Consumer Information Report for Nursing Homes
Summary 2018

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CEDAR CREST HEALTH CENTER
1702 S RIVER RD
JANESVILLE, WI 53546
(608) 756-0344

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License Number:	**2201**	**Medicare Certified?**	**Yes**
Number of Licensed Beds:	**71**	**Medicaid Certified?**	**Yes**
Ownership Type:	**Non Profit Corporation**		
Owner:	**CEDAR CREST INC**		

Staff: Residents

Nursing Home Staff	Staff:Residents, by shift, in a two-week time period (Average number of residents)		
	Day Shift	**Evening Shift**	**Night Shift**
Nurses (RNs & LPNs)	1 Nurse: 8 Residents	1 Nurse: 9 Residents	1 Nurse: 20 Residents
Nurse Aides	1 NA: 7 Residents	1 NA: 7 Residents	1 NA: 13 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)	**ROCK County Average (11 homes reporting)**	**State of Wisconsin Average (364 homes reporting)**
Full-time Nurses (RNs)	78%	58%	71%
Part-time Nurses (RNs)	86%	75%	70%
Full-time Nurses (LPNs)	80%	57%	75%
Part-time Nurses (LPNs)	63%	75%	65%
Full-time Nurse Aides	67%	54%	69%
Part-time Nurse Aides	59%	62%	59%

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 5/1/2019) at **https://www.dhs.wisconsin.gov/guide/cir.htm** or request a copy (after 5/1/2019) 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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CEDAR CREST HEALTH CENTER

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This summary table provides a count of federal violations cited for this nursing home in 2018, 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 2018. See the full Consumer Information Report 2018 for details.

Federal Regulation Categories* * Each category consists of many specific regulations. See detail in report.	Federal Violations in 2018		
	Total # Citations for this Home (NS = Facility not surveyed in 2018)	Average # Citations for ROCK County (11 homes)	Average # Citations for Wisconsin (367 homes surveyed in 2018)
Quality of Care: Provide care that promotes resident's highest level of well-being. Example: Prevent/treat pressure sores.	0	1.9	2.6
Resident Services: Provide services that meet state standards. Example: Develop a comprehensive care plan for each resident.	0	0.8	1.1
Quality of Life: Provide a pleasant, homelike atmosphere. Example: Provide an activities program that meets needs and interests.	0	0.0	0.3
Resident Rights: Assure individual rights. Example: Assure right to personal privacy.	0	0.7	0.9
Freedom from Restraints/Abuse: Assure freedom from abuse, neglect, or restraints. Example: Assure the right to be free from abuse.	0	0.5	0.5
Staffing/Staff Training: Provide adequate and qualified staff. Provide traing to staff on policies and procedures. Example: Provide sufficient and competent nursing staff.	0	0.3	0.3
Pharmacy/Lab Services: Provide or obtain medications and lab services. Example: Residents are free of significant medication errors.	0	0.5	0.8
Administration: 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.	0	0.1	0.1
Total Violations	0	4.9	6.5

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2018

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INTRODUCTION

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CEDAR CREST HEALTH CENTER
1702 S RIVER RD
JANESVILLE, WI 53546
(608) 756-0344

License Number:	2201
DQA Regional Office:	Southern
Ownership Type:	Non Profit Corporation
Owner (Licensee):	CEDAR CREST INC
Federal Certification Level:	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 2018. "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 2018. It compares these rates to the averages for all nursing homes of similar size.

APPENDICES (on the internet after 5/1/2019) 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 2018 are described in this report.
The number of federal regulation deficiencies cited in Wisconsin nursing homes during 2018 surveys ranged from **0 to 72, with an average of 6.5 citations.**

In 2018 survey(s), CEDAR CREST HEALTH CENTER, JANESVILLE, which has 71 licensed beds, was cited with:

0 Federal regulation deficiency(ies)

Statewide, the average number of deficiencies for a nursing home with 50-99 beds was **5.6.**

In addition, this home was cited with **4** federal building safety violations. The number of federal building safety violations statewide in 2018 ranged from **0 to 25**, **with an average of 3.9 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 2018 surveys ranged from **0 to 1, with an average of 0.01 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 nor 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 2018. 36 Wisconsin nursing homes received the SQC designation in 2018**. 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 2018.

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 2018.

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 **0 Correction deficiencies** in 2018.

Substantial Compliance. This deficiency exists when a situation has the potential for causing only minor negative impact on residents. This nursing home received **0 Substantial Compliance deficiencies** in 2018.

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, 2018, through December 31, 2018: 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 2018, this nursing home had:

- **A turnover rate for full-time RNs of 33%,** vs. 48% statewide and 47% across all nursing homes with 50-99 beds.

- **A turnover rate for part-time RNs of 21%,** vs. 55% statewide and 47% 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 2018, this nursing home had:

- **A retention rate for full-time RNs of 78%,** vs. 71% statewide and 72% across all nursing homes with 50-99 beds.

- **A retention rate for part-time RNs of 86%,** vs. 70% statewide and 70% 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 2018, there was:

· **A turnover rate for full-time LPNs of 20%,** vs. 45% statewide and 42% across all nursing homes with 50-99 beds.

· **A turnover rate for part-time LPNs of 75%,** vs. 64% statewide and 61% across all nursing homes with 50-99 beds.

· **A retention rate for full-time LPNs of 80%,** vs. 75% statewide and 76% across all nursing homes with 50-99 beds.

· **A retention rate for part-time LPNs of 63%,** vs. 65% statewide and 63% 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 2018, there was:

· **A turnover rate for full-time NAs of 75%,** vs. 67% statewide and 65% across all nursing homes with 50-99 beds.

· **A turnover rate for part-time NAs of 68%,** vs. 80% statewide and 79% across all nursing homes with 50-99 beds.

· **A retention rate for full-time NAs of 67%,** vs. 69% statewide and 69% across all nursing homes with 50-99 beds.

· **A retention rate for part-time NAs of 59%,** vs. 59% statewide and 58% across all nursing homes with 50-99 beds.