

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>525561</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/09/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>EAST TROY MANOR</b>		STREET ADDRESS, CITY, STATE, ZIP <b>3271 NORTH ST EAST TROY, WI 53120</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</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not immediately report 1 of 2 allegations of abuse involving R147 to the to the State Agency within 2 hours. In addition, the facility did not report the results of the investigation involving R147 to the State Agency within 5 working days. * R147 was kissed by R11 without her consent. The incident was not reported to the state agency. Findings include: R147 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED], R11 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. R11's Quarterly Minimum (MDS) data set [DATE] indicated R11 had short and long term memory problems and a Brief Interview for Mental Status score of 6 indicating severely impaired cognition. On 3/5/20 R11's care plan for socially inappropriate behavior dated 6/22/19 was reviewed and read: R11 exhibits socially inappropriate disruptive behavioral symptoms: inappropriate touching in public and wandering in and out of rooms. On 3/5/20 R11's progress notes written by Social Worker (SW)-C dated 11/8/20 at 3:35 PM were reviewed and read: R11 was witnessed kissing another resident (R147), R11 was redirected and was told he couldn't do this. R11 didn't cause any emotional harm as a result of the altercation. No further concerns. Continue to monitor. On 3/5/20 R147's progress notes written by SW-C dated 11/8/20 at 3:39 PM were reviewed and read: Another Resident (R11) tried kissing resident while she was propelling in hallway. Residents were redirected and R147 didn't suffer any pain, physician (sic) injury, or psychological emotional harm. Social Worker followed up with R147 to make sure she was ok. R147 shrugged shoulders, as resident is non-verbal. On 03/05/20 at 11:20 AM SW-C was interviewed and indicated the incident between R147 and R11 was not reported to the state agency because R147 did not remember anything about it so she did not suffer any psychological effects. SW-C indicated there was no further investigation regarding the 11/8/20 incident other than her progress notes. SW-C indicated the incident was not reported to law enforcement. On 03/09/20 at 08:56 AM Director of Nurses (DON)-B indicated the facility should have reported the incident to the state agency and called the police on the 11/8/20 incident between R147 and R11 and they misinterpreted the guidelines. On 3/9/20 the facility's policy titled Abuse Prohibition dated 8/7/17 was reviewed and read: Sexual abuse is non-consensual sexual contact of any type with a resident. All allegations involving resident abuse are to be reported to the Division of Quality Assurance, a law enforcement agency or other regulatory authorities immediately within 2 hours of the allegation. The results of all investigation will be reported to the Division of Quality Assurance office within 5 working days of the incident On 3/9/20 the facility's policy titled Reporting Suspected Crimes under the Federal Elder Justice Act (no date) was reviewed and read: When staff have reasonable suspicion that a crime has occurred against a resident, they are required to report the incident to local law enforcement. The above findings were shared with the Administrator and DON-B at the daily exit meeting on 3/5/20 at 3:00 PM.		
F 0610  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Respond appropriately to all alleged violations.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility did not ensure 1 (R147) of 2 residents with an allegation of abuse had an allegation thoroughly investigated. * R147 was kissed by R11 without her consent. The incident was not thoroughly investigated as an allegation of abuse. Findings include: R147 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. R11 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. R11's Quarterly Minimum (MDS) data set [DATE] indicated R11 had short and long term memory problems and a Brief Interview for Mental Status score of 6 indicating severely impaired cognition. On 3/5/20 R11's progress notes written by Social Worker (SW)-C dated 11/8/20 at 3:35 PM were reviewed and read: R11 was witnessed kissing another resident (R147), R11 was redirected and was told he couldn't do this. R11 didn't cause any emotional harm as a result of the altercation. No further concerns. Continue to monitor. On 3/5/20 R147's progress notes written by SW-C dated 11/8/20 at 3:39 PM were reviewed and read: Another Resident (R11) tried kissing resident while she was propelling in hallway. Residents were redirected and R147 didn't suffer any pain, physician (sic) injury, or psychological emotional harm. Social Worker followed up with R147 to make sure she was ok. R147 shrugged shoulders, as resident is non-verbal. On 03/05/20 at 11:20 AM SW-C was interviewed and indicated the incident between R147 and R11 was not reported to the state agency because R147 did not remember anything about it so she did not suffer any psychological effects. SW-C indicated there was no further investigation regarding the 11/8/20 incident other than her progress notes. On 3/5/20 both R147 and R11's medical records were reviewed and no further investigation was found for the incident of 11/8/20. On 03/09/20 at 08:56 AM Director of Nurses (DON)-B indicated there was no other documentation of an investigation on the incident of 11/8/20 involving R147. On 3/9/20 the facility's policy titled Abuse Prohibition dated 8/7/17 was reviewed and read: Sexual abuse is non-consensual sexual contact of any type with a resident. Investigative report: Include all operant information, description of incident, records of interviews, indicate how other residents were protected during the investigation, support the decision to report or not report the incident to the Department of Health Services or law enforcement. On 3/9/20 the facility's policy titled Reporting Suspected Crimes under the Federal Elder Justice Act (no date) was reviewed and read: When staff have reasonable suspicion that a crime has occurred against a resident, they are required to report the incident to local law enforcement. Surveyor noted no information could be provided on witness statements, resident statements or what was done to keep other resident's safe during the investigation. Also, the 2 progress notes written by SW-C are not consistent. One indicated R11 was witnessed kissing R147 and the other note indicated R11 attempted to kiss R11. The above findings were shared with the Administrator and DON-B at the daily exit meeting on 3/5/20 at 3:00 PM.		
