

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 06/15/2025  
Form Approved OMB  
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525357	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/06/2024
NAME OF PROVIDER OR SUPPLIER  Kewaunee Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE  1308 Lincoln St Kewaunee, WI 54216	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0684  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>47248</p> <p>Based on observation, staff interview, and record review, the facility did not ensure 1 Resident (R) (R5) of 2 sampled residents with non-pressure wounds received care and treatment in a timely manner.</p> <p>R5 had a skin tear on the left leg. R5's medical record did not indicate the origin of the wound, did not contain treatment orders or monitoring instructions, and did not indicate R5's Power of Attorney (POA), Hospice team or Physician was notified.</p> <p>Findings include:</p> <p>The facility's Pressure Injuries and Non-Pressure Injuries policy, revised on 7/20/22 indicates: This center will complete a comprehensive assessment to identify risk factors for the development of pressure injuries and put in place measures intended to achieve the goal of prevention of pressure injuries in our residents. For those residents admitted with, or who subsequently develop a pressure injury or impaired skin integrity, they will receive care, treatment, and services that seek to promote healing, prevent infection, and prevent further development of pressure injuries/impaired skin integrity. The following protocols should guide prevention and treatment efforts, unless specified by a physician otherwise. Examples of impaired skin integrity include, but are not limited to, pressure injuries, venous (stasis) ulcers, arterial (ischemic) ulcers, diabetic (neuropathic) ulcers, surgical wounds, skin tears, and rashes. Resident/Responsible Party Education. 2. Inform resident/responsible parties on the presence of wounds.</p> <p>On 3/4/24 at 8:51 AM, Surveyor observed a bandage with a red stain on R5's left outer calf. R5 could not provide Surveyor with information on how the wound occurred.</p> <p>On 3/4/24, Surveyor reviewed R5's medical record. R5 had diagnoses including diabetes type 2 with chronic kidney disease, dementia without behavioral disturbance, and long-term use of anticoagulant medication. R5's Minimum Data Set (MDS) assessment, dated 2/23/24, contained a Brief Interview for Mental Status (BIMS) score of 5 out of 15 which indicated R5 had severely impaired cognition. The MDS also indicated R5 received Hospice services, required full assistance with activities of daily living (ADLs), transferred via Hoyer lift, and used a wheelchair. R5 had an activated POA.</p> <p>(continued on next page)</p>		

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER  
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525357	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/06/2024
NAME OF PROVIDER OR SUPPLIER  Kewaunee Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE  1308 Lincoln St Kewaunee, WI 54216	
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)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R5's most recent skin assessment, dated 2/28/24, indicated R5 did not have skin injuries or wounds. A care plan indicated R5 was at risk for alteration in skin integrity due to incontinence and decreased mobility, and contained the following goal and intervention: R5's skin will remain intact, free from erythema, breakdown, excoriation, or bruising. Observe skin condition with ADL care daily and report abnormalities.</p> <p>R5's medical record did not contain an assessment or care plan regarding R5's left leg wound. In addition, R5's Treatment Administration Record (TAR) did not contain a treatment for the wound.</p> <p>On 3/5/24 at 9:57 AM, Surveyor interviewed Licensed Practical Nurse (LPN)-D who was not aware of R5's wound and indicated the bandage was possibly a lidocaine patch. LPN-D verified R5's TAR did not contain a wound treatment.</p> <p>On 3/5/24 at 10:03 AM, Surveyor observed the bandage on R5's left leg and noted the bandage was not a lidocaine patch.</p> <p>On 3/5/24 at 12:47 PM, Surveyor interviewed Director of Nursing (DON)-B and Nursing Home Administrator (NHA)-A who were unaware of R5's leg wound and were unsure if any treatment was provided. NHA-A indicated nursing staff should document and report skin irregularities, wounds, and alterations to the charge nurse so the area is assessed and treated. NHA-A also stated residents with skin irregularities, wounds, and alterations should be placed on the 24-hour report for observation. DON-B and NHA-A indicated they would observe the wound and provide further information to Surveyor. Surveyor did not receive any further information on 3/5/24.</p> <p>On 3/6/24 at 7:36 AM, Surveyor reviewed R5's medical record which contained an observation note, dated 3/5/24 at 9:37 PM, that indicated: R5 had a 1 cm (centimeter) long x 0.1 cm wide skin tear. The skin tear was observed after R5 was transferred to R5's wheelchair via Hoyer lift. R5 did not complain of pain. NHA-A and DON-B aware and notification was placed in the Physician folder. R5's POA was informed at 7:00 PM. A Non-Pressure Weekly tracker, dated 3/5/24 at 9:37 PM, indicated: Wound acquired 3/4/24 .left lower leg skin tear on right front lower left leg .No drainage, tunneling or odor with wound edges distinct and outline clearly visible. No inflammation or suspected infection .Monitor in TAR until healed. Clean with normal saline, pat dry, apply band aide every other day until healed Notify MD for treatment change if wound declines or no change in wound for two weeks. Update family/responsible party with wound changes, continue treatment as ordered, and continue plan of care .Physician and POA notified 3/5/24.</p> <p>On 3/6/24 at 8:38 AM, Surveyor requested R5's 2/28/24 and 3/5/24 skin assessments, current care plan, and TAR from NHA-A.</p> <p>On 3/6/24 at 12:10 PM, Surveyor reviewed R5's 2/28/24 and 3/5/24 skin assessments, care plan, TAR, and a telephone contact sheet provided by NHA-A. The telephone contact summary indicated: Fax sent to Physician on 3/6/24 at 7:35 AM .R5 received skin tear during transfer. Facility believes R5 bumped left lower leg (front) on Hoyer. Tear measures 1 cm long x 0.1 cm wide x 0.0 cm deep. Staff cleaned with normal saline and applied band aid. Please reply with orders if different from above. On 3/6/24 at 8:01 AM, the Physician agreed with the suggested treatment.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525357	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/06/2024
