

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>525579</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/13/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>LITTLE CHUTE HEALTH SERVICES</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1201 GARFIELD AVE LITTLE CHUTE, WI 54140</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0580  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on staff interview and record review the facility did not ensure physician notification of a change of condition for one resident (R) (R1) of six sampled residents. R1 experienced a change of condition that was not reported to the physician. Findings: R1 was admitted to facility on 7/16/20 with the [DIAGNOSES REDACTED]. A nursing note for R1 from 7/18/20 at 6:54 AM states R1 awoke at 3:00 AM observed naked in hallway. Assisted back to room where bed and floor was found to be wet. R1 refused to put on clothes or incontinent product. R1 refused to return to bed. R1 was oriented to call light but continued to self transfer. R1 is insistent that he has his car here and demanding his keys. A nursing note for R1 from 7/18/20 at 7:08 AM states R1 came to nursing station unassisted, refusing to wear gait belt, refusing assistance from staff stating he is leaving. He said 'the' Boss man is here lies.' R1 stated we can not keep him here. R1 not easily redirected. R1 proceeded to exit facility sounding wander guard alarm, staff at his side. After 10 minutes R1 agreed to come into facility to call R1's wife. R1 refused to allow anyone touch R1 to assist R1. R1 was suspicious of anything staff told R1. R1 refused gait belt. R1 did eventually sit at nurses station and call R1's wife. A nursing note for R1 from 7/18/44 at 2:31 PM states at beginning of AM shift R1 ambulated with walker into hall, CNA (Certified Nursing Assistant) was unable to redirect R1, R1 refused gait belt. R1 told staff his car is a green Chevy, staff pointed out cars not finding a green Chevy. R1 agreed and allowed staff to apply gait belt, then came into building to call wife. R1 took [MEDICATION NAME], then napped on and off through out the AM. R1 refused lunch stating, I can't take this, I need my keys. When R1 outside earlier made comments, I will do some real destruction around here, your boss is a killer. A nursing note for R1 at 4:54 PM indicates, R1 was found on floor on his back between bed and wall. R1's arm was sore from fall, no other injuries noted. Facility did not notify Physician of increased confusion, agitation, noncompliance and bizarre statements of R1 through out the early morning and day of 7/18/20. R1 continued to display confusion and agitation through out the day and at the end of the day experienced a fall. On 8/13/20 at 1:55 AM Surveyor interviewed NHA (Nursing Home Administrator)-A and DON (Director of Nursing)-B. NHA-A and DON-B indicated that it would have been their expectation for the Nursing staff to notify the Physician of the change of condition with R1 or at the very least notify the DON-B.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.