F 0678  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the resident's advance directives.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility did not ensure 1 (R46) of 12 sampled residents had a DNR (Do Not Resuscitate) order signed by the physician on file at the facility. Findings include: R46 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. On [DATE] Surveyor reviewed R46's Electronic Medical Record (EMR) which documented R46's code status as being DNR. Surveyor reviewed the Advanced Directives attachments in the EMR. There was no scanned DNR form. R46 has no activated Power of Attorney and was responsible for own self when it came to medical decisions. Surveyor reviewed R46's admission MDS (Minimum Data Set) with an assessment reference date of [DATE]. Documented under Cognition was a BIMS (brief interview mental status) score of 15 which indicated cognitively intact. Surveyor reviewed R46's Advanced Directives Audit with a completion date of [DATE]. There is no documentation of code status on the audit form. Surveyor reviewed R46's Comprehensive Care Plan with a start date of [DATE]. Documented was PROBLEM: (R46) wishes to be a DNR. No to		
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.

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F 0678  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p>(continued... from page 1) CPR, No to tube feeding, Yes to IV Fluids and Yes to hospitalization if needed. GOAL: (R46) / family / (Interdisciplinary Team (IDT)) to review advanced directives quarterly, annually, at care plan meetings and (as needed (PRN)). APPROACH: Provide education and support as needed regarding advance directives decisions. APPROACH: Staff to participate in advance directive discussions with resident and family PRN. Surveyor reviewed R46's MD orders with a start date of [DATE]. Documented was General: Code Status: DNR. Surveyor reviewed R46's Progress Notes with a date of [DATE] at 2:04 PM. Documented was Admission note: Resident is short term at facility and is his own person. Resident has no mood or behaviors and is very pleasant to talk with. Resident enjoys staying in his room and watching tv or playing bingo. Resident scored a [DATE] on BIMS. Surveyor reviewed care plan meeting information with a date of [DATE]. Documented was Care conference held with resident, brother and IDT team. Resident is DNR, no to tube feeding, yes to IV fluids and yes to hospitalization s. Continue with plan of care. On [DATE] at 9:00 AM, Surveyor interviewed Social Services Director (SSD)-C. Surveyor asked who was in charge of verifying code status/DNR for residents. SSD-C stated Admissions Director-D on admission and SSD-C to review during care conferences. On [DATE] at 12:59 PM, Surveyor interviewed Director of Nursing (DON)-B. Surveyor asked how staff verified a resident was a full code versus a DNR. DON-B stated for a resident to be a DNR a resident must have the State DNR form which is in DocuSign; their admission paperwork e-signature program. After the State DNR form is signed then it goes to the MD for signature. DNR bands are also put in place that the MD signs and are kept in the nurses station for when the residents leave out of the building. Surveyor asked where the signed State DNR forms are kept in case resident needs emergency transport to hospital. DON-B stated they are kept in a binder at the Nurses Station and scanned into the EMR. Surveyor requested R46's State DNR form. DON-B stated It is signed in DocuSign and signed by the resident but we are missing the MD signature. Surveyor asked who would get the signature from the MD to make the form legal. DON-B stated Admissions Director-D would get the initial signature and SSD-C would follow up with the Advanced Directives audit. On [DATE] at 2:37 PM, Surveyor reinterviewed DON-B. Surveyor asked if the DNR form for R46 with MD signature had been found. DON-B stated no, they could not find the original form. Surveyor asked what would happen if 911 were called for R46 with no signed DNR form. DON-B stated he would be considered a full code. DON-B stated we had (R46) resign it today and sent it to the MD for signature. We changed him to a full code until the MD returns the signed form.</p>		
F 0758  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</b> ***NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interview, the facility did not ensure a resident's PRN (as needed) [MEDICAL CONDITION] medication had the required stop date order. This was observed with 1 (R22) of 5 residents reviewed for unnecessary medications. R22 started Hospice services that included an anti-anxiety medication PRN without the required 14-day stop date from the physician. Findings include: R22's medical record was reviewed by Surveyor. R22 started Hospice services on 10/31/19. The hospice admission physician orders [REDACTED]. This does not have any end date of use. There is not a physician progress notes [REDACTED]. On 03/09/20 at 08:55 AM DON-B (Director of Nurses) and Surveyor reviewed R22's Hospice physician orders [REDACTED]. The order does not appear to have a stop date. The hospice orders were reviewed, and no stop date was located for the anti-anxiety medication. DON-B indicated that typically Hospice nurses know to have a stop date for PRN [MEDICAL CONDITION]'s and does not know why there is not a stop date. R22 last used the anti-anxiety medication on 2/28/20 during a failed dose reduction for a scheduled anti-psychotic medication. DON-B indicated they will follow up with hospice.</p>		
