STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525389	A. BUILDING _____ B. WING _____	07/29/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
BAY AT NORTH RIDGE HEALTH AND REHABILITATION	1445 N 7TH ST 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 0759 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Ensure medication error rates are not 5 percent or greater.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review and staff interview, the facility did not ensure it was free of a medication error rate of 5% or greater. During medication administration observations, 7 errors occurred during 26 opportunities which resulted in a 26.92% medication error rate affecting 2 residents (R) (R5 and R6) of 4 residents observed during medication pass. R5 had physician orders [REDACTED]. During the observation of R5's medication administration on 7/29/20, these medications were administered at 9:13AM. Additionally, R5 had physician orders [REDACTED]. During the observation of R5's medication administration on 7/29/20, 4mg was administered instead of 6mg. Further, R5 had physician orders [REDACTED]. During the observation of R5's medication administration on 7/29/20, R5 did not receive the scheduled dose of [MEDICATION NAME]. R6 had physician orders [REDACTED]. During the observation of R6's medication administration on 7/29/20, these medications were administered at 9:30 AM. Additionally, R6 had physician orders [REDACTED]. During the observation of R6's medication administration on 7/29/20, one drop was administered in each of R6's eyes instead of two drops in each eye. Further, R6 had physician orders [REDACTED]. (morning) medication pass. During the observation of R6's medication administration on 7/29/20, R6 did not receive the scheduled dose of Losartan Potassium. Findings include: Facility provided policy titled Medication Schedule-Open Times dated 1/1/14 with revision date of 3/16/18 stated, Provide residents prescribed medications according to their preference. Medications be administered at appropriate times per pharmacy regulation. Meds (medications) ordered at prescribed times will be given as ordered . A physician's orders [REDACTED]. R5 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED].), asthma (a condition in which airways narrow, swell and produce extra mucus), [MEDICAL CONDITION] (a type of joint disease that results from breakdown of joint cartilage and underlying bone), anxiety disorder (exaggerated tension, worrying, and nervousness about daily life events), [MEDICAL CONDITIONS] (the blood vessels that carry oxygen and nutrients from the heart to the rest of the body become thick and stiff, sometimes restricting blood flow to the organs and tissues) and [MEDICAL CONDITION] reflux disease (a chronic digestive disease where the liquid content of the stomach refluxes into the esophagus). R6 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED].'s ability to perform everyday activities). On 7/29/20 at 9:13 AM, Surveyor observed Registered Nurse (RN)-C prepare medications for R5. Included in R5's medication administration was one tablet of [MEDICATION NAME]-[MEDICATION NAME] 5-325mg, one tablet of [MEDICATION NAME] 1mg and two tablets of Glimepiride 2mg (total dose of Glimepiride = 4mg). R5's medication administration did not include [MEDICATION NAME] 20mg. On 7/29/20 at 9:30 AM, Surveyor observed RN-C prepare medications for R6. Included in R6's medication administration was one tablet of NAME] 40mg. Surveyor observed RN-C administer one drop of Artificial Tears into each of R6's eyes. R6's medication administration did not include Losartan Potassium 50mg. On 7/29/20, Surveyor reviewed R5's medical record which contained physician orders [REDACTED]. On 7/29/20 at 10:13 AM, Surveyor interviewed RN-C who indicated medications scheduled for a specific time should be administered within the timeframe of one hour before the scheduled time to one hour after the scheduled time. RN-C verified R5's [MEDICATION NAME]-[MEDICATION NAME] dose and [MEDICATION NAME] dose were given too late. RN-C verified RN-C administered an incorrect dose of Glimepiride to R5. RN-C verified no [MEDICATION NAME] dose was administered to R5. RN-C verified R6's NAME] dose was given too late. RN-C verified RN-C had administered one drop of Artificial Tears in each of R6's eyes. RN-C verified two drops should have been administered in each of R6's eyes. RN-C verified no Losartan Potassium dose was administered to R6. On 7/29/20 at 10:20 AM, Surveyor interviewed Director of Nursing (DON)-B who indicated the expected standard of practice when administering medications with a scheduled time is to administer the medication within the timeframe of one hour before the scheduled time to one hour after the scheduled time. DON-B verified the medication doses as listed above were considered medication administration errors.
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.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interview, the facility did not ensure 2 Residents (R) (R3 and R1) of 4 sampled and supplemental sampled resident medical records contained accurate and complete documentation. R3's medical record did not include complete documentation of meal intake for 44 of the past 89 days. R1's medical record did not include completed documentation of meal intake for 74 of the past 119 days. Findings include: The facility policy, entitled Nursing Assistant ADLs and Documentation, dated 10/4/18, states: Nursing assistants shall record the following information in POC (Point of Care): b. Meal and fluid intake when applicable 1. On 7/28/20, the Surveyor reviewed the medical record of R3. R3 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. R3's most recent Minimum Data Set (MDS) assessment, dated 5/6/20, indicated that R3 required total assistance with meals. Upon further review of R3's medical record, the Surveyor noted that R3's meal intakes were not completely documented. The facility was missing intake documentation for R3 for 21 of 93 meals reviewed for May, 33 of 90 meals reviewed for June, and 24 of 84 meals reviewed for July. On 7/29/30, the Surveyor interviewed the Director of Nursing (DON) - B, who verified that R1's documentation for meal intake was incomplete. 2. On 7/28/20, the Surveyor reviewed the medical record of R1. R1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]., [MEDICAL CONDITION] (an irregular and often rapid heart rate) and hypertension (high blood pressure). R1's most recent MDS assessment, dated 7/1/20, indicated that R1 required supervision and cueing for meals. Upon further review of R1's medical record, the Surveyor noted that R1's meal intake was not completely documented. The facility was missing intake documentation for R1 for 67 of 90 meals reviewed for April, 29 of 93 meals reviewed for May, 33 of 90 meals reviewed for June, and 24 of 84 meals reviewed for July. On 7/29/30, the Surveyor interviewed the DON- B, who verified that R1's documentation for meal intake was incomplete.

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.