STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012212	A. BUILDING: _____ B. WING _____	R-C 02/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMEPLACE (THE)	225 E 4TH AVE STANLEY, WI 54768

(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 01/25/2024, Surveyors conducted a complaint investigation and verification visits at The Homeplace. Data collection continued through 02/06/2024. Two of 2 complaints were unsubstantiated. The deficiencies identified in SOD SY3F11 were corrected. Five deficiencies were identified. Three of 5 were repeat violations. See Statement of Deficiency (SOD) DTGP11, dated 07/28/2023, SOD S75L13, dated 05/10/2022, and SOD NQFE11, dated 03/04/2020. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 18	{N 000}		
{N 165}	83.12(4)(c) Reporting incidents with serious injury A CBRF shall send a written report to the department within 3 working days after any of the following occurs: Any incident or accident resulting in serious injury requiring hospital admission or emergency room treatment of a resident. This Rule is not met as evidenced by: Based on record review and interview, the provider did not send a written report to the department within 3 working days after Resident 1 fell, resulting in emergency room (ER) treatment for a head laceration.	{N 165}		

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

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{N 165}	Continued From page 1 Findings include: This is a repeat deficiency. See Statement of Deficiency (SOD) DTGP11, dated 07/28/2023. The provider is licensed to care for 33 residents in the client groups advanced aged and irreversible dementia/Alzheimer's disease. On 01/25/2024, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 01/05/2024 and had an activated power of attorney for healthcare (POAHC). Resident 1 had diagnoses that included dementia, behavioral disturbance, history of recurrent bladder infections, and repeated falls. Staff observation notes, dated 01/11/2024 at 11:00 PM, indicated Resident 1 was sent to the ER to be evaluated after a fall due to hitting his/her head. The note indicated Resident 1 had a laceration on the back of his/her head. An incident report, dated 01/11/2024 at 10:20 PM, indicated staff responded to Resident 1's bed alarm and found him/her on the floor and sent him//her out to be evaluated for a potential head injury. Surveyor reviewed medical notes, dated 01/11/2024, which indicated this was an initial encounter for a head laceration to Resident 1's scalp from a fall, resulting in 2 staples. The note indicated staples would need to be removed in 7 to 10 days and Resident 1 should follow up with his/her primary physician. The note indicated laceration care should be done by staff, which included keeping the wound dry for the first 24 hours, clean the wound daily with soap and water,	{N 165}		

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{N 165}	Continued From page 2 and apply a thin layer of antibiotic ointment to prevent infection. Surveyor also reviewed medical notes, dated 01/17/2024, which indicated Resident 1 saw his/her primary physician and had the staples removed from his/her head laceration. Prior to survey, Surveyor reviewed department internal reports to see if the provider sent in a self-report for the 01/11/2024 incident. On 01/25/2024 at 3:30 PM, Surveyor interviewed Community Director (CD) A. Surveyor inquired if Resident 1's injury on 01/11/2024 was reported to the department. CD A stated s/he did not know this incident needed to be reported to the department. The provider did not report Resident 1's fall that resulted in ER treatment due to a head laceration.	{N 165}		
N 352	83.32(3)(h) Rights of Residents: Receive medication In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 1 received all prescribed medications. This is a repeat deficiency. See Statement of	N 352		

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N 352	Continued From page 3 Deficiency (SOD) S75L13, dated 05/10/2022. Findings include: The provider is licensed to care for 33 residents in the client groups advanced aged and irreversible dementia/Alzheimer's disease. On 01/25/2024, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 01/05/2024 and had an activated power of attorney for healthcare (POAHC). Resident 1 had diagnoses that included dementia, behavioral disturbance, history of recurrent bladder infections, and repeated falls. Resident 1's initial assessment, dated 01/05/2024, indicated Resident 1 had his/her medications managed and administered by staff. The January 2024 medication administration record (MAR) indicated Resident 1 did not receive any of his/her scheduled medications the evening of his/her admission (01/05/2024) and the morning of 01/06/2024: -acetaminophen 500 milligram (mg) - take 2 tablets by mouth 3 times daily -metoprolol tartrate 50 mg - take 1 tablet by mouth 2 times daily -olanzapine Odt (orally disintegrating tablet) 15 mg - take half tablet by mouth every evening -olanzapine Odt 5 mg - take 1 tablet by mouth once daily -Senna plus 8.6-50 mg - take 1 tablet by mouth 2 times daily. The January 2024 MAR also indicated staff did not chart scheduled acetaminophen as given on 01/23/2024 and nystatin cream as given on 01/10/2024, 01/11/2024, and 01/14/2024.	N 352		

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N 352	Continued From page 4 Staff observation notes, dated 01/05/2024 at 9:45 PM, indicated Resident 1 did not receive his/her "sleeping" medication due to it not being in stock at the facility. On 02/06/2024 at 2:00 PM, Surveyor discussed these concerns with Community Director (CD) A and Chief Operating Officer (COO) B. CD A stated the pharmacy would deliver medications every evening but the pharmacy did not receive Resident 1's medication information on time. The pharmacy delivered the medications the following evening. CD A stated no medications were sent along with Resident 1 on the day of admission but Resident 1 had his/her morning medications at the hospital prior to discharge. CD A stated the floor supervisors usually would do random MAR audits to make sure they were complete so January 2024 MAR audits were not done yet.	N 352		
N 358	83.32(3)(n) Rights of Residents: Safe environment In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Safe environment. Live in a safe environment. The CBRF shall safeguard residents from environmental hazards to which it is likely the residents will be exposed, including both conditions that are hazardous to anyone and conditions that are hazardous to the resident because of the residents ' conditions or disabilities. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a safe environment for residents that cannot safeguard themselves from	N 358		

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N 358	Continued From page 5 environmental hazards.. This is a repeat deficiency. See Statement of Deficiency (SOD) NQFE11, dated 03/04/2020. Findings include: The provider is licensed to care for 33 residents in the client groups advanced aged and irreversible dementia/Alzheimer's disease. On 01/25/2024 at approximately 10:15 AM, Surveyor toured the facility. Surveyor observed a twin bed mattress and frame leaning up against the wall on the third-floor landing area between the stairwell and secured floor door. Surveyor observed the fire exit diagram on the wall, which indicated the space was used as a resident "safe" rescue area in the event of an emergency. At 10:21 AM, Surveyor interviewed Supervisor C. Supervisor C confirmed the third-floor landing "safe" area was used as a point of rescue (POR) for residents in the event of an emergency. At 3:30 PM, Surveyor interviewed Community Director (CD) A. CD A stated s/he did not know the bed mattress and frame was stored on the third-floor landing area. On 02/06/2024 at 2:00 PM, Surveyor interviewed CD A and Chief Operating Officer (COO) B. CD A stated the bed mattress and frame had already been removed and staff were educated on keeping the space clear for an emergency.	N 358		
N 384	83.35(1)(d) Retain written report of assessment. Assessment documentation. The CBRF shall	N 384		

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N 384	Continued From page 6 prepare a written report of the results of the assessment and shall retain the assessment in the resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 1's pre-admission assessment was documented. Findings include: On 01/25/2024 at approximately 12:45 PM, Surveyor requested Resident 1's record, including his/her pre-admission assessment. Resident 2 was admitted to the provider's facility on 01/05/2024. Resident 1's record included an initial assessment, dated the same day of admission on 01/05/2024. On 01/31/2024 at 12:07 PM, Surveyor again requested Resident 1's pre-admission assessment in the event it was different from what was provided on the day of survey. Surveyor did not receive a documented pre-admission assessment. On 02/06/2024 at 2:00 PM, Surveyor interviewed Community Director (CD) A and Chief Operating Officer (COO) B. CD A stated Resident 1's pre-admission assessment was done on 12/26/2023 via a video call due to distance. CD A stated s/he spoke to Resident 1's power of attorney (POA) and Resident 1 directly with the video call and reviewed hospital notes. CD A stated s/he did not keep his/her pre-admission notes on scratch paper after putting them into the electronic charting system as the 01/05/2024 initial assessment. After Surveyor explained about keeping the original pre-admission assessment notes, CD A confirmed s/he would do	N 384		

