

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525363	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/23/2025
NAME OF PROVIDER OR SUPPLIER Suring Health and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 430 Manor Dr Suring, WI 54174	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50467</p> <p>Based on staff interview and record review, the facility did not ensure notifications were completed in a timely manner following a fall with injury for 1 resident (R) (R1) of 7 sampled residents.</p> <p>R1 incurred a head injury during a Hoyer lift transfer on 11/14/24 when the lift tipped over on R1 and a metal bar struck R1 in the forehead. The facility did not notify R1's Hospice agency until 11/19/24 or R1's physician until 11/21/24.</p> <p>Findings include:</p> <p>The facility's Incidents and Accidents policy, dated 12/29/22, indicates: .5. The following incidents/accidents require an incident/accident report but are not limited to: .equipment malfunction, observed accidents/incidents, resident injuries due to staff handling .9. The nurse will contact the resident's practitioner to inform them of the incident/accident, report any injuries or other findings, and obtain orders if indicated, which may include transportation to the hospital dependent upon the nature of the injury(ies) .12. Documentation should include the date, time, nature of the incident, location, initial findings, immediate interventions, notification, and orders obtained or follow-up interventions.</p> <p>From 1/22/25 to 1/23/25, Surveyor reviewed R1's medical record. R1 was admitted to the facility on [DATE] and had diagnoses including hemiplegia of the right side, type 2 diabetes, and history of transient ischemic attack (TIA) and cerebral infarct (stroke). R1's Minimum Data Set (MDS) assessment, 12/15/24, had a Brief Interview for Mental Status (BIMS) score of 13 out of 15 which indicated R1 had intact cognition. R1 started Hospice services in March of 2024.</p> <p>R1's medical record indicated R1 was injured during a Hoyer lift transfer on 11/14/24 when the lift tipped over on R1 and a metal bar struck R1 in the forehead. A note, dated 11/14/24 at 1:18 PM, indicated R1 had a red area on the face related to an injury from the Hoyer lift. The note instructed staff to monitor R1 for bruising. A note, dated 11/19/24, indicated R1 complained of a headache and vomiting. Documentation indicated R1 had a headache for the past 2 days along with dizziness and double vision and had trouble grabbing items. It was also noted that R1 had a large indent above the right eyebrow with redness and bruising.</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: 525363	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/23/2025
NAME OF PROVIDER OR SUPPLIER Suring Health and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 430 Manor Dr Suring, WI 54174	
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A note sent via the facility's medical record/charting system indicated Medical Doctor (MD)-C was notified on 11/21/24 at 12:15 PM that R1 was struck in the head with a Hoyer lift (on 11/14/24) and staff wanted to inform MD-C of R1's head injury, symptoms, and condition.</p> <p>On 1/22/25 at 11:19 AM, Surveyor interviewed Hospice Registered Nurse (HRN-D) who confirmed HRN-D first saw R1 on 11/19/24 following the incident on 11/14/24. R1's Hospice records indicated facility staff notified Hospice of the incident on 11/19/24. Facility staff reported that R1 was hit in the head with a Hoyer lift and had been complaining of blurred vision and headaches since the incident. HRN-D documented that R1 had a small 5 centimeter (cm) swelling on forehead.</p> <p>On 1/22/25 at 1:40 PM, Surveyor interviewed Director of Nursing (DON)-B who verified MD-C was first notified of the incident on 11/21/24. DON-B confirmed a Hospice CNA indicated they updated the Hospice agency following the incident, however, the facility did not directly notify the Hospice agency until 11/19/24.</p> <p>On 1/23/25 at 8:17 AM, Surveyor interviewed Certified Nursing Assistant (CNA)-E who confirmed CNA-E was in R1's room at the time of the incident and indicated DON-B was aware of the incident.</p> <p>On 1/23/25 at 11:39 AM, Surveyor interviewed Nursing Home Administrator (NHA)-A who indicated R1 was seen by HRN-D on 11/19/24. NHA-A confirmed MD-C was not notified of the incident until 11/21/24 via the facility's medical record/charting system.</p> <p>On 1/23/25 at 12:28 PM, Surveyor interviewed MD-C who confirmed MD-C was not aware of the incident until 11/21/24 when a note was sent to MD-C. MD-C denied any communication with the Hospice agency related to the incident. MD-C indicated MD-C had no knowledge that R1 had signs or symptoms of a head injury before the 11/21/24 note. MD-C indicated MD-C would expect the facility to document the injury, notify MD-C right away, and monitor R1 for signs and symptoms related to the incident.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525363	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/23/2025
NAME OF PROVIDER OR SUPPLIER Suring Health and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 430 Manor Dr Suring, WI 54174	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49563</p> <p>Based on staff interview and record review, the facility did not ensure the resident environment remained as free of accident hazards as possible for 1 resident (R) (R1) of 3 sampled residents.</p> <p>R1 was transferred from bed to Broda chair via Hoyer lift on 11/14/24. Staff did not ensure R1's catheter bag was disconnected from the bed prior to the transfer which created resistance and caused the Hoyer lift to fall and strike R1 in the head. R1 exhibited signs and symptoms of a head injury but was not offered the opportunity to seek medical evaluation at the hospital.</p> <p>Findings include:</p> <p>The facility's Accidents and Supervision policy, revised 12/29/22, indicates: The resident environment will remain as free of accident hazards as possible. Each resident will receive adequate supervision and assistive devices to prevent accidents .b. The facility should make a reasonable effort to identify the hazards and risk factors for each resident .3. Implementation of Interventions: Use specific interventions to try to reduce a resident's risks from hazards in the environment. The process includes: a. Communicating the interventions to all relevant staff .c. Providing training as needed .e. Ensuring the interventions are put into action .h. Facility-based interventions may include, but are not limited to .i. Educating staff .</p> <p>The facility's Incidents and Accidents policy, revised 12/29/22, indicates: It is the policy of this facility for staff to utilize risk management to report, investigate, and review any accidents or incidents that occur or allegedly occur on facility property and may involve .a resident .The purpose of incident reporting can include: . Conducting root cause analysis to ascertain causative/contributing factors .to avoid further occurrences .5. The following incidents/accidents require an incident/accident report but are not limited to: .Observed accidents/incidents .7. Any injuries will be assessed by the licensed nurse or practitioner and the affected individual will not be moved until safe to do so .9. The nurse will contact the resident's practitioner to inform them of the incident/accident, report any injuries or other findings, and obtain orders, if indicated, which may include transportation to the hospital dependent upon the nature of the injury(ies) .</p> <p>From 1/22/25 to 1/23/25, Surveyor reviewed R1's medical record. R1 was admitted to the facility on [DATE] and had diagnoses including hemiplegia (paralysis one side of the body) of the right side, diabetes, morbid obesity, pressure ulcers, and asthma. R1's Minimum Data Set (MDS) assessment, dated 12/15/24, had a Brief Interview for Mental Status (BIMS) score of 13 out of 15 which indicated R1 was not cognitively impaired. R1 was responsible for R1's healthcare decisions.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525363	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/23/2025
NAME OF PROVIDER OR SUPPLIER Suring Health and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 430 Manor Dr Suring, WI 54174	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/22/25, Surveyor reviewed the facility's Verification of Investigation that was completed on 11/14/24 following a fall that occurred when Certified Nursing Assistant (CNA)-E and Hospice CNA (HCNA)-H transferred R1 with a Hoyer lift. The investigation indicated R1's catheter bag was attached to the Hoyer lift during the transfer which caused the lift to tip over onto R1. The investigation indicated HCNA-H (who was new to caring for R1) left the facility afterward and reported the incident to the Hospice agency. The facility contacted R1's Hospice nurse and requested HCNA-H not return to the facility. Surveyor noted the investigation did not contain physical assessments of R1 following the incident, a statement from R1's roommate (R2), other resident interviews, staff statements, or documentation that indicated all staff who completed Hoyer transfers received education.</p> <p>On 1/22/25, Surveyor requested physical assessments of R1 following the incident, a witness statement from R2, other resident interviews, statements from staff who were involved or witnessed the incident, and proof of staff education. The facility did not provide the information during the survey.</p> <p>On 1/22/25 at 9:47 AM, Surveyor interviewed R2 (R1's former roommate) who indicated R1 had severe pain and headaches every day following the fall on 11/14/24.</p> <p>On 1/22/25 at 12:23 PM, Surveyor interviewed CNA-G who verified CNA-G provided assistance following R1's fall on 11/14/24. CNA-G indicated R1 was confused, dizzy, and unable to state where R1 was. CNA-G indicated R1 looked at CNA-G and stated R1 could not see CNA-G. CNA-G indicated it was difficult to get R1 up in the Hoyer after the incident because R1 became winded, dizzy, and constantly had headaches. CNA-G indicated CNA-G did not get R1 up as much after the incident due to R1's medical condition.</p> <p>On 1/23/25 at 7:55 AM, Surveyor interviewed CNA-E who indicated on 11/14/24 at approximately 11:15 AM, CNA-E and HCNA-H were transferring R1 from bed to Broda chair when R1's catheter bag got caught and caused the Hoyer lift to fall over and land on R1's forehead. R1's catheter was pulled out and CNA-E called for assistance. Licensed Practical Nurse (LPN)-F and CNA-G entered the room and lifted the Hoyer off of R1. CNA-E indicated R1 sustained a dent in the forehead above the right eyebrow and complained of headaches a couple of days later. CNA-E indicated R1's eyes shook when R1 stared at CNA-E which occurred until R1 passed away on 12/19/24. CNA-E informed the charge nurse of R1's condition and was told it was normal. CNA-E indicated CNA-E was not interviewed regarding the incident and denied receiving education about Hoyer lift transfers following the incident.</p> <p>On 1/23/25 at 11:00 AM, Surveyor interviewed LPN-F who recalled the incident on 11/14/24. LPN-F indicated R1 had a red and tender-to-touch area on the forehead. LPN-F indicated R1's neurological assessments were normal. LPN-F did not state why LPN-F did not document the assessments.</p> <p>On 1/22/25 at 1:38 PM and 1/23/25 at 11:43 AM, Surveyor interviewed Director of Nursing (DON)-B who indicated LPN-F completed a physical assessment of R1 on 11/14/24 but verified the assessment was not documented on the date of the incident. DON-B was unaware if background checks or competencies were completed for HCNA-H prior to providing care for R1. DON-B verified staff and resident interviews were not completed following the incident. DON-B indicated DON-B verbally educated CNA-E, HCNA-H, and LPN-F following the incident to slow down when performing care and advocate for safety, however, no other staff were provided education. DON-B verified R1 was not offered the opportunity to be examined at the hospital following the injury. DON-B also verified the facility did not notify R1's Hospice agency of the incident until 11/19/24 or notify R1's primary physician until 11/21/24.</p>		