STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525520	A. BUILDING _____ B. WING _____	**08/24/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
DIVINE REHABILITATION AND NURSING AT LODI	**700 CLARK ST LODI, WI 53555**

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 0688 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility did not ensure that a resident with limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion for 1 of 3 residents reviewed (R1) for range of motion (ROM). The CNA (Certified Nursing Assistant) Care Delivery Guide indicates that R1 is to wear a finger splint on her left ring finger following PROM (passive range of motion) to all digits/wrist and donning blue resting hand splint. Splint to be worn 1 hour twice daily; once in the morning (ring finger) and once in the afternoon (middle finger). R1's finger splint has been broken for approximately 1 week. No attempt was made to repair or replace the broken splint. Evidenced by: R1's [DIAGNOSES REDACTED]. R1 is her own decision maker. R1's most current MDS (Minimum Data Set) with an ARD (Assessment Reference Date), of 8/11/20, indicates R1 is cognitively intact, has limited range of motion in her upper extremity (impairment on one side) and lower extremity (impairment on both sides). R1 requires extensive assist of two people for bed mobility, dressing, and toileting. R1's Occupational Therapy Treatment Encounter Note, dated 3/10/20, includes, in part, the following: left index and middle digit contracture. Orthosis is for treatment of [REDACTED]. R1's CNA Delivery Care Guide, undated, includes, in part, the following: Finger splint as directed. R1's Care Plan Focus Area: ADL (Activities of Daily Living) self care performance deficit r/t (related to)[MEDICAL CONDITION] E/B (evidenced by) left upper and lower [MEDICAL CONDITION] and inability to complete ADL's independently. (Date initiated 5/8/14, revised on 3/17/20) Apply finger splint to left ring finger following PROM (passive range of motion) to all digits/wrist and donning blue resting hand splint. Splint to be worn 1 hour twice daily; once in the morning (ring finger) and once in the afternoon (middle finger) (Date Initiated 3/12/20, revised 5/1/20). On 8/24/20 at 12:35 PM, Surveyor observed R1 in her room in her wheelchair; R1 was not wearing her finger splint. On 8/24/20 at 12:50 PM, Surveyor interviewed LPN C (Licensed Practical Nurse). LPN C stated R1's left finger splint has been broken for about 1 week. Surveyor observed R1's broken finger splint in a plastic bag at the nurses station. LPN C showed the broken finger splint to Surveyor. LPN C stated she was unsure if this was reported to ES E (Director of Environmental Services) so that he could attempt to fix the splint. On 8/24/20 at 4:15 PM, Surveyor interviewed ES E. ES E stated he was just informed within the last 1-2 hours that R1's finger splint is broken. ES E stated he has calls out and a new splint will be ordered by tomorrow. ES E stated he expects staff to tell him or therapy when they are made aware of adaptive equipment equipment not functioning. ES E stated this did not happen until 1-2 hours ago when staff notified him. ES E stated staff should have notified him when the finger splint broke and it would have been addressed immediately. On 8/24/20 at approximately 3:30 PM, Surveyor interviewed IDON B (Interim Director of Nursing). IDON B agreed that R1's broken finger splint should have been addressed timely so that it could be repaired or replaced.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE