Consumer Information Report for Nursing Homes

Summary 2022

Owner:	RICE LAKE REHABILITATION AND CARE CENTER LLC		
Ownership Type:	For Profit Corporati	on	
Number of Licensed Beds:	90	Medicaid Certified?	YES
License Number:	2462	Medicare Certified?	YES
*****	*****	***********	******
	(715) 234-9101	
	RICE	E LAKE, WI 54868	
	1016	LAKESHORE DR	
	HERI	TAGE LAKESIDE	
*****	*****	******	******

Staff: Residents

	Staff:Residents, by shift, in a two-week time period		
Nursing	(Average number of residents: 32)		
Home Staff	Day Shift	Evening Shift	Night Shift
Nurses (RNs & LPNs)	1 Nurse: 10 Residents	1 Nurse: 16 Residents	1 Nurse: 30 Residents
Nurse Aides	1 NA: 11 Residents	1 NA: 12 Residents	1 NA: 16 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)	BARRON County Average (5 homes reporting)	State of Wisconsin Average (277 homes reporting)	
Full-time Nurses (RNs)	33%	64%	73%	
Part-time Nurses (RNs)	100%	61%	66%	
Full-time Nurses (LPNs)	0%	62%	71%	
Part-time Nurses (LPNs)	100%	70%	67%	
Full-time Nurse Aides	83%	58%	64%	
Part-time Nurse Aides	67%	54%	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.

HERITAGE LAKESIDE

Federal Regulation	Federal Violations in 2022		
Categories* * Each category consists of many specific regulations. See detail in report.	Total # Citations for this Home (NS = Facility not surveyed in 2022)	Average # Citations for BARRON County (6 homes)	Average # Citations for Wisconsin (333 homes surveyed in 2022)
Quality of Care: Provide care that promotes resident's highest level of well-being. Example: Prevent/treat pressure sores.	8	2.5	3.5
Resident Services: Provide services that meet state standards. Example: Develop a comprehensive care plan for each resident.	9	1.7	1.3
Quality of Life: Provide a pleasant, homelike atmosphere. Example: Provide an activities program that meets needs and interests.	0	0.0	0.5
Resident Rights: Assure individual rights. Example: Assure right to personal privacy.	1	0.5	1.2
Freedom from Abuse: Assure freedom from abuse, neglect, or restraints. Example: Assure the right to be free from abuse.	7	1.2	0.8
Staffing/Staff Training: Provide adequate and qualified staff. Provide traing to staff on policies and procedures. Example: Provide sufficient and competent nursing staff.	3	0.5	0.3
Pharmacy/Lab Services: Provide or obtain medications and lab services. Example: Residents are free of significant medication errors.	5	1.0	0.9
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.	3	0.5	0.3
Total Violations	36	7.8	8.8

	INTRODUCTION			

	HERITAGE LAKESIDE			
1016 LAKESHORE DR				
RICE LAKE, WI 54868				
(715) 234-9101				
License Number:	2462			
DQA Regional Office:	NORTHWESTERN			
DQA Regional Office.	NORTHWESTERN			
Ownership Type:	For Profit Corporