

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 03/09/2022
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 0559</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to share a room with spouse or roommate of choice and receive written notice before a change is made.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44863</p> <p>Based on observation, interview, and record review, the facility did not ensure that notification was provided prior to roommate changes and room changes for 12 of 14 Residents (R2, R4, R5, R7, R9, R14, R15, R16, R17, R18, R19, R20,) resulting in the potential for psychosocial harm.</p> <p>The facility moved residents from their existing rooms to different rooms without reason, appeal rights, staff and resident/representative signature and date.</p> <p>Findings include:</p> <p>On 3/7/2022 at 8:00 AM, Surveyor observed residents in the following rooms: R2 405, R4 406, R5 414, R7 201, R9 408, R14 406, R15 412, R16 412, R 17 409, R18 210, R19 407, R20 403.</p> <p>On 3/7/2022 at 11:00 AM, Surveyor interviewed R4. R4 reported that on 2/16/2022 she returned to the facility following an appointment, NHA-M (Nursing Home Administrator) told her that her belongings were moved across the hall into R14's room. R4 stated that she was not told in advance that her room was going to be changed or that she would have a roommate.</p> <p>R4 stated that NHA-M indicated room changes were necessary as maintenance would be completed on the floors, and the change would be temporary. Later she was told by facility staff that residents would not be returned to their rooms, and that residents on 100/200 halls would be moved to 300/400 halls for staff convenience.</p> <p>R4 reported that she is activated POA (Power of Attorney) for R2, diagnosed with dementia. R4 reported that R2 had three room changes in February and she was not notified of any of these. R4 stated that during this time, R2 experienced two falls, increased confusion and was diagnosed with a urinary tract infection.</p> <p>R4 confirmed that on her admission she received information that she would be notified of a room change. She further stated that when she discussed this with NHA-M, he reported that the room changes were due to the pandemic. R4 reported that there was no additional follow up after she voiced her concern.</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0559</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 3/8/2022 at 9:40 AM, Surveyor interviewed R19. R19 reported that on a Saturday night at 8:00 PM he was in his bed and preparing to go to sleep when Maint-O (maintenance) and CNA (Certified Nursing Assistant) entered his room and informed R19 that he was moving rooms at this time. R19 stated that he could not remember the date or the staff names. When R19 asked staff why he was moving rooms, staff stated, the boss told us to. R19 reported that he refused and went to sleep but his room change did occur on a different day, however he was not able to recall this date. R19 confirmed that he was not notified of the room change, he did not sign any documents, and he was not informed why the room change occurred.</p> <p>At 10:02 AM, Surveyor interviewed SSD-L (Social Service Director). SSD-L reported that room changes occurred the week of 2/14/2022. SSD was scheduled to work as a CNA that week and confirmed when she is scheduled as a CNA she does not work in social services. SSD-L reported that NHA-M and Maint-O were completing resident room changes and that Maint-O completed Notification of Room Change form with each resident.</p> <p>At 12:15 PM, Surveyor interviewed R14's FM-N (Family Member). FM-N confirmed that months ago she was informed by NHA-M that R14 might be getting a roommate. FM-N expressed that she did not feel this was a good idea due to R14's diagnosis of dementia. FM-N further reported that in February while visiting R14, Maint-O informed her that R14 would be getting a roommate the following week. FM-N stated that she again indicated that she did not feel this was an appropriate plan. The following week, on 2/16/2022 FM-N was visiting R14, Maint-O came into the room and informed FM-N and R14 that R4 would be moving into the room, and reported, at that time staff began bringing R4's personal items into R14's room. FM-N confirmed that R4 was not in the facility when this occurred. FM-N stated that she did not receive any notification in writing, nor did she sign anything.</p> <p>At approximately 12:30, Surveyor reviewed Notification of Room Change form for R2, R4, R5, R7, R9, R14, R15, R16, R17, R18, R19, R20. Forms were completed with resident name and room numbers, and included dates of room change, notification, and plan of care update. Forms were not completed with the following: reason, appeal rights, staff and resident/representative signature and date.</p> <p>The following information was reviewed on Notification of Room Change form:</p> <p>R2-room change on 2/14/2022 from room [ROOM NUMBER] to 405</p> <p>R4-room change on 2/16/2022 from room [ROOM NUMBER] to 406</p> <p>R5-no form</p> <p>R7-no form</p> <p>R9-room change on 2/18/2022 from room [ROOM NUMBER] to 408</p> <p>R14-no form</p> <p>R15-room change on 2/10/2022 from room [ROOM NUMBER] to 412</p> <p>R16-room change on 2/10/2022 from room [ROOM NUMBER] to 412</p> <p>(continued on next page)</p>		

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<p>F 0559</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 03/07/2022 at 3:35 p.m., Surveyor interviewed R12 regarding facility satisfaction. R12 stated she liked her room because of the view outside the window. R12 stated the view made her feel closer to God. R12 stated she was told a few weeks ago, she would have to move. R12 stated she refused to move because there was no reason given and she liked her room and roommate.</p> <p>On 03/07/2022 at 4:00 p.m., Surveyor interviewed R13 who confirmed the former NHA M and former MD O told her she must move out of her room because of needed repairs. R13 asked how long would the repairs take and when could she move back to her room. R13 was told this would be a permanent room change. R13 refused to move out of room.</p>		

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<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22548</p> <p>Based on observation, record review, and interview, the facility did not consistently provide care and services for 3 (R10, R8, R12) out of 29 incontinent residents to manage incontinence and prevent IAD (incontinent associated disorders) or promote the healing of non pressure skin ulcers for 1 (R7) out of 1 resident reviewed for non pressure skin ulcers</p> <p>R10 developed an IAD due to frequent bowel incontinence, lack of supplies to manage incontinence, and lack of timely incontinence care</p> <p>R8 developed an IAD due to frequent bladder incontinence, lack of supplies to manage incontinence, and lack of timely incontinent care</p> <p>The first two examples were cited at Scope/Severity Level 3-actual harm/isolated; the remaining examples are at a Scope/Severity Level 2.</p> <p>R12 developed an IAD due to frequent bladder incontinence, lack of supplies to manage incontinence, and lack of timely incontinence care</p> <p>R7 was prescribed Arginaid, a nutritional drink to support wound healing. R7 did not receive Arginaid as prescribed.</p> <p>The facility was unable to obtain Arginaid (a powder supplement used for wound healing) to aide in healing R7's ulcer.</p> <p>This is evidenced by:</p> <p>Example #1:</p> <p>R10 was admitted to the facility for short term care on 01/27/2022 with the following, but not all inclusive, diagnoses: end stage kidney disease dependent on dialysis, diabetes, and congestive heart failure.</p> <p>The facility completed an admission MDS (minimum data set) assessment for R10 on 02/09/2022 with the following data:</p> <p>~able to make self understood and understand others.</p> <p>~BIMS (brief interview for mental status) score of 14 out of 15, cognitively intact.</p> <p>~required extensive staff assistance for bed mobility, toilet use, and hygiene.</p> <p>~frequently incontinent of bladder.</p> <p>~always incontinent of bowel.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the admission nursing assessment noted R10 had no skin problems upon admission.</p> <p>On 02/27/2022, R10 was noted to have an IAD on buttocks. The medical provider was consulted and ordered barrier cream with every brief change and leave open to air when able.</p> <p>On 03/05/2022, R10 had a new order which was Triad Wound Care to right and left buttock every shift for IAD.</p> <p>On 03/08/2022, RN (Registered Nurse) F assessed R10's IAD and documented 2.4 cm (centimeters) by 0.6 cm on left buttock and 2.5 cm by 0.8 cm on right buttock.</p> <p>Review of the care plan titled, The resident has IAD to right and left buttock . dated 02/28/2022 noted R10 was to notify staff when soiled and staff to change immediately.</p> <p>On 03/07/2022 at 11:45 a.m., Surveyor observed CNA (Certified Nursing Assistant) D and PTA (Physical Therapy Assistant) S assist R10 to transfer from the wheelchair into bed. R10 was able to reposition self in bed onto right side. CNA D removed R10's poorly fitted brief and Surveyor observed R10's excoriated buttock with actual open areas. On the right buttock the wound was approximately 2 cm (centimeters) by 0.3 cm. The wound bed was filled with yellow slough and the wound edges were irregular and fragile. There was another open area on the left buttock that was approximately 1 cm by 0.3 cm. The wound bed was also filled with yellow slough and had irregular fragile edges. R10 stated staff used Triad Wound Care ointment 2-3 times per day on the excoriated buttock.</p> <p>On 03/08/2022 at 10:30 a.m., Surveyor interviewed R10 regarding staffing, care, and supplies. R10 stated the excoriated buttocks was caused from involuntary diarrhea and being soiled frequently throughout the day and night. R10 stated the buttocks, burns and sometimes feels on fire, when there is fecal matter in her brief. R10 stated she will call for staff assistance to change her brief and has waited for more than an hour before staff arrive to help. R10 stated she called for staff assistance during the night and a staff member answered her call light and told her she could not help her until morning. R10 stated call light response time was 15 minutes to never. R10 stated there just aren't enough staff to care for all of us.</p> <p>Example #2:</p> <p>R8 was admitted to the facility for short term rehabilitation on 01/27/2022 with the following, but not all inclusive, diagnoses: cellulitis, congestive heart failure, venous insufficiency, chronic kidney disease, and arthritis.</p> <p>The facility completed an admission MDS assessment for R8 on 02/08/2022 with the following data:</p> <p>~able to make self understood and understand others.</p> <p>~BIMS score 14 out of 15, cognitively intact.</p> <p>~required extensive staff assist for bed mobility, toilet use, and hygiene.</p> <p>~frequently incontinent of bladder.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the admission nursing assessment noted R8 had no skin problems upon admission.</p> <p>On 02/28/2022, the facility developed a care plan titled, The resident has actual impairment to skin integrity . for R8. The interventions included a specialty mattress, wheelchair cushion, and weekly skin assessments.</p> <p>On 03/05/2022 the medical provider was notified of R8's bilateral buttock excoriations and ordered Triad Wound Care every shift for IAD.</p> <p>On 03/07/2022 at 11:56 a.m., Surveyor observed DON B and COTA (Certified Occupational Therapy Assistant) T assist R8 from a seated position to a standing position. DON B removed R8's poorly fitted brief and Surveyor observed a large area of excoriation that covered R8's bilateral buttocks. The area was dark purple in color and evidence of a thick white barrier cream present. DON B stated the current treatment was the Triad Wound Care ointment every shift. R8 stated the buttock area was painful at times when he lays on his back for long periods of time.</p> <p>On 03/08/2022 at 10:05 a.m., Surveyor interviewed R8 regarding care received, staffing, and supplies. R8 stated the staff work hard but are very understaffed and cannot care for people when needed. R8 stated call light response may take as long as an hour and sometimes staff, never answer the call light. R8 stated he has poor control of his bladder and was often incontinent. R8 stated staff help him change his brief about one to two times per shift, otherwise R8 stated his brief was usually wet. R8 stated sometimes staff will use 2 briefs when there are no 2XLarge briefs available. R8 also stated staff do not reposition him as often as needed. R8 stated he goes up to seven hours lying on his back without being repositioned. R8 stated he does have buttock pain and will call for staff assistance and hope staff comes.</p> <p>Example #3:</p> <p>R12 was admitted to the facility for long term care on 03/12/2020 with the following, but not all inclusive, diagnoses: coronary artery disease, atrial fibrillation, diabetes, and chronic kidney disease.</p> <p>The facility completed a quarterly MDS assessment for R12 on 01/25/2022 with the following data noted:</p> <p>~able to make self understood and understand others.</p> <p>~BIMS score of 15 out of 15, cognitively intact.</p> <p>~required extensive staff assistance with bed mobility, toilet use, and hygiene.</p> <p>~always incontinent of bladder and bowel.</p> <p>On 03/06/2022, RN F identified IAD of R12's right buttock and left gluteal fold. RN F consulted with the medical provider and requested R12's excoriated right buttock and left gluteal fold be treated with barrier cream every shift.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the nurses notes dated 03/08/2022 noted RN F requested to change treatment for R12's excoriated buttock to Triad Wound Care every shift for IAD.</p> <p>The facility developed a care plan titled, The resident has actual impairment to skin integrity . dated 03/06/2022. The interventions included treatment per physician orders, weekly wound assessments, and use draw sheet to move resident.