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	0016752	A. BUILDING: _____ B. WING _____	R-C 02/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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{N 000}	Initial Comments On 02/12/2024, Surveyor conducted a verification visit at Patriot Place CBRF for Statement of Deficiency (SOD) ZTH411 and L6KP11. Additional information was gathered through 02/14/2024. The previous citations were corrected and one new deficiency was identified. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 16	{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 observations, interviews, and record review, the provider did not ensure Resident 1's ISP (Individualized Service Plan) was updated with a description of the services the provider would offer to meet Resident 1's needs related to housekeeping, bathing, eyesight, mobility, and transferring needs.	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: On 02/12/2024 at 9:16 AM, Surveyor asked Director A to identify residents in the facility that have active wounds. S/he identified Resident 1 as having a "venous ulcer" on the "back of heel or ankle" that is "slowly getting better." Director A said that Resident 1 is "bedbound" and explained challenges transferring Resident 1 while utilizing a Hoyer lift as s/he "bent the bar." Currently, they "try to eliminate transfers as much as possible" and utilize 4 to 5 staff to "watch the transfer." According to record review on 02/12/2024, Resident 1 was admitted to the facility from Patriot Place RCAC (the attached, separately licensed residential care apartment complex) on 01/08/2024 with diagnoses that included type 1 diabetes, obesity, peripheral neuropathy, macular degeneration, heart failure, and primary hypertension. Resident experienced two separate falls on 01/11/2024 and 01/14/2024 that were similar in nature and ultimately led to Resident 1 becoming bedbound. Example 1 - Housekeeping On Monday 02/12/2024, Surveyor observed the following regarding Resident 1's room conditions: -- 9:39 AM - Resident 1's catheter urine bag lying on the floor at the foot of Resident 1's bed which appeared to be full of amber colored urine. The carpet was dirty with what appeared to be food crumbs and debris littered on the floor up to 4 feet away from Resident 1's bed. A sign was attached to the wall next to Resident 1's door displaying "Monday" as housekeeping day. -- 9:45 AM - Caregiver B picked up the catheter urine bag from the floor, emptied the contents,	N 389		

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and attached the empty bag to the bedframe.
-- 1:45 PM - Catheter urine bag lying on the floor at the foot of Resident 1's bed. The urine bag appeared to be approximately half full containing amber colored urine.

On 02/12/2024 at 12:51 PM, Surveyor interviewed Housekeeper C. S/he said that Resident 1's room is cleaned on Tuesdays, but s/he "spot checks every day." S/he provided surveyor with a handwritten weekly housekeeping schedule which detailed resident rooms for spot checks throughout the week. The schedule listed Resident 1's room for cleaning services on Tuesdays. Approximately 10 minutes after interviewing Housekeeper C, Surveyor observed him/her vacuuming in Resident 1's room.

Surveyor reviewed Resident 1's most current ISP dated 02/08/2024 for needs and individualized interventions related to housekeeping. The document identified the need for staff to complete housekeeping services twice per week and lists frequency as "Once Every Tuesday , Thursday [sic]." The ISP was silent to additional daily spot checks and contradicted the sign in Resident 1's room which identified "Monday" as the scheduled housekeeping day.

Example 2 - Dressing and Bathing

On 02/12/2024 at 9:39 AM, Surveyor observed Resident 1 lying in his/her bed wearing a gray t-shirt covered in crumbs and debris of varying colors and textures. Surveyor asked if s/he was aware of the crumbs on his/her shirt. Resident 1 touched the front of his/her shirt in an attempt to feel the crumbs and said that s/he was not aware of them. Resident 1 shared with surveyor that s/he would have "a hard time" knowing if there

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were crumbs on him/herself, due to "poor eyesight" from macular degeneration and diagnoses of peripheral neuropathy which makes it difficult to feel with his/her hands. Resident 1 told Surveyor s/he was changed into the gray shirt on Friday and has remained in the same shirt for the past 3 days.