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N 384	Continued From page 7 that in the future.	N 384		
N 385	83.35(2) Temporary Service Plan. Temporary service plan. Upon admission, the CBRF shall prepare and implement a written temporary service plan to meet the immediate needs of the resident, including persons admitted for respite care, until the individual service plan under sub. (3) is developed and implemented. This Rule is not met as evidenced by: Based on record review and interview, the provider did not prepare and implement a written temporary service plan (TSP) to meet the immediate needs of the resident. Findings include: The provider is licensed to care for 33 residents in the client groups advanced aged and irreversible dementia/Alzheimer's disease. RECORD REVIEW On 01/25/2024, Surveyor reviewed Resident 1's record, including the initial assessment, TSP, staff charting notes, and incident reports. Resident 1 was admitted on 01/05/2024 and had an activated power of attorney for healthcare (POAHC). Resident 1 had diagnoses that included dementia, behavioral disturbance, history of recurrent bladder infections, and repeated falls. The following documents were provided by Community Director (CD) A: STAFF CHARTING OBSERVATION NOTES:	N 385		

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N 385	Continued From page 8 -01/05/2024 at 2:30 PM: Resident moved into the facility. "Writer found [Resident 1] on the floor in [his/her] bedroom by the window. [Resident 1] stated [s/he] lost [his/her] balance." -01/05/2024 at 9:45 PM: The note indicated Resident 1 was incontinent throughout the night and would try to get out of bed by him/herself. The note indicated Resident 1's HCPOA recommended Resident have a pressure alarm for staff to be alerted when s/he tried to get out of bed. -01/06/2024 at 5:30 AM: "Writer found [Resident 1] on the ground by the walkway of [his/her] bedroom [Resident 1] did not state how [s/he] got there or anything. [Resident 1] has no injuries." -01/07/2024 at 5:45 PM: "Staff went to the dining room to find [Resident 1] on the floor by the table [s/he] was eating at. [Resident 1] stated that [s/he] was not in any pain [sic] 1st floor was called up to help staff assist with getting [Resident 1] off the floor. [Resident 1] does not understand that [s/he] is not able to get up and walk around and [s//he] loses [his/her] balance and ends up on the floor." -01/07/2024 at 5:45 PM: "there [sic] has been a pressure alarm brought up to the 3rd floor for [Resident 1]. For now we are to use it and transfer it between the areas that [Resident 1] is either sitting or resting/sleeping. The alarm box that is paired with the pad is to be carried on a staff member at all times otherwise we risk not hearing it. [Resident 1] has fallen everyday [sic] since [his/her] arrival. [Resident 1] will be seeing [the physician] on Wednesday, hopefully at that time we will get the orders for safety measures	N 385		

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N 385	Continued From page 9	N 385		

for [Resident 1]."

- 01/08/2024 at 4:00 AM: "Late entry: this [sic] morning [Resident 1] was found on the floor between [his/her] dresser and the bed. Staff did vitals and got [him/her] off the floor. [Resident 1] was very restless the whole night. It seemed [s/he] would just sit and scoot off of the bed and try to stand up but loses [his/her] balance when walking. When [s/he] fell [s/he] also urinated on the carpet in a spot. Staff did give [him/her] a [as needed medication] after [s/he] was found on the floor. This did not really seem to help but maybe until after Noc (overnight) shift left ..."

-01/08/2024 at 10:00 AM: "When trying to toilet [Resident 1] this morning [s/he] would not sit down on the toilet [sic] [s/he] is very scared. I think [s/he] needs a toilet riser. Also when trying to get [his/her] shoes back on [s/he] tried to stand up, [s/he] lost [his/her] balance and this writer had to catch [him/her] to make sure [s/he] didn't fall and hit [his/her] head on the wall."

