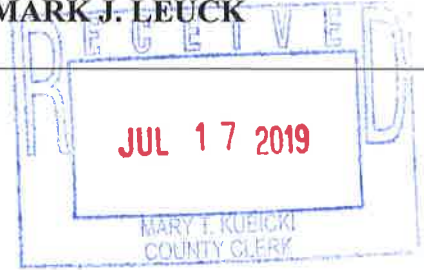


GL-19-19

**SECTION 893.80 CLAIMS OF THE ESTATE OF JEANETTE LEUCK AND
WRONGFUL DEATH CLAIMS FOR SURVIVING ADULT CHILDREN, MARY
LEUCK MINSON, THERESA LEUCK, AND MARK J. LEUCK**

TO: Kenosha County
Attn.: Mary Kubicki
County Clerk of Kenosha County
1010 – 56th Street
Kenosha, WI 53140



NOW COMES the Estate of Jeanette J. Leuck, by Special Administrator, Mary Leuck Minson, and Mary Leuck Minson, Theresa Leuck, and Mark J. Leuck, surviving adult children of Jeanette J. Leuck, through their attorneys, Schoone, Leuck, Kelley, Pitts & Pitts, S.C., and hereby make formal Claim against Kenosha County, Wisconsin pursuant to Section 893.80, Wisconsin Statutes.

Jeanette J. Leuck, date of birth March 13, 1924, was admitted to Brookside Care Center on or about November 4, 2016 for rehabilitation. On December 18, 2016 Jeanette J. Leuck was transferred from Brookside Care Center to Kenosha Hospital Medical Center due to severe medical problems that developed while Jeanette J. Leuck was under the care of Brookside Care Center. On December 26, 2016 Jeanette J. Leuck died at Kenosha Hospital Medical Center.

That Jeanette J. Leuck is survived by three adult children:

Mary Leuck Minson

Theresa Leuck

Mark J. Leuck

That formal notice of the circumstances surrounding the improper and negligent care provided by Brookside Care Center and its agents and employees to Jeanette J. Leuck during mid-December, 2016 were given in the form of a formal Complaint to the Wisconsin Department

of Health Services and a formal investigation conducted by the State of Wisconsin Department of Health Services Division of Quality Assurance, including, but not limited to, an actual on-site investigation of the Complaint that was conducted at Brookside Care Center.

That the investigation regarding the care and treatment of Jeanette J. Leuck resulted in three Federal citations against Brookside Care Center.

That Brookside Care Center and Kenosha County had actual notice and knowledge of the circumstances of the claims of the Estate of Jeanette J. Leuck and the surviving adult children of Jeanette J. Leuck by reason of the formal Complaint and investigation during which managers and employees of Brookside Care Center were directly involved.

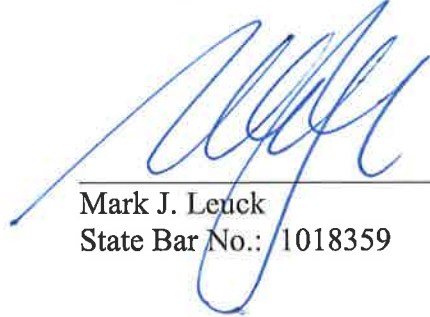
That attached as Exhibit 1 is a copy of the State of Wisconsin Department of Health Services' investigation and findings which also establishes responsibility on the part of Kenosha County and Brookside Care Center for the wrongful death of Jeanette J. Leuck, as well as for the extensive pain and suffering experienced by Jeanette J. Leuck due to the negligent and deficient care provided by agents and employees at Brookside Care Center during the month of December, 2016.

That a formal Claim is made as against Kenosha County on behalf of the Estate of Jeanette J. Leuck for the conscious pain, suffering, and mental and emotional distress suffered by Jeanette J. Leuck in the amount of the State maximum of \$50,000.00.

That in addition, the three adult children of Jeanette J. Leuck are presenting claims for the wrongful death of their Mother, Jeanette J. Leuck, in the amount of the State maximum of \$50,000.00 each. Mary Leuck Minson, Theresa Leuck, and Mark J. Leuck are each making a claim against Kenosha County in the amount of \$50,000.00 for the wrongful death of their Mother.

Dated this 16th day of July, 2019.

Schoone, Leuck, Kelley, Pitts
& Pitts, S.C.
Attorneys for Estate of Jeanette J. Leuck



Mark J. Leuck
State Bar No.: 1018359

Schoone, Leuck, Kelley, Pitts
& Pitts, S.C.
6800 Washington Avenue
P.O. Box 085600
Racine, WI 53408
Phone: (262)886-8240
Fax: (262)886-5562
E-mail: mjleuck@sbcglobal.net

EXHIBIT 1

Scott Walker
Governor



Linda Seemeyer
Secretary

State of Wisconsin
Department of Health Services

DIVISION OF QUALITY ASSURANCE
SOUTHEASTERN REGIONAL OFFICE
819 NORTH SIXTH STREET ROOM 609B
MILWAUKEE WI 53203-1606

Telephone: 414-227-5000
Fax: 414-227-4139
TTY: 711 or 800-947-3529

July 10, 2017

Mary Minson
5050 N Ardmore Ave
Milwaukee, WI 53217

Re: Brookside Care Center
Complaint # WI00029718

Dear Ms. Minson:

Thank you for contacting the Division of Quality Assurance regarding your concerns at Brookside Care Ctr. This letter is to inform you of the results of our investigation.

A Surveyor conducted an onsite complaint investigation which concluded on April 19, 2017. The investigation included: A tour of the provider location or facility; observation of care; a review of records; interviews with residents and families; and interviews with provider/facility staff.

The investigation found that there was sufficient evidence to confirm a violation(s) of state and/or federal requirements related to your concerns. The facility was issued a statement of deficiency and is required to submit a plan of correction. The Division of Quality Assurance will approve the plan of correction and determine if the provider has corrected the violation(s).

The statement of deficiency and plan of correction are public records. These documents will be available on-line at: <https://www.dhs.wisconsin.gov/guide/provider-search.htm>

We appreciate the time you took to contact us. If you have any questions or concerns, please contact Kristen Isham at (414)227-4914.

Sincerely,

A handwritten signature in dark ink that reads "Jean Rucker" followed by a stylized flourish.

Jean Rucker
Regional Field Operations Director
Bureau of Nursing Home Resident Care

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/21/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525556	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/19/2017
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NAME OF PROVIDER OR SUPPLIER

BROOKSIDE CARE CTR

STREET ADDRESS, CITY, STATE, ZIP CODE

**3506 WASHINGTON RD
KENOSHA, WI 53144**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 000 INITIAL COMMENTS

F 000

This was a complaint survey conducted at
Brookside Care Center from 4/13/17 to 4/19/17.

of federal citations issued: 3

The most serious citations are F157, F309 and
F323 cited at a scope/severity level of D (no
actual harm/isolated).

Census: 137

Sample size: 5

Survey coordinator: #13472

F 157 483.10(g)(14) NOTIFY OF CHANGES
SS=D (INJURY/DECLINE/ROOM, ETC)

F 157

(g)(14) Notification of Changes.

(I) A facility must immediately inform the resident;
consult with the resident's physician; and notify,
consistent with his or her authority, the resident
representative(s) when there is-

(A) An accident involving the resident which
results in injury and has the potential for requiring
physician intervention;

(B) A significant change in the resident's physical,
mental, or psychosocial status (that is, a
deterioration in health, mental, or psychosocial
status in either life-threatening conditions or
clinical complications);

(C) A need to alter treatment significantly (that is,
a need to discontinue an existing form of
treatment due to adverse consequences, or to
commence a new form of treatment); or

(D) A decision to transfer or discharge the

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.

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F 157	Continued From page 1 resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility did not promptly consult with the physician for 1 (R2) of 5 residents, when the resident experienced elevation in blood glucose levels that may have required a need to alter treatment. R2 is diabetic and receives Insulin Detemir 5 units every AM and blood glucose monitoring twice a day in the AM and at hours of sleep. From 12/15/16 through 12/17/16 R2's blood glucose level in the AM was documented to be in the range of 380 to 391. From 12/11/16 through 12/17/16, R2's blood glucose level at hours of sleep was documented to be in the range of 350	F 157		

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F 157 Continued From page 2

to 411. The facility did not notify the physician of the elevated blood glucose levels.

