STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019950	A. BUILDING: _____ B. WING _____	10/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LARSON HOUSE SOUTH	550 RIVER RD 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 10/01/2024, with information gathered through 10/02/2024, Surveyors conducted a probationary licensing survey at Larson House South. Two deficiencies were identified. Census: 24	N 000		
N 389	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan. This Rule is not met as evidenced by: Based on observation, interviews, and record review, the individual service plan (ISP) was not updated for 2 of 2 residents reviewed when there was a change in resident needs and abilities. Resident 1's ISP was not updated to include a change in mobility. Resident 2's ISP was not updated to include new and ongoing fall interventions, behavior of placing him/herself on the floor, and the use of bed rails.	N 389		

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

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N 389	Continued From page 1 Findings include: Example 1- Resident 1 On 10/01/2024 at 12:20 PM, Surveyor observed Resident 1 independently ambulating with the use of a walker from the dining room to his/her room. On 10/01/2024 at 12:22 PM, Surveyor interviewed Resident 1 in his/her room. Resident 1 stated s/he had issues with falling and previously used a wheelchair after an injury but was back to walking again. On 10/01/2024 at 5:05 PM, Surveyor interviewed Caregiver C. Caregiver C stated Resident 1 used a walker for ambulation and that s/he would ask for help if needed. Caregiver C stated Resident 1 did not require supervision for mobility but s/he still checked in on Resident 1. Caregiver C stated Resident 1 previously used a wheelchair but asked for help if s/he needed anything. Surveyor reviewed Resident 1's record. The following was documented: Resident 1 admitted to the facility on 05/25/2022 with diagnosis including type 1 diabetes. Surveyor reviewed Resident 1's most recent ISP, dated 06/04/2024, which documented: "Ambulation and Transferring- [Resident 1] uses a standard wheelchair for mobility and transferring. [Resident 1] is able to self-propel independently." Surveyor reviewed Resident 1's progress notes which documented:	N 389		

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N 389	Continued From page 2 "07/09/2024- 2:30 PM- SSM Health at Home here to restart services for PT. They will see [Resident 1] twice a week to start with. [Resident 1] is encouraged to walk to meals with four wheeled walker and staff to accompany [him/her]. 07/17/2024- 4:30 PM- SSM Health at Home here to see [Resident 1] for PT. [Resident 1] doing well but they reminded to slow down and make sure [s/he] is using walker for any walking. Will be back next week. 08/05/2024- 1:45 PM- PT final visit with [Resident 1] today. [Resident 1] is back to baseline with ambulation with 4 wheeled walker. SSM home health PT discharged today. No concerns at this time." Example 2- Resident 2 On 10/01/2024 at 10:09 AM, Surveyor toured the memory care unit. Surveyor observed double bed rails on Resident 2's bed. Surveyor reviewed Resident 2's record. The following was documented: Resident 2 admitted to the facility on 04/24/2024 with diagnosis including type 2 diabetes, dementia, legal blindness, and difficulty walking. Surveyor reviewed Resident 2's ISP, dated 05/29/2024, which documented: "Ambulation and Transferring- [Resident 2] ambulates with a wheelchair for long distances and a 4 wheeled walker for short distances. [Resident 2] requires staff assistance due to	N 389		

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blindness. [Resident 2] requires assistance by one staff member for transferring.

Eye Sight- [Resident 2] does wear eyeglasses. Staff are to ensure [Resident 2] has them on when awake. Staff are to assist with cleaning and making sure they are in good condition. [Resident 2] is blind in both eyes.

Fall Risk- [Resident 2] is a fall risk. [Resident 2] to wear proper footwear at all times during ambulation and transferring. [Resident 2] advised to push pendant when needing assistance. - Ongoing daily monitoring. Staff to monitor for any changes and report concerns or falls to Management for follow up with PMD, MCO's and responsible parties. Fall Report to be completed by facility staff."

Surveyor reviewed Resident 2's progress notes which documented:

"07/17/2024 9:32 PM- Incident Report (Found on Floor).

07/18/2024 4:39 AM- Incident Report (Fall-Unwitnessed).

