

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 525538	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/03/2020
NAME OF PROVIDER OF SUPPLIER BETHANY HOME		STREET ADDRESS, CITY, STATE, ZIP 1226 BERLIN ST WAUPACA, WI 54981	
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 0684 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interviews, the facility did not ensure treatment and care in accordance with professional standards of practice, as related to Diabetes Management, for 1 Resident (R) (R1) of 3 residents reviewed for Diabetes Management. R1's physician ordered R1's blood glucose levels to be monitored six to eight times daily. The facility did not follow this physician's orders [REDACTED]. The Licensed Nurse will be responsible for carrying out the blood glucose monitoring as ordered. On 9/3/20, Surveyor reviewed R1's medical record which indicated R1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. disorder (a mental disorder characterized by a persistently depressed mood and long-term loss of pleasure or interest in life), hypertension (high blood pressure) and periprosthetic (around an artificial joint) fracture around internal prosthetic left hip oint. R1's medical record contained a nursing note dated 1/13/20 which stated, Orders received from (physician name) on rounds. May use Libre (brand name) BG (blood glucose) monitoring system from home check BG 6-8 times day & (and) PRN (as needed). May discontinue fingersticks if Libre accurate & calibrated (pt (patient))/(spouse) request). R1's Medication Administration Record (MAR) for January 2020 indicated R1's blood glucose was checked AC (before meals) and HS (at bedtime) with associated times of 7:00AM, 11:00AM, 4:00PM and HS. Corresponding blood glucose results were documented every day in January 2020 for these four specific times a day. This order also appeared on R1's February 2020 MAR and March 2020 MAR with corresponding results documented until R1's discharge from the facility on 3/16/20. Additionally, R1's January 2020 MAR indicated an order started 1/13/20 which stated, Check Blood Sugars 6-8X/day (six to eight times every day) + (and) PRN. The only documented results were at 8:45 AM on 1/15/20, 1:45 AM on 1/16/20 and 11:00 PM on 1/30/20. This order did not appear on R1's February 2020 MAR or on R1's March 2020 MAR. On 9/3/20 at 10:55AM, Surveyor interviewed Director of Nursing (DON)-B who provided Surveyor with a handwritten signed Physician order [REDACTED]. (Check) BG 6-8X/day + PRN. May discontinue fingersticks if Libre accurate + calibrated (Pt/(spouse) request). DON-B indicated times for these extra blood glucose checks were not written on R1's MAR or clarified with the physician. DON-B verified the order was not placed on R1's February or March 2020 MARs as it should have been as it was never discontinued by the physician. DON-B stated, I would have liked to have seen clarification regarding the specifics of the order. The nurse told me the physician wanted checks during the night because that was when (R1) was bottoming out (blood glucose levels drop too low). DON-B indicated the facility did not have a policy regarding order transcription and verification process.		
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.