

# Consumer Information Report for Nursing Homes

## Summary 2022

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### FOND DU LAC LUTHERAN HOME

244 N MACY ST

FOND DU LAC, WI 54935

(920) 921-9520

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<b>License Number:</b>	<b>47</b>	<b>Medicare Certified?</b>	<b>YES</b>
<b>Number of Licensed Beds:</b>	<b>85</b>	<b>Medicaid Certified?</b>	<b>YES</b>
<b>Ownership Type:</b>	<b>Non Profit Church</b>		
<b>Owner:</b>	<b>FOND DU LAC LUTHERAN HOME INC</b>		

### Staff: Residents

Nursing Home Staff	Staff: Residents, by shift, in a two-week time period (Average number of residents: 55)		
	Day Shift	Evening Shift	Night Shift
<b>Nurses (RNs &amp; LPNs)</b>	1 Nurse: 17 Residents	1 Nurse: 25 Residents	1 Nurse: 53 Residents
<b>Nurse Aides</b>	1 NA: 9 Residents	1 NA: 11 Residents	1 NA: 21 Residents

\*If the number of residents is a "\*" in one of the categories above, there was an average of <1 nurse or NA on the shift. There may have been a combination of part-time RNs, LPNs or NAs on the shift on one or more days during the two-week time period, which could make the average <1. Per Wisconsin Administrative Code, Chapter HFS 132, there must be at least one RN or LPN on duty at all times.

### Staff Retention Rates

Nursing Home Staff	Staff Retention Rates (Percent of staff employed for at least one year)		
	This Home (NS=no staff)	FOND DU LAC County Average (8 homes reporting)	State of Wisconsin Average (277 homes reporting)
<b>Full-time Nurses (RNs)</b>	100%	59%	73%
<b>Part-time Nurses (RNs)</b>	50%	67%	66%
<b>Full-time Nurses (LPNs)</b>	100%	60%	71%
<b>Part-time Nurses (LPNs)</b>	100%	83%	67%
<b>Full-time Nurse Aides</b>	64%	55%	64%
<b>Part-time Nurse Aides</b>	50%	46%	56%

This two-page summary was prepared by the Division of Quality Assurance, Wisconsin Department of Health Services. For questions about this report, call (608) 264-9898. See the full report on the internet (after 5/1/2023) at <https://www.dhs.wisconsin.gov/guide/cir.htm> or request a copy (after 5/1/2023) at (608) 266-8368. The report should also be available in the facility.

## Federal Violations Cited in State "Inspection" Surveys for

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### FOND DU LAC LUTHERAN HOME

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This summary table provides a count of federal violations cited for this nursing home in 2022, by category of violation. County and state averages are shown for comparison. Surveys are conducted by the Division of Quality Assurance at least every 9-15 months, and may be conducted more often. This home was not cited with Substandard Quality of Care during the year 2022. See the full Consumer Information Report 2022 for details.

Federal Regulation Categories*	Federal Violations in 2022		
	Total # Citations for this Home (NS = Facility not surveyed in 2022)	Average # Citations for FOND DU LAC County (8 homes)	Average # Citations for Wisconsin (333 homes surveyed in 2022)
* Each category consists of many specific regulations. See detail in report.			
<b>Quality of Care:</b> Provide care that promotes resident's highest level of well-being. Example: Prevent/treat pressure sores.	7	3.5	3.5
<b>Resident Services:</b> Provide services that meet state standards. Example: Develop a comprehensive care plan for each resident.	3	1.4	1.3
<b>Quality of Life:</b> Provide a pleasant, homelike atmosphere. Example: Provide an activities program that meets needs and interests.	2	0.5	0.5
<b>Resident Rights:</b> Assure individual rights. Example: Assure right to personal privacy.	2	1.3	1.2
<b>Freedom from Abuse:</b> Assure freedom from abuse, neglect, or restraints. Example: Assure the right to be free from abuse.	6	0.8	0.8
<b>Staffing/Staff Training:</b> Provide adequate and qualified staff. Provide training to staff on policies and procedures. Example: Provide sufficient and competent nursing staff.	0	0.0	0.3
<b>Pharmacy/Lab Services:</b> Provide or obtain medications and lab services. Example: Residents are free of significant medication errors.	0	0.4	0.9
<b>Administration:</b> Use resources to promote resident's highest level of well-being. Example: Must have governing body to ensure safe and efficient management of the facility.	1	0.3	0.3
<b>Total Violations</b>	21	8.0	8.8