Findings include:

The Surveyor reviewed the facility's procedures for Change in Condition. The facility uses the Interact Care Path system for assessment and physician notification of a change in condition. The Care Path for diabetes (undated) directs staff to call the physician immediately of a blood sugar of greater than 300.

On 4/17/17 the Surveyor reviewed R2's medical record. The record indicates R2 was admitted to the facility on 11/04/16 and has diagnoses that include Diabetes Mellitus.

The Physician's Orders for November 2016 and December 2016 include the orders for Accu-Chek blood sugar check twice a day in the AM and at hours of sleep (HS) and for Insulin Detemir 5 units daily in the AM.

The Care Plan for Potential for fluctuating blood sugars related to Diabetes Mellitus, dated 11/15/16, includes the goal for no hyperglycemia.

The November and December 2016 Medication Administration Records (MAR) includes the monitoring of R2's Accu-Chek blood sugar check that is completed twice a day in the AM and at HS. The MAR indicates that R2's usual blood sugar ranges were from 72 to 235 in November and from 147 to 303 December 1 through December 11.

From 12/15/16 through 12/17/16 R2's blood glucose level in the AM was documented to be in

F 157

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F 157 Continued From page 3

the range of 380 to 391. From 12/11/16 through 12/17/16, R2's blood glucose level at hours of sleep was documented to be in the range of 350 to 411:

12/11/16 HS blood glucose 377
12/12/16 HS blood glucose 376
12/13/16 HS blood glucose 350
12/14/16 HS blood glucose 384
12/15/16 AM blood glucose 380
12/15/16 HS blood glucose 411
12/16/16 AM blood glucose 365
12/16/16 HS blood glucose 377
12/17/16 AM blood glucose 391
12/17/16 HS blood glucose 410

Nursing Notes dated 12/11/16 through 12/18/16 were reviewed. The notes did not include evidence that the facility assessed the Resident for signs and symptoms of hyperglycemia or that the facility notify the physician of the elevated blood glucose levels.

On 4/17/17 the Surveyor spoke with nursing staff who worked with the Resident on 12/11/16 through 12/17/16. The nurses indicated they did not notify the physician of the Resident's elevated blood sugar levels that were greater than 300. Nursing staff did provide consistent responses for following the facility's protocol for physician notification of high blood sugar levels:

On 4/18/17 at 2:00 p.m. the Surveyor spoke with Registered Nurse (RN)-G who worked on the dayshift of 12/15/16 and recorded a blood sugar of 380. RN-H indicated she would follow the facility policy and would notify the physician if the blood sugars were greater than 400. RN- H indicated she did not call the physician of the 380

F 157

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F 157	Continued From page 4 blood sugar. On 4/18/17 at 2:20 p.m. the Surveyor spoke with Licensed Practical Nurse (LPN)- I who worked on the p.m. shift of 12/16/16 and recorded a blood sugar of 377. RN-I indicated he would follow the facility policy and would notify the physician if the blood sugars were greater than 400. RN- H indicated he did not call the physician of the 377 blood sugar. On 4/18/17 at 2:40 p.m. the Surveyor spoke with LPN-K who worked on the p.m. shift of 12/12/16, 12/13/16 and 12/17/16 and recorded blood sugar levels of 376, 350, and 410 respectively. LPN-K indicated the facility policy indicates nursing staff should notify the physician if blood sugars are greater than 250. LPN-K indicated he reported the elevated blood sugars to an RN but could not recall which RN was notified. LPN-K indicated he did not call the physician of the elevated blood sugars. On 4/18/17 at 2:25 p.m., the Surveyor spoke with Med Tech-J who worked on the dayshift of 12/17/16 and documented a blood sugar of 391. Med Tech-J indicated that a resident's physician is notified of a blood sugar of greater than 350, or notification is made if specific parameters are available. Med Tech-J indicated she should have notified the nurse of the blood sugar of 391 but she didn't. Med Tech-J indicated she did not call the physician of the elevated blood sugar. On 4/18/17 at 3:20 p.m. the Surveyor spoke with LPN-L who worked on the dayshift shift of 12/16/17 and recorded a blood sugar of 365. LPN-L indicated she should have notified the RN of the elevated blood sugar but she was unsure if	F 157			

