

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>525482</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/09/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>BAY AT BURLINGTON HEALTH AND REHABILITATION (THE)</b>		STREET ADDRESS, CITY, STATE, ZIP <b>677 E STATE ST BURLINGTON, WI 53105</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 0609  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<p><b>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</b></p> <p>Based on record review and interviews, the facility did not ensure an allegation of neglect was reported to the State Agency per regulatory requirements. This was observed with 1 (R1) of 5 residents reviewed with grievances. R1 was care planned to use of a sit to stand due to recent knee replacement surgery prior to placement. R1 was not transferred with the sit to stand device, with his knee hitting against the wall and sustaining pain to his knee. Findings include: The facility's policy and procedures for Abuse and Neglect Prevention dated 5/9/19 was reviewed by Surveyor. Under Reporting it includes the following: * All allegations of neglect should be reported to the Charge Nurse immediately. The Charge Nurse is responsible for reporting it immediately to the Administrator or Designee. * All allegations of neglect shall be reported to the State Agency no later than 24 hours if there was no serious bodily injury. R1's medical record was reviewed due to a complaint made to the State Agency regarding an allegation of an inappropriate transfer in July causing a delay in discharge. The Progress Note on 7/20/20 at 3:42 PM indicates R1 complaining of right knee/leg pain. The right leg is swollen. R1 indicates it was hit against the wall in the bathroom last night (7/19/20). The Progress Note on 7/21/20 at 11:08 PM R1 was sent out to the hospital due to pain and swelling in the right knee. R1 did not return back to the facility until 7/28/20. On 9/9/20 at 8:30 PM Surveyor spoke with R1 at the facility. R1 was dressed and in a wheelchair. R1 indicated he participated in Physical Therapy and will be discharged home next week. R1 indicated the discharge was delayed from a staff member ramming R1's knee into the wall during a transfer. R1 indicated the staff member is no longer at the facility. On 9/9/20 at 8:50 AM Surveyor spoke with DON-B (Director of Nurses). DON-B indicated the previous Administrator would have reported it the State Agency. DON-B doesn't recall why this event was not reported to the State Agency. Surveyor reviewed the facility's Grievance Log. R1 had a Grievance submitted on 7/20/20 by OT-F (Occupational Therapy). The Grievance was investigated. The Summary concluded that R1 was not transferred with the appropriate assistive device. R1 was assessed to be transferred with a sit-to-stand device and was not, which resulted in R1's knee hitting against the wall. The alleged staff member no longer works at the facility. On 9/9/20 at 9:40 AM Surveyor spoke with LPN-C (Licensed Practical Nurse) who worked on 7/20/20. LPN-C indicated R1 complained of right knee hurting. LPN-C asked R1 why it was hurting and R1 indicated it was hit against the bathroom wall last night. LPN-C indicated R1 mentioned this at the end of Day shift and did not mention anything during the daytime. LPN-C did not notify any Administration staff due to feeling it was a causal comment and not a allegation. On 9/9/20 at 10:40 AM Surveyor spoke with OT-F and RD-E (Rehab Director). OT-F indicated during therapy on 7/20/20, R1 shared his concern with the staff member hitting his knee the night before. OT-F then notified RD-E and a Grievance Form was completed. RD-E indicated Therapy staff are trained to notify her (RD-E) right away with any allegations. Then RD-E notifies the Administrator right away. RD-E indicated the Grievance was provided to the Administrator at that time (7/20/20). The plan of care for R1 at this time was the use of a sit-to-stand device due to having a recent right knee replacement. R1 indicated he felt rushed and his knee was not handled right. R1 has since progressed in physical therapy and will be discharging home next week. On 9/9/20 at 2:40 PM Surveyor spoke with CNA-D (Certified Nursing Assistant). CNA-D was training that shift with the alleged staff member. CNA-D indicated R1 was not transferred with the sit-to-stand and their knee did hit the wall. R1 did complain of pain at that time. CNA-D did not report to anyone. CNA-D did not hear anything about the event until a week later. CNA-D indicated they probably should have told the Nurse at the time. On 9/9/20 at 3:15 PM Surveyor shared the reporting concerns with this event at the facility exit meeting.</p>		
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.