07/18/2024 10:45 AM- Writer contacted PCP to report both falls from this morning and last night. Writer requested bed and chair alarms to be placed while resting ...

07/19/2024 5:30 PM- Received fax order from PCP stating that [Resident 2] may have a bed alarm on when lying down to rest or sleep for safety.

08/26/2024 10:30 AM- [Resident 2] had an unwitnessed fall in the dining room. [Resident 2]

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sent to Prairie Ridge ER via Life Star for evaluation of head. [Resident 2] has a bump on left front side of head. POA and [family member] notified of fall and ER. Will update when we know more.

08/26/2024 2:24 PM- Incident Report (Fall-Unwitnessed).

09/14/2024 7:36 AM- Incident Report (Fall-Unwitnessed)."

Surveyor reviewed the following incident reports from Resident 2's record:

- Unwitnessed fall on 06/11/2024 at 1:49 PM
- Unwitnessed fall on 06/19/2024 at 1:00 PM
- Found on floor on 07/17/2024 at 9:29 PM
- Unwitnessed fall on 07/18/2024 at 4:22 AM
- Unwitnessed fall on 08/26/2024 at 10:00 AM
- Unwitnessed fall on 09/14/2024 at 7:28 AM

On 10/01/2024 at 5:05 PM, Surveyor interviewed Caregiver C. Caregiver C stated Resident 2 was a fall risk and care staff tried to assist him/her quickly or s/he would transfer him/herself. Caregiver C stated Resident 2 experienced significant blindness so s/he required one assist for transfers. Caregiver C stated staff tried to have someone stay in the common areas where they could observe Resident 2 but was not sure of any other interventions.

On 10/01/2024 at 6:17 PM, Surveyors interviewed Administrator A and Regional Nurse B. Surveyor asked about Resident 2's fall risk status, frequency of falls, and interventions. Administrator A and Regional Nurse B stated Resident 2 had a behavior of putting him/herself onto the floor, so the frequency of falls was less

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N 389	Continued From page 5 than it appeared. Surveyors asked questions regarding parameters for identifying fall versus behavior and where staff would look for that information as it was not identified in the ISP. Administrator A stated the provider discussed using an alarm for Resident 2, but the family thought it would not be a good idea due to him/her startling more easily related to his/her blindness. Administrator A and Regional Nurse B agreed when Resident 2 placed him/herself on the floor there was still risk for injury. Surveyor asked what other interventions had been used but the provider could not identify new interventions though Resident 2 had 6 falls since the last signed ISP review, dated 05/29/2024. Administrator A and Regional Nurse B stated they would have additional details added to Resident 2's ISP related to falls, behaviors, and interventions.	N 389		
N 481	83.43(1) Environment safe, clean, and comfortable Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the living environment was clean and homelike. Findings include: On 10/01/2024 at 9:55 AM through 12:10 PM,	N 481		

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N 481	Continued From page 6 Surveyor toured various parts of the facility and observed the following: - Water damage to the sunroom's ceiling in memory care, evidenced by substantial discoloration and staining. - Resident 3's room had damaged dry wall behind recliner chair, consistent with repetitive motion of the chair scraping the wall as it reclined. - Resident 4's bathroom fan had a thick layer of dust build up. - Both kitchenettes in the facility contained microwaves that had rust-like spots inside the appliances. - Both kitchenettes in the facility contained hood fans over the stoves. Each fan had a thick buildup of dust. On 10/01/2024 at 6:17 PM, Surveyor interviewed Administrator A and Regional Nurse B regarding environmental concerns above. Administrator A and Regional Nurse B said the water damage to the ceiling of the sunroom in memory care had been that way since earlier in the year. Administrator A and Regional Nurse B stated they were not aware the extent of the damage of Resident 3's drywall and discussed repairs and solutions to prevent continued damage. Administrator A stated s/he was not aware of the condition of the microwaves, and that the provider would go purchase new ones right away. Surveyor asked about the dust build up on the hood fans and in Resident 4's bathroom. Administrator A explained there is a newer maintenance employee and that s/he would add to their monthly check list to check and clean all fans.	N 481		