STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016591	A. BUILDING: _____ B. WING _____	C 07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AT HOME AGAIN COLUMBUS MEMORY CARE	110 STUART STREET COLUMBUS, WI 53925

(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 07/15/2024, with information gathered through 07/18/2024, Surveyor conducted a complaint investigation at At Home Again Columbus Memory Care. One deficiency was identified. Complaint was unsubstantiated. Census: 10	N 000		
N 381	83.35(1)(a) Pre-admission and ongoing assessments. Scope. The CBRF shall assess each resident ' s needs, abilities, and physical and mental condition before admitting the person to the CBRF, when there is a change in needs, abilities or condition, and at least annually. The assessment shall include all areas listed under par. (c). This requirement includes individuals receiving respite care in the CBRF. For emergency admissions the CBRF shall conduct the assessment within 5 days after admission. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not assess 1 of 1 resident (Resident 1) when there was a change of condition regarding the use of bedrails. Findings include: On 07/15/2024, at approximately 7:15 PM, Surveyor toured the facility and observed 2 half-length side bedrails on Resident 1's hospital style bed. Surveyor requested Resident 1's record.	N 381		

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

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N 381	Continued From page 1 On 07/17/2024, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the facility, 10/16/2020, with diagnoses including senile dementia, anxiety, depression and Parkinson's disease. Resident 1's provided "Care Plan" documented: "Hospice: [Resident 1] was admitted to [Hospice] on 9/29/22. [Hospice] will be providing equipment in the near future. They also provide comfort medications that will include PRN (as needed) Morphine for SOB (shortness of breath) and pain. [Resident 1] already has an active scheduled and PRN Lorazepam order for anxiety." "Fall Risk Reduction: Fall Risk Reduction. [Resident 1] has had falls since moving to [facility]. Staff will have [him/her] in [his/her] Broda chair when [s/he] is in the common area and in [his/her] recliner or bed when in [his/her] room. [Resident 1] has a bed alarm when [s/he] is in bed and a chair alarm when [s/he] is up and in a chair or wheelchair. Staff will check on [him/her] frequently when [s/he] is in [his/her] room." "Bedrails: [Resident 1] has a hospital bed with side rails. The rail is for safety and assist with transferring. Bed rail assessment completed." Resident 1's "Bedrail Risk Assessment," dated 01/03/2024, documented: "Does the resident have a history of falls? Yes" "Does the resident attempt to get out of bed by climbing over or around the rail? No" "Is resident immobile? No" "If primarily immobile, does the resident have enough mobility to turn or slide to one side? No" "If mobile, does resident make any attempt to get out of bed? No"	N 381		

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N 381	Continued From page 2	N 381		

"If mobile, can resident get in/out of bed safely without any human assistance or device? No"
"If mobile, does resident at risk [sic: is resident] for orthostatic hypotention [sic: hypotension] or does resident have difficulty with balance/trunk control? Yes"
"If mobile, does resident have decreased safety awareness due to confusion or judgement problems? Yes"

Resident 1's "Fall Reports" documented:
04/01/2024 12:30 AM - Trying to get out of bed. Checked on resident throughout the night due to no alarm. Found resident on floor laying on left side. Floor mat was beside bed. 2x staff used Hoyer to get resident back into bed.
04/07/2024 11:32 PM - When doing checks staff found the resident on the floor. On call and [Hospice] was called, Nurse came out to take a look at [him/her] an [s/he] was fine. Will keep checking through out the night. Also please leave residents door open and the alarm under [him/her] while [s/he's] in bed.
04/30/2024 1:15 AM - Was doing rounds and found [him/her] on [his/her] floor near [his/her] closet.

On 07/18/2024 at 6:50 AM, Surveyor emailed Administrator A and requested clarification on Resident 1's bedrail assessment.

On 07/18/2024 at 11:30 AM, Administrator A emailed Surveyor and stated, "Our use of "immobile" does not imply being bed-bound or lacking the ability to move any limbs. Rather, we classify someone as "immobile" if they cannot walk safely on two feet without assistance.
I do note the checkbox you are referring to within the bed rail assessment. I believe you're referring to the checkbox of the resident's ability to climb

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N 381	Continued From page 3 over or around the bedrail and that is checked as "No", which I would still say is true. [Resident 1] would not have the ability to "climb", [Resident 1's] Parkinson's cause [him/her] to have frequent changes from day to day regarding [his/her] capabilities with many facets of movement and mobility so we do acknowledge that that has presented challenges within [Resident 1's] time here at [provider]. Our goal for the upper bed rails is to be used for a grab bar for residents to be able to assist when getting out of bed if they are able to provide assistance, we do not use them with the intention of preventing residents from getting out of bed as our concern would then lead towards that being a form of restraint." According to the U.S. Food & Drug Administration's Hospital Bed Safety Workgroup, "...Strangling, suffocating, bodily injury, or death can occur when patients or parts of their bodies are caught between rails or between the bed rails and mattresses...Regardless of the purpose for which bed rails are being used or considered, a decision to utilize or remove those in current use should occur within the framework of an individual patient assessment...3. Use of bed rails should be based on patients' assessed medical needs and should be documented clearly...Bed rail effectiveness should be reviewed on a regular basis...The patient's chart should include a risk-benefit assessment that identifies why other care interventions are not appropriate or not effective if they were previously attempted and determined not to be the treatment of choice for the patient. 4. Bed rail use for treatment of a medical symptom or condition should be accompanied by a care plan (treatment program) designed for that symptom or condition. The plan should present clear directions for further	N 381		

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N 381	Continued From page 4 investigation of less restrictive care interventions. The documentation should describe the attempts to use less restrictive care interventions and, if indicated, their failure to meet patients' assessed needs...The care plan should: include educating the patient about possible bed rail danger to enable the patient to make an informed decision; and address options for reducing the risks of the rail use..." (Source: "Clinical Guidance For the Assessment and Implementation of Bed Rails In Hospitals, Long Term Care Facilities, and Home Care Settings" https://www.fda.gov/media/88765/download (retrieval date 07/18/2024)).	N 381		