

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 525607	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/18/2020
NAME OF PROVIDER OF SUPPLIER MORNINGSIDE HEALTH SERVICES		STREET ADDRESS, CITY, STATE, ZIP 3431 N 13TH ST SHEBOYGAN, WI 53083	
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 0656 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, record review and staff interview, the facility did not ensure comprehensive care plans were consistently implemented for 3 Residents (R) (R1, R2 and R3) of 3 sampled residents. R1's care plan contained interventions which included restorative nursing interventions. Facility documentation did not contain evidence that these interventions were implemented consistently. R2's care plan contained interventions which included restorative nursing interventions. Facility documentation did not contain evidence that these interventions were implemented consistently. Findings include: On 8/17/20, Surveyor reviewed R1's medical record which indicated R1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. (progressive degeneration of a weight bearing joint, a process marked by bony destruction, bone resorption, and eventual deformity due to loss of sensation) in both feet, obstructive sleep apnea (throat muscles intermittently relax and block the airway during sleep), [MEDICAL CONDITION] disorder (a serious mental illness characterized by extreme mood swings), [MEDICAL CONDITION] (a condition of localized fluid retention and tissue swelling caused by a compromised lymphatic system which functions as a critical portion of the body's immune system and returns body tissue fluid to the bloodstream), and hypertension (high blood pressure). R1's medical record contained a care plan which included the following interventions: Active Range of Motion: BLE (bilateral lower extremities) Program #2 - assist of 1 to complete supine (back lying) BLE exercises 1x/day (once daily) x 10 reps (repetitions) with assist provided as needed. Active Range of Motion: HEP (Home Exercise Program) for UE (Upper Extremity) ROM (Range of Motion) Program #1. Passive Range of Motion: Gentle ROM with fingers, will have some discomfort middle fingers but decreased after first or second movement. Passive Range of Motion: PROM (passive range of motion) HEP for bilateral hands: See therapy sheets - move wrist back and forth 10 repetition daily. Splint/Brace Program #1 Black splint to right hand 1 hour in AM (morning) / 1 hr (hour) in PM (afternoon). Splint/Brace Program #2 Blue hand splint to left hand 1 hour in AM / 1 hour in PM. R1's medical record contained a Minimum Data Set (MDS) assessment dated [DATE] stated R1's Brief Mental Status Interview (BIMS) score at 15 which indicated R1 had no cognitive impairment. On 8/18/20 at 10:05 AM, Surveyor interviewed R1. Surveyor observed R1 had a brace on R1's right wrist and no brace on R1's left wrist. R1 stated, They had trouble getting the other one (brace for left wrist) on this morning. R1 indicated new braces were on order for both hands. On 8/18/20, Surveyor reviewed R2's medical record which indicated R2 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. enough blood) affecting right dominant side, [MEDICAL CONDITION] infarction ([MEDICAL CONDITION]/death of heart muscle caused by a loss of blood supply), dysphagia (difficulty or discomfort in swallowing), [MEDICAL CONDITION] (an inability to comprehend or formulate language because of damage to specific brain regions), diabetes mellitus (a disease in which blood sugar levels are too high), protein-calorie malnutrition (insufficient protein intake), [MEDICAL CONDITION] (an irregular and often rapid heart rate) and [MEDICAL CONDITION] (gradual loss of kidney function). R2's medical record contained a care plan which included the following interventions: Passive ROM Program #1 Daily on days when patient is in bed x 10, with each leg. Sheets in room with instructions for heel slides, leg abduction and ankle pumps. Passive Range of Motion: UE Program #1 R (right) UE PROM all joints, 10 reps each, see therapy exercise sheets, 1 x daily. Splint/Brace Program #1 splint to right hand AM 3 hours, PM 3 hours. R2's Power of Attorney for Healthcare document was activated on 6/5/20. R2 was not interviewable. On 8/18/20 at 11:00 AM, Surveyor observed R2 who had a brace on R2's right hand. On 8/18/20 at 11:20 AM, Surveyor interviewed R3 who indicated R3 had been a resident of the facility since 2013 and that R3's left hand had been contracted since R3's brain surgery. R3 indicated facility staff sometimes do range of motion exercises on R3's hand and stated, I have a splint that they put on three to four times a week. I am supposed to wear it daily but they don't all know how to do it. On 8/18/20 at 11:30 AM, Surveyor interviewed Certified Nursing Assistant (CNA)-D who indicated CNA-D helped put on braces and stated, If I know how to do exercises and if I have time, I will help them with exercises. We try to get to them. CNA-D indicated brace application and exercise tasks are documented in facility's electronic medical record system. When questioned what is documented when staff does not have time to complete tasks, CNA-D stated, There is a 'not applicable' option charted when we can't get to it (a task). On 8/18/20, Surveyor reviewed R3's medical record which indicated R3's [DIAGNOSES REDACTED]. the veins cannot close completely as they help to guide blood back towards the heart), malignant neoplasm (an abnormal growth of cells, also known as a tumor, caused [MEDICAL CONDITION]) - brain, [MEDICAL CONDITION] (sudden, uncontrolled electrical disturbance in the brain), and [MEDICAL CONDITION]. R3's medical record contained a care plan which included the following interventions: Active ROM UE Program of 1 staff assistance, provide cues and instructions, set up and assist as needed. Splint/Brace Program #1 Palm guard to left hand, on 7 AM and off 7 PM. Be gentle donning (putting on) and off - visuals behind bed posted by