</p> <p>On 03/07/2022 at 3:35 p.m., Surveyor observed CNA I and CNA J assist R12 from the wheelchair into bed using the full mechanical lift. R12 was observed to be wearing a poorly fitted brief and the brief was wet with urine. CNA I and CNA J assisted R12 to roll onto her left side and Surveyor observed R12's excoriated buttock (both sides) with an actual open area on the right buttock that was approximately 1 cm by 0.3 cm. The wound bed was pink and the wound edges were irregular and fragile.</p> <p>Surveyor interviewed R12 who reported staff are kind but staff shortages are present. R12 stated she preferred to stay in bed and staff change her two times per shift.</p> <p>Interviews:</p> <p>On 03/07/2022 at 8:00 a.m., Surveyor interviewed CNA D regarding staffing and available supplies. CNA D stated most supplies are available but getting 2XLarge briefs was difficult. CNA D stated the facility has many residents who wear a 2XLarge brief and the facility often runs out of this size. CNA D stated facility staff go to Wal Mart or Walgreens and purchase briefs and barrier cream when supplies are gone.</p> <p>On 03/07/2022 at 8:31 a.m., Surveyor interviewed CNA C who reported facility staff often need to purchase briefs and barrier cream at Wal Mart or Walgreens because the stock has been depleted. CNA C stated she was assigned to the blue hall which had 2 residents, the orange hall which had 3 residents, and the purple hall which had 11 residents. CNA C stated the usual staffing pattern for 40 plus residents was 2 CNAs. CNA C stated she does the best job possible to care for her residents.</p> <p>On 03/07/2022 at 11:20 a.m., Surveyor interviewed NP (Nurse Practitioner) R regarding skin problems and supply shortages. NP R stated she had recently been notified of an increase in IAD skin problems by RN F and was alerted to the facility not having any barrier cream or incontinent briefs. NP R stated RN F will notify her of skin problems via facsimile and request treatment orders. NP R stated she was told by RN F that RN F purchased barrier cream out of her own money because the facility could not obtain supplies.</p> <p>On 03/07/2022 at 11:34 a.m., Surveyor interviewed DON (Director of Nurses) B regarding supplies and shortages. DON B stated the facility does have problems obtaining supplies like barrier cream and briefs at times. DON B stated she has alerted the VPO (Vice President of Operations) Q of the problem. DON B stated on 03/04/2022, a large medical supply order was placed but was declined due to insufficient funds. DON B stated according to VPO there was a misunderstanding and the order was being processed as of today. DON B stated staff are very creative with supplies and believes the necessary supplies will be arriving soon. DON B stated staff has gone to Wal Mart and Walgreens to purchase barrier cream and briefs and will continue to do so as needed.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 03/07/2022 at 4:00 p.m., Surveyor interviewed CNA I who reported usual staffing patterns for the second shift were two CNAs. CNA I stated there have been occasions where there was only one CNA on the second shift and she was unable to get her work done. CNA I stated there have been shortages of 2XLarge briefs and barrier cream. CNA I stated staff must use the wrong size brief and this results in residents with soiled clothes and skin problems. CNA I stated when there are no 2XLarge briefs, she doubles up on the XLarge briefs. CNA I stated she can provide repositioning and incontinence care about two times per shift for residents.</p> <p>On 03/08/2022 at 11:25 a.m., Surveyor interviewed RN (Registered Nurse) F who stated she was the Certified Wound Treatment Associate and completed weekly wound rounds. RN F stated there had been an increase in the number of residents with IAD beginning in early February. RN F stated the facility used calazinc as the house stock barrier cream but had been out of this product. RN F stated on 03/04/2022, she spent between \$50 and \$60 to purchase barrier cream at Wal Mart because the facility did not have any barrier cream. RN F stated she witnessed former DON P attempt to order supplies like briefs, Arginaid, and barrier cream, but the orders were declined due to insufficient funds. RN F stated former NHA (Nursing Home Administrator) M was aware of supply shortages and staffing patterns.</p> <p>On 03/09/2022 at 11:20 a.m., Surveyor interviewed VPO (Vice President of Operations) Q regarding RN F's statement about declined payment for medical supplies. VPO Q stated the orders were declined because former DON P and former NHA (Nursing Home Administrator) M did not follow procedure to complete the order process. VPO Q stated when the facility placed an order, the facility then would contact VPO Q to transfer money into the facility debit card to cover the cost of the medical supplies. VPO Q stated former NHA M and former DON P would randomly place orders and not request for the money to be transferred into the facility debit card. VPO Q stated the order would be canceled due to insufficient funds.</p> <p>44863</p> <p>R7 was admitted to the facility on [DATE]; POA (Power of Attorney) is activated. R7's diagnoses include Dementia with Lewy Body, Parkinson's Disease, Type 2 Diabetes Mellitus, history of falling, cognitive communication deficit, and hallucinations.</p> <p>Record review noted the following:</p> <p>12/4/2021, R7 sustained second and third degree burns to bilateral feet, after placing them on the room heater.</p> <p>1/6/2022, RD (Registered Dietician) recommended Arginaid twice daily to support healing progress of skin.</p> <p>1/12/2022, R7 had been prescribed Arginaid two times daily as a supplement for wound healing to bilateral feet.</p> <p>2/21/2022, R7's MAR (Medication Administration Record) showed that R7 had not been administered Arginaid from 2/21/2022-3/8/2022.</p> <p>3/3/2022, facility staff faxed NP (Nurse Practitioner) to request Arginaid be held until available.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>3/4/2022, nurse progress notes indicated that Arginaid was on hold.</p> <p>On 3/9/2022 at 11:02 AM, Surveyor reviewed weekly wound documentation for R7, beginning 12/29/2021 through 3/8/2022; notes indicated improvement in wound healing.</p> <p>On 3/9/2022 at 1:19 PM, Surveyor observed DON B and RN F change dressing to R7's left foot. Wound was dry, area was pink and defined, and there were no signs of infection. R7 tolerated dressing change well and denied any pain.</p> <p>On 03/08/2022 at 11:25 a.m., Surveyor interviewed RN (Registered Nurse) F who stated the facility had not been able to purchase Arginaid due to declined payment. RN F stated she witnessed the previous DON (Director of Nurses) P place orders for Arginaid and other medical products and the orders were canceled due to denial of payment. RN F stated the facility has been out of Arginaid since early February. RN F stated the medical provider was contacted and placed the Arginaid order on hold until it could be obtained.