STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015092	A. BUILDING: _____ B. WING _____	C 06/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE ELM GROVE	800 WALL ST ELM GROVE, WI 53122

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N 000	Initial Comments On 06/14/2024, Surveyor conducted a complaint investigation at Heritage Elm Grove. One deficiency was identified. The deficiency is a repeat violation, see Statement of Deficiency 2LIH11, dated 09/25/2019. Census: 64	N 000		
N 388	83.35(3)(c) Implement, follow the individual service plan Implementation. The CBRF shall implement and follow the individual service plan as written. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the resident's individual service plan was followed as written. Resident 1's individual service plan (ISP) was not followed as written when staff transferred him/her with a small Hoyer sling instead of a large sling as required per his/her ISP. Resident 1 slid out of the sling onto the floor sustaining bilateral femur fractures, bruises, and lacerations. Resident 1 remained bedbound after the fall and passed away 4 days later due to complications from the bilateral fracture femurs. This is a repeat deficiency. See Statement of Deficiency 2LIH11, dated 09/25/2019. Findings include: A Hoyer lift is a mechanical lift used to transfer a person, who is unable to bear his/her own weight,	N 388		

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

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N 388	Continued From page 1 from one surface to another. On 04/18/2024, the Department received a complaint alleging injury during staff assisted transfer. On 06/14/2024 in preparation for onsite visit, Surveyor reviewed a self-report dated 04/22/2024 contained in the Department's facility file (summarized): On 04/10/2024 during a 2 person Hoyer lift transfer, Resident 1 slid from the sling as 1 caregiver was lowering the boom and the 2nd was providing hands-on support. Resident 1 endorsed pain, skin tears were noted to right face and forearm, bruising was noted to left knee area, no deformities were observed. X-rays of bilateral lower extremities taken due to pain revealed bilateral femur (both thigh bones) fractures. Resident 1 was placed on bedrest, received comfort care, and passed away on 04/14/2024. On 06/14/2024, Surveyor reviewed Resident 1's record. S/he was admitted 06/17/2020. Diagnoses included difficulty in walking, not elsewhere classified; unsteadiness on feet; muscle weakness (generalized); and unspecified dementia. S/he had been on hospice services since 01/17/2022. Facility Progress Notes dated 02/01/2024-04/14/2024 included: 04/10/2024 4:30- " ...Date of Incident: 4/10/2024 Time of Incident: [4:30 PM] Incident Type: Witnessed Fall Description: Care staff x2 were providing hoyer [sic] transfer per usual with resident; while the second caregiver was adjusting resident for placement into wheelchair, [Resident 1] slipped	N 388		

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from Hoyer sling to the floor.
Resident Assessment: The care team immediately contacted additional staff for assistance. The care team evaluated resident for injuries, pain, and/or deformity. Resident endorsed generalized 9/10 pain, no deformity noted; skin tear noted to right face and forearm; ecchymosisnoted [sic] [bruise] to left knee. [blood pressure] 153/66 HR [heart rate]- 89. The care team changed out sling for a separate sling, positioned resident while maintaining body alignment, and transferred resident to bed with Hoyer and 4 person assist. [Resident 1] returned to bed and placed in a position of safety and comfort. Analgesic provided. [Name of hospice agency] RN contacted and informed of incident. RN to assess at community; [Resident 1] to remain in-house ...New Action added to ISP:-Evaluate Hoyer and sling for safety -Re-evaluate transfer needs -Provide wound and pain care -Hospice RN assessment ..."

04/11/2024 6:03 AM- "Note Text: Writer called [name of hospice agency] this morning to request a nurse visit. Care staff reported that resident is in a lot of pain still despite been [sic] given PRN [as needed] morphine overnight ..."

04/11/2024 12:13 PM- "Note Text: F/U fall incident. Presentation: Resident in bed with noted weakness and noted response to vocal and tactile stimuli. Family at bedside ...Injuries: [right] temporal laceration- 0.8x0.2cm, [left] medial ankle- 0.5x0.5cm, [right] lateral forearm- 5x0.4cm abrasion. Bruising to [right] lateral elbow, temporal region, ear, knee (faint). Bruising to [left] lateral knee ...noted bilateral knee pain on palpation and [range of motion]. No noted structural abnormalities observed. Denies hip and neck pain presently. Presently bed bound status

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N 388	Continued From page 3 ...Interventions: 2-3hour [sic] rotations [repositioning] -Provided PRN morphine for pain/elevated [heartrate] and respirations. Zofran for nausea -Head elevation for airway clearance and comfort -oral swabs and lip balm for mucosal moisturization -knee pain -x-ray to be ordered and knees supported with pillows. -Continued monitoring and maintain bed bound status to promote comfort ..." 04/14/2024 6:00 PM " ...Note Text: Resident pronounced deceased ..." Hospice Plan of Care Update Report (for benefit period 03/07/2024-05/05/2024) identified Resident 1 was completely dependent for cares and utilized Hoyer for transfers. Size of Hoyer sling was not specified. Hospice's Proposed Care Plan Reports dated 03/21/2024 and 04/04/2024 identified Resident 1 was to be transferred with a Hoyer lift. Size of Hoyer sling was not specified. Facility ISP's Resident 1's record contained 3 ISP's. The 1st was signed and dated 01/23/2023, the 2nd and 3rd were not signed or dated. On 06/14/2024 at 11:19 AM, Regional Director of Clinical Operations (RDCO) B informed Surveyor the 2nd ISP was dated 02/25/2024 and staff had begun updating the 3rd after 04/10/2024 fall but had not finished the update due to death. ISP signed and dated 01/23/2023- In the area of Transferring: " ...Staff provide total assistance with transfers using hoyer [sic] ...use the large size sling ..." ISP dated 02/25/2024- In the area of Transferring: " ...Staff provide total	N 388		

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assistance with transfers using hoyer [sic] ...use the large size sling ..."

Weights and Vitals Summary dated 01/01/2023-03/12/2024 (summarized): 171.2 lb. on 01/10/2023, 182.2 lb. on 06/02/2023, 187.2 lb. on 01/18/2024, and 184 lb. on 03/12/2024.

Investigation Summary Form dated 04/17/2024 signed and dated by Executive Director A on 04/17/2024-
"Date of Alleged Incident: 04/10/2024 Time: 1630 [4:30 PM] ...Outcome of Investigation: Resident experienced a fall during mechanical lift transfer after resident assistant attempted to adjust the sling and position [him/her] to sit in [his/her] wheelchair. Two staff were present and using the mechanical lift as indicated in [his/her] care plan. Mechanical lift and sling were intact and in working condition before and after the incident. Two slings were found in the resident apartment. Staff utilized the smaller sling when incident occurred. This is the sling that had been in use prior to incident and no concerns were reported regarding the fit. Resident assistants were trained prior to the incident on mechanical lift transfers and were retrained following the incident."

On 04/26/2024 at approximately 10:00 AM, Surveyor interviewed Family Member C who stated on 04/10/2024, Resident 1 fell out of Hoyer sling into the Hoyer lift and onto floor. Family Member C stated Resident 1 sustained fractures and abrasions, and because Resident 1 was not a surgical candidate, s/he remained bedbound until his/her death on 04/14/2024. Family Member C stated s/he visited Resident 1 at 10:00 AM on 04/14/2024 prior to the fall and Resident 1 was "fine." Family Member C stated prior to 04/10/2024, s/he visited Resident 1 three times

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weekly and Resident 1 attended activities and exercise group.

On 06/14/2024 at 11:28 AM, Surveyor interviewed Wellness Coordinator E and Director of Nursing F. Director of Nursing F stated Hoyer sling size was labeled on the sling by color and large slings were wider than small slings. Director of Nursing F stated residents usually had 2 slings in case 1 was soiled and typically the 2 slings were the same size. Director of Nursing F stated for hospice residents, hospice provided the slings. Director of Nursing F stated staff were using a small sling when Resident 1 fell on 04/10/2024.

On 06/14/2024 at 11:37 AM, Surveyor called and interviewed Hospice Director of Operations G who stated a large size Hoyer sling was physician ordered for Resident 1.

On 06/14/2024 at 11:49 AM, Surveyor interviewed Caregiver H who stated a large Hoyer sling was longer and wider than a small Hoyer sling. Caregiver H stated Resident 1 used a large or extra-large Hoyer sling and s/he recalled Resident 1's sling being larger than every other sling used on the floor. Caregiver H stated Resident 1 had 2 slings incase 1 was soiled and both slings should have been the same size. Caregiver H stated it was reiterated to staff during trainings to use the correct size slings. Caregiver H stated caregivers only referenced the facility ISPs and not the hospice care plans.

On 06/14/2024 at approximately 12:45 PM, Surveyor discussed concern of staff not following Resident 1's ISP by not using a large sling when Resident 1 fell during the Hoyer transfer on 04/10/2024 with Regional Director A, RDCO-B, Executive Director D, and Chief Nursing Officer I.

