right side and let Surveyor observe her upper left shoulder and back. When R1 rolled to her side, Surveyor noted R1's back was red and her sheets were soiled with red and brown drainage.</p> <p>On 12/20/21 at 9:30 AM, Surveyor interviewed Certified Nursing Assistant (CNA)-E. CNA-E reported that R1 prefers to stay in her bed most days, but that R1 is cooperative with cares and does not decline assistance to be repositioned.</p> <p>On 12/20/21 at 11:05 AM, Surveyor interviewed CNA-D. CNA-D reported that R1 does refuse to get out of bed and will refuse showers. CNA-D reported that R1 is scheduled to receive a shower every Tuesday; if R1 refuses a shower she is offered a bed bath. CNA-D stated that R1 is to wear a gown with opening to back and have brief open to allow for air flow. CNA-D reported that aides are to let a nurse know of any changes to R1's back or any refusals of showers or cares.</p> <p>Record review indicated:</p> <p>(continued on next page)</p>

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525678	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/20/2021
NAME OF PROVIDER OR SUPPLIER  Minocqua Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 11/02/21, MASD had worsened, involving R1's whole back. Area documented as bright red, raised, rash appearance, and excoriation in some areas, drainage, no odor. R1 did have complaints of pain. Shower was offered to R1, where she had emesis related to pain, Tylenol offered and effective. Nurse Practitioner (NP) was updated at this time.</p> <p>On 11/03/21, NP recommended that R1 be transferred to emergency room , R1 refused. Documentation reported that back has improved after shower, no odor, nor painful. NP to see R1 on 11/04/2021. NP made referral to wound clinic.</p> <p>On 11/05/21, Electronic Health Record (EHR), documentation by Registered Nurse (RN)-C, R1 went out to wound clinic this afternoon shift, no new orders.</p> <p>R1's paper chart contained an order from the wound clinic dated, 11/05/21. Order for topical medication to back twice daily, and states, Seek dermatology referral for possible oral anti-fungal if not resolved in two weeks.</p> <p>Treatment Administration Record (TAR) indicates that R1 received topical medication to back from 11/08/21-11/21/21.</p> <p>TAR indicates there were no treatments for R1's skin from 11/22/21-12/07/21. RN-C confirms that there were no treatment orders for those dates.</p> <p>There is no documentation to support follow up after completion of topical medication on 11/21/21, or a referral to dermatology when the area was not resolved after 2 weeks.</p> <p>On 11/23/21, skin assessment indicated MASD present to back and groin, no odor, tissue painful.</p> <p>On 11/30/21, skin assessment indicated, MASD present to back, groin, buttocks, inner thighs, and back of right leg. No odor present. On 11/30/21 the area has worsened and is now present in several more areas of R1's skin.</p> <p>On 12/08/21, an order is obtained from NP to apply topical medication to R1's back every shift. Review of TAR confirmed that staff have been applying medication every shift beginning 12/08/21.</p> <p>On 12/20/21 at 11:50 AM, Surveyor interviewed RN-C and asked about referral to dermatology, RN-C reported that she was not aware of an order for a dermatology referral. RN-C stated she did not know if a referral to dermatology had been made.</p> <p>On 12/20/21 at 12:05 PM, RN-C and Surveyor observed R1's MASD, noting that R1's back was red, with excoriated areas and small amount of drainage. RN-C stated that area has deteriorated from the previous week.</p> <p>On 12/20/21 at 12:30 PM, during interview with Director of Nursing (DON)-B, Surveyor asked DON-B who is responsible for entering orders when a resident returns from an appointment. DON B reported that the floor nurse receiving the member back to the facility is responsible for entering new orders, including referrals.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525678	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/20/2021
NAME OF PROVIDER OR SUPPLIER  Minocqua Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  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 0684  Level of Harm - Actual harm  Residents Affected - Few	Based on Surveyor's investigation, the facility did not follow orders, resulting in a worsening of R1's skin condition.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525678	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/20/2021
NAME OF PROVIDER OR SUPPLIER  Minocqua Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>22548</p> <p>Based on record review and interviews, the facility failed to staff an RN (Registered Nurse) for eight consecutive hours per day, seven days per week. This has the potential to affect all residents.</p> <p>There were three days without a Registered Nurse for eight consecutive hours during a 31 day look back. The census on these three days ranged from 35 to 36 residents.</p> <p>This is evidenced by:</p> <p>Surveyor requested and reviewed nursing schedules and staff postings from 01/01/2022 through current date and noted three days without an RN for eight consecutive hours. These dates were as follows:</p> <p>~Saturday, 01/15/2022. Census was 35.</p> <p>~Saturday, 01/22/2022. Census was 36.</p> <p>~Sunday, 01/23/2022. Census was 36.</p> <p>On 02/01/2022 at 9:20 a.m., Surveyor interviewed NHA (Nursing Home Administrator) A regarding RN coverage. NHA A stated DON (Director of Nurse) B and RN C both work more than eight hours per day Monday through Friday. NHA A confirmed the three days in January 2022 without an RN for eight consecutive hours. These dates were 01/15/2022, 01/22/2022, and 01/23/2022.</p> <p>On 02/01/2022 10:40 AM, Surveyor interviewed DON B who stated the facility has hired new staff and continues to recruit for additional staff.</p> <p>On 02/01/2022 at 12:02 p.m., Surveyor interviewed DON B who stated she was on call all of the time and did receive phone calls regarding incidents on 1/22/2022.</p> <p>Surveyor reviewed staffing patterns for 01/22/2022 and 01/23/2022 and noted a census of 36 for both days and the following staffing:</p> <p>~01/22/2022 first shift had one LPN, an MT (Medication Technician) from 10:00 a.m. to 2:00 p.m., and 2 CNAs. Second shift had 2 LPNs each working half of the shift, an MT from 2:00 p.m. to 8:00 p.m., two CNAs, and a third CNA working 6:00 p.m. to 10:00 p.m. Third shift had one LPN and CNA plus another CNA came in from 2:00 a.m. to 6:00 a.m.</p> <p>~01/23/2022 first shift had the same staffing pattern as 01/22/2022. Second shift had the same staffing pattern as 01/23/2022. Third shift had one LPN and two CNA staff.</p>		