

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>525538</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/05/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>BETHANY HOME</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1226 BERLIN ST WAUPACA, WI 54981</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 0578  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interviews, the facility did not ensure medical records contained advance directives for 2 Residents (R) (R40 and R30) of 20 sampled residents. R40's activated Power of Attorney for Healthcare (POA-HC) document indicated that R40's agent may not admit R40 to a nursing home for a purpose other than recuperative care or respite care. The facility did not make the appropriate referrals to maintain placement or seek alternative placement to meet R40's medical and psychosocial needs. R30 was admitted to the facility on [DATE]. R30's medical record did not contain R30's completed advance directive document. Findings include: Facility provided policy titled Advanced Directives dated 3/17/13 stated, Bethany Home recognizes and will honor each Resident's right to make decisions regarding his or her own health care including the right to consent to treatment, and the right to refuse treatment, even if the treatment is life sustaining. In the event a resident is no longer able to make or communicate health care decisions, Bethany Home will honor the expressed wishes of other persons authorized to act on behalf of a resident, or the written directions of the resident as expressed in their Advanced Directives. On admission to the facility Social Services will determine whether a resident has executed advanced directives or has given instructions to indicate what care he or she desires in case of incapacity. Advanced directives include: Living Will, a directive to the attending physician, a durable power of attorney for health care, a medical power of attorney, and / or a medical order for DNR (do not resuscitate). Copies of all advanced directives including Activation of the POA (power of attorney) for health care will be filed under the 'Advanced Directive' tab of each resident's chart. On 3/4/20 at 7:52 AM, Surveyor reviewed the medical record of R40 which indicated R40 was admitted to the facility on [DATE]. R40's medical record contained R40's POA-HC which was signed and dated 12/9/11. R40's POA-HC document was marked no in the section which stated, If I have checked 'Yes' to the following, my health care agent may admit me for a purpose other than recuperative care or respite care, but if I have checked 'No' to the following, my health care agent may not so admit me: 1. A nursing home. R40's medical record contained a Statement of Incapacity signed and dated by two physicians on 9/22/14. On 3/4/20 at 8:49 AM, Surveyor reviewed the medical record of R30 which indicated R30 was admitted to the facility on [DATE]. R30's medical record contained a Statement of Incapacity signed and dated by two physicians on 4/28/14. R30's medical record did not contain a POA-HC document for R30. R30's medical record did contain a General Durable Power of Attorney dated 4/5/13 which addressed R30's financial concerns only. On 3/4/20 at 12:56 PM, Surveyor interviewed SW (Social Worker)-C who verified R40 had marked no for not wishing to be admitted to a nursing home on a long-term basis on R40's POA-HC document. SW-C indicated that the facility should have looked for alternate placement or petitioned the court for guardianship proceedings to best meet R40's needs. SW-C verified facility did not have R30's POA-HC. SW-C indicated facility had recently completed a process audit with the local hospital system to make sure advanced directive documents were correct. SW-C stated, I think they just saw incapacity (for R40 and R30) and didn't look at the form itself. On 3/5/20 at 7:42 AM, Surveyor interviewed NHA (Nursing Home Administrator)-A who stated facility staff who conducted the recent audit of advanced directives, couldn't have looked at all details during audit. NHA-A verified facility should have petitioned for guardianship proceedings at the time of R40's admission. NHA-A verified facility should have obtained R30's advanced directives at the time of R30's admission. On 3/05/20 at 1:31 PM, Surveyor interviewed SW-C who provided R30's Durable Power of Attorney document to Surveyor and stated, We got it from the attorney. R30's Durable Power of Attorney document was dated 3/14/05 and indicated R30's agent was allowed to contract for my care at a hospital, nursing home, convalescent home or similar establishment.		
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> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interview, the facility did not notify a physician of resident change of condition for 1 Resident (R) (R30) of 8 residents reviewed for nutrition. On 01/30/20, R30 weighed 125 lbs (pounds). On 03/02/20, R30 weighed 117 lbs which is a -6.40 % (percent) weight loss that should have been reported to the physician. Findings include: On 3/04/20 at 10:02 AM, Surveyor reviewed the medical record of R30 which indicated R30 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. to perform everyday activities) and Arthritis (swelling and tenderness of one or more joints). R30's medical record further indicated on 01/30/20, R30 weighed 125 lbs. On 03/02/20, R30 weighed 117 lbs which is a -6.40 % weight loss. R30's care plan contained an intervention which stated, Weekly weight. notify LN (licensed nurse) of weight change of < (less than) or > (greater than) 3 lbs. On 3/5/20, Surveyor reviewed facility provided Departmental Notes which contained an entry dated 2/4/20 that stated, .Triggering for 5.3% loss in 1 month. Impressions: Continue to offer Hormel 2+ (brand name dietary supplement) 90 ml (milliliters) by mouth 3x/day (three times a day). Continue to monitor monthly. This entry was made by facility's Dietary Manager. An entry dated 11/24/19 stated, . Hormel 2+ was increased to TID (three times a day) d/t (due to) weight loss. Next review is next month. This entry was made by facility's Registered Dietician. On 3/05/20 at 1:27 PM, Surveyor interviewed NHA (Nursing Home Administrator)-A who verified the documentation did not indicate whether or not the Registered Dietician or R30's physician was notified of the weight loss identified by facility in 2/4/20 documentation. NHA-A stated, I have told (Dietary Manager) to put in notes when getting direction from (Registered Dietician). On 3/05/20 at 1:32 PM, Surveyor interviewed DON (Director of Nursing)-B who verified R30's physician should have been notified of R30's weight loss and was not notified.		