# Consumer Information Report for Nursing Homes 2022

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## INTRODUCTION

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FOND DU LAC LUTHERAN HOME  
244 N MACY ST  
FOND DU LAC, WI 54935  
(920) 921-9520

<b>License Number:</b>	47
<b>DQA Regional Office:</b>	NORTHEASTERN
<b>Ownership Type:</b>	Non Profit Church
<b>Owner (Licensee):</b>	FOND DU LAC LUTHERAN HOME INC
<b>Federal Certification Level:</b>	MEDICARE (TITLE 18) SKILLED NURSING FACILITY (SNF) MEDICAID (TITLE 19) NURSING FACILITY (NF)

### SECTION 1 - FEDERAL REGULATION DEFICIENCIES

Section 1 of this report describes the numbers and types of **Federal regulation deficiencies** found during surveys conducted in 2022. "Deficiencies" are cited for noncompliance with Federal regulations. This section also compares these numbers to averages for all nursing homes of similar size.

### SECTION 2 - NURSING STAFF TURNOVER AND RETENTION RATES

Section 2 provides information about **nursing staff turnover and retention** rates at this nursing home in 2022. It compares these rates to the averages for all nursing homes of similar size.

**APPENDICES** (on the internet after 5/1/2023) include:

**Appendix A** - a list of **resource agencies** for consumers;

**Appendix B** - information about how nursing staff turnover & retention rates are calculated; and

**Appendix C** - **statewide averages.**

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## SECTION 1 - SURVEY RESULTS FOR THIS FACILITY

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Nursing homes in Wisconsin operate under rules enacted by the Federal government (for the Medicare and/or Medicaid programs) and by the State of Wisconsin. Surveyors from the Wisconsin Division of Quality Assurance conduct unannounced inspections at each nursing home at least once every 9 to 15 months to determine if the nursing home complies with all State and Federal rules. State surveyors also conduct follow-up visits to ensure that violations have been corrected, investigate complaints, and conduct other surveys as necessary.

When state surveyors determine that a nursing home is not in compliance with a Federal regulation, the nursing home is cited with a violation or "deficiency". The number and type of violations for surveys conducted in 2022 are described in this report. The number of federal regulation deficiencies cited in Wisconsin nursing homes during 2022 surveys ranged from **0 to 100, with an average of 8.8 citations.**

In 2022 survey(s), FOND DU LAC LUTHERAN HOME, FOND DU LAC, which has 85 licensed beds, was cited with:

**21 Federal regulation deficiency(ies)**

Statewide, the average number of deficiencies for a nursing home with 50-99 beds was **8.2**.

In addition, this home was cited with **8** federal building safety violations and **0** federal emergency preparedness violations.

The number of federal building safety violations statewide in 2022 ranged from **0 to 22, with an average of 6.0 citations.**

The number of federal emergency preparedness violations statewide in 2022 ranged from **0 to 4, with an average of 0.3 citations.**

Finally, when there is no comparable requirement under federal regulations, nursing facilities may be cited for deficient practices under state regulations. The number of state regulation deficiencies cited in Wisconsin nursing homes during 2022 surveys ranged from **0 to 2, with an average of 0.07 citations.** This home was cited with **0** state regulation deficiency(ies).

