

|                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                               |                                                 |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                                                                   | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER<br><b>525718</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____              | (X3) DATE SURVEY COMPLETED<br><b>07/08/2020</b> |
| NAME OF PROVIDER OF SUPPLIER<br><b>WI VETERANS HM OLSON HALL</b>                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | STREET ADDRESS, CITY, STATE, ZIP<br><b>N2665 CTY RD QQ<br/>KING, WI 54946</b> |                                                 |
| 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 0609<br><br><b>Level of harm - Minimal harm or potential for actual harm</b><br><br><b>Residents Affected - Few</b>              | <p><b>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on record review and staff interview, the facility did not ensure all potential allegations of abuse were reported to the State Survey and Certification Agency for 1 Resident (R1) of 1 resident. On 6/16/20, R1 was discovered in a wheelchair in the doorway of R1's room with a hematoma on the left eyebrow, a blackened left eye, blood on R1's face, abrasions to the upper and lower lips and bruising to the right hand, right forearm, left elbow and left wrist. R1's left thumb was swollen and deformed and later determined to be fractured. When asked how the injuries occurred, R1 reported an allegation of physical abuse. The injuries of unknown origin and allegation of abuse were not reported to the State Survey and Certification Agency. Findings include: The facility's Prohibition and Prevention of Member Abuse, Neglect and Exploitation policy, dated 6/06/19, states: Purpose/Overview: To ensure compliance with applicable federal and state statutes, rules and regulations. To protect the member's right to be free from abuse, neglect, exploitation and misappropriation of member's property. Policy: All observed, noted allegations, or otherwise reportable incidents shall be reported as follows: All staff: Report to RN (Registered Nurse) or supervisor AND the building Executive Director IMMEDIATELY. Examples of events which must be reported include suspicious bruising of residents, or occurrences, patterns and trends that may constitute abuse. Initial reporting shall be completed by the nursing supervisor or Executive Director/designee. The facility shall report all incidents meeting regulatory criteria to the Division of Quality Assurance (as soon as possible, not later than 2 hours after forming the suspicion if the events that cause the suspicion involve abuse or result in serious bodily injury, or not to exceed 24 hours from discovery of the incident) and complete a final report within 5 working days of the incident. As circumstances warrant, other officials such as local law enforcement adult protective services shall also be notified within the above time frame. If the incident is related to injuries of unknown source: 2. If the member is not alert and oriented (to person, place and time), the RN initiates the Incident Report in the EHR (electronic health record). 5. The RN notifies the Nursing Supervisor, who in turn notifies the Executive Director/designee. Together, a decision is made whether or not the incident will be reported to the DQA Office of Caregiver Quality. On 6/22/20, the Surveyor reviewed a complaint filed with the State Agency. The complaint stated AC (Anonymous Complainant)-C was informed on 6/16/20 that R1 was found sitting in a wheelchair with blood on R1's face, a goose egg on R1's head, a black eye, a bruise from wrist to elbow and blood on the floor. On 6/17/20, AC-C was informed R1 had bruising on the left outer leg and R1's left thumb was swollen and had limited range of motion. An X-ray revealed R1's thumb was fractured. The complaint also stated R1 informed staff and AC-C that a staff member jumped on (R1) and beat (R1) up. The complaint indicated the facility did not complete an investigation into R1's injuries and allegation of abuse. On 6/25/20 at 10:11 AM, the Surveyor interviewed AC-C regarding the incident. AC-C indicated RN-D stated R1 had an unwitnessed fall, but was able to get back in R1's wheelchair. AC-C stated, I asked (RN-D) if (RN-D) thought (R1) was attacked. (R1) has woken up before with people in (R1's) room. (R1) can be very verbal, can antagonize and provoke people. (RN-D) further verified (R1's) roommate (R6) was not someone who was antagonistic, and likely not suspect. AC-C stated the following day (6/17/20), R1 was supposed to be transferred to a facility approximately 