-01/11/2024 at 1:45 AM: "resident [sic] appears to have a habit of sleeping right on the edge of the bed and is at risk of rolling right off onto the floor [sic] staff has moved [him/her] back in bed on each check to prevent [him/her] falling out of bed. A fall mat would be helpful for this."

-01/11/2024 at 11:00 PM: "[Resident 1] needed to be sent out this evening. [S/he] had a laceration on the back of his/her head and and [sic] carpet burn on the left side of [his/her] head by [his/her] eye. [Resident 1's HCPOA] was called and said that [s/he] needs a fall mat. I agree [sic] [Resident 1] has had too many falls since [s/he] has been here. Staff can't hardly lift on [him/her] to change [him/her] or transfer [him/her] some days. [S/he]

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N 385	Continued From page 10	N 385		

has been grabbing at staff and pinching as well."

-01/12/2024 at 3:45 AM: "They are discharging [Resident 1] from the hospital. They put two staples to the back of [his/her] head."

-01/13/2024 at 9:45 AM: "At approximately 7:10am [sic] [Resident 1] had a fall."

-01/14/2024 at 5:15 AM: "[Resident 1] was found on the floor at 4:15 AM, [sic] staff assisted getting [Resident 1] up off the floor and into [his/her] wheelchair, staff took tenants vitals, checked for any new wounds or bruising ..."

-01/15/204 at 9:30 PM: "Got [his/her] hospital bed and [his/her] hoyer [sic] lift. I did ask for a fall mat, [sic] they did leave one [sic] we just need to get an order [sic]"

-01/22/2024 at 12:30 PM: "A Brodha chair and pressure alarms were ordered."

-01/22/2024 at 8:30 PM: "residents [sic] brodha [sic] chair arrived tonight along with [his/her] new bed alarm. The alarm was placed on [his/her] bed and the other one was removed and turned off and placed in storage closet by med [sic] cart [sic]"

FALL INCIDENT REPORTS

-01/05/2024 at 2:00 PM: Unwitnessed fall in Resident 1's bedroom. Resident 1 was lying down in his/her bed 15 minutes prior to fall and stated s/he lost his/her balance. Resident 1 did not have an alarm on. Resident 1 did not have any injuries.

-01/06/2024 at 4:39 AM: Unwitnessed fall in Resident 1's bedroom. Resident 1 was sleeping

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N 385	Continued From page 11	N 385		

prior to the incident. Resident 1 did not have an alarm on. Resident 1 did not have any injuries. Resident 1 last used the bathroom on the evening shift.

-01/06/2024 at 10:22 AM: Staff found Resident 1 on his/her knees on the floor facing the bedroom door. Resident 1 was napping in his/her chair prior to the incident.

-01/07/2024 at 5:15 AM: Unwitnessed fall in Resident 1's bedroom. Staff found Resident 1 between his/her bed and dresser. Resident 1 was sleeping prior to the incident. Resident 1 received a skin tear/laceration and carpet burn to his/her knee. Resident 1 did not have an alarm.

-01/07/2024 at 3:45 PM: Unwitnessed fall in the dining room. Staff heard a resident call for help and found Resident 1 on the floor by the dining room table. Prior to the incident Resident 1 was eating a snack at the table. Resident 1 did not have any injuries. Resident 1 did not have an alarm.

-01/11/2024 at 10:20 PM: Staff responded to Resident 1's bed alarm and found him/her on the bedroom floor next to the bed. Resident 1's head was on the floor and his/her legs were partially on the bed. Resident 1 was sent out to be evaluated for possible head injury. Resident 1 did not have a bed alarm and was incontinent at the time of the incident. The care plan was updated, and a note indicated 15-minute night checks were put in place between 9:00 PM and 7:00 AM. CD A signed the fall incident report as reviewed on 01/16/2024.

-01/13/2024 at 7:10 AM: Resident 1 was found sitting on the footrest of his/her chair in the living

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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HOMEPLACE (THE)	225 E 4TH AVE STANLEY, WI 54768

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N 385	Continued From page 12	N 385		

room. Resident 1 had an alarm in place but it did not work at the time of the incident. Resident 1 did not receive any injuries.