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Executive Director D stated when s/he arrived at Resident 1's room at time of fall on 04/10/2024, Resident 1 had the small Hoyer sling on and a large sling was in Resident 1's closet. Executive Director D stated s/he was not sure why staff had used the small sling.

On 06/18/2024, Surveyor received Resident 1's hospice record from hospice via email.

04/10/2024 Hospice RN note: " ...PRN VISIT DUE TO FACILITY REPORTING WITNESSED FALL WITH INJURY. WRITER RECEIVED REPORT FROM FACILITY [LEAD CAREGIVER J]; [LEAD CAREGIVER J] AND ANOTHER STAFF MEMBER WHEN TRANSFERRING PATIENT FROM BED TO WHEELCHAIR, ATTEMPTED 2 BOOSTS [sic] PATIENT UP IN WHEELCHAIR VIA HOYER SLING, PATIENT FELL FORWARD OUT OF WHEELCHAIR HITTING HEAD ON HOYER LIFT AND SUSTAINING MULTIPLE INJURIES. PRN TYLENOL GIVEN PRIOR TO ARRIVAL. PATIENT FOUND LAYING IN BED, EYES CLOSED, SPONTANEOUSLY OPENED EYES TO VOICE. PATIENT OFFERS COMPLAINTS OF BILATERAL KNEE AND HAD [sic] PAIN, 8/10, DESPITE RECEIVING TYLENOL GREATER THAN 45 MINUTES AGO. WRITER INSTRUCTED [LEAD CAREGIVER J] TO ADMINISTER P.R.N. TRAMADOL NOW. MULTIPLE INJURIES EVIDENT; ABRASION TO RIGHT TEMPLE\CHEEKBONE, BRUISE AND ABRASION ON RIGHT EAR, BRUISING AND ABRASION TO RIGHT FOREARM AND HAND, BRUISING AND ABRASION TO LEFT KNEE AND SHIN. ALL ABRASIONS CLEANSED WITH WARM WATER AND SOAP, PATIENT TOLERATED WITH MILD DISCOMFORT ...APPROXIMATELY 1 HOUR AFTER

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RECEIVING TRAMADOL PAIN REMAINS 8/10, P.R.N. MORPHINE GIVEN WITH GOOD OUTCOME, PATIENT SLEEPING BY END OF VISIT. WRITER PROVIDED EXTENSIVE EDUCATION WITH [LEAD CAREGIVER J] AND SEVERAL OTHER FACILITY CAREGIVERS ON PAIN MANAGEMENT, FREQUENT CHECKS, AND CONCUSSION PRECAUTIONS. PATIENT POSITIONED ON LEFT SIDE FOR EMESIS\ASPIRATION PRECAUTIONS ..."

04/11/2024 Hospice RN note: "
...ASSESSMENT/PLAN 1. ACUTE PAIN S/P [status post] FALL ...EDUCATION PROVIDED TO [Family Member C] REGARDING LIKELY CONCUSION [sic] WITHOUT LOSS OF CONSCIOUSNESS ...ADVISED UNABLE TO DETERMINE IF PT SUSTAINED A BRAIN BLEED WITH HEAD INVOLVEMENT AND CHRONIC ANTICOAGULATION THERAPY. DIFFICULT TO DETERMINE IF CURRENT SOMNOLENCE IS MORPHINE VS TRAUMA RELATED. ANTICIPATE PT WILL EITHER SLOWLY START TO RETURN TO BASELINE OR TREND TOWARDS ACTIVELY DYING OVER THE NEXT 24-48HRS [sic] ...WHEN RESTING PATIENT FALLS BACK TO SLEEP. SKIN IS PALLOR. PATIENT EYES ARE EQUAL AND REACTIVE. PATIENT IS ABLE TO FOLLOW COMMANDS AND IS A&OX 1-2 [alert and oriented to person and place]. IT IS EVIDENT IS [sic] LETHARGIC AND FATIGUED. PATIENT ALSO DRY HEAVES. NAUSEA MEDICATION ADMINSTRERED. PATIENT HA [sic] CRACKLES ON RIGHT SIDE ...EXTENSIVEE [sic] EDUCATION ON ASPIRATION PRECAUTIONS, NAUSEA AND PAIN MANAGEMENT. STAFF NSTRUCTED [sic] TO TUEN [sic] PATIENT AND ELEVATE HEELS. STAF [sic] INSTRUCTED TO MANAGE