40 minutes away for evaluation and surgery of the fractured thumb. AC-C stated R1 did not attend the appointment because R1 stated R1's back hurt too much to sit in a wheelchair during the drive. Regarding the allegation of abuse, AC-C stated when R1 was questioned by RN-E regarding the allegation of abuse, R1 named a staff member who was not on duty. AC-C stated AC-C attempted to question R1 about the incident; however, R1 stated, Everyone is making a big deal out of it. AC-C stated R1 alleged the staff member was helping R1 in or out of bed when the back of the staff's head hit R1's forehead. AC-C stated R1 said the staff member laughed about it. AC-C stated R1 may have changed or embellished the story and stated, (R1) told me (R1's) not safe. On 6/25/20, the Surveyor reviewed R1's medical record. R1 was admitted to the facility with [DIAGNOSES REDACTED]. A progress note, dated 6/16/20 at 11:15 PM, stated Observed (R1) in bed. Observed (R1) to have a swollen left eye, more (bruising) towards the bridge of (R1's) nose. Observed slight swelling to (R1's) lips on the left side with what appears to be small scabbing, observed thumb to left hand to be multiple colors of red/darker colored bruising, swollen, disfigured. (R1) showed limited ROM (range of motion) to the left hand/fingers. (R1) gave at least three different versions of what (R1) feels happened. Unable to assess the accuracy of (R1's) reporting. Did call and update RNS (Registered Nurse Supervisor)-F regarding (R1's) concerns. (RNS-F) did come and speak with (R1). (R1) stated to both this writer and (RNS-F) that (R1) currently feels safe here and then denied that anyone hurt (R1). A progress note, dated 6/17/20 at 2:16 PM, stated, (R1) noted to have injury from potential fall. It was reported to writer that (R1) reported a couple different versions of what happened. Writer met with (R1) to discuss injury. When asked if (R1) had any issues with peers or staff, (R1) stated (R1) did not. (R1) stated that (R1) was not hit or hurt by someone at (facility). (R1) denied feeling afraid of staff or peers. Denied any issues with rough treatment. Writer also talked with (R1's) roommate (R6). (R6) did not have any concerns regarding any interactions in (their) room last night or today. When asked if (R6) saw anyone hurt (R1), (R6) shook (R6's) head no. On 7/08/20 at 9:30 AM, the Surveyor interviewed DON (Director of Nursing)-B regarding the incident. DON-B verified the facility did not self-report the injuries of unknown origin to the State Agency. Regarding the facial injuries, bruising and fractured thumb, DON-B stated the injuries didn't impair R1. On 7/08/20 at 9:55 AM, the Surveyor attempted to interview R1, but was unable to obtain details of the incident during the interview. On 7/08/20 at 11:50 AM, the Surveyor interviewed CNA (Certified Nursing Assistant)-G regarding the incident. CNA-G stated CNA-G wasn't working at the time of the incident; however, CNA-G was told in morning report that R1 stated someone beat (R1) up. CNA-G stated CNA-G and ADON (Assistant Director of Nursing)-H entered R1's room together to interview R1. CNA-G stated ADON-H remained behind the privacy curtain while CNA-G asked R1 for details regarding how R1's injuries occurred. CNA-G stated R1's roommate (R6) was hard of hearing and had a hard time speaking. CNA-G stated R6 typically went to bed between 5:30 and 6:00 PM with the television on and while wearing a [MEDICAL CONDITION] (continuous positive airway pressure) machine which could've obstructed R6's ability to hear. On 7/08/20 at 12:56 PM, the Surveyor interviewed RN-I regarding the incident. RN-I stated, (R1) came (out of R1's room) and I asked what happened., (R1) said someone pushed (R1) back, but changed the story a few times. When asked if RN-I told oncoming staff of R1's allegation of abuse, RN-I stated, I didn't tell the staff specifically in report. I said there were multiple stories and if anyone knew anything or heard anything to report it. When asked if RN-I notified anyone when R1 stated R1 was pushed, RN-I stated, I'm sure I talked to a supervisor after (R1) said (R1) was pushed. I can't remember who I told. On 7/08/20 at 1:17 PM, the Surveyor interviewed ADON-H regarding the incident. ADON-H stated, There weren't any signs of abuse or neglect, but I wanted to make sure so I stood behind the curtain to see if (R1) said something to (CNA-G). ADON-H stated the R1's allegation of abuse wasn't reported to the State Agency because R1 later stated staff did not hurt (R1). ADON-H also stated the injuries of unknown origin, including R1's fractured thumb, were not reported to the State Agency because they were not considered</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.