On 02/12/2024 at 12:15 PM, Surveyor observed Resident 1 lying in bed with the head of the bed positioned at approximately 45 degrees, wearing the same dirty shirt from 2.5 hours prior. Caregiver D was sitting next to the bed and feeding Resident 1 his/her lunch. Surveyor pointed out the crumbs on Resident 1's shirt and asked Resident 1 if s/he was aware of them. Caregiver D responded for Resident 1 and said, "yeah" and proceeded to tug and brush at the shirt. When Caregiver D tugged at the shirt, crumbs flew onto Resident 1's face and surveyor observed a thick layer of crumbs located on the neckline of the shirt under Resident 1's chin. Surveyor repeated the question to Resident 1 and again Caregiver D responded for the resident and stated, "Yeah, [s/he] can see them just fine." Resident 1 corrected Caregiver D and said that s/he could not see the crumbs on his/her shirt due to poor eyesight. Caregiver D told Surveyor s/he was unsure when the last time Resident 1's shirt was changed, but believed s/he last changed it on Saturday. Resident 1 stated, "No, it was Friday." When asked who provides dressing cares to Resident 1, Caregiver D explained that hospice changes Resident 1's clothes when they provide showers, otherwise "I don't know, we just kind off switch off." Surveyor asked if Resident 1 has been in that same shirt since Friday. Caregiver D replied, "I don't know, I guess." Surveyor asked Resident 1 if s/he preferred to wear his/her shirt for 3 days in a row. Resident 1

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responded, "No."

Surveyor reviewed portions of Resident 1's record on 02/12/2024.

Surveyor noted following the aforementioned interview, Caregiver B and Caregiver D authored separate observations notes at 1:15 PM, which read in part, "resident refused to have shirt changed this am, resident stated theres no point in changing it every time when it just going to get dirty again." [sic-all]

The TAR (Task Administration Record) documented Caregiver B assisted Resident 1 with dressing at 10:20 AM on 02/12/2024. The charting regarding morning dressing did not indicate Resident 1 refused.

On 02/14/2024 at 8:12 AM, Surveyor interviewed Hospice Registered Nurse (RN) E. S/he explained that Resident 1 used to receive showers twice per week, one completed by home health and the other by facility staff. On 01/19/2024, showers by facility staff were discontinued due to "safety concerns related to patient declines/weakness." Hospice RN E said this change was made after s/he observed facility staff transfer Resident 1 to the shower utilizing a Hoyer lift and determined it was "not safe to do so." Hospice RN E said currently, Resident 1 receives bed baths from home health 3 times per week and should be "washed up" in the mornings and evenings by facility staff.

Surveyor reviewed Residents 1's most current ISP dated 02/08/2024 for needs and individualized interventions related to dressing and bathing needs. Both topics were referenced in a section titled ADL's (activities of daily living)

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N 389	Continued From page 5 and included: -- "Daily Wash-Ups - Full Assistance 2x Every Day" -- "Bathing ...Shower Once every Tuesday , Friday" -- "Dressing ...Resident requires full assistance from staff to complete dressing tasks. Staff to do tubi grips; [s/he] needs assistance with all other dressing." -- "Dressing - Full Assistance 2x Every Day." -- "RESIDENTS DESIRED OUTCOMES ...To maintain good personal hygiene." The ISP did not identify a change in bathing needs from showers to bed baths following the discontinued order from Hospice on 01/19/2024. The ISP did not include indications that Resident 1 was prone to refusals for dressing or bathing assistance. Surveyor note: during the aforementioned observations and interview with Resident 1, Surveyor did not observe s/he was wearing tubi-grips and Resident 1 said s/he had not worn them for "6-8 weeks." On 02/14/2024, Surveyor interviewed Director A and Administrator G regarding Resident 1's bathing and daily dressing needs. Surveyor detailed the observations and interviews with Resident 1 and shared concerns Resident 1 was wearing a dirty shirt that appeared to have not been changed for 3 days. Director A confirmed that Resident 1 is a "good historian" and said that it was "concerning" that daily cares were not being done. Director A confirmed that they incorporate orders and instructions from hospice into their IPS.	N 389		

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N 389	Continued From page 6 Example 3 - Vision Impairment During multiple interviews with Surveyor on 02/12/2024, Resident 1 referred to his/her lack of vision and limitations it presents for him/her. Resident 1 explained that s/he is unable to watch the television due to his/her poor vision caused by "macular degeneration" which also inhibited Resident 1 from seeing items on the floor and on him/herself. On 02/13/2024, Surveyor reviewed Resident 1's ISP for needs specific to his/her vision impairment. The ISP described the resident's needs pertaining to eye sight as "adequate vision without assistive devices" The ISP was silent to additional needs and services in regards to Residents 1's vision impairment. Example 4 - Mobility/Transferring Needs On 02/12/2024 at 9:39 AM, Surveyor observed Resident 1 laying supine in bed. Caregiver D and Caregiver B were in the room and told Resident 1 that they would need to "boost [him/her]." Surveyor observed the caregivers move to opposite sides of the bed and grabbed onto a white sheet that Resident 1 was laying on. Caregiver D counted to three and both caregivers yanked on the white sheet to slide Resident 1 towards the head of the bed. Surveyor observed Caregiver D and Caregiver B transfer Resident 1 utilizing the white bedsheet in the same manor again at 1:45 PM. On 02/12/2024 at 9:42 AM, Surveyor interviewed Resident 1 and asked a general question about what it is like living at the facility. The resident described being confined to the bed since a fall that occurred on 01/14/2024. Resident 1	N 389		

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explained that a Hoyer lift was utilized to transfer him/her, but the lift had not been utilized for transfers "for weeks" due to the risk of him/her falling forward in the lift. S/he described a sore on his/her "bottom" that is healing but has been there for "two to three weeks." Resident 1 let out a sigh and stated, "that is the way it is, so I stay in bed."

