STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0009823	A. BUILDING: _____ B. WING _____	06/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARITY CARE PACKER HEIGHTS	560 W PACKER AVE OSHKOSH, WI 54901

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N 000	Initial Comments On 06/17/2024, Surveyors conducted an abbreviated survey at Clarity Care Packer Heights. Additional information was received through 06/21/2024. One deficiency was identified. Census: 8	N 000		
N 431	83.38(1)(g) Health monitoring. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Health monitoring. 1. The CBRF shall monitor the health of residents and make arrangements for physical health, oral health or mental health services unless otherwise arranged for by the resident. Each resident shall have an annual physical health examination completed by a physician or an advanced practice nurse as defined in s. N 8.02(1), unless seen by a physician or an advanced practice nurse as defined in s. N 8.02(1) more frequently. 2. When indicated, a CBRF shall observe residents ' food and fluid intake and acceptance of diet. The CBRF shall report significant deviations from normal food and fluid intake patterns to the resident ' s physician or dietician. 3. The CBRF shall document communication with the resident ' s physician and other health care providers, and shall record any changes in the resident ' s health or mental health status in the resident ' s record.	N 431		

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

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This Rule is not met as evidenced by:
Based on observation, interview and record review, the provider did not arrange for Resident 1's physical health services or document communication with Resident 2's physician.

Resident 1: On 01/30/2024, Resident 1's physician ordered compression stockings for his/her right leg. As of 06/17/2024, the provider did not ensure the compression stockings were obtained.

Resident 2: Dating back to at least 2022, Resident 2 had an identified need for thickened liquids. As of 06/17/2024, the provider did not document communication with Resident 2's physician to ensure s/he was receiving the necessary consistency of the thickened liquids. On 01/19/2023, Resident 2 had a significant deviation in his/her food and fluid intake pattern when his/her feeding tube was dislodged and not replaced. After the tube was removed, the provider did not document communication with a medical provider to determine his/her needs for food and fluid intake. In addition, the provider did not obtain documentation of current medication orders to reflect the accurate route of administration necessary to meet Resident 2's needs.

Findings include:

EXAMPLE 1:

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N 431	Continued From page 2 On 06/17/2024 at 11:30 AM, Surveyor observed Team Lead B administering Resident 1's medications. Resident 1 was seated in his/her wheelchair and was not wearing a compression stocking on the right leg (left leg amputated.) Team Lead B was utilizing ECP (electronic record keeping system) to access Resident 1's medication administration record (MAR). Surveyor observed the MAR prompted for the application of TED (compression) stockings in the "AM." There was also a note that indicated measurements were needed. Team Lead B entered "no pass" in the MAR and told Surveyor the TED stockings were not available. S/he further explained they needed to obtain a measurement of Resident 1's leg before the pharmacy could send the correct size stocking. Surveyor asked how long they had been waiting to obtain the stockings and Team Lead B said since 05/07/2024. NOTE: "Compression stockings are specially made socks that fit tighter than normal so they gently squeeze your legs. Wearing them helps improve your blood flow and reduces pain and swelling in your legs. They can also lower your chances of getting deep vein thrombosis (DVT), a kind of blood clot, and other circulation problems." Source: https://www.webmd.com/dvt/choose-compression-stockings, retrieval date 06/25/2024 On 06/17/2024, Surveyor reviewed portions of Resident 1's record. S/he was wheelchair dependent, had a legal guardian and had diagnoses to include diabetes. Resident 1's June 2024 MAR documented an order start date of 05/07/2024 for compression stockings. For 17 of 17 days in June, the MAR documented the stockings were not applied. Five times no reason	N 431		

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was documented, 6 times it was documented "waiting on order" and 6 times it was documented "refused."

On 06/17/2024 at 2:30 PM, Surveyor interviewed Care Management Director A, Team Lead B and Division Administrator C.
Division Administrator C confirmed Resident 1 had an order from Physician D for the stockings, but s/he was not currently wearing them. S/he explained the pharmacy could not send the correct size until facility staff sent measurements of Resident 1's leg. S/he said the pharmacy would only accept the measurements via fax on a specific form but Team Lead B had been unable to send due to issues with his/her fax account. Surveyor asked why Resident 1 needed the stockings and Team Lead B replied, "[his/her] leg was discolored and because of the pain [s/he] has been (reporting)." Care Management Director A added, "Also, [s/he]'s lost one leg already" and said the doctor was being "proactive."
The management team stated Team Lead B would work to satisfy the order right away. At 2:45 PM, Division Administrator C said they just received a fax from the pharmacy resending the form for the measurements and Team Lead B would complete it and send it back right away. Division Administrator C confirmed Team Lead B was currently able to send and receive faxes.