|                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                               |                                                 |
|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                                                                   | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER<br><b>525718</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____              | (X3) DATE SURVEY COMPLETED<br><b>07/08/2020</b> |
| NAME OF PROVIDER OF SUPPLIER<br><b>WI VETERANS HM OLSON HALL</b>                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | STREET ADDRESS, CITY, STATE, ZIP<br><b>N2665 CTY RD QQ<br/>KING, WI 54946</b> |                                                 |
| 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 0609<br><br><b>Level of harm - Minimal harm or potential for actual harm</b><br><br><b>Residents Affected - Few</b>              | <p>(continued... from page 1)<br/>life-altering injuries and did not permanently impair R1. On 7/08/20 at 1:40 PM, the Surveyor again interviewed DON-B regarding the incident. DON-B stated DON-B couldn't recall if DON-B was notified of R1's allegation of abuse. On 7/08/20 at 2:49 PM, the Surveyor interviewed RN-E regarding the incident. RN-E stated when RN-E assessed R1 following the incident, R1 didn't provide any details as to how R1's injuries occurred. RN-E stated staff told RN-E later that night that R1 reported an allegation of physical abuse. RN-E stated, I don't remember who said it, but they had to fill out a report because (R1) said someone hit (R1). On 7/08/20 at 3:02 PM, the Surveyor interviewed RN-D regarding the incident. RN-D stated RN-D assessed R1 following the discovery of R1's injuries. RN-D stated R1 did not report any allegations of physical abuse at that time. RN-D stated, I did hear the next day the night nurse (RN-I) heard a different story. On 7/08/20 at 3:45 PM during an exit conference with the facility, NHA-A stated NHA-A was not notified of R1's allegation of physical abuse. On 7/09/20, NHA-A provided the Surveyor with RNS-F's statement regarding R1's injuries of unknown origin and allegation of abuse. The statement read, At approximately (11:00 PM), I was called .by (RN-I) due to concerns that (R1) told (RN-I) that someone had hurt (R1) when (RN-I) was assessing (R1) after (R1's) fall. I went to the unit and spoke with (R1) at length .(R1) did state that 'they tried to stop me from getting up' and 'a girl pushed me down' (RN-I) stated that while (RN-I) and the LPN (Licensed Practical Nurse) were attempting to wash the blood off (R1's) face, (R1) continued to attempt to propel (R1's) self down the hall. (RN-I) placed (RN-I's) foot in front of the wheelchair so they could finish cleaning the blood off (R1's) face. I believe that this is what (R1) was referring to when (R1) made the statement 'a girl pushed me down' and 'they tried to stop me from getting up' .</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                               |                                                 |
| F 0610<br><br><b>Level of harm - Minimal harm or potential for actual harm</b><br><br><b>Residents Affected - Few</b>              | <p><b>Respond appropriately to all alleged violations.</b><br/><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b><br/>Based on record review and staff interview, the facility did not ensure all allegations of abuse were thoroughly investigated for 1 Resident (R1) of 1 resident. On 6/16/20, R1 was discovered in a wheelchair in the doorway of R1's room with a hematoma on the left eyebrow, a blackened left eye, blood on R1's face, abrasions to the upper and lower lips and bruising to the right hand, right forearm, left elbow and left wrist. R1's left thumb was swollen and deformed and later determined to be fractured. When asked how the injuries occurred, R1 reported an allegation of physical abuse in addition to a fall. R1's injuries of unknown origin and allegation of abuse were not thoroughly investigated. Findings include: The facility's Prohibition and Prevention of Member Abuse, Neglect and Exploitation policy, dated 6/06/19, states: All allegations must be thoroughly investigated. If the Incident is Related to Abuse, Neglect or Exploitation: 1. RN (Registered Nurse) immediately (without delay) confirms that the member is safe. 4. The Nursing Supervisor or Executive Director/designee conducts an initial evaluation of the incident. 