On 2/12/2024 at 1:45 PM, Surveyor observed Hospice RN E provide wound care to Resident 1's left ankle while Manager F was also present in the room. Surveyor asked Hospice RN E about Resident 1's wound on his/her buttocks. Hospice RN E described it as a "shearing" wound likely acquired while transferring Resident 1 higher on the bed. Hospice RN E pointed to a blue slide sheet that was draped over the top of Resident 1's recliner that was to be utilized by staff to transfer the resident to "help [the wound] from getting worse." Surveyor note: the blue slide sheet was not used during either of the 2 aforementioned transfers.

Surveyor pointed to a circular red sore on Resident 1's left big toe and inquired about its cause. Hospice RN E responded, "That one looks new" and attributed the formation of the wound to pressure from the footboard of Resident 1's bed.

According to Mayo Clinic, "Bedsores are injuries to the skin and the tissue below the skin that are due to pressure on the skin for a long time. Bedsores most often arise on skin that covers bony areas of the body, such as the heels, ankles, hips and tailbone. The people who are most at risk of bedsores have medical conditions that keep them from changing positions ...Or they spend most of their time in a bed ...

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N 389	Continued From page 8 Causes ... Limited movement can make skin prone to damage and cause bedsores. The three main things that lead to bedsores are: -- Pressure. Constant pressure on any part of the body can lessen the blood flow to tissues ...Limited movement can make skin prone to the damage that the pressure causes ... -- Friction. Friction occurs when the skin rubs against clothing or bedding. It can make fragile skin more vulnerable to injury, especially if the skin also is moist. -- Shear. Shear occurs when two surfaces move in the opposite direction. For example, when a bed is raised at the head, a person can slide down in bed. As the tailbone moves down, the skin over the bone might stay in place, pulling in the opposite direction. Risk factors Your risk of getting bedsores is higher if you have a hard time moving and can't change position easily while seated or in bed. Risk factors include: -- Immobility ... -- Incontinence ... -- Lack of sensory perception ...If you can't feel pain or discomfort, you won't be aware of warning signs and the need to change position ... -- Medical conditions affecting blood flow ...Examples of these types of medical conditions are diabetes... -- Age ... Some complications can be life-threatening ...	N 389		

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N 389	Continued From page 9 Prevention You can help stop bedsores with these steps ... -- Adjust the height of your bed. If possible, do not raise the head of the bed above 30 degrees. This helps prevent shearing. Tips for skin care ... -- Keep skin clean and dry ... -- Protect the skin ...Change bedding and clothing frequently if needed ... -- Inspect the skin daily ..." Source: https://www.mayoclinic.org/diseases-conditions/bed-sores/symptoms-causes/syc-20355893; retrieval date 02/27/2024. Surveyor reviewed Residents 1's most current ISP dated 02/08/2024 for needs and individualized interventions related to mobility and transferring. The ISP identified the need for 2 assist and a Hoyer lift to ambulate but was silent to the apparent risk regarding Resident 1 falling forward out of the lift sling and alternative methods utilized to reposition Resident 1 including the blue slide sheet. In summary, Resident 1's ISP was not updated to reflect changes in Resident 1's needs and services as evidence by: -- The ISP identified housekeeping services on Tuesdays and Thursdays. This contradicted interviews with housekeeping staff identifying Tuesdays as the scheduled day for housekeeping in conjunction with daily "spot checks." It also contradicted the sign displayed in Resident 1's	N 389		

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N 389	Continued From page 10 room which identified housekeeping once/week on Mondays. -- The ISP identified the need for facility staff to provide showers twice per week even after Hospice RN E discontinued showers due risks associated with transferring Resident 1. -- Resident 1 had a vision impairment caused by a known diagnosis of macular degeneration. The ISP did not identify the extent of vision impairment and was silent to additional needs and services Resident 1 needed as a result of his/her lack of vision. -- The current ISP instructed staff to use the Hoyer lift to transfer Resident 1 after it was known to be an unsafe transfer method. In addition, the ISP was silent to the need for a transfer sheet while providing positioning assistance to reduce the risk of pressure injuries caused by sheering.	N 389		