

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 525454	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/15/2020
NAME OF PROVIDER OF SUPPLIER OAKWOOD HEALTH SERVICES		STREET ADDRESS, CITY, STATE, ZIP 2512 NEW PINE DR ALTOONA, WI 54720	
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	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility did not promptly notify and consult with the resident's physician when there was deterioration in a resident's clinical condition. This occurred for 1 of 3 residents (R) R2, reviewed for physician notification and consultation. R2 developed an acute change in respiratory condition on 09/05/2020. The facility did not promptly notify and consult with the resident's physician. This is evidenced by: The facility policy titled, Condition Change of the Resident, dated June 2017, includes in part: Purpose: To observe, record and report any condition change to the physician . Procedure: After all .changes in physical .function f. change in consciousness .r. Dyspnea or variations in respirations s. .cyanosis .Documentation to include: Notification of physician, including date and time. R2 is a long term resident who was readmitted to the facility on [DATE] with [DIAGNOSES REDACTED]. The quarterly Minimum Data</p> <p>Set (MDS), dated [DATE], documents R2 has a brief interview for mental status score of 15, meaning R2 is alert and oriented and able to answer questions accurately. Physician orders [REDACTED]. failure Will have no acute respiratory distress Administer medications as ordered. May self administer nebulizer treatment per assessment and MD orders. Administer oxygen per MD orders [MEDICAL CONDITION] use per MD orders. Place at HS Elevate head of bed to prevent SOB when flat. Encourage deep breathing exercises Evaluate lung sounds and VS as needed. Report abnormalities to MD. Resident has occasional coughing, SOB, abnormal lung sounds and decreased Oxygen sats due to [DIAGNOSES REDACTED].: P 104 - 9/5/2020 22:20 Pulse Type: UTD - Unable to Determine - RR: R 28 - 9/5/2020 22:30 - Temp: T 97.8 - 9/5/2020 11:09 Route: Temporal Artery - Weight: W 145.8 lb - 9/5/2020 10:33 Scale: Wheelchair scale - Pulse Oximetry: O2 40 % - 9/5/2020 22:26 Method: Oxygen via Nasal Cannula - Mental Status Evaluation: Altered level of consciousness . - Respiratory Status Evaluation: Shortness of breath Labored or rapid breathing Other respiratory changes Cardiovascular Status Evaluation: Resting pulse greater than 100 or less than 50 - Neurological Status Evaluation: Altered level of consciousness . Nursing observations, evaluation, and recommendations are: Sudden onset of SOB, having gasping respirations even when on her O2 at 2 l/m per N/C; had just finished and updraft and SOB became worse color went from pink to gray with tongue turning blue as well as her lips O2 sats dropped to 40, Bi-pap applied and O2 sats came up to 60 with in a couple minutes now up to 75%, resident less panicky. RN staying with her to hold mask in place due to her hard breathing. Primary Care Provider Feedback: Primary Care Provider responded with the following feedback: A. Recommendations: B. New Testing Orders: C. New Intervention Orders: . 9/6/2020 05:26 General Note Note Text: resident remained on [MEDICAL CONDITION] with O2 sats low 70-80% up to bathroom to</p> <p>void per request at at 0130 and voided, updraft given at 0130 and sats improved to high 80s and 90s . Surveyor could not locate a physician notification other than the blank comments above in the electronic medical record. On 09/15/20 at 6:20 p.m., Surveyor interviewed Director of Nursing (DON) B to ask for physician consultation about the acute change in condition for R2. The DON provided the above information in an Interact tool. The primary care clinician notified portion is blank as well as the recommendations of a primary care clinician. On 09/15/20 at 6:30 p.m., DON B indicated the facility has a telephone call out to the nurse that worked during this incident but have not received a return call. DON B provided no information the physician had been consulted at the time R2 had an acute change in respiratory symptoms. On 09/16/20 at 8:30 a.m., Surveyor did a telephone interview with DON B asking if physician consultation was located. DON B stated an interview was done with the nurse that was working during the above change of condition. The nurse thinks the on call Nurse Practitioner (NP) was called. DON B went on so say the supervisor for that shift had no documentation of physician notification. DON B stated, We will call the Nurse Practitioner and see if she remembers anything and get back to you. Surveyor had noted during the record review that R2 was admitted to hospice on 09/06/20. Surveyor asked DON B how R2 was admitted to hospice on 09/06/20. DON B stated, We got orders from the NP. Surveyor requested those physician orders. On 09/16/20 at 8:45 a.m., Surveyor reviewed the telephone orders for R2. The order was obtained at 11:45 a.m. on 09/06/20, approximately 12 hours after the acute change of condition. The telephone order has an antibiotic order for an upper respiratory infection and a referral to hospice care. Surveyor did not receive any additional information of physician consultation or notification for R2 when the acute change of condition occurred.</p>		
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.