</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>22548</p> <p>Based on observation, record review, and interview, the facility did not promote the healing of 1 (R21) out of 3 residents reviewed for pressure injuries.</p> <p>R21 was ordered to receive Arginaid (a powder supplement to aide in wound healing) twice daily beginning on 12/31/2021. R21 has not received the Arginaid as ordered beginning on 02/07/2022 because the facility was unable to obtain Arginaid due to insufficient funds.</p> <p>This is evidenced by:</p> <p>R21 was admitted to the facility for long term care on 08/07/2020 with the following, but not all inclusive, diagnoses: arthritis, lumbar radiculopathy (compression of the lower spinal nerves), history of uterine cancer, and osteoporosis.</p> <p>On 12/21/2021, R21 developed a new pressure injury to the fourth toe on the right foot. The assessment noted a 0.2 cm (centimeter) by 0.2 cm stage 2 injury due to pressure from third toe. The medical provider was consulted and treatment initiated. Weekly wound assessments were completed.</p> <p>On 01/04/2022, R21's right outer ankle pressure injury reoccurred. The wound measured 0.4 cm by 0.7 cm and was unstageable. The medical provider was contacted and treatment initiated. Weekly wound assessments were completed.</p> <p>On 12/31/2021, the medical provider ordered Arginaid for R21 twice daily for nutritional support and wound healing.</p> <p>Review of the MAR (Medication Administration Record) noted R21 did not receive Arginaid 21 times in February and 25 times in March.</p> <p>As of 03/08/2022, R21's right fourth toe pressure injury was 0.1 cm by 0.1 cm with granulation present in the wound bed. R21's right outer ankle pressure injury was 0.2 cm by 0.2 cm and unstageable. There was no evidence of either pressure injury worsening or improving in size from 02/07/2022 to 03/08/2022 when R21 was without Arginaid.</p> <p>Review of the care plan titled, The resident has actual impairment to skin integrity . dated 01/07/2022 noted R21 was not to wear a shoe on the right foot and to wear a blue boot at night. The care plan included Arginaid as ordered to promote healing.</p> <p>On 03/07/2022 at approximately 11:20 a.m., Surveyor did observe R21 being wheeled to the dining room for lunch. Surveyor observed R21 had a dressing on the outer aspect of the right ankle and was not wearing a shoe on the right foot.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 03/08/2022 at 11:25 a.m., Surveyor interviewed RN (Registered Nurse) F who stated she was a Certified Wound Treatment Associate and assessed R21's pressure injuries on the right ankle and fourth toe. RN F stated the facility has been out of Arginaid since early February. RN F stated she contacted the medical provider who placed the Arginaid on hold until the facility could obtain the Arginaid. RN F stated the facility had not been able to purchase Arginaid due to declined payment. RN F stated she witnessed former DON P place orders for Arginaid and other medical products and the orders were canceled due to denial of payment.</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44863</p> <p>Based on observation, interview, and record review, the facility did not ensure adequate supervision to prevent accidents and identify environmental hazards for 1 of 1 resident (R7), resulting in physical harm.</p> <p>R7's diagnosis of Lewy Body dementia, hallucinations, need for assistance with bed mobility, and history of being found on the floor, puts her at higher risk of harm and increased need for supervision. R7's bed was placed with right side of bed against the wall with a room heater. Care plan intervention of placing pillows under draw sheet on the left side of resident prevented her from exiting her bed on the left side. This resulted in R7 attempting to exit her bed on the right side, experiencing second or third degree burns to her feet.</p> <p>Findings include:</p> <p>R7 was admitted to the facility on [DATE]. Her POA (Power of Attorney) is activated. Her diagnoses include, Dementia with Lewy Body, Parkinson's Disease, Type 2 Diabetes Mellitus, history of falling, cognitive communication deficit, and hallucinations. R7 is non-ambulatory and uses a wheelchair for mobility.</p> <p>HHS (U.S. Department of Health and Human Services) website provides information on Lewy Body Dementia, and includes the following common symptoms: problems judging distance or depth, visual hallucinations, sensitivity to heat or cold, and movement changes (https://www.alzheimers.gov/alzheimers-dementias/lewy-body-dementia).</p> <p>R7's MDS (Minimum Data Set) assessment dated [DATE], reported her BIMS (Brief Interview for Mental Status) was scored at an 8, indicating moderate impairment.</p> <p>Facility documentation indicated that R7 was found on the floor on 09/29/2021, 11/02/2021, and 11/11/2021.</p> <p>R7's care plan dated 11/30/2021, reads:</p> <p>Cognition: alert and oriented to person and place, often forgetful, varies with time of day and level of fatigue.</p> <p>The resident has had actual falls related to hallucinations, cognitive impairment, weakness, and repeated falls. Interventions include place pillows on left side under draw sheet to prevent resident from sliding/crawling out of bed.</p> <p>Bed mobility: Extensive assist of 1. Reposition every two hours. Right and left enabler bars.</p> <p>On 3/7/2022 at 12:55 PM, Surveyor conducted record review for R7, and noted the following:</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>12/4/2021, Resident calling out from bedroom. Resident's legs hanging on right side of bed with feet resting on in room heater. Resident was stating, It's burning. It's burning. Legs moved back into bed and this nurse assessed resident's feet. Right foot lateral side has 3 areas of redness. No blistering present at this time. Left foot clear of redness. POA voicemail left to call facility for update. Nurse Practitioner made aware.</p> <p>12/5/2021, Resident right foot has three red markings on the lateral side. All are red in color fading to purple at the bottom of the foot. The most distal mark has a blister measuring 2.5cm x 0.5cm. The left foot has two red markings on the interior side that are red in color fading to purple at the bottom of the foot. Skin prep applied.</p> <p>12/28/2021, a physician order was entered, paint left plantar superior and inferior foot areas with iodine. Paint right anterior foot area and right lateral foot area, proximal to the right ankle with iodine.</p> <p>1/25/2022, a physician order was entered, cleanse left plantar area with wound cleanser, pat dry, cover with island dressing. Every Monday, Tuesday, Thursday, and Saturday.</p> <p>On 3/3/2022, R7's MDS Skin Condition was updated and indicated burns (second or third degree).</p> <p>On 3/8/2022 at 3:10 PM, Surveyor interviewed RN-F (Registered Nurse) and WTA-C (Certified, Wound Treatment Associate). RN-F reported that she was not told when R7's incident happened. She was not able to report date that she was informed but stated that it may have been 12/28/2021 when the first treatment orders were obtained, and wound assessment was completed.