5. The RN notifies the member representative, if permission is given by member, of the alleged incident and informs them that a formal investigation is being conducted and they will be notified of the outcome . 9. The Nursing Supervisor continues the investigation process by interviewing the member and witnesses. 10. The Social Worker will be involved in taking statements from the members involved in the situation and those who also could have been affected by this or a similar incident. If the Incident is Related to Injuries of Unknown Source: B. If investigating an injury of unknown origin that was not initially reported, the Executive Director/designee/Nursing Supervisor determines whether the incident needs to be reported post-investigation. 8. The Executive Director/designee/Supervisor reviews staff statements to determine if any follow up questions should be asked. A. If a statement contains inaccuracies or confusing information, the Nursing Supervisor asks the author of the statement to correct or clarify the information, then date and sign the clarification. 9. The RN or SW (Social Worker) calls the member representative to update on the findings of the investigation. On 6/22/20, the Surveyor reviewed a complaint filed with the State Agency. The complaint stated AC (Anonymous Complainant)-C was informed on 6/16/20 that R1 was found sitting in a wheelchair with blood on R1's face, a goose egg on R1's head, a black eye, a bruise from wrist to elbow and blood on the floor. On 6/17/20, AC-C was informed R1 had bruising on the left outer leg and R1's left thumb was swollen and had limited range of motion. An X-ray revealed R1's thumb was fractured. The complaint also stated R1 informed staff and AC-C that a staff member jumped on (R1) and beat (R1) up. The complaint indicated the facility did not complete an investigation into R1's injuries and allegation of abuse. On 6/25/20, the Surveyor reviewed R1's medical record. R1 was admitted to the facility with [DIAGNOSES REDACTED]. A progress note, dated 6/16/20 at 11:15 PM, stated Observed (R1) in bed .Observed (R1) to have a swollen left eye, more (bruising) towards the bridge of (R1's) nose. Observed slight swelling to (R1's) lips on the left side with what appears to be small scabbing, observed thumb to left hand to be multiple colors of red/darker colored bruising, swollen, disfigured. (R1) showed limited ROM (range of motion) to the left hand/fingers. (R1) gave at least three different versions of what (R1) feels happened. Unable to assess the accuracy of (R1's) reporting . A progress note, dated 6/17/20 at 2:16 PM, stated, (R1) noted to have injury from potential fall. It was reported to writer that (R1) reported a couple different versions of what happened . An incident report, dated 6/16/20 at 7:05 PM, stated, Staff noted (R1) sitting in (R1's) wheelchair in the doorway to (R1's) room with bruising and some blood on (R1's) face .noted a small amount of blood on the floor at the foot of (R1's) bed. (R1) suspected to have fallen out of wheelchair at the end of (R1's) bed hitting furniture and/or floor and gotten (R1's) self back into wheelchair. An incident note, dated 6/16/20 at 11:15 PM, stated, On assessing (R1), observed left thumb to appear ecchymotic (bruised), is disfigured, swollen with a small laceration on it . An incident report, dated 6/17/20 at 7:10 AM, stated, Bruise to left outer knee; Bruise to right forearm. X-ray of left hand and thumb ordered and pending. On 7/08/20 at 9:20 AM, the Surveyor interviewed ADON (Assistant Director of Nursing)-H regarding R1's injuries of unknown origin and allegation of abuse. ADON-H stated it appeared R1 self-transferred from bed to wheelchair or wheelchair to bed and R1's thumb was caught in the wheelchair. ADON-H stated it was unlikely R1 fell on the floor as R1 did not have bruising to R1's hips, knees or legs. ADON-H also stated R6 (R1's roommate) did