F 0759  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Ensure medication error rates are not 5 percent or greater.</b> ***NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility did not ensure that it maintained a medication error rate below 5 percent during observations of medication administration affecting 1 (R27) of 3 residents observed. Two medication errors were observed out of twenty-five opportunities, for a total error rate of 16%. * On 3/9/20 R27's [MEDICATION NAME] Coated (EC) aspirin, [MEDICATION NAME] 300 mg capsule (cap), potassium chloride 10 Millequivalents (MEQ) 2 caps, and [MEDICATION NAME] 125 mg delayed release sprinkle cap were all crushed together during medication administration. Crushing the medication could cause a faster release of the medication into the body than intended. Findings include: R27 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. On 3/09/20 at 8:02 AM Registered Nurse (RN)- G was observed administering medication to R27. RN-G opened capsules of [MEDICATION NAME] 300 mg, potassium chloride 10 MEQ 2 caps, and [MEDICATION NAME] 125 mg delayed release sprinkle into a medication cup along with R27's other medication that included EC aspirin 81 mg. RN-G then crushed all the medication together and mixed them with syrup. RN-G then administered them to R27. The medication packages for R27's [MEDICATION NAME], potassium chloride and [MEDICATION NAME] all had instruction stickers that read: do not crush or chew. Immediately after the above observation RN-G was interviewed and indicated R27's medication has to be crushed or he'll choke. The surveyor then showed RN-G the medication packages that indicated that the above medications shouldn't be crushed and RN-G said ok. On 3/9/20 R27's current physician's orders [REDACTED]. On 3/9/20 the website Drugs. com was reviewed and indicated: *[MEDICATION NAME] capsules should be swallowed whole with water. *[MEDICATION NAME] delayed release sprinkle cap: If you cannot swallow a sprinkle capsule whole, open it and sprinkle the medicine into a spoonful of pudding or applesauce. Swallow the mixture right away. Do not save it for later use. Do not crush, chew, break, or open a delayed-release or extended-release tablet or capsule. Swallow it whole. *Potassium Chloride cap: Do not crush, chew, break, or suck on an extended-release tablet or capsule. Swallow the pill whole. Breaking or crushing the pill may cause too much of the drug to be released at one time. Sucking on a tablet can irritate your mouth or throat. *EC aspirin: Swallow whole. Do not chew, break, or crush. On 3/9/20 at 10:30 AM the Director of Nurses-B was interviewed and indicated R27's [MEDICATION NAME], potassium, [MEDICATION NAME] and EC aspirin should not be crushed. The above findings were shared with the Administrator on 3/9/20 at 10:00 A.M.</p>		
F 0880  <b>Level of harm</b> - Potential for minimal harm  <b>Residents Affected</b> - Many	<p><b>Provide and implement an infection prevention and control program.</b> ***NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not provide an effective infection prevention and control program for 45 of 45 residents who reside in the facility. The facility has not done any reporting of Carbapenem Resistant [MEDICATION NAME] (CRE) as required. The facility does not hold the Centers for Disease Control and Prevention's (CDC) Secure Access Management Services (SAMS) card for federal information technology (IT) system that gives authorized personnel secure access to non-public CDC applications required to report CRE to the National Healthcare Safety Network (NHSN). Findings Include: Surveyor reviewed the Department of Health Services, Division of Public Health's Carbapenem Resistant [MEDICATION NAME] (CRE) as a Reportable Condition in Wisconsin memo with a date of 7/18/18. Documented was On July 1, 2018, changes to Chapter 145 of the Department of Health Services (DHS) Administrative Code became effective, including addition of Carbapenem Resistant [MEDICATION NAME] (CRE) as a Category I reportable condition. Category I conditions are of urgent public health importance, and require immediate notification by speaking with a local health officer or their designee, followed by a fax, mail, or electronic report within 24 hours, as outlined below under reporting (Carbapenemase-Producing Carbapenem Resistant [MEDICATION NAME] (CP-CRE)). Infection Preventalists should continue to report CRE into the NHSN in accordance to the NHSN CRE Surveillance definition. On 3/09/20 at 8:32 AM, Surveyor interviewed Registered Nurse (RN)-F as part of the Infection Control task. Surveyor asked who held the SAMS card for reporting CRE to the NHSN. RN-F stated she had no idea what that was but would get back to Surveyor with further information. On 3/09/20 at 8:59 AM, Surveyor interviewed Director of Nursing (DON)-B. Surveyor asked who held the SAMS card for reporting CRE to the NHSN. DON-B stated no one at the facility has one and was unaware that someone needed to have one. DON-B reported the facility has never had a CRE case in the building. Surveyor stated the facility needs to report 0 cases of CRE as well. DON-B started application process. The Nursing Home Administrator was also updated.</p>		