STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017854	A. BUILDING: _____ B. WING _____	C 09/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE PARTNERS KAUKAUNA	W5219 AMY AVE 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 08/28/2024 with additional information gathered through 09/09/2024, Surveyors conducted a complaint investigation and reviewed a self-report at Care Partners Kaukauna. As a result, 1 of 2 complaints were substantiated and 1 deficiency was identified. Census: 56	N 000		
N 326	83.31(4)(a) Notice of facility initiated discharges Discharge or transfer initiated by CBRF. Notice and discharge requirements. 1. Before a CBRF involuntarily discharges a resident, the licensee shall give the resident or legal representative a 30 day written advance notice. The notice shall explain to the resident or legal representative the need for and possible alternatives to the discharge. Termination of placement initiated by a government correctional agency does not constitute a discharge under this section. 2. The CBRF shall provide assistance in relocating the resident and shall ensure that a living arrangement suitable to meet the needs of the resident is available before discharging the resident. This Rule is not met as evidenced by: Based on record review and interview, the provider did not give Resident 1 a 30-day written advance notice prior to involuntarily discharging him/her. Resident 1 was transferred to the hospital on 07/12/2024 due to renal function decline and fluid overload. Resident 1 was medically cleared to return to the facility on 07/12/2024. The provider refused to accept Resident 1 back at the facility.	N 326		

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

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N 326	Continued From page 1 Findings include: The CBRF is licensed to provide services for up to 56 residents who may be of advanced age, physically disabled, terminally ill and/or have Alzheimer's/dementia. On 07/15/2024, the department received complaint information alleging involuntary discharge requirements were not being followed. On 08/28/2024, Surveyor reviewed Resident 1's record and noted s/he was admitted to the facility on 03/18/2024 with diagnoses including kidney failure, acute vascular insufficiency of intestine, coagulation disorder, arthritis, hypertension, asthma, depression and anxiety. Surveyor reviewed Resident 1's individual service plan (ISP) dated 04/18/2024 which stated, "[Resident 1] is one assist pivot transfer ... uses [his/her] wheelchair as the main mode of transportation and will only propel [his/herself] short distances. Staff to push [him/her] for long distances ... one assist for toileting ... uses grab bars to stand and staff assist with wiping ... one assist for bathing ... [s/he] is able to assist minimally with [his/her] upper half but requires total assistance with the lower half and with drying ... one assist for dressing ... [s/he] is able to assist with [his/her] upper half but staff need to dress [his/her] lower half ... skin assessment: [Resident 1] has reoccurring cellulitis on [his/her] legs and a wound on [his/her] shin that [s/he] sees SN (skilled nursing) for in house. Staff to monitor dressing and update [Home Health Agency A] as needed for concerns." Surveyor requested discharge orders from the	N 326		

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hospital and the facility's assessment to show why Resident 1 could not return. Director D was not able to provide documentation on why Resident 1 could not return to the facility.

Surveyor reviewed a note from Nurse Practitioner (NP) B stating, "Called [Registered Nurse (RN) C] back. Discussed level of care concerns due to fluid overload status with increasing weeping wounds and decreasing renal function. Given the frequent wound care and skilled nursing required, I would recommend consideration for SNF placement as this level of care is difficult to manage in the ALF setting. I confirmed that we will continue to manage [his/her] care if [s/he] does return to Care Partners, but I would still recommend a higher level of care."

On 08/28/2024 at 10:05 AM, Surveyors interviewed Director D and RN E who stated Resident 1 was sent to the emergency room for renal function decline and fluid overload on 07/12/2024. Director D and RN E acknowledged Resident 1 was no longer at the facility and the facility did not take him/her back. Director D reported Resident 1 had complex wounds on [his/her] lower legs and was involved with home health wound care services in the facility. Director D stated, "Staff were reinforcing [Resident 1's] chair with 4 chuck pads. They couldn't keep [his/her] chair dry with as much as [s/he] was weeping." Director D reported Resident 1 received an intravenous (IV) dose of Bumex while in the hospital and stated, "it sounded like [s/he] would have been released with that." Director D stated the facility does not have a registered nurse on-site 24-7 to monitor the IV. RN E stated, "I took a call from the hospital and said [s/he] couldn't come back. This was done with provider instruction and approval. [Resident 1] would have

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continued to decline in 30 days within our setting. It would not have been in [his/her] best interest. [S/he] would have needed wound care changes at a minimum six times per day as [s/he] was weeping so bad." Director D verified Resident 1 was not issued a written 30-day notice prior to being discharged from the facility.

On 08/30/2024 at 9:07 AM, Surveyor interviewed Case Manager G (CM-G) from the hospital. CM-G discussed Resident 1's visit to the emergency room (ER) on 07/12/2024. CM-G stated Resident 1 was treated and discharged on 07/12/2024 and advised to follow up with his/her physician. CM-G did not have the full ER report for Resident 1 to review during the call, but does recall Resident 1 being treated with an intravenous dose of Bumex to reduce fluid retention and was cleared by the ER physician to return to the facility. Surveyor asked CM-G if Resident 1 was discharged with a physician's order for Bumex to be administered intravenously at the facility. CM-G explained s/he did not have Resident 1's discharge report to review but stated typically patients are not released with an intravenous medication and rather given an order for the oral form of Bumex.

On 09/09/2024 at 9:56 AM, Surveyor received a follow up email from Quality Supervisor H stating, "Due to [Resident 1's] lymphedema and leg wounds, [facility] did not accept [him/her] return from the hospital when ready for discharge. [Resident 1] received home health skilled nursing services at the CBRF three times/week and due to [his/her] condition, the nurse visits increased prior to hospitalization ... [RN C] is not aware of how [Resident 1's] lymphedema post-hospital discharge was going to be addressed ... [RN C] did state that [Resident 1] had been on oral

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N 326	Continued From page 4 diuretics." On 09/09/2024 at 4:50 PM, Surveyor interviewed Director D who confirmed Resident 1's discharge date from the facility was 07/12/2024. The provider did not give Resident 1 a 30-day written advance notice prior to involuntarily discharging him/her.	N 326		