Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	110538	A. BUILDING: _____ B. WING _____	R-C 06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK RIDGE	1148 BAYBERRY DR WATERTOWN, WI 53098

(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 06/25/2024, Surveyor conducted 1 verification visit at Park Ridge. Two deficiencies were identified. One deficiency was a repeat violation. See Statement Of Deficiency (SOD) XWTR11, dated 06/16/2023. Seven of 8 deficiencies from SOD XWTR11 were substantially corrected. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 46	{N 000}		
{N 302}	83.28(4)(a) Resident health screening and documentation Resident health screening. 1. Within 90 days before or 7 days after admission, a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse shall screen each person admitted to the CBRF for clinically apparent communicable disease, including tuberculosis, and document the results of the screening. 2. Screening for tuberculosis and all immunizations shall be conducted using centers for disease control and prevention standards. 3. The CBRF shall maintain the screening documentation in each resident ' s record. This Rule is not met as evidenced by:	{N 302}		

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

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{N 302}	Continued From page 1 Based on record review and interview, the provider did not ensure that within 90 days prior or 7 days after admission, a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse screened each person admitted to the CBRF for clinically apparent communicable disease, including tuberculosis (TB) for 2 of 3 residents reviewed. Resident 7 and Resident 8 were not screened for clinically apparent communicable diseases by a physician, physician assistant, clinical nurse practitioner of licensed RN when Licensed Practical Nurse (LPN) B completed the screens. Resident 7's TB test was 1 day late and Resident 8's TB test was 10 days late. This is a repeat deficiency. See Statement Of Deficiency XWTR11, dated 06/16/2023. Findings include: On 06/25/2024, Surveyor reviewed TB tests and communicable disease screens for Resident 7 and Resident 8. Resident 7 was admitted 06/03/2024. His/her TB risk assessment was signed and dated by LPN B on 06/03/2024, and TB test was administered 06/11/2024, 8 days after admission. Resident 8 was admitted 06/14/2024. His/her TB risk assessment was signed and dated by LPN B on 06/14/2024, and TB test was administered 06/24/2024, 10 days after admission. On 06/25/2024 at 4:37 PM, Surveyor interviewed LPN B who stated RN Consultant L told him/her LPNs could complete the communicable disease screens.	{N 302}		

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{N 302}	Continued From page 2 On 06/25/2024 at 4:40 PM, Surveyor discussed concern of communicable disease screens and TB tests with Administrator A, LPN B, Assistant Executive Director J, and Intern K. LPN B stated RN Consultant L told him/her LPNs could complete the communicable disease screens.	{N 302}		
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 record review, observation, and interview, the provider did not ensure that the comprehensive individual service plan (ISP) identified all the resident's needs and desired outcomes, program services, and the methods for delivering needed care. Resident 3's ISP did not identify specific staff interventions for dressing and toileting or address need for: gait belt and walker during transfers; Hoyer lift sling in wheelchair or ¼ siderails for	N 389		

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N 389	Continued From page 3	N 389		

positioning in bed; Tubigrip and minimal walking due to right foot wound; dialysis 3 times weekly or monitoring/care of arteriovenous (AV) fistula.

Findings include:

A Hoyer lift is a mechanical lift used to transfer a person, who is unable to bear his/her own weight, from one surface to another.

According to the National Kidney Foundation, "A hemodialysis access, or vascular access, is a way to reach the blood for hemodialysis. The access allows blood to travel through soft tubes to the dialysis machine where it is cleaned as it passes through a special filter, called a dialyzer ...Fistula: an access made by joining an artery and vein in your arm ..." (Source: https://www.kidney.org/atoz/content/hemoaccess (retrieval date: 06/27/2024)).
On 06/25/2023 at 2:23 PM, Surveyor interviewed licensed practical nurse (LPN) B who stated Resident 3 went to dialysis Mondays, Wednesdays, and Fridays. LPN B stated Resident 3 required assistance with dressing, stand-by assist of staff for transfers with a gait belt and walker. LPN B stated a Hoyer sling was placed in his/her wheelchair prior to dialysis so dialysis staff could Hoyer transfer him/her into dialysis chair.

On 06/25/2024 at 2:54 PM, Surveyor observed Resident 3 sitting on a Hoyer sling in his/her wheelchair and ¼ siderails in the up position on his/her bed.
A set (1 for each side of the toilet) of grab bars that attach to the toilet were not attached to the toilet and were lying horizontally between the toilet seat and toilet tank in his/her bathroom.

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N 389	Continued From page 4 On 06/25/2024, Surveyor interviewed Caregiver M who stated Resident 3 sometimes used a urinal and staff provided incontinence care while Resident 3 was in bed because s/he did not use the toilet. Caregiver M stated s/he sometimes used a gait belt while pivot transferring Resident 3 and s/he did not walk Resident 3. Caregiver M stated Resident 3 had the ¼ siderails since at least January 2024 and Resident 3 used them to position self in bed during cares and while sitting at edge of bed for transfers. Caregiver M stated the Hoyer sling was placed in Resident 3's wheelchair prior to appointments. On 06/25/2024, Surveyor reviewed Resident 3's record. S/he was admitted 12/22/2022. Diagnoses included morbid obesity, depression, and stage 5 chronic kidney disease. Wound clinic MD note dated 05/15/2024 stated: "Right plantar foot: ...F [full size] Tubigrip daily. Keep ambulating to a minimum, stay off foot as much as possible ..." 05/30/2024 Advanced Practice Nurse Prescriber (APNP) progress note stated " ...END STAGE RENAL DISEASE: Dialysis Monday Wednesday Friday. Labs per nephrology. Left AV fistula ..." ISP dated 03/18/2024: In the area of Dressing: Goal: "Will be dressed appropriately with assistance." Interventions: "Report any changes in ability to dress/undress to Nurse. Will not dress/undress self if not assisted." In the area of Toileting: Goal- "Will be able to toilet safely with assistance."	N 389		

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N 389	Continued From page 5	N 389		

Interventions- "Bathroom equipped with adaptive devices for toileting activities (i.e., grab bars, raised toilet, etc.)"

In the area of Bowels-
Goal- "Will maintain/improve appropriate bowel function with assistance."
Interventions- "Assistance needed to use toilet and maintain bowel continence. Is incontinent of bowels. Requires linen changes d/t incontinence of bowels."

In the area of Bladder-
Goal- "Patent encouraged to use toilet with assistance. Prefers to have incontinent products changed [sic] stays in bed most of time."
Interventions- "Is incontinent of bladder. Requires linen changes at least weekly d/t incontinence."

In the area or Mobility-
Goal: "Will be able to move about the community with assistance."
Interventions: "AMBULATION: Cannot ambulate long distances without guidance or assistance. Unable to use stairs without assistance."

The ISP did not identify specific staff interventions for dressing and toileting or address need for: gait belt and walker during transfers; Hoyer lift sling in wheelchair or ¼ siderails for positioning in bed; Tubigrip and minimal walking due to right foot wound; dialysis 3 times weekly or monitoring/care of arteriovenous (AV) fistula.

On 06/25/2024 at 4:40 PM, Surveyor discussed concern of Resident 3's ISP with Administrator A, LPN B, Assistant Executive Director J, and Intern K. Administrator A stated s/he audited Resident 3's ISP and it had been updated. Administrator A stated s/he would look for the updated ISP and

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N 389	Continued From page 6 submit it to Surveyor by 5:00 PM on 06/27/2024. On 06/26/2024 at 4:39 PM, Surveyor received an email from Administrator A stating " ...I was not able to find the proof that the ISP was updated ..."	N 389		