</p> <p>Surveyor requested facility investigation from NHA-A (Nursing Home Administrator). NHA-A reported that he was not the NHA when this incident occurred and that he was unable to find a facility investigation.</p> <p>RN-F reported that NHA-M did complete a facility investigation and staff also assessed other residents in the facility at potential risk for injury related to room heaters. Surveyors observed 21 other sampled residents during the survey and did not observe any concerns with beds near the heaters.</p> <p>On 3/9/2022 at approximately 9:00 AM, NHA-A and RN-F confirmed that documentation related to a facility investigation could not be found. No facility investigative documentation was provided to Surveyor.</p> <p>On 3/9/2022 at 1:00 PM, Surveyor interviewed CNA-C (Certified Nursing Assistant). CNA-C reported that R7 has a history of crawling out of her bed on the left hand side. The care plan was updated in November after R7 crawled out of bed on the left hand side to include pillows under draw sheet on left side. CNA-C reported that R7's bed was positioned with the right side of the bed against the wall and room heater. CNA-C had not observed R7 trying to get out on the right side of her bed prior to the incident on 12/4/21.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>CNA-C confirmed that she was working on 12/4/2021 when R7 was yelling from her room, and staff responded immediately. CNA-C stated that she thought R7 would have the physical ability to remove her feet from the heater but thought that R7's attempt to transfer on the right side of the bed caused increased disorientation and R7 was not able to remove her feet from the room heater. CNA-C reported that RN working that shift was immediately updated, however this RN no longer works at the facility.</p> <p>On 3/9/2022 at 1:19 PM, Surveyor interviewed DON-B (Director of Nursing). DON-B confirmed that R7 is not able to reposition herself in bed without staff assistance.</p> <p>On 3/9/2022, at approximately 1:30 PM, Surveyor observed R7's room during observation of R7's dressing change. R7's bed had been moved to a different wall, not near the heater. Right side of bed was against the wall, right and left enabler bars, mat on the floor, lipped mattress, and long wedge pillow to place under left side of R7 when in bed.</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>22548</p> <p>Based on record review and interviews, the facility did not provide sufficient staffing to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being. This has the potential to affect all 37 residents.</p> <p>As a result of insufficient staffing, the residents went without incontinence care, transportation to and from other medical providers, and personal hygiene including showers.</p> <p>This is evidenced by:</p> <p>On 03/07/2022 at 7:40 a.m., Surveyors entered the building and were told the census was 37. Surveyors toured the building to determine the direct care nursing staff present. There was 1 MT (Medication Technician), 1 RN (Registered Nurse), and 2 CNAs (Certified Nursing Assistants) for 37 residents.</p> <p>Surveyors requested and reviewed the nursing schedule and the daily staff postings from 02/01/2022 through present. The resident census during this time period ranged from 37 to 43. The usual staffing patterns were 1 licensed nurse and 2 CNAs for each shift. On occasion, there was an MT scheduled from 8:00 a.m. through 4:00 p.m.</p> <p>A review of the facility assessment, dated 2017 indicated that the number of licensed nurses and CNAs needed to ensure there was sufficient staff to meet resident needs was 160 hours to 216 hours per day. Based on the usual staffing patterns noted in the staffing postings, there was 72 to 80 hours per day of direct care staff. This was a deficit of 80 to 144 hours per day below the minimum number of hours the facility determined was necessary to meet resident needs.</p> <p>The facility failed to provide sufficient staff to meet the resident's ADLs (activities of daily living) per interviews with R4, R5, R10, R8, R12, R13, and R22. ADLs not provided included, but were not limited to, incontinence care, repositioning, toileting, and hygiene.</p> <p>The facility failed to provide transportation from the local hospital emergency department following an evaluation of a change in R3's condition. The facility did not have adequate staff to transport R3 back from the emergency department and R3 waited for hours, including overnight, before transportation could be arranged. (See F774).</p> <p>Surveyor requested the facility's admission agreement that was provided and signed by all new admissions. The admission agreement contained a section titled, Staff Response Time. Noted in that section was, You also fully understand and appreciate the fact that, because you will not be receiving one-on-one staff supervision or assistance, your requests for non-emergency staff assistance will often be responded to immediately. In fact, you understand that a non-emergency request, for example a request to be assisted with changing into your nightgown, assist with a shower or bath, assisted to the bathroom, etc, may take approximately 10-15 minutes to be responded to. If you desire quicker response time, you understand that you will need to hire a private companion. If you desire quicker response time and you are not willing to pay for a private companion, then you may have to reconsider if this is an appropriate care setting for you and you may need to look at alternative options.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of the facility census and condition report noted the following care needs for the current 37 residents:</p> <p>~36 residents need staff assist for dressing.</p> <p>~36 residents need staff assist for toilet use.</p> <p>~9 residents need staff assist for eating.</p> <p>~35 residents need staff assist for transferring. Of the 35 residents, 6 of the residents require 2 staff to transfer via mechanical lift or physical assist.</p> <p>~29 residents are incontinent.</p> <p>On 03/07/2022 at 8:00 a.m., Surveyor interviewed CNA D regarding staffing. CNA D stated she was assigned to the green hall which had 21 residents. CNA D stated there were 2 CNA staff on today which was the usual staffing pattern for 37 residents. CNA D stated her workload was heavy and she does everything possible to get her work done and meet the residents' care needs.</p> <p>On 03/07/2022 at 8:31 a.m., Surveyor interviewed CNA C who stated she was assigned to the blue hall which had 2 residents, the orange hall which had 3 residents, and the purple hall which had 11 residents. CNA C stated the usual staffing pattern for 40 plus residents was 2 CNAs. CNA C stated she does the best job possible to care for her residents.</p> <p>On 03/07/2022 at 11:00 a.m., Surveyor interviewed R4 regarding short staffing and unmet care needs. R4 has a BIMS of 15/15 meaning R4 is cognitively intact. R4 stated the facility was short staffed and unable to provide fresh water and clean mugs for several days. R4 stated she has witnessed residents attempting to self transfer and potentially fall.