-01/13/2024 at 10:45 PM: Unwitnessed fall in Resident 1's bedroom. Staff found Resident 1 on the floor without his/her incontinent brief on. Resident 1 had bruising, but no other injuries.

-01/14/2024 at 4:15 AM: Unwitnessed fall in Resident 1's bedroom. Resident 1 received a carpet burn to his/her leg. Resident 1 had an alarm and was incontinent.

CARE HISTORY

The care history charting indicated 15-minute checks were started on 01/14/2024 at 6:31 AM as an intervention to prevent falls for Resident 1.

HOSPICE ADMISSION NOTES

A hospice client coordination note report, dated 01/16/2024, indicated Resident 1 was admitted to hospice on 01/16/2024. The note indicated the following durable medical equipment was ordered: bed, mattress, bed rails, Hoyer lift, bedside table, and ROHO cushion. The hospice note indicated Resident 1 had 10 or more falls in the last 6 months. The hospice note also indicated Resident 1 was no longer ambulatory and was unable to make his/her needs known.

INTIAL ASSESSMENT

This document was dated 01/05/2024 and was completed for Resident 1 on the day of admission. The assessment showed the following information:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012212	A. BUILDING: _____ B. WING _____	R-C 02/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMEPLACE (THE)	225 E 4TH AVE STANLEY, WI 54768

(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 385	Continued From page 13 -Toileting: "Changing incontinent products, has occurrences of incontinent [sic]" Resident 1 needed 2 hour [sic] toileting checks with cues and assistance as needed. Resident 1 required full assistance with toileting, changing incontinence products, and performing toilet hygiene." -Sleeping Pattern: "Sleeps well, [sic] but needs assistance 1-2 times at night." -Behaviors: "[Resident 1] has dementia and can be anxious or agitated at times." -Chronic Illnesses: "[Resident 1] is unaware of [his/her] physical limitations and chronic conditions. [S/he] requires frequent monitoring from staff for condition changes." -Transferring: "[Resident 1] requires assistance with all transfers. [S/he] requires moderate assistance of 1-2 staff members, depending on the day." -Falls: "Frequent falls, unable to notice unsafe conditions, requires staff attention to ensure apartments [sic] is clutter free and conductive [sic] to a safe environment. [Resident 1] has the following interventions: Personal: 1. Personal items within reach at all times [sic] 2. Nonslip footwear on at all times [sic] 3. resident [sic] is known to lower [him/herself] to the floor at times [sic] Standard Interventions: 1. Toilet resident every 2-4 hours and as needed. 2. Resident will be encouraged to eat all meals and snacks each day to prevent being hungry or thirsty. 3. Reassure resident as needed so they feel safe and secure. 4. Ensure that the resident is not too hot or cold." The assessment on file used for pre-admission to the CBRF was completed on 12/26/2023 and did not identify all of Resident 1's fall prevention interventions in place. TEMPORARY SERVICE PLAN	N 385		

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N 385	Continued From page 14 On 01/25/2024, Surveyor reviewed the TSP provided by CD A. CD A stated they did not have a 30-day comprehensive individual service plan available as Resident 1 was admitted less than 30 days ago. The TSP had several areas that were left blank and identified the following areas related to fall risk and interventions: -"Toilet Check: This is a task only to ask and assist resident to know if they need help to the bathroom or to be changed, so they are not in soil. If assistance is needed, please chart in under toileting and /or [sic] or BM (bowel movement) monitoring. This is not for charting that they went but more a staff task letting you know they need to be in a schedule. -Toileting: Full hands-on assist. Care team will assist with toileting, changing incontinence products and toilet hygiene. -Fall Risk and Interventions: Safety/15-minute checks. Resident has fallen 5+ times in the last 30days [sic]. Requires staff attention to ensure room is clutter free and conductive [sic] to a safe environment. Resident has the following interventions: Personal: 1. Remind resident to drink and keep [him/her] hydrated. Standard Interventions: 1. Toilet resident every 2-4 hours and as needed. 2. Resident will be encouraged to eat all meals and snacks each day to prevent being hungry or thirsty. 3. Reassure resident as needed so they feel safe and secure. 4. Ensure that the resident is not too hot or cold. -Transferring: Full assist. Care team will assist with all transfers between surfaces. May use a hoyer [sic] lift with resident when needed. Resident 1 requires assistance with all transfers. [Resident 1] requires moderate assistance of 1-2	N 385		