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N 388	Continued From page 8 SYMPTOMS WITH PRN COMFORT MEDICATIONS ..." 04/12/2024 Hospice RN note: " ...PATIENT IN BED AND MORE ALERT TODAY TALKING WITH [family member]. PATIENT IS A&OX 2 AND IS HAVING DIFFICULTY REMEMBERING THE YEAR. PUPILS ARE EQUAL AND REACTIVE. PATIENT DOES DRIFT EASILY PBACK [sic] TO SLEEP BUT IS TAKING FLUIDS IN THIS MORNING. PATIENT IS NO LONGER NAUSEOUS BUT PAINFUL WHEN MOVED ...EXTENSIVE EDUCATION PERFORMED WITH FAMILY AND STAFF ABOUT ASPIRATION PRECAUTIONS, REATING [sic] NAUSEA AND PAIN MANAGMENT. IT IS IMPORTANT THAT PAIN IS MANAGED BUT ALSO ALERT ENOUGH TO TAKE IN ORAL INTAKE. THIN LIQUIDS ENCOURAGED IF PATIENT IS NAUSEAUS. ASPIRATION PRECCAUTIONS [sic] REINFORCED. POSITIONING AND SKIN ITEGRETY TEACHING PERFORMED. PATIENT HAD X-RAY PERFORMED DURING VISIT WHICH CAUSED PAIN BUT SUBSIDED AFTER MOVEMENT CEASED. PATIETN [sic] RESTING COMFORTABLY AT END OF VISIT. WOUND CARES PERFORMED. PATIENT HAS BRUISES ON: RIGHT EYE, RIGHT UPPER EAR. RIGHT ARM ELBOW AREA RIGHT HAND RIGHT KNEE LEFT LOWER LEG KNEE AREA PATIENT HAS ABRASIONS TO: RIGHT EYE RIGHT ARM ELBOW AREA LEFT ANKLE ..." 04/13/2024 Hospice RN note: " ...PATIENT FOUND LAYING IN BED, EYE CLOSED, MOUTH OPEN, APPEARS TO BE SLEEPING. PATIENT EASILY WOKE TO VOICE AND GENTLE TOUCH. PATIENT IS LETHARGIC, UNABLE TO HOLD A CONVERSTATION OR COMMUNICATE IN A MEANINGFUL WAY.	N 388		

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PATIENT DRIFTED IN AND OUT OF SLEEP THROUGHOUT THIS VISIT. PAIN IS PRIMARY ISSUE AND CONCERN DUE TO MULTIPLE INJURIES SUSTAINED IN RECENT FALL INCLUDING BILATERAL FEMUR FRACTURES. PRN MORPHINE BEING UTILIZED WITH POSITIVE OUTCOME, PAIN 3/10 ...PER [Family Member C] PATIENT HAD FEW SIPS OF JUICE/WATER AND FEW BITES OF PUDDING/APPLESAUCE YESTERDAY EVENING. NO BM [bowel movement] SINCE 4/11/24, URINE OUTPUT SIGNIFICANTLY DECREASED. ABRASIONS HAVE SCABBED OVER, NO REDNESS, DRAINAGE, OR SWELLING NOTED. PATIENT APPEARS WELL PALLITATED ..."

04/14/2024 Hospice RN note: " ...PATIENT FOUND LAYING IN BED, RESPONSIVE TO PAIN/DISCOMFORT ONLY. PAIN NOTED, MOANING AND GRIMACING WITH ANY MOVEMENT OF BLE [bilateral lower extremities] AND BUE [bilateral upper extremities]. PAIN 5/10 ON PAINAD SCALE. FEVER, HYPOTENSION, TACHYCARDIA, AND TACHYPNEA OBSERVED. PRN MORPHINE, LORAZEPAM, AND TYLENOL GIVEN AT THIS TIME ..."

Per hospice documentation, Resident 1 died on 04/14/2024 at 6:10 PM.

On 06/19/2024 at 8:56 AM, Surveyor interviewed the county's Medical Examiner Administrative Assistant K who stated the cause of death listed on Resident 1's death certificate was "complications of bilateral femur fractures."

On 06/19/2024 at 8:56 AM, Surveyor interviewed Medical Records Specialist L who stated s/he regarding physician order for Resident 1's Hoyer

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N 388	Continued From page 10 sling. S/he stated s/he would call Surveyor back with the information. On 06/20/2024 at 10:05 AM, Surveyor received a phone call from (hospice) Medical Records Specialist L who stated the physician ordered an extra-large Hoyer sling for Resident 1 on 01/18/2022 and 1 extra-large Hoyer sling was delivered to facility 01/19/2022.	N 388		