

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 525475	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/17/2020
NAME OF PROVIDER OF SUPPLIER RIVER'S BEND HEALTH SERVICES		STREET ADDRESS, CITY, STATE, ZIP 960 S RAPIDS RD MANITOWOC, WI 54220	
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 0842 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on record review and staff interview, the facility did not ensure 1 Resident (R) (R1) of 3 residents had a medical record that contained complete and accurate information. The facility filed a self report with the State Agency regarding an allegation of abuse that occurred when R1 was transported by CNA (Certified Nursing Assistant)-C. R1's medical record did not contain documentation of the incident or that psychosocial support was provided after R1 expressed fear and felt unsafe following an incident. Findings include: On 9/16/20, the Surveyor reviewed a self report filed with the State Agency. The self report stated CNA-C removed R1 from the dining room on 4/30/20 when R1's behavior became disruptive. Staff observed CNA-C wheel R1 with excessive speed toward R1's room. Witnesses indicated R1's foot dragged on the ground, became caught and/or was run over during the transport. After CNA-C exited R1's room, R1 told CNA-D that R1 was hurt during the transport. The investigation stated R1 expressed fear and felt unsafe immediately following the incident and requested to see family. During a subsequent interview with former SW (Social Worker)-E, R1 expressed no concerns with or fear of CNA-C. The investigation indicated SW-E provided R1 with extra visits and support following the incident. On 5/07/20, R1 stated R1 felt great and safe at the facility. The Surveyor reviewed R1's medical record. The Surveyor noted pain and skin assessments, dated 4/30/20; however, R1's medical record did not contain documentation of the incident. In addition, R1's medical record did not contain social services notes detailing former SW-E's initial and follow-up visits with R1. On 9/17/20 at 1:45 PM, the Surveyor interviewed NHA (Nursing Home Administrator)-A regarding R1's medical record. NHA-A confirmed the Surveyor was given access to R1's complete record. NHA-A was unsure why the incident, including social service notes that depicted R1's psychosocial status, were not documented.		
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.