therapy - ROM to be performed during this time is best. R3's medical record contained a MDS assessment dated [DATE] stated R3's BIMS score at 15 which indicated R3 had no cognitive impairment. On 8/18/20 at 12:00 PM, Surveyor reviewed facility provided Documentation Reports which included CNA documentation of restorative nursing tasks for R1, R2 and R3 for the months of June, July and August 2020. For R1: June 2020: o Splint/Brace Program #1 Black splint to right hand 1 hour in AM / 1 hr in PM ~ Of 14 opportunities, NA documented three times and XA documented once o Splint/Brace Program #2 Blue hand splint to left hand 1 hour in AM / 1 hour in PM ~ Of 14 opportunities, NA documented three times, RR documented two times and XA documented once July 2020: o Active Range of Motion: BLE Program #2 - assist of 1 to complete supine BLE exercises 1x/day x 10 reps with assist provided as needed ~ Of 12 opportunities, NA documented three times o Active Range of Motion: HEP for UE ROM Program #1 (patient has a copy-remind patient to perform AROM) ~ Of 28 opportunities, NA documented four times and no documentation for one opportunity o Passive Range of Motion: Gentle ROM with fingers, will have some discomfort middle fingers but decreased after first or second movement Program #2 ~ Of 16 opportunities, NA documented four times and no documentation for one opportunity o Passive Range of Motion: PROM HEP for bilateral hands: See therapy sheets-move wrist back and forth 10 repetition daily Program #1 ~ Of eight opportunities, NA documented once o Splint/Brace Program #1 Black splint to right hand 1 hour in AM / 1 hr in PM ~ Of 24 opportunities, NA documented eight times, RR documented once and no documentation for one opportunity o Splint/Brace Program #2 Blue hand splint to left hand 1 hour in AM / 1 hour in PM ~ Of 24 opportunities, NA documented seven times, RR documented two times and no documentation for one opportunity August 2020: o Active Range of Motion: BLE Program #2 - assist of 1 to complete supine BLE exercises 1x/day x 10 reps with assist provided as needed ~ Of 17 opportunities, NA documented once o Active Range of Motion: HEP for UE ROM Program #1 (patient has a copy- remind patient to perform AROM) ~ Of 34 opportunities, NA documented three times o Passive Range of Motion: Gentle ROM with fingers, will have some discomfort middle fingers but decreased after first or second movement Program #2 ~ Of 34 opportunities, NA documented three times o Splint/Brace Program</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.

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F 0656 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>(continued... from page 1)</p> <p># 1 Black splint to right hand 1 hour in AM / 1 hr in PM ~ Of 34 opportunities, NA documented seven times, RR documented four times and XA documented once o Splint/Brace Program #2 Blue hand splint to left hand 1 hour in AM / 1 hour in PM ~ Of 34 opportunities, NA documented seven times, RR documented five times and XA documented once For R2: July 2020: o Splint/Brace Program #1 splint to right hand AM 3 hours, PM 3 hours ~ Of 24 opportunities, NA documented nine times and RR documented once August 2020: o Passive Range of Motion: UE Program #1 R UE PROM all joints, 10 reps each, see therapy exercise sheets, 1 x daily ~ Of 18 opportunities, NA documented once and no documentation for two opportunities o Passive ROM Program #1 Daily on days when patient is in bed x 10, with each leg. Sheets in room with instructions for heel slides, leg abduction and ankle pumps ~ Of 18 opportunities, NA documented once and no documentation for two opportunities o Splint/Brace Program #1 splint to right hand AM 3 hours, PM 3 hours ~ Of 35 opportunities, NA documented eight times and no documentation for three opportunities For R3: June 2020: o Active ROM UE Program of 1 staff assistance, provide cues and instructions, set up and assist as needed. SUPINE. ~ Of 30 opportunities, NA documented three times and no documentation for one opportunity o Splint/Brace Program #1 Palm guard to left hand, on 7 AM and off 7 PM. Be gentle donning on and off - visuals behind bed posted by therapy - ROM to be performed during this time is best ~ Of 60 opportunities, NA documented 25 times, RR documented twice and no documentation for two opportunities July 2020: o Active ROM UE Program of 1 staff assistance, provide cues and instructions, set up and assist as needed. SUPINE. ~ Of 31 opportunities, NA documented four times and no documentation for four opportunities o Splint/Brace Program #1 Palm guard to left hand, on 7 AM and off 7 PM. Be gentle donning on and off - visuals behind bed posted by therapy - ROM to be performed during this time is best ~ Of 62 opportunities, NA documented 23 times and no documentation for 15 opportunities August 2020: o Active ROM UE Program of 1 staff assistance, provide cues and instructions, set up and assist as needed. SUPINE. ~ Of 17 opportunities, NA documented once and no documentation for two opportunities o Splint/Brace Program #1 Palm guard to left hand, on 7 AM and off 7 PM. Be gentle donning on and off - visuals behind bed posted by therapy - ROM to be performed during this time is best ~ Of 34 opportunities, NA documented eight times, RR documented two times and no documentation for eight opportunities On 8/18/20 at 12:55 PM, Surveyor interviewed Director of Nursing (DON)-B who indicated NA in CNA documentation meant Not Applicable. DON-B stated, If they (CNAs) don't have time, they should be alerting their nurse. That has not been brought up to me. DON-B indicated RR in CNA documentation meant Resident Refused, and XA in CNA documentation meant Resident Not Available.</p> <p>When questioned about blank spaces in CNA documentation, DON-B stated, Means it (the task) was due but no documentation means it probably wasn't done or we don't have proof that it was done. DON-B verified NA in CNA documentation was the same as no proof that a task was done.</p>		