Upon request on 06/19/2024, Division Administrator C emailed Surveyor a copy of the order for the compression stockings. S/he wrote, "I actually just called the pharmacy to request the original order- they get back to us faster than the Doctors [sic] office." Attached was a signed order from Physician D dated 01/30/2024 for compression stockings with an associated diagnoses of edema. The order also read, "Pt

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(patient) only needs 1 stocking...s/p (status post) amputation to LLE (lower left extremity.)" The email also included the form that was faxed to the facility on 05/07/2024, requesting the leg measurements.

On 06/20/2024 at 10:00 AM, Surveyors conducted a follow up interview with Care Management Director A and Division Administrator C. They did not have information about why the original order date was 01/30/2024 or why more than 4 months passed before there was documentation of communication with the pharmacy. Division Administrator C confirmed on the day of Surveyors visit, Team Lead B successfully faxed the measurements to the pharmacy but s/he was unsure if the stockings had been delivered.

On 06/21/2023, Division Administrator C emailed Surveyor and wrote, "Good morning, I was waiting to see if [Resident 1]'s stocking would arrive today, because they were not at Packer yesterday. They still did not arrive, so I called [the pharmacy]. The pharmacist said it typically takes about a week if they do not have the specific size in stock."

EXAMPLE 2:

On 06/17/2024 at 11:25 AM, Surveyors observed caregivers serve the lunch meal consisting of sausage cut in half and sliced, mixed vegetables (peas, carrots, corn and green beans) and mashed potatoes. Resident 2 was seated in his/her wheelchair and Caregiver E was feeding him/her the aforementioned food. Surveyors also observed a container of "Thick-It" on the kitchen counter with instructions on the container to administer 1 scoop for every 4 ounces of liquid.

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N 431	Continued From page 5 Team Lead B said the Thick-It was for Resident 2 who "is a choking risk so we also have to feed [him/her]..." On 06/17/2024, Surveyors reviewed Resident 2's current individual service plan (ISP), signed and dated 05/08/2024. Resident 2 was admitted on 12/13/2021 with 17 diagnoses to include brain injury and cerebral palsy. The ISP section titled "Eating" read, "Is unable to fee [sic] [him/herself] and needs staff assistance...can have [his/her] food whole but needs to be reminded that [s/he] needs to chew [his/her] food really good and swallow...needs to take small, bite size pieces... [Resident 2] does use thick-it in [his/her] water/juice (1 scoop per 8 oz) to ensure that [s/he] doesn't choke." Surveyor noted the ISP was silent to a diagnoses of dysphasia and the instructions for Thick-It were different than the instructions on the container. On 06/17/2024 at 2:45 PM, Surveyor interviewed Care Management Director A, Team Lead B and Division Administrator C about Resident 2's dietary needs. They were unsure what diagnoses s/he had that prompted the need for thickened liquids and they were unable to provide documentation from a medical provider to show the consistency the liquid needed to be. During the interview, Division Administrator A provided Surveyors with Resident 2's June 2024 MAR and medication orders received via fax on 02/27/2023. Surveyors noted the only scheduled medication was polyethylene glycol (Miralax powder). The instructions on both the MAR and the orders were for 1/2 capful the Miralax to be mixed in 4 - 8 ounces of water once daily to be given via feeding tube. Surveyors asked about documentation as Resident 2 did not currently	N 431		

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have a feeding tube (also referred to as a PEG tube or G-tube.) Team Lead B confirmed Resident 2's feeding tube was removed a while ago. S/he stated staff administer the Miralax orally in un-thickened water, and that was how it was administered today.

Team Lead B confirmed Resident 2 needs other liquids thickened and didn't offer an explanation as to why the Miralax/water mixture was not thickened. Team Lead B said s/he didn't know the consistency of thickened liquids Resident 2 needed (e.g. nectar thick, honey thick, etc.) but s/he uses 1 scoop of Thick-It for every 4 ounces of liquid. Division Administrator C said the information that Resident 2 needed thickened liquids was "handed down to us" from the previous management team and they would need to look into the reason and any associated physician orders. Surveyor asked for documentation from Resident 2's last physical to determine if swallowing needs or choking risk were addressed. Division Administrator C said s/he was unsure of the date of the last physical. Division Administrator C said s/he would review the record in more detail for communication with medical providers.