## Federal Regulation Deficiencies:

To determine Federal regulation deficiencies, surveyors use a resident-centered, outcome-based process. Equal emphasis is placed on the quality of care the resident receives and on the quality of the resident's life in the nursing home, and on whether or not the resident's rights, dignity and privacy are respected. These factors are evaluated by observing residents' care; interviewing residents, families and staff; and reviewing medical records.

If it is determined that a Federal regulation deficiency exists, the deficiency is placed on a grid. Grid placement is based on two measures:

- *Severity/Harm*, the degree of impact that a deficient practice has on residents at the facility; and
- *Scope/Frequency*, the prevalence of a deficient practice within a facility, or the proportion of residents who were or could have been affected.

All Federal deficiencies fit into one of the following four grid levels, from most to least serious: Immediate Jeopardy, Significant Correction, Correction and Substantial Compliance. If this home had deficiencies at any of the four grid levels in the last survey, those deficiencies are listed below. Each deficiency listed is followed by the abbreviation of its federal regulation category: Quality of Care (QC), Resident Services (RS), Quality of Life (QL), Resident Rights (RR), Freedom from Restraints/Abuse (FA), Staffing/Staff Training (ST), Pharmacy/Lab Services (PL), and Administration (AD). **A deficiency may be listed more than once if it was cited more than once during the year. Also, some citations share the same title, so you may see separate citations listed with the same title on the same date.**

Certain Federal regulation deficiencies at the Immediate Jeopardy, Significant Correction and Correction grid levels cause a nursing home to be designated as having "Substandard Quality of Care (SQC)". **This home was not designated with SQC during the year 2022. 50 Wisconsin nursing homes received the SQC designation in 2022.** SQC deficiencies constitute: immediate jeopardy to resident health or safety; a pattern of or widespread actual harm that is not immediate jeopardy; or widespread potential for more

**Immediate Jeopardy.** This deficiency exists when a situation caused (or is likely to cause) serious injury, serious harm, impairment or death to a resident receiving care in the facility AND facility practice makes it probable that similar actions, situations, practices, or incidents will occur again. Immediate corrective action is needed. The nursing home received **0 Immediate Jeopardy deficiencies** in 2022.

**Significant Correction.** This deficiency exists when a situation resulted in a negative outcome that compromised a resident's ability to maintain or reach his/her highest practicable physical, mental, or psychosocial well-being. This nursing home received **0 Significant Correction deficiencies** in 2022.

**Correction.** This deficiency exists when a situation resulted in minimal physical, mental, or psychosocial discomfort to a resident and/or has the potential (not yet realized) to compromise a resident's ability to maintain or reach his/her highest practicable physical, mental, or psychosocial well-being. This nursing home received **20 Correction deficiencies** in 2022.

<u>DEFICIENCY</u>	<u>CATEGORY</u>	<u>SURVEY DATE</u>
Investigate/Prevent/Correct Alleged Violation	FA	02/10/2022
Reporting Of Alleged Violations	FA	02/10/2022
Services Provided Meet Professional Standards	RS	02/10/2022
Adl Care Provided For Dependent Residents	QL	03/29/2022
Bowel/Bladder Incontinence, Catheter, Uti	QC	03/29/2022
Infection Prevention & Control	QC	03/29/2022
Resident'S Care Supervised By A Physician	RS	03/29/2022
Staff Qualifications	AD	03/29/2022
Adl Care Provided For Dependent Residents	QL	05/25/2022
Dialysis	QC	05/25/2022
Free Of Accident Hazards/Supervision/Devices	QC	05/25/2022
Investigate/Prevent/Correct Alleged Violation	FA	06/01/2022
Notify Of Changes (Injury/Decline/Room, Etc.)	RR	06/01/2022
Bowel/Bladder Incontinence, Catheter, Uti	QC	07/31/2022
Free Of Accident Hazards/Supervision/Devices	QC	07/31/2022
Treatment/Svcs To Prevent/Heal Pressure Ulcer	QC	07/31/2022
Develop/Implement Abuse/Neglect Policies	FA	09/07/2022
Resident'S Care Supervised By A Physician	RS	09/07/2022

Investigate/Prevent/Correct Alleged Violation	FA	11/14/2022
Reporting Of Alleged Violations	FA	11/14/2022

**Substantial Compliance.** This deficiency exists when a situation has the potential for causing only minor negative impact on residents. This nursing home received **1 Substantial Compliance deficiencies** in 2022.