</p> <p>On 03/07/2022 at 11:20 a.m., Surveyor interviewed NP (Nurse Practitioner) R regarding staff shortages. NP R stated staff shortages have been present for several months. NP R stated the facility was unable to retain new staff including the DON (Director of Nursing) and NHA (Nursing Home Administrator).</p> <p>On 03/07/2022 at 11:34 a.m., Surveyor interviewed DON B regarding staff shortages. DON B stated she was new to the role of DON as of 02/25/2022. DON B stated ongoing staffing problems continue. DON B stated the agency staff are no longer working and the reason was unknown.</p> <p>On 03/07/2022 at 3:40 p.m., Surveyor interviewed R12 who reported staff are kind but staff shortages are present. R12 has a BIMS of 15/15 meaning R12 is cognitively intact. R12 stated she preferred to stay in bed and staff change her two times per shift.</p> <p>On 03/07/2022 at 3:45 p.m., Surveyor interviewed R13 regarding adequate staffing. R13 has a BIMS of 15/15 meaning R13 is cognitively intact. R13 stated staff shortages have been present for almost a year but recently it has been worse again. R13 stated staff help her toilet and with incontinence care only one to 2 times per shift. R13 stated she is frequently wet due to bladder incontinence, but does not call for staff help until absolutely necessary.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 03/07/2022 at 4:00 p.m., Surveyor interviewed CNA I who reported usual staffing patterns for the second shift were two CNAs. CNA I stated there have been occasions where there was only one CNA on the second shift and she was unable to get her work done. CNA I stated she can provide repositioning and incontinence care about two times per shift for residents. CNA I stated she tries to get her showers done, but there are times when showers can not get done and are hopefully picked up the next day.</p> <p>On 03/08/2022 at 10:05 a.m., Surveyor interviewed R8 regarding staffing. R8 has a BIMS of 14/15 meaning R8 is cognitively intact. R8 stated the staff work hard but are very understaffed and cannot care for people when needed. R8 stated call light response may take as long as an hour and sometimes staff, never answer the call light. R8 stated he has poor control of his bladder and was often incontinent. R8 stated staff help him change his brief about one to two times per shift, otherwise R8 stated his brief was usually wet. R8 also stated staff do not reposition him as often as he needed. R8 stated he goes up to seven hours lying on his back without being repositioned. R8 stated he does have buttock pain and will call for staff assistance and hope staff comes.</p> <p>On 03/08/2022 at 10:30 a.m., Surveyor also interviewed R10 regarding staffing. R10 has a BIMS of 14/15 meaning R10 is cognitively intact. R10 stated she will call for staff assistance to change her brief and has waited for more than an hour before staff arrive to help. R10 stated she called for staff assistance during the night and a staff member answered her call light and told her she could not help her until morning. R10 stated call light response time was 15 minutes to never. R10 stated there just aren't enough staff to care for all of us.</p> <p>On 03/08/2022 at 11:00 a.m., Surveyor interviewed R5 regarding staff shortages. R5 has a BIMS of 15/15 meaning R5 is cognitively intact. R5 stated call light response time was forever. R5 stated earlier this morning, she had her call light on for a long time and finally she began to yell for help. R5 stated it took 17 times for her to yell for help before anyone answered her calls. R5 stated short staffing problems have existed in the building for months. R5 stated she prefers to stay in bed and only gets staff assistance with cares and repositioning one or two times per shift. R5 stated staff are overworked and do the best that they can, but there just aren't enough staff to care for all the residents.</p> <p>On 03/08/2022 at 11:25 a.m., Surveyor interviewed RN (Registered Nurse) F who stated former NHA M was aware of staffing patterns.</p> <p>On 03/08/2022 at 12:15 p.m., Surveyor interviewed FM (family member) N regarding unmet care needs and staffing shortages. FM N stated the staff that are here work hard but there just was not enough of them to get the work done. FM N stated she visits daily and often will shovel the entrance, clean her mother's room and do her laundry because it just can't get done.</p> <p>On 03/08/2022 at 1:14 p.m., Surveyor interviewed NHA A regarding staffing. NHA A stated his first day as NHA was 03/04/2022. NHA A stated he was aware agency staff were no longer in the building but was unsure of the reason. NHA A stated recruiting efforts are creative scheduling, bonuses, and staff compensation for picking up extra shifts.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 03/09/2022 at 11:20 a.m., Surveyor interviewed VPO (Vice President of Operations) Q regarding staffing. VPO Q stated there had been some problems with quality agency staffing and the agency staff are no longer working at this facility. VPO Q stated the facility has increased wages and provided consistent bonuses for staff who pick up extra shifts. VPO Q stated the facility has been calling previous employees and informing them of the changes in administration and wages in an effort to recruit more staff.</p> <p>On 03/09/2022 at 12:50 p.m., Surveyor interviewed R22 regarding staff shortages. R22 has a BIMS of 14/15 meaning R22 is cognitively intact. R22 stated staff do the best they can, but there was not enough staff to care for all the residents. R22 stated call light response was usually greater than 30 minutes.</p> <p>On 03/09/2022 at 1:01 p.m., Surveyor interviewed CNA D who stated if a resident transfers to the emergency department, there was no staff available to transport the resident back once discharged from the emergency department. CNA D stated residents must wait for hours before arrangements can be made to transport them back to the facility.</p> <p>On 03/09/2022 at 1:29 p.m., Surveyor interviewed RN F who stated transportation after business hours was very challenging because we don't have available staff to send to the emergency department to transfer our residents back to the facility. The facility has a van for transportation and staff trained but staff are not available 24 hours per day.</p>		

