STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525654	A. BUILDING _____ B. WING _____	**08/04/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
HERITAGE LAKESIDE	**1016 LAKESHORE DR RICE LAKE, WI 54868**

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 record review and interview, the facility did not immediately consult with the resident's physician when an accident involving the resident resulted in an injury that has the potential for requiring physician intervention. This occurred for 1 of 3 residents reviewed for falls/fall interventions, Resident (R) R1. The facility did not immediately consult with R1's physician when R1 experienced pain and decreased ability to transfer following a fall. This is evidenced by: R1's [DIAGNOSES REDACTED]. On 04/17/20, facility staff found R1 on the floor in his room, lying on his right side next to his recliner. Licensed Practical Nurse (LPN) E performed an assessment. Registered Nurse (RN) F was also present. R1 had his call light next to him, and was wearing grippy socks. R1 had no apparent injuries and did not complain of pain until staff, using a two person transfer, transferred R1 into his recliner. At that time, R1 complained of right hip pain, rating his pain level as an 8/10. (0-no pain, 10 severe, intractable pain). LPN F administered Tylenol (an [MEDICATION NAME]) 650 mg (milligrams) at 5:30 p.m. Documentation showed, in part Will update MD (Medical Doctor) with a fax on fall. No other attempt at MD consultation was performed at this time. LPN F asked R1 if he wanted to go to the hospital. R1 declined. LPN E told R1 that if the Tylenol did not work, R1 could have something stronger for pain. R1 stated he might need something stronger later, but wanted to try the Tylenol first. The documentation showed that R1 ate his supper at this time and .appeared to be comfortable . At 6:30 p.m., LPN F told the Certified Nursing Assistants (CNAs) to check on the resident frequently. Although the documentation states that R1 appeared to be comfortable, R1 told LPN E the Tylenol did not help. R1 appeared to be sleeping in his recliner . R1 did not receive the [MEDICATION NAME] until 8:00 p.m. The documentation notes that resident is still experiencing a high level of pain, rating the pain an 8/10. LPN E again asked R1 if he wanted to go to the hospital. R1 declined. LPN E did not consult with the physician at this time. At 9:15 p.m., LPN E entered R1's room to check for bruising on the right hip. LPN E noted that R1 .was having a hard time transferring .was in severe pain . LPN E suggested that R1 transfer with an EZ stand (a brand of stand-up lift) since R1 was having difficulty transferring onto the toilet. LPN E stated, Do you want to go to the hospital? Because I am unable to give you any more pain medication at this time. R1 stated that he wanted to go to the hospital the next day. At 9:30 p.m., the documentation showed that R1 rated his pain as a 5/10, and told staff the [MEDICATION NAME] helped a little. It is unknown if this assessment was done before or after R1 was weight bearing during the transfer onto the toilet. LPN E consulted RN F. RN F advised LPN E to contact the on call physician. At 10:15 p.m., the on call physician returned the call and advised that R1 be sent to ER for evaluation of pain. R1 left the facility at 10:45 p.m. R1 was admitted to the hospital with [REDACTED]. On 08/04/20 at 1:40 p.m., Surveyor attempted to contact LPN E and RN F for interviews. Neither staff members were available for interview. Surveyor interviewed the DON. The DON stated that facility staff asked R1 if he wanted to go to the hospital, which he refused, and the physician would probably not have ordered anything more, except to recommend ER evaluation. The DON stated, He wouldn't go to the hospital .yes, the MD should have been consulted immediately. The DON told Surveyor the usual way MD contact is done, is that the nurses fax the physician. The fax goes directly to the physicians' cell phone via email. Then the physician calls the facility back. The DON admitted that since the physician did not call back when there was no response to the fax, facility staff should have consulted with the on call physician immediately when R1 showed signs of right hip pain after being found lying on his right hip when he fell , and continued to complain of pain in that area.

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.