On 06/18/2024, Surveyor sent an email to the provider requesting documentation of the most recent physical, date the feeding tube was removed, documentation from a physician regarding swallowing needs, any signed medication orders after February 2023 and any orders related to the need for thickened liquids or texture modified food.

On 06/18/2024, Division Administrator C replied to the email and wrote, "We found the after visit summary from when [Resident 2] pulled [his/her]

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g-tube out in January of 2023 and they decided not to replace it...We found several documents on [his/her] need for thickened liquids from [home health]. We called [his/her] current Primary Physician [sic] to get updated orders...just to be safe. We determined that [s/he] is a nectar consistency...We called [his/her] old Primary Doctor [sic] to get a summary from [his/her] last Physical [sic] and they would not release information to us until we get them a new medical release, which we sent out for a signature and faxed back to them. We are waiting for them to call us back..." The email included the following attachments:
Physician's order dated 07/26/2022 related to total fluid intake: "increase oral thickened water to 12 ounces TID (3 times daily) and decrease water via PEG (feeding tube) to 12 ounces BID (twice daily). Please update in 1-2 weeks" The necessary thickness for the oral intake of fluid was not specified.
Home health visit notes from 2022 that generally referenced the need for thickened liquids. The visit notes did not specify the necessary thickness of liquids.
Emergency room after visit summary dated 01/19/2023. The visit was for a "dislodged gastrostomy tube." No information about dietary needs was included.

On 06/20/2024, Division Administrator C sent Surveyor an email which read, "this order came in and sheds some light on some of the questions we were looking for answers to on [Resident 2]." The email included a screen shot from ECP with an entry from the pharmacy for a prescription for Thick-It with instructions, "Use To Mix With Liquid Per Package Instructions For Nectar-Thick Consistency (dysphagia)."

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N 431	Continued From page 8 NOTE: "The International Dysphagia Diet Standardisation Initiative (IDDSI) is a global standard with terminology and definitions to describe texture modified foods and thickened liquids used for individuals with dysphagia...Person's with dysphagia (swallowing disorder) might experience trouble with: swallowing food or drinks, chewing, sucking, controlling saliva, taking medication, or protecting the airway from choking...There are a number of significant consequences related to dysphagia including life-threatening chest infection (or pneumonia), malnutrition or dehydration...There are a number of strategies and treatments used to help improve the safety, efficiency and enjoyment of the individual with dysphagia. One of the most common ways of managing dysphagia is the provision of texture modified foods (chopped, minced, pureed) and thickened liquids (thin and various thicknesses). These modified foods and drinks are provided to help reduce the risk of choking or having material entering the lungs airway and may be commonly referred to as a dysphagia diet. Due to the enormous variation in types of foods and drinks as well as their properties, it is challenging to categorize foods and drinks to ensure universal understanding of the types of foods and drinks that would best meet the needs of an individual with dysphagia. Confusion and miscommunication regarding diet textures and drink consistencies has resulted in increased risk of illness and even death." Nectar thick liquids equate to the IDDSI category of Level 2 - Mildly Thick. This thickness "may be used if Thin drinks (water, milk, and others) and Level 1 Slightly Thick liquids flow too quickly for you to swallow them safely. Some milk shakes and thick shakes may be this thickness level	N 431		

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N 431	Continued From page 9 already, but other drinks may need thickener added to reach the correct thickness level. Use the IDDSI testing methods...to check. Mildly Thick drinks flow at a slower rate. Your clinician will help you find a thickener to thicken your drinks or help you find some pre-thickened drinks..." Source: https://iddsi.org, retrieval date 06/25/2024 IN SUMMARY: During 2022, Resident 2 had a feeding tube but was able to consume thickened liquids orally. In January 2023 Resident 2's tube became dislodged and was not replaced. As of 06/17/2024, Resident 2's record did not contain documentation of the diagnoses that prompted the need for thickened liquids, documentation of the necessary consistency of the thickened liquids or documentation of communication with Resident 2's medical provider about dietary needs after the tube was removed. In addition, Resident 2's record did not include documentation of an annual physical health examination or medication orders indicating the correct route of administration.	N 431		