STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016072	A. BUILDING: _____ B. WING _____	C 03/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST PAUL MANOR	**316 E 14TH ST KAUKAUNA, WI 54130**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 000	Initial Comments On 03/11/2024, Surveyor conducted a standard licensing survey and complaint investigation at St Paul Manor, a CBRF located in Kaukauna, WI. Additional information was gathered through 03/13/2024. As a result of the survey, 1 violation of Chapter DHS 83 was issued. The complaint was substantiated. Census: 24	N 000		
N 388	83.35(3)(c) Implement, follow the individual service plan Implementation. The CBRF shall implement and follow the individual service plan as written. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 1's Individual Service Plan (ISP) was implemented. Resident 1 was identified as a fall risk and used a call light for assistance. Resident 1 fell after staff did not respond to the call light. Findings include: On 10/10/2023, the department received a complaint that alleged staff did not respond to resident call lights in a timely manner. On 03/11/2024, Surveyor conducted a complaint investigation. Surveyor requested Resident 1's medical record. Resident 1 passed away 08/20/2023. Resident 1 was admitted to the facility on 07/13/2023 with	N 388		

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

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N 388	Continued From page 1	N 388		

diagnoses that included but were not limited to: History of falls, muscle weakness, abnormal gait and mobility, Dysphasia, Cognitive Communication Deficit, Chronic Systolic (Congestive) Heart Failure, long term use of anticoagulants, urge incontinence, chronic kidney disease stage 1 through stage 4.

According to Resident 1's pre-admission assessment dated 07/13/2023, Resident 1 had 5 or more falls in the previous 6 months. Resident 1 was considered at high risk for falls. Resident 1 needed hands-on assistance with undressing, using the toilet and cleaning after using the toilet. Resident 1 needed 1 staff assistance with transfers. Resident 1 needed 1 staff hands on assistance with ambulation.

According to Resident 1's ISP, Resident 1 required assistance with activities of daily living (ADLs). Resident 1's ISP directed staff to assist Resident 1 with transfers, dressing, toileting, grooming and bathing. Resident 1 used a call light to ask for assistance from staff.

According to a facility investigation, dated 08/16/2023, Caregiver E assisted Resident 1 to bed around around 9:00 PM on 08/15/2023. Caregiver E left at the end of his/her shift around 10:30 PM, which was verified through an electronic time card punch. Former Caregiver D stated s/he had put the call light pager on the medication cart and was assisting other residents. Former Caregiver D wrote a written statement that s/he put the pager on the medication cart as s/he always keeps the medication cart near him/her. Former Caregiver D stated Caregiver F left at 11:30 PM and had just checked on Resident 1. Former Caregiver D wrote s/he did not hear the pager as s/he was

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N 388	Continued From page 2	N 388		

assisting other residents. Former Caregiver D was asked if s/he heard Resident 1's call light pager or Resident 1 crying out for help around 11:00 PM. Former Caregiver D responded that s/he did not hear Resident 1 calling for help. Caregiver F arrived at the facility around 2:00 AM and heard Resident 1's call light and responded. Caregiver F found Resident 1 on the floor by his/her bathroom door. Resident 1 stated that s/he had tried to go to the bathroom but couldn't find his/her walker and had been laying on the floor for hours.

On 03/11/2024 at 10:30 AM, Surveyor interviewed Administrator A. Administrator A stated Former Caregiver F no longer worked at the facility. Administrator A confirmed that Resident 1 activated his/her call light around 11:00 PM on 08/15/2023 and the page was not answered until approximately 2:00 AM on 08/16/2023 by Caregiver G, who found Resident 1 laying on the floor next to his/her bathroom. Administrator A stated Former Caregiver D had an error in judgement when s/he placed the call light pager on the medication cart, which resulted in Former Caregiver D not hearing the pager. Administrator A acknowledged that Resident 1 needed assistance with ADLs and toileting, which s/he did not receive due to Former Caregiver D not responding to the call light. Administrator A also acknowledged Resident 1 experienced a fall after attempting to self ambulate when no one responded to Resident 1's call light.