

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 525568	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2020
NAME OF PROVIDER OF SUPPLIER SUNNY RIDGE NURSING AND REHABILITATION CENTER, LLC		STREET ADDRESS, CITY, STATE, ZIP 3014 ERIE AVE SHEBOYGAN, WI 53081	
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 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to immediately notify the resident POAHC (Power of Attorney for Health Care) when a resident to resident altercation occurred for 1 resident (R) (R1) of 1 resident reviewed for a resident to resident altercation. On 7/7/2020, R1's POAHC was not informed R1 was involved in a resident to resident altercation. Findings include: R1 was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. R1's most recent Minimum Data Set (MDS) assessment dated [DATE] indicates R1 has a Brief Interview for Mental Status (BIMS) score of 12 of 15, indicating moderate cognitive impairment. R1's MDS indicated R1 requires limited to extensive assist for Activities of Daily Living (ADLS) and extensive assist for bed mobility. R1 discharged to the community on 7/14/2020. On 7/14/2020, R1's family registered a complaint with the Division of Quality Assurance that R1 was involved in a resident to resident altercation on 7/7/2020. R1's POAHC was not informed of the altercation by the facility staff. On 7/27/2020, the Surveyor reviewed R1's nurse progress notes dated 7/7/2020. ~ 7/7/2020 at 1600 (4:00 PM) Note Text: At approximately 1530 (3:30 PM) Certified Nursing Assistant (CNA) heard resident yelling for someone to get out of R1's room. CNA responded immediately and found resident in bed in semi fowlers (on back with head and trunk raised between 15 and 45 degrees) position and another resident in his room grabbing his right arm. CNA separated resident that had wandered into R1's room from the resident and redirected him to his room, then summoned RN (registered nurse) There were two small areas of mild blanchable [DIAGNOSES REDACTED] noted on the Resident's right forearm. Pain was minimal. No bleeding, bruising, abrasion, cut swelling or other sign or injury noted. Resident stated the intruder was making some mild to moderate effort to pull on R1's arm, to no effect. Area was cleansed with alcohol solution in case there was some transfer of pathogens. 2 Band Aids were applied per request of client. Stop sign was placed back in place to prevent reoccurrence, and notification was made to be diligent with stop sign barrier. Client (resident) did not want door shut. (Dr. Michael Lunde), MD notified. On 7/28/2020 at 11:25 AM, Surveyor interviewed Nursing Home Administrator (NHA)-A. NHA-A indicated NHA-A was aware of the altercation between R1 and a male peer. NHA-A indicated Registered Nurse (RN)-F did everything right following the incident except RN-F failed to notify the POAHC. On 7/28/2020 at 2:53 PM, Surveyor completed a telephone interview with RN-F. RN-F indicated RN-F was familiar with R1. RN-F stated RN-F was called to R1's room when a resident wandered into R1's room and was observed by the CNA to be pulling on R1's right arm. RN-F then assessed R1 for injury and observed two faint marks on R1's right arm, indicating the marks had the appearance of being pinched. RN-F cleansed marks with a alcohol swab and applied band-aides per R1's request. Surveyor asked RN-F if the POAHC was contacted. RN-F indicated the POAHC was not contacted at the time as RN-F thought R1 was responsible for self.		
F 0609 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. Based on staff interviews and record review, the facility did not ensure an allegation of misappropriation was reported to the State Survey Agency (SSA) for 1 Resident (R) (R8) of 13 residents reviewed for allegations. The facility did not report R8's allegation that \$100 was missing and did not clarify if R8's money was misappropriated. Findings include: On 7/28/2020, Surveyor reviewed the facility grievance file and noted a grievance, dated 7/8/2020, documented R8 alleged \$100 was missing and became upset and started yelling at staff and pounded (R8's) fists on nursing med (medication) room door. The facility documented a message was left at R8's Power of Attorney's (POA) phone number regarding the allegation. The surveyor noted there was no documentation of the allegation being clarified to determine if missing meant misappropriated but the word accusation was used in the narrative of steps taken to investigate, no response was documented from R8's POA, no search for the money was documented, and no report was sent to the SSA. On 7/28/2020 at 12:42 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A regarding R8's grievance form. NHA-A verified signing a review was completed of R8's grievance form. NHA-A reviewed R8's grievance form with Surveyor and verified the form did not clarify if the missing money was misappropriated or not, did not document a search for the missing \$100, and did not document a response from R8's POA in an attempt to determine if R8 had currency on hand (see F610 for investigation concerns). NHA-A indicated the facility's usual practice is to report allegations of missing money to the SSA and local law enforcement.		
F 0610 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. Based on staff interview and record review, the facility did not ensure an allegation of misappropriation was thoroughly investigated for 1 Resident (R) (R8) of 13 residents reviewed for allegations. The facility did not thoroughly investigate R8's allegation of missing money (\$100). Findings include: On 7/28/2020, Surveyor reviewed the facility grievance file and noted a grievance, dated 7/8/2020, documented R8 alleged \$100 was missing and became upset and started yelling at staff and pounded (R8's) fists on nursing med (medication) room door. The facility documented a message was left at R8's Power of Attorney's (POA) phone number regarding the allegation. The surveyor noted there was no documentation of the allegation being clarified to determine if missing meant misappropriated but the word accusation was used in the narrative of steps taken to investigate, no response was documented from R8's POA, no search for the money was documented, no interviews accompanied the investigation, and no report was sent to the SSA (see F609 for reporting concerns). On 7/28/2020 at 12:42 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A regarding R8's grievance form. NHA-A verified signing a review was completed of R8's grievance form. NHA-A also verified a care plan for R8 regarding accusations about money was created after R8's allegation. NHA-A reviewed R8's grievance form with Surveyor and verified the form did not clarify if the missing money was misappropriated or not, did not document a search for the missing \$100, and did not document a response from R8's POA in an attempt to determine if R8 had currency on hand. NHA-A indicated the facility's usual practice is to investigate by searching the resident room, checking with laundry, check if money was turned in to staff, interviews with staff and family, and checking the resident's trust account activity.		
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.