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F 157	Continued From page 5 she did. LPN-L indicated she did not call the physician of the elevated blood sugar. The nurse who worked on the p.m. shift of 12/14/16 and 12/15/16 and record blood sugar levels of 384 and 411 was not available for an interview. On 4/18/17 at 3:15 p.m. the Surveyor spoke with Director of Nursing-B and Assistant Director of Nursing-C who indicated the facility uses the Interact Care Path system for assessment and physician notification of a change in condition. Director of Nursing B and Assistant Director of Nursing-C indicated the Care Path for diabetes directs staff to call the physician immediately of a blood sugar of greater than 300.	F 157		
F 309 SS=D	483.24, 483.25(k)(l) PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING 483.24 Quality of life Quality of life is a fundamental principle that applies to all care and services provided to facility residents. Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, consistent with the resident's comprehensive assessment and plan of care. 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered	F 309		

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STREET ADDRESS, CITY, STATE, ZIP CODE

BROOKSIDE CARE CTR

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F 309	Continued From page 6 care plan, and the residents' choices, including but not limited to the following: (k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. (l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility did not ensure that 1 of 5 residents (R2) receive treatment and care in accordance with professional standards of practice and the comprehensive person-centered care plan. R2 is diabetic and receives Insulin Detemir 5 units every AM and blood glucose monitoring twice a day in the AM and at hours of sleep. The comprehensive care plan for the potential for fluctuating blood sugars related to Diabetes Mellitus, includes the goal for no hyperglycemia. From 12/15/16 through 12/17/16 R2's blood glucose level in the AM was documented to be in the range of 380 to 391. From 12/11/16 through 12/17/16, R2's blood glucose level at hours of sleep was documented to be in the range of 350 to 411. The facility did not assess the Resident for signs and symptoms of hyperglycemia and did not notify the physician of the elevated blood	F 309		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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F 309 Continued From page 7
glucose levels.

Findings include:

The Surveyor reviewed the facility's procedures for Change in Condition. The facility uses the Interact Care Path system for assessment and physician notification of a change in condition. The Care Path for diabetes (undated) directs staff to call the physician immediately of a blood sugar of greater than 300.

On 4/17/17 the Surveyor reviewed R2's medical record. The record indicates R2 was admitted to the facility on 11/04/16 and has diagnoses that include Diabetes Mellitus.

The Physician's Orders for November 2016 and December 2016 include the orders for Accu-Chek blood sugar check twice a day in the AM and at hours of sleep (HS) and for Insulin Detemir 5 units daily in the AM.

The Care Plan for Potential for fluctuating blood sugars related to Diabetes Mellitus, dated 11/15/16, includes the goal for no hyperglycemia.

The November and December 2016 Medication Administration Records (MAR) includes the monitoring of R2's Accu-Chek blood sugar check that is completed twice a day in the AM and at HS. The MAR indicates that R2's usual blood sugar ranges were from 72 to 235 in November and from 147 to 303 December 1 through December 11.

From 12/15/16 through 12/17/16 R2's blood glucose level in the AM was documented to be in the range of 380 to 391. From 12/11/16 through

F 309.

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F 309 Continued From page 8

12/17/16, R2's blood glucose level at hours of sleep was documented to be in the range of 350 to 411:

12/11/16 HS blood glucose 377
12/12/16 HS blood glucose 376
12/13/16 HS blood glucose 350
12/14/16 HS blood glucose 384
12/15/16 AM blood glucose 380
12/15/16 HS blood glucose 411
12/16/16 AM blood glucose 365
12/16/16 HS blood glucose 377
12/17/16 AM blood glucose 391
12/17/16 HS blood glucose 410

Nursing Notes dated 12/11/16 through 12/18/16 were reviewed. The notes did not include evidence that the facility assessed the Resident for signs and symptoms of hyperglycemia or that the facility notify the physician of the elevated blood glucose levels.

On 4/17/17 the Surveyor spoke with nursing staff who worked with the Resident on 12/11/16 through 12/17/16. The nurses indicated they did not notify the physician of the Resident's elevated blood sugar levels that were greater than 300. Nursing staff did provide consistent responses for following the facility's protocol for physician notification of high blood sugar levels:

On 4/18/17 at 2:00 p.m. the Surveyor spoke with Registered Nurse (RN)-G who worked on the dayshift of 12/15/16 and recorded a blood sugar of 380. RN-H indicated she would follow the facility policy and would notify the physician if the blood sugars were greater than 400. RN- H indicated she did not call the physician of the 380 blood sugar.