NAME OF PROVIDER OR SUPPLIER  Kewaunee Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE  1308 Lincoln St Kewaunee, WI 54216	
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)		
<p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>47248</p> <p>Based on staff interview and record review, the facility did not ensure they completed mandatory electronic submission of staffing information based on payroll data in a uniformed format to the Centers for Medicare &amp; Medicaid Services (CMS). This had the potential to affect all 27 residents residing in the facility.</p> <p>The facility's staffing information for Quarter 4 (July 1-September 30) of the Payroll Based Journal (PBJ) was not accurately submitted to CMS.</p> <p>Findings include:</p> <p>The Centers for Medicare &amp; Medicaid Services (CMS) Electronic Staffing Data Submission Payroll-Based Journal (PBJ), Long-term Care Facility Policy Manual, dated June 2022, indicates: Chapter 1: Overview, 1.1 introduction .(U) mandatory submission of staffing information based on payroll data in a uniform format. Long-term care facilities must electronically submit to CMS complete and accurate direct care staffing information, including information for agency and contract staff, based on payroll and other verifiable and auditable data in a uniform format according to specifications established by CMS .1.2 Submission Timelines and Accuracy. Direct care staffing and census data will be collected quarterly and is required to be timely and accurate .Report Quarter: Staffing and census data will be collected for each fiscal quarter. Staffing data includes the number of hours paid to work by each staff member each day within a quarter. Census data includes the facility's census on the last day of each of the three months in a quarter. The fiscal quarters are as follows: Fiscal Quarter, Date range: Quarter 1: October 1-December 31; Quarter 2: January 1-March 31; Quarter 3: April 1-June 30; Quarter 4: July 1-September 30.</p> <p>On 3/4/23, Surveyor reviewed the PBJ Staffing Data Report, CASPER Report 1705D for Fiscal year 2023 (run on 2/27/24) which indicated: Quarter 4 2023 (July 1-September 30 ) triggered metrics: submitted weekend staffing data is excessively low; failed to have licensed nursing coverage 24 hours a day on 7/23/23, 9/3/23, 9/4/23, 9/9/23, 9/10/23, 9/11/23, 9/16/23, 9/17/23, 9/23/23, and 9/24/23.</p> <p>On 3/4/24, Surveyor requested staffing schedules and timecard punches for the triggered days in Quarter 4 from Nursing Home Administrator (NHA)-A.</p> <p>On 3/4/24, Surveyor reviewed the staffing schedules and timecard punches and noted the facility had appropriate nursing staff levels per the Facility Assessment for all triggered days on the PBJ Quarter 4 Report.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525357	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/06/2024
NAME OF PROVIDER OR SUPPLIER  Kewaunee Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE  1308 Lincoln St Kewaunee, WI 54216	
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)		
<p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 3/4/24 at 11:17 AM, Surveyor interviewed Business Office Manager (BOM)-E regarding the triggered metrics of low weekend staffing and no licensed nursing hours for Quarter 4. BOM-E indicated BOM-E verified the hours and sent the hours to the central office and stated an employee from the central office sent the hours to CMS. BOM-E indicated BOM-E was aware that agency staff hours were not reported to CMS correctly or at all. BOM-E indicated it was an ongoing issue that the facility and central office were aware of, however, BOM-E was unsure if the issue was corrected. BOM-E stated BOM-E would speak with NHA-A and [NAME] President of Success (VPS)-C about the missing hours and provide further information to Surveyor.</p> <p>On 3/4/24 at 12:29 PM, BOM-E informed Surveyor that VPS-C had information regarding PBJ reporting and had emails regarding missing hours for PBJ reporting from the central office. Surveyor interviewed VPS-C who indicated VPS-C had the hours that triggered as missing on the PBJ Report and was working with the central office to transmit the correct hours to CMS.</p> <p>On 3/5/24 at 12:01 PM, Surveyor again interviewed VPS-C who showed Surveyor emails sent to the central office from the facility that indicated the hours worked by staff. VPS-C indicated VPS-C worked with the facility's central office on the transmission of the hours to CMS because the PBJ Report displayed triggered metrics for staffing hours.</p> <p>On 3/5/24 at 1:43 PM, VPS-C approached Surveyor and indicated the central office was reviewing the PBJ Report and indicated transmission of incorrect staffing hours to CMS was a systematic issue that VPS-C was working on with the central office. VPS-C stated the facility's timecard system directly sends staffing data to CMS and when the hours are low, the facility provides the necessary information. VPS-C could not provide Surveyor with information on why the correct data was not transmitted to CMS, but stated VPS-C would provide the information when discovered.</p> <p>On 3/5/24 at 2:48 PM, VPS-C informed Surveyor that the Human Services Director and Chief Clinical Officer were reviewing the PBJ data and conducting organization-wide audits. VPS-C verified the staffing hours provided by the facility to the central office were correct.</p> <p>On 3/6/24 at 12:17 PM, VPS-C informed Surveyor that the central office discovered staffing hours were not accurately transmitted to CMS because the timecard system was not transmitting agency staff hours. VPS-C indicated that the central office is conducting organization-wide audits to ensure the timecard system is working and indicated the system-wide reporting error will be fixed.</p>		