not see R1 on the floor. ADON-H indicated R1 did not have any issues with staff, was unable to get back into the wheelchair from the floor and most likely bumped R1's head on R1's headboard during a self-transfer. ADON-H stated ADON-H was unaware of the details regarding R1's multiple versions of what caused R1's injuries. On 7/08/20 at 9:30 AM, the Surveyor interviewed DON (Director of Nursing)-B regarding R1's injuries of unknown origin. DON-B indicated it was unlikely R1 fell because R1 was incapable of getting off of the floor. On 7/08/20 at 9:55 AM, the Surveyor attempted to interview R1 regarding R1's injuries of unknown origin and allegation of abuse. R1 was not able to provide details as to who or what caused the injuries. On 7/08/20 at 10:09 AM, the Surveyor attempted to interview R6 regarding R1's injuries of unknown origin an allegation of abuse, R6 was not able to verbally answer the Surveyor's questions aside from nodding yes or no. When asked if staff asked R6 about the events surrounding the night R1's injuries were discovered, R6 shook R6's head no. On 7/08/20 at 11:50 AM, the Surveyor interviewed CNA (Certified Nursing Assistant)-G regarding the incident. CNA-G stated CNA-G wasn't working at the time of the incident; however, R1 told CNA-G R1's hand got caught in a rail. CNA-G stated R1 wouldn't give CNA-G details; however, R1 said R1 wasn't hit or hurt by anyone. When asked if CNA-G was aware of R1's allegation of abuse, CNA-G stated, I heard it in morning report. I went into R1's room) with (ADON-H) and asked (R1) what happened. I told (ADON-H) (ADON-H) should stand behind the curtain and listen because (R1) would probably tell me. CNA-G stated R1 denied R1 was physically abused, but would not say whether or not R1 fell and wouldn't tell CNA-G what happened. CNA-G stated R1's roommate (R6) was hard of hearing and had a difficult time speaking. CNA-G verified R1 could have fallen or been in an altercation without R6 knowing. When asked if R1 was able to get (R1's) self into a wheelchair following a fall, CNA-G stated, I think (R1) could have (fallen) and gotten (R1's) self back into the chair. CNA-G also stated R1 could have gotten R1's hand stuck in the wheelchair, fell forward and hit (R1's) eye on the bed frame or could have gotten tangled in R1's catheter cord during a self transfer. On 7/08/20 at 12:15 PM, the Surveyor interviewed RN-J who stated, I heard someone fell on (R1). I don't know who. On 7/08/20 at 12:20 PM, the Surveyor interviewed CNA-K who stated, I didn't work with (R1) that night. CNA-K stated, I heard .(R1) said someone hit (R1) then (R1) then someone else did. (R1) kept changing the story . CNA-K stated CNA-K did not know who R1 accused of abuse and stated CNA-K thought R1 accused a staff who wasn't working at the time of the incident. On 7/08/20 at 12:56 PM, the Surveyor interviewed RN-I who stated, (R1) came (out of R1's room) and I asked what happened., .(R1) said someone pushed (R1) back, but changed the story a few times and then said (R1) pushed them forward .I asked how (R1) fell and (R1) said (R1) didn't fall .I never got a clear picture of what happened. RN-I also stated, (R1) likes me so I was encouraging (R1) to tell me (what happened) .(R1) wouldn't go into details. (R1) just stopped talking. RN-I stated in addition to the aforementioned injuries, R1 had bruises on the left side of the body including the left leg and the left knee. RN-I indicated due to the extent of the injuries on R1's left side, it appeared R1 fell on the left side. RN-I stated, I'm going to say (R1) is capable of getting (R1's) self back into (R1's) wheelchair. On 7/08/20 at 1:17 PM, the Surveyor interviewed ADON-H regarding the incident. ADON-H indicated ADON-H did not observe any injuries on R1's lower body and stated, There weren't any signs of abuse or neglect,</p> |                                                                               |                                                 |

|                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                               |                                                 |