F 309

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F 309 Continued From page 9

On 4/18/17 at 2:20 p.m. the Surveyor spoke with Licensed Practical Nurse (LPN)- I who worked on the p.m. shift of 12/16/16 and recorded a blood sugar of 377. RN-I indicated he would follow the facility policy and would notify the physician if the blood sugars were greater than 400. RN- H indicated he did not call the physician of the 377 blood sugar.

On 4/18/17 at 2:40 p.m. the Surveyor spoke with LPN-K who worked on the p.m. shift of 12/12/16, 12/13/16 and 12/17/16 and recorded blood sugar levels of 376, 350, and 410 respectively. LPN-K indicated the facility policy indicates nursing staff should notify the physician if blood sugars are greater than 250. LPN-K indicated he reported the elevated blood sugars to an RN but could not recall which RN was notified. LPN-K indicated he did not call the physician of the elevated blood sugars.

On 4/18/17 at 2:25 p.m., the Surveyor spoke with Med Tech-J who worked on the dayshift of 12/17/16 and documented a blood sugar of 391. Med Tech-J indicated that a resident's physician is notified of a blood sugar of greater than 350, or notification is made if specific parameters are available. Med Tech-J indicated she should have notified the nurse of the blood sugar of 391 but she didn't. Med Tech-J indicated she did not call the physician of the elevated blood sugar.

On 4/18/17 at 3:20 p.m. the Surveyor spoke with LPN-L who worked on the dayshift shift of 12/16/17 and recorded a blood sugar of 365. LPN-L indicated she should have notified the RN of the elevated blood sugar but she unsure if she did. LPN-L indicated she did not call the physician

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525556	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/19/2017
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NAME OF PROVIDER OR SUPPLIER BROOKSIDE CARE CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 3506 WASHINGTON RD KENOSHA, WI 53144
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 309 Continued From page 10
of the elevated blood sugar.

The nurse who worked on the p.m. shift of
12/14/16 and 12/15/16 and record blood sugar
levels of 384 and 411 was not available for an
interview.

On 4/18/17 at 3:15 p.m. the Surveyor spoke with
Director of Nursing-B and Assistant Director of
Nursing-C who indicated the facility uses the
Interact Care Path system for assessment and
physician notification of a change in condition.
Director of Nursing B and Assistant Director of
Nursing-C indicated the Care Path for diabetes
directs staff to call the physician immediately of a
blood sugar of greater than 300.

F 323 483.25(d)(1)(2)(n)(1)-(3) FREE OF ACCIDENT
SS=D HAZARDS/SUPERVISION/DEVICES

(d) Accidents.

The facility must ensure that -

(1) The resident environment remains as free
from accident hazards as is possible; and

(2) Each resident receives adequate supervision
and assistance devices to prevent accidents.

(n) - Bed Rails. The facility must attempt to use
appropriate alternatives prior to installing a side or
bed rail. If a bed or side rail is used, the facility
must ensure correct installation, use, and
maintenance of bed rails, including but not limited
to the following elements.

(1) Assess the resident for risk of entrapment
from bed rails prior to installation.

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F 323	Continued From page 11 (2) Review the risks and benefits of bed rails with the resident or resident representative and obtain informed consent prior to installation. (3) Ensure that the bed's dimensions are appropriate for the resident's size and weight. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility did not ensure that each resident received adequate supervision and assistance devices to prevent accidents for 1 of 3 residents (R1) reviewed who required assistance with meals. R1 requires extensive assistance with meals. On 1/22/17, R1 spilled a hot beverage onto his chest area. R1 did not receive a burn from the spilled beverage. On 1/22/17 R1's family provided the facility with a special covered mug for R1 to use when drinking hot beverages. On 1/25/17, R1 was drinking a hot beverage without the special covered mug. R1 spilled the hot beverage onto his left thigh, sustaining a pink colored burn to the area. Findings include: 1.) On 4/13/17 the Surveyor reviewed R1's medical record. The record indicates R1 was admitted to the facility on 1/20/17. The Physician's Orders dated 1/20/17 included an order for a restricted sweets general diet. The 5-day PPS scheduled Minimum Data Set (MDS) dated 1/27/17 indicates R1 has independent cognitive skills and requires extensive assistance of 1 staff for eating.	F 323			

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F 323 Continued From page 12

The Nurse's Notes dated 1/22/17 at 2:55 p.m. indicate R1 had a possible burn from spilling a ½ cup of coffee on his chest at 7:45 a.m. The note indicates R1 had no apparent injury and that ice was applied immediately after the incident. The note indicates the physician and the family were notified.