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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 0774</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Help the resident with transportation to and from laboratory services outside of the facility.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44863</p> <p>Based on record review, interview, and observation, the facility did not assist with arranging for transportation after receiving laboratory and radiology services for 1 of 1 residents (R3).</p> <p>R3 stated he was discharged from the Emergency Department (ED) at 3:45 PM; the facility failed to assist in arranging transport for R3, and R3 was transported back to the facility via ambulance at 6:25 PM.</p> <p>Findings include:</p> <p>On 3/7/2022 at approximately 8:45 AM, Surveyor reviewed R3's record. On 3/2/2022, R3 was transferred to ED (Emergency Department) after a fall at the facility. Radiology and laboratory services were completed during this ED visit. Progress notes indicated that R3 returned to the facility on [DATE] at approximately 7:00 PM via emergency medical services.</p> <p>On 3/7/2022 at 10:27 AM, Surveyor spoke with complainant, regarding R3's discharge time on 3/2/2022, indicating that he was discharged from ED at 3:45 PM, the facility was unable to provide transport for R3, and he was transported back to the facility via ambulance at 6:25 PM.</p> <p>Complainant reported that the only time the ED provides transportation to the facility after discharge, is when a resident requires a cot transport. She further stated that it is the facility's responsibility to arrange transportation for residents.</p> <p>Complainant reported that the ED has used their ambulance as a non-emergent transport for residents to return to the facility, though this is not their policy. She confirmed that this ED only has one ambulance.</p> <p>On 3/7/2022 at 1:39 PM, Surveyor interviewed SSD L (Social Service Director). SSD L reported that she believed that transportation services were removed from the facility's admission agreement.</p> <p>On 3/7/2022 at 1:55 PM, Surveyor interviewed MR E (Medical Records). MR E also acts as the appointment coordinator and reported that she has been in her role for approximately three weeks. MR E reported that residents must use family, friends, or medical transport services. MR E confirmed that the facility does have two transportation vehicles, but at this time staff are not trained to use these. When Surveyor asked MR E how residents would be transported after regular business hours or from the ED, MR E stated that the ED would transport the resident and bill the facility for a non-emergent transport. Surveyor requested a copy of the facility transportation policy, MR E reported that she was unsure if there was one, and if there was, she was not aware of it.</p> <p>On 3/8/2022 at 3:10 PM, Surveyor reviewed the facility Admission Agreement and admission packet, not dated. Transportation after hours or from ED is not specified in these documents.</p> <p>(continued on next page)</p>		

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<p>F 0774</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/9/2022 at 7:09 AM, Surveyor received call from complainant. Complainant reported that R3 was admitted to ED on 3/8/2022 following a fall, where he received laboratory services. R3 had been discharged from the ED 8 hours and 56 minutes ago, and at the time of phone call R3 had spent a total of 11 hours and 45 minutes in the ED. Complainant reported there were multiple conversations overnight with facility staff about transporting R3 back to the facility. Facility staff reported to complainant, They can't find the van keys, no one is trained to drive, they're too short staffed to have someone come pick him up.</p> <p>On 3/9/2022 at 8:10 AM, Surveyor observed ambulance staff bring R3 into the facility.</p> <p>On 3/9/2022 at 1:01 PM, Surveyor interviewed CNA D. Surveyor asked CNA D how residents would be picked up from the ED after regular business hours, she stated that if there is not staff to pick up a resident the ambulance will bring the resident back to the facility. CNA D confirmed that staff need to be trained to use and drive the facility transportation vehicles. CNA D further reported that even if staff were trained, there is still not enough staff to cover the floor for a staff person to leave to provide transportation.</p> <p>On 3/9/2022 at 11:34 AM, Surveyor observed DON B and RN F complete a skin check on R3. There were no new noted skin concerns for R3.</p> <p>On 3/9/2022 at 1:29 PM, Surveyor interviewed RN F. RN F confirmed that the current process when a resident is discharging from ED, is the ED is to contact the facility and DON B will arrange transportation with Transport. RN F stated that Transport has not provided services when facility makes a request, indicating that the ED must make the request.</p> <p>RN F also stated that the facility has called multiple medical transportation providers, however these providers only offer services during regular business hours.</p> <p>RN F reported that there are two staff trained to use the facility transportation vehicles; these staff can pick up residents during their scheduled work time, however it is difficult to pull staff off the floor to provide transportation. Residents needing to be picked up from the ED would need to wait until one of these staff were working.</p>		

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<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p>22548</p> <p>Based on interviews and record review, the facility did not administer in a manner that used resources effectively, (supplies, or other services necessary to provide for the needs of residents) to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. The previous NHA (Nursing Home Administrator) and DON (Director of Nurses) had knowledge of supply shortages including incontinent briefs, barrier cream, medical supplies, and staffing shortages. This has the potential to affect all 37 residents.</p> <p>Please refer to F684, F686, F725, and F774.</p> <p>This is evidenced by:</p> <p>The facility did not provide Arginaid (a powder supplement to aide in wound healing) for R7 and R21. (Refer to F684 and F686). R7 and R21 have been without Arginaid since early February.</p> <p>On 03/08/2022 at 11:25 a.m., Surveyor interviewed RN (Registered Nurse) F who stated the facility had not been able to purchase Arginaid due to declined payment. RN F stated she witnessed the previous DON (Director of Nursing) P place orders for Arginaid and other medical products and the orders were canceled due to denial of payment. RN F stated the facility has been out of Arginaid since early February. RN F stated the medical provider was contacted and placed the Arginaid order on hold until it could be obtained.</p> <p>The facility did not provide R13 with adequate incontinence care including properly fitted briefs and staff assistance with toilet use. Surveyor reviewed the grievances filed from 02/01/2022 through present date. On 02/03/2022, R13 filed a grievance regarding lack of proper fitting briefs. The grievance was investigated with the solution for former DON P and former NHA M to order more 2XLarge incontinence briefs. This grievance was also brought to resident council and discussed.</p> <p>R13 was admitted to the facility for long term care on 04/03/2019 with the following, but not all inclusive, diagnoses: congestive heart failure, diabetes, chronic kidney disease, and hypothyroidism.</p> <p>The facility completed an annual MDS assessment for R13 on 02/01/2022 with the following information:</p> <p>~able to make self understood and understand others.