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N 385	Continued From page 15	N 385		

staff members, depending on the day.
-Falls: Hands on Assist. Frequent falls, unable to notice unsafe conditions, requires staff attention to ensure apartments [sic] is clutter free and conductive to a safe environment. Resident has the following interventions: Personal: 1. personal [sic] items within reach at all times [sic] 2. nonslip [sic] footwear on at all times [sic] 3. resident [sic] is known to lower [him/herself] to the floor at times [sic] Standard Interventions: 1. Toilet resident every 2-4 hours and as needed. 2. Resident will be encouraged to eat all meals and snacks each day to prevent being hungry or thirsty. 3. Reassure resident as needed so they feel safe and secure. 4. Ensure that the resident is not too hot or cold."

The TSP available to staff did not identify Resident 1's current fall prevention interventions of an alarm, fall mat, and/or hospice involvement as documented in staff charting.

INTERVIEW

On 01/25/2024 at 10:21 AM, Surveyor interviewed Supervisor C. Supervisor C stated Resident 1 was admitted on 01/05/2024 and has had multiple falls since his/her admission. Supervisor C stated one fall caused a head injury and Resident 1 needed staples placed. Supervisor C indicated Resident 1 had fall prevention interventions that included a bed alarm, 15-minute checks overnight, and a Brodha chair. Supervisor C stated Resident 1 was now on hospice.

At 3:10 PM, Surveyor interviewed Caregiver D. Caregiver D stated Resident 1 was a fall risk and had multiple falls when first admitted. Caregiver D stated Resident 1 had not fallen since getting the

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N 385	Continued From page 16	N 385		

proper equipment, such as a bed alarm and fall mat, along with hospice support.

On 01/31/2024 at 3:44 PM, Surveyor received an email response from CD A that stated, "15 minute [sic] checks were initiated on 1/14, and charting immediately began. It was noted as an intervention on 1/11 incident report in error. Pressure alarm was initiated almost immediately after admission ...In training/growing our team, and in my distraction, it was missed in the care plan but it has since been entered."

On 02/06/2024 at 2:00 PM, Surveyor interviewed CD A and Chief Operating Officer (COO) B. CD A stated Resident 1 was assessed as a risk for falls prior to admission. CD A stated Resident 1 did have a history of lowering him/herself to the floor. Fall interventions for Resident 1 included a bed alarm, 15-minute checks on overnights, fall mat, Brohda chair, and having staff engage Resident 1 by bringing him/her out of his/her room and encourage his/her participation in activities. CD A stated that some of the interventions, including a fall mat and Brohda chair, were not implemented until Resident 1 was admitted to hospice on 01/16/2024. CD A confirmed some of these interventions were not in the TSP. CD A stated there were discussions with Resident 1's health care power of attorney (HCPOA) and care team. CD A stated some of the fall interventions were delayed with implementation due to both Supervisor C and CD A being out ill from work for a week. CD A stated the falls occurred in a cluster and s/he did not update the TSP with new interventions after each fall.

SUMMARY

Staff charting documentation showed Resident 1

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N 385	Continued From page 17 had multiple falls within the first few weeks of admission and there was a delay in implementing fall interventions. The incident reports indicated Resident 1 had approximately 7 falls between 01/05/2024 to 01/14/2024, with one fall leading to ER treatment. The TSP available to staff did not identify all of Resident 1's fall prevention interventions for staff to meet the immediate needs of the resident until the ISP was developed and implemented.	N 385		