<u>DEFICIENCY</u>	<u>CATEGORY</u>	<u>SURVEY DATE</u>
Right To Survey Results/Advocate Agency Info	RR	07/31/2022

For questions about this report, call (608) 264-9898. For further information about specific violations or more recent surveys, contact the administrator of this facility or the Division of Quality Assurance at (608) 266-8368.

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**SECTION 2 - NURSING STAFF TURNOVER AND RETENTION**  
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This section provides two measures describing the rate of change among nursing employees from January 1, 2022, through December 31, 2022: a "turnover rate" and a "retention rate." The turnover rate is based on new hires during the year as a proportion of total staffing in a category. The retention rate is based on the proportion of staff in a category at the beginning of the year who are still employed by the end of the year. The formulas used to calculate nurse staffing turnover and one-year retention rates are explained in [Appendix B](#).

Rates are calculated separately for full-time employees, persons working 37.5 hours or more per week, and part-time employees, persons working less than 37.5 hours per week. An "NS" indicates the nursing home reported having *no staff* in that particular category. Registered nurses (RNs) are nurses who are licensed and hold a certificate of registration by the State of Wisconsin. In 2022, this nursing home had:

- **A turnover rate for full-time RNs of 300%**, vs. 53% statewide and 61% across all nursing homes with 50-99 beds.
- **A turnover rate for part-time RNs of 50%**, vs. 61% statewide and 62% across all nursing homes with 50-99 beds.

In some cases, the turnover rate might be artificially high because one position changes frequently throughout the year. For example, if a nursing home with ten nurses had one position that was filled by five people throughout the year, the turnover rate is 50% (5 divided by 10) even though nine of the ten nurses did not change. The "retention rate" captures a sense of the stability of staff outside of the positions that changed frequently. In the example just used, the one-year retention rate is 90% (i.e., nine of the ten nurses had worked at least one year).

In 2022, this nursing home had:

- **A retention rate for full-time RNs of 100%**, vs. 73% statewide and 71% across all nursing homes with 50-99 beds.
- **A retention rate for part-time RNs of 50%**, vs. 66% statewide and 64% across all nursing homes with 50-99 beds.

Licensed practical nurses (LPNs) are nurses who are licensed by the State of Wisconsin as practical nurses. At this nursing home in 2022, there was:



- **A turnover rate for full-time LPNs of 0%,** vs. 53% statewide and 56% across all nursing homes with 50-99 beds.
- **A turnover rate for part-time LPNs of 0%,** vs. 88% statewide and 109% across all nursing homes with 50-99 beds.
- **A retention rate for full-time LPNs of 100%,** vs. 71% statewide and 70% across all nursing homes with 50-99 beds.
- **A retention rate for part-time LPNs of 100%,** vs. 67% statewide and 67% across all nursing homes with 50-99 beds.

Nursing assistants (NAs) provide direct personal care to residents, but are not registered nurses or licensed practical nurses. At this nursing home in 2022, there was:

- **A turnover rate for full-time NAs of 114%,** vs. 89% statewide and 98% across all nursing homes with 50-99 beds.
- **A turnover rate for part-time NAs of 150%,** vs. 106% statewide and 121% across all nursing homes with 50-99 beds.
- **A retention rate for full-time NAs of 64%,** vs. 64% statewide and 62% across all nursing homes with 50-99 beds.
- **A retention rate for part-time NAs of 50%,** vs. 56% statewide and 55% across all nursing homes with 50-99 beds.