</p> <p>~BIMS score of 15.</p> <p>~required extensive staff assist for toilet use and hygiene.</p> <p>~frequently incontinent of bladder.</p> <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Surveyor reviewed the grievances filed from 02/01/2022 through present date. On 02/03/2022, R13 filed a grievance regarding lack of proper fitting briefs. The grievance was investigated with the solution for former DON P and former NHA M to order more 2XLarge incontinence briefs. This grievance was also brought to resident council and discussed.</p> <p>On 03/07/2022 at 3:45 p.m., Surveyor interviewed R13 regarding supplies and adequate staffing. R13 stated the facility has been unable to obtain 2XLarge briefs and R13 was forced to wear XLarge briefs doubled up. R13 stated wearing the wrong size brief causes her to soil her clothes and be embarrassed when her clothes get wet. R13 also stated wearing the wrong size brief was uncomfortable.</p> <p>The facility did not provide incontinence products including properly fitted briefs and barrier cream to prevent the development of IAD (incontinence associated disorders) for R8, R10, and R12. On 03/07/2022 at 8:00 a. m., Surveyor interviewed CNA D regarding staffing and available supplies. CNA D stated most supplies are available but getting 2XLarge briefs was difficult. CNA D stated the facility has many residents who wear a 2XLARGE brief and the facility often runs out of this size. CNA D stated facility staff go to Wal Mart or Walgreens and purchase briefs and barrier cream when supplies are gone.</p> <p>On 03/07/2022 at 11:20 a.m., Surveyor interviewed NP (Nurse Practitioner) R regarding skin problems and supply shortages. NP R stated she had recently been notified of an increase in IAD skin problems by RN F and was alerted to the facility not having any barrier cream or incontinent briefs. NP R stated RN F will notify her of skin problems via facsimile and request treatment orders. NP R stated she was told by RN F that RN F purchased barrier cream out of her own money because the facility could not obtain supplies.</p> <p>On 03/07/2022 at 11:34 a.m., Surveyor interviewed DON (Director of Nurses) B regarding supplies and shortages. DON B stated the facility does have problem obtaining supplies like barrier cream and briefs at times. DON B stated she has alerted the VPO (Vice President of Operations) of the problem. DON B stated on 03/04/2022, a large medical supply order was placed but was declined due to insufficient funds. DON B stated according to VPO there was a misunderstanding and the order was being processed as of today. DON B stated staff are very creative with supplies and believes the necessary supplies will be arriving soon. DON B stated staff has gone to Wal Mart and Walgreens to purchase barrier cream and briefs and will continue to do so as needed.</p> <p>On 03/07/2022 at 4:00 p.m., Surveyor interviewed CNA I who reported there have been shortages of 2XLarge briefs and barrier cream. CNA I stated staff must use the wrong size brief and this results in residents with soiled clothes and skin problems. CNA I stated when there are no 2XLarge briefs, she doubles up on the XLarge briefs. CNA I stated she can provide repositioning and incontinence care about two times per shift for residents. CNA I stated she tries to get her showers done, but there are times when showers can not get done and are hopefully picked up the next day.</p> <p>Surveyors made observations of improperly fitting briefs, incontinence care, and IAD areas on R8, R10, R12, R13, and R5. All residents had briefs that had been soiled and were poorly fitted.</p> <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 03/08/2022 at 11:25 a.m., Surveyor interviewed RN (Registered Nurse) F who stated she was the Certified Wound Treatment Associate and completed weekly wound rounds. RN F stated there had been an increase in the number of residents with IAD beginning in early February. RN F stated the facility used calazinc as the house stock barrier cream but had been out of this product. RN F stated on 03/04/2022, she spent between \$50 and \$60 to purchase barrier cream at Wal Mart because the facility did not have any barrier cream. RN F stated she witnessed former DON P attempt to order supplies like briefs, Arginaid, and barrier cream, but the orders were declined due to insufficient funds. RN F stated former NHA (Nursing Home Administrator) M was aware of supply shortages and staffing patterns.</p> <p>The facility did not provide adequate staffing to attain or maintain the highest practicable physical, mental, and psychosocial well-being for all 37 residents. (Refer to F725).</p> <p>Surveyors interviewed FM (family member) N and nine residents (R5, R4, R8, R10, R12, R13, R22, R19, and R20) regarding sufficient staffing to meet needs and all residents and family members reported inadequate staffing to meet needs. Examples of unmet care needs included call light response time from 15 minutes to never, lack of toilet assistance, lack of incontinence care, daily housekeeping duties not completed, fresh water and clean mugs not distributed, and lack of repositioning.</p> <p>The facility did not provide transportation services for residents from other medical providers. (Refer to F774). Surveyor interviewed hospital personnel regarding transportation back to the facility to confirm the facility was made aware of this problem but the problem continued. Surveyor also interviewed RN (Registered Nurse) F, SSD L, DON B, and MR (Medical Records) E who all confirmed there was not adequate staff after business hours to transport residents from the emergency department back to the facility.</p> <p>On 03/07/2022 at 12:05 p.m., Surveyor interviewed HRD (Human Resource Director) H who stated on 03/04/2022 she was directed by the VPO Q to order supplies. HRD H stated she ordered in excess of \$800 worth of supplies including incontinence briefs, nonprescription medications, barrier cream, Arginaid, and dressing supplies. HRD H stated she received an email from Amazon on 03/05/2022 that the order had been declined due to insufficient funds. HRD H stated she reported this problem to VPO Q.</p> <p>On 03/09/2022 at 11:20 a.m., Surveyor interviewed VPO (Vice President of Operations) Q regarding RN F's statement about declined payment for medical supplies. VPO Q stated the orders were declined because former DON P and former NHA M did not follow procedure to complete the order process. VPO Q stated when the facility placed an order, the facility then would contact VPO Q to transfer money into the facility debit card to cover the cost of the medical supplies. VPO Q stated former NHA M and former DON P would randomly place orders and not request for the money to be transferred into the facility debit card. VPO Q stated the order would be canceled due to insufficient funds. VPO Q stated he had educated former NHA M and former DON P on the ordering procedure on numerous occasions, but the problem continued to occur.</p>		