|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                                                                   | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER<br><b>525718</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____              | (X3) DATE SURVEY COMPLETED<br><b>07/08/2020</b> |
| NAME OF PROVIDER OF SUPPLIER<br><b>WI VETERANS HM OLSON HALL</b>                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | STREET ADDRESS, CITY, STATE, ZIP<br><b>N2665 CTY RD QQ<br/>KING, WI 54946</b> |                                                 |
| 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 0610<br><br><b>Level of harm - Minimal harm or potential for actual harm</b><br><br><b>Residents Affected - Few</b>              | <p>(continued... from page 2)</p> <p>but I wanted to make sure so I stood behind the curtain to see if (R1) said something to (CNA-G). On 7/08/20 at 1:40 PM, the Surveyor again interviewed DON-B regarding the incident. DON-B stated ADON-H assessed R1 and didn't observe any injury to R1's knees. DON-B couldn't recall if DON-B was notified of R1's allegation of abuse. On 7/08/20 at 2:49 PM, the Surveyor interviewed RN-E regarding the incident. RN-E stated RN-E did R1's initial assessment following the discovery of R1's injuries. RN-E stated, (R1) didn't say (R1) fell and didn't say anyone beat or hit (R1). (Staff) told me later that night (about the allegation of physical abuse). I don't remember who said it, but they had to fill out a report because (R1) said someone hit (R1) . On 7/08/20 at 3:02 PM, the Surveyor interviewed RN-D regarding the incident. RN-D stated RN-D assessed R1 following the discovery of R1's injuries. RN-D stated R1 did not report any allegations of physical abuse at that time. RN-D stated, I did hear the next day (RN-I) heard a different story. When asked if R1 was capable of getting R1's self back into R1's wheelchair following a fall, RN-D stated, I don't know if (R1) could get back into the chair. (R1) gets back and forth from bed to chair . When asked again about the allegation of abuse, RN-D stated, I just heard the story changed during the NOC (night) .that (R1) made that assertion that somebody hit (R1). On 7/08/20, NHA-A provided the Surveyor with RNS (Registered Nurse Supervisor)-F and RN-E's statements regarding the incident. RNS-F's statement read, At approximately (11:00 PM), I was called .by (RN-I) due to concerns that (R1) told (RN-I) that someone had hurt (R1) .I went to the unit and spoke with (R1) at length .(R1) did state that 'they tried to stop me from getting up' and 'a girl pushed me down' (R1) did have obvious bruising consistent with a fall .At approximately 6:30-6:45 PM ,(R1) was sitting in (R1's) doorway in (R1's) wheelchair and told the universal worker (housekeeper) that (R1) had fallen .(RN-I) stated that while (RN-I) and the LPN (Licensed Practical Nurse) were attempting to wash the blood off (R1's) face, (R1) continued to attempt to propel (R1's) self down the hall. (RN-I) placed (RN-I's) foot in front of the wheelchair so they could finish cleaning .(R1's) face. I believe that this is what (R1) was referring to when (R1) made the statement 'a girl pushed me down' and 'they tried to stop me from getting up' . RN-E's statement read, .(R1) was noted to have abrasion and bump to left eyebrow, abrasion to left side of nose, left upper lip and lower lip with minor bleeding. (R1) stated, 'I think I fell ' .I and a CNA took (R1) back to (R1's) room to assist (R1) to bed and to assess for more injuries. (R1) was noted to have red area to the left hip, redness and bruising to the left lateral knee, right knee red area, bilateral arms noted to have bruising also . On 7/08/20 during an exit conference with the facility at 3:45 PM, the Surveyor interviewed NHA-A and again interviewed DON-B regarding R1's injuries of unknown origin and allegation of abuse. NHA-A and DON-B verified a thorough investigation, including resident interviews and staff interviews and statements, was not completed following the discovery of R1's injuries and allegation of abuse.</p> |                                                                               |                                                 |