

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 525219	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/11/2020
NAME OF PROVIDER OF SUPPLIER EDENBROOK OF PLATTEVILLE		STREET ADDRESS, CITY, STATE, ZIP 1300 N WATER ST PLATTEVILLE, WI 53818	
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 0550 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and record review, the facility failed to ensure care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life for 1 of 3 residents (R1). R1 was placed on perpetual isolation due to offsite weekly outpatient [MEDICAL TREATMENT] appointments. Findings include: Per State Operations Manual 483.10 (a) The resident has the right to a dignified existence, self-determination. 483.10(a) (1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. 483.10 (a)(2) The facility must provide equal access to quality care regardless of diagnosis. The facility's COVID-19 policy states, Residents receiving [MEDICAL TREATMENT] at an outside center: will be placed on droplet precautions to reduce the risk of spreading COVID-19. R1 was admitted to the facility on [DATE] and has [DIAGNOSES REDACTED]. His most recent BIMS (Brief Interview for Mental Status) shows a score of 15, which indicates R1 is cognitively intact. R1 attends [MEDICAL TREATMENT] 3 days per week. On 5/17/20, R1 submitted a grievance regarding having to be on continual isolation. The facility spoke with the ombudsman and the resident, but it was decided R1 needed to stay on droplet precautions. On 7/10/20, R1 again submitted a grievance along with a letter explaining, in detail, the precautions he takes when outside of his room during transport and while at [MEDICAL TREATMENT]. R1 also stated that he understood CDC (Center for Disease Control) recommendations and would follow all masking and social distancing rules. The facility followed up by providing R1 with county data regarding COVID-19 and assisted R1 in accessing the information. It was explained to R1 that once cases had lowered to a specific level and the county reached a specific status, his droplet precaution restrictions would be lifted. In addition, the facility's medical director provided a letter to R1 stating the current policy should be implemented. The facility did not change their policy and decided to keep R1 and other [MEDICAL TREATMENT] residents on continual droplet precautions indefinitely. On 8/11/20 at 12:30 PM, Surveyor interviewed R1 outside his doorway. R1 stated the facility will not allow him outside of his room, not even to check the menu on the bulletin board down the hall. R1 stated that he can go outside if he schedules a time, but has to be by himself. R1 stated that he feels like a leper because he cannot come out of his room and cannot see other people when he goes outside. R1 stated that when staff come in his room, they have to wear gowns, gloves, shields and a mask. R1 stated he can social distance from other residents and respects the rules. On 8/11/20 at 3:30 PM, Surveyor interviewed DON B (Director of Nursing). DON B stated that R1 is on isolation and that he is not to be outside when others are outside, even when wearing a mask and social distancing. DON B also stated there have been some group activities outside involving crafts. Residents are to social distance and wear masks during these activities. R1 is not allowed outside with other residents, but can go outside after the other residents come back inside the facility so he can partake in the same activity by himself. R1 is alert and oriented and able to articulate all precautions necessary to safely exit his room and social distance in the presence of others. The facility continues to require R1 to be in transmission based precautions (TBP) despite several communications by the Department of Public Health stating continued TBP for those on [MEDICAL TREATMENT] is not warranted. The psychosocial risk significantly outweighs the benefit of continue TBP when R1 leaves one controlled environment and goes to another controlled environment. R1 feels his is being treated unfairly due to his need of continued [MEDICAL TREATMENT]. The facility has failed to ensure R1's right to a dignified existence and to be treated fairly despite of his diagnosis.</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.