F 0710  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Obtain a doctor's order to admit a resident and ensure the resident is under a doctor's care.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interview, the facility did not ensure physician orders [REDACTED]. R39 had a physician's (MD) order for daily weights. The facility did not follow the physician's orders [REDACTED]. R39 had [DIAGNOSES REDACTED]. The Surveyor was provided a copy of an MD order dated 7/3/19 that stated the MD wanted daily weights obtained. R39's weights were reviewed as follows: ~No weights were obtained for the month of (NAME)as of 3/3/20. The following dates weights were obtained for the month of February 2020: ~2/27/20 R39's weight was 130 pounds ~2/26/20 R39's weight was		
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 0710  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	(continued... from page 1) 128 pounds ~[DATE] R39's weight was 129 pounds ~2/22/20 R39's weight was 128 pounds ~2/19/20 R39's weight was 125 pounds ~2/18/20 R39's weight was 132 pounds ~2/17/20 R39's weight was 128 pounds ~2/16/20 R39's weight was 132 pounds ~2/7/20 R39's weight was 128 pounds ~[DATE] R39's weight was 135 pounds ~2/5/20 R39's weight was 120 pounds ~2/3/20 R39's weight was 133 pounds On 03/05/20 at 11:20 AM, the Surveyor interviewed DON (Director of Nursing)-B who verified the above weights and stated, When you have an order for [REDACTED].		
F 0812  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<b>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</b>  Based on observation and staff interview, the facility did not ensure food was stored, prepared and served in accordance with professional standards. This had the potential to affect multiple residents at the facility. Plates were not covered or stored in an inverted position. Grill was heavily soiled. Meat was stored above fresh fruit in walk-in refrigerator. Dietary staff did not restrain facial hair during food preparation Finding include: (NAME)2016 WI food Code: Storing 4-903.11 Equipment, Utensils, Linens, and Single-Service and Single-Use Articles. (A) Except as specified in (D) of this section, cleaned equipment and utensils, laundered linens, and single-service and single-use items shall be stored: . (B) Clean equipment and utensils shall be stored as specified under (A) of this section and shall be stored: . (2) Covered or inverted. WI Food Code 2016 documents at 3-302.11 Packaged and Unpackaged Food - Separation, Packaging, and Segregation. (A) Food shall be protected from cross contamination by: (1) Except as specified in (1) (c) below, separating raw animal foods during storage, preparation, holding, and display from: (a) Raw ready-to-eat food including other raw animal food such as fish for sushi or molluscan shellfish, or other raw ready-to-eat food such as vegetables, and (b) Cooked ready-to-eat food; (NAME)2016 WI food Code: 2-402.11 Effectiveness. (A) Except as provided in (B) of this section, food employees shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed food; clean equipment, utensils, and linens; and unwrapped single-service and single-use articles. Facility Policy: Dress and Grooming Policy revised 9/1/19 Food Service 3.All kitchen staff must wear both a facial guard and/or hair guard when prepping/dishing up food. On 3/03/2020 at 9:33 AM, Surveyor toured the kitchen as part of the survey process with DM (Dietary Manager)- E and DA (Dietary Assistant)-F, who indicated the facility followed the Wisconsin Food Code. 1. During tour Surveyor observed plates in a metal storage container with the cover open and the dishes stacked serving side up. DM-E indicated the cover on the container should have been closed. Surveyor also observed plates stacked on the serving line, serving side up and uncovered. DM-E indicated belief this was an acceptable practice because a shelf was over the plates. Surveyor and DM-E examined the shelf and noted food build up on bottom of the shelf which was over the plates. 2. Surveyor observed the grill was heavily soiled. DM-E explained the grill was cleaned with a brush located under the grill and further indicated the grill had already been cleaned. 3. Surveyor observed a large container of meat was stored on a shelf above fresh grapes in the walk-in refrigerator. DA-F moved the meat to a different shelf away from the fresh fruit and explained the meat should not have been stored above the fresh fruit.  4. On 3/03/20 at 11:21 AM, Surveyor observed dining process in 2nd floor dining area which has a kitchenette that contains a steam table where food is served from. Surveyor observed C (Cook)-D prepare food plates for each resident. C-D was wearing a baseball cap which did not completely cover C-D's hair leaving approximately one-and-a-half inch area of exposed hair between bottom of cap and top of C-D's ears as well as approximately two inch area of exposed hair between the bottom of cap and hair growth ending at back of C-D's neck. Further, C-D had a beard and mustache which was approximately less than one-quarter inch in length but more than a 5 o'clock shadow. On 3/03/20 at 11:30 AM, Surveyor interviewed C-D who indicated facility allowed either hats for hairnets during food service. C-D further stated a beard net was to be worn. If the beard is longer than one inch. On 3/3/20 at 11:47 AM, Surveyor on 3rd floor observed C-D preparing, plating, and serving food without a beard net and facial hair exposed. On 3/3/20 at 12:17 PM, Surveyor on 1st floor observed C-D preparing, plating, and serving food without a beard net and facial hair exposed. On 3/3/20 at 12:59 PM, Surveyor observed C-D preparing food/asking residents what they would like to eat for the lunch meal in the first floor dining area. C-D hair net did not completely contain all of the hair S-G around the bottom of the head. Two inches of hair was exposed and not contained within hair net.		