On 4/13/17 at 12:30 p.m., the Surveyor spoke with Registered Nurse-E who indicated R1 spilled hot coffee on the chest area on 1/22/17 during the breakfast meal while eating in the dining room. RN-E indicated that she notified the family of the incident and the family provided a covered mug for R1 to use when drinking hot beverages. RN-E indicated kitchen staff were not able to keep the covered cup in the kitchen area without a physician's order for the cup, so the cup was kept in R1's room. RN-E indicated that certified nursing assistants were to bring R1's cup to the dining room when providing hot beverages with meals. RN-E indicated that the intervention to bring R1's covered cup to the dining room was placed on either R1's Medication Administration Record (MAR) or Certified Nursing Assistant (CNA) Card.

On 4/13/17 the Surveyor reviewed R1's MAR and CNA card. Neither of the documents contained the intervention to ensure R1 had the covered cup with hot beverages during mealtimes.

The Nurse Progress Note dated 1/25/17 at 11:17 a.m. indicates that at 7:30 a.m., R1 was drinking coffee/hot beverage in the dining room. The note indicates R1 spilled the beverage and sustained a slightly pink area under the catheter strap and up his left thigh.

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The Nurse's Note dated 1/25/17 at 11:17 a.m. indicates that the Nurse Practitioner was aware that R1 spilled hot beverage and that an order was to be written to have beverages from a cup with a lid.

The Nurse's Note dated 1/25/17 at 3:44 p.m. indicates R1's left thigh has some pink/red area. The note indicates that the Nurse Practitioner was writing an order that R1 must have a lid on hot beverages. The note indicates the kitchen needs this noted from the physician before they can put a lid on R1's cup.

The Physician's Orders dated 1/25/17 included an order that all hot beverages must have covered lid to prevent burns. The Change of Diet order slip dated 1/25/17 includes a new diet order that all hot beverages must have covered lid to prevent burns.

On 4/13/17 at 1:45 p.m. the Surveyor spoke with Assistant Dietary Manager -D who indicated she was not made aware of R1 spilling a hot beverage onto the chest on 1/22/17 or onto the thigh area on 1/25/17. Assistant Dietary Manager -D indicated the kitchen was not made aware of R1's need for a lidded cup for hot beverages until 1/25/17, after R1 spilled hot liquids onto his left thigh. Assistant Dietary Manager -D indicated that on 1/25/17 (after the incident on 1/22/17 when R1 spilled a hot beverage onto his chest area and after the incident on 1/25/17 when R1 spilled a hot beverage onto his left thigh) the order that "hot beverages must have a covered lid to prevent burns" was added to R1's tray card.

On 4/13/17 the Surveyor reviewed the kitchens temperature logs for the breakfast meal on

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F 323	Continued From page 14 1/22/17 and 1/25/17. The coffee was temped at 182 degrees prior to serving both of the breakfast meals. The Nurse's notes dated 1/26/17 and 1/27/17 indicate that spilled a small amount of coffee on his thigh on 1/27/17. The note indicates the nurse was unable to assess the site/injury due to R1's refusal. On 4/17/17 at 8:45 a.m. the Surveyor spoke with Nurse Practitioner-F who indicated she assessed R1's left thigh burn on 1/27/17, the day prior to R1's discharge from the facility. Nurse Practitioner-F indicated the burn was irregular in shape, red, had no blistering or drainage and was approximately 4 inches by 2 inches in size. Nurse Practitioner-F indicated she provided no new orders for the burn. On 4/19/17 at 3:00 a.m. p.m., the Surveyor informed Director of Nursing-B and Assistant Director of Nursing-C of the above findings. No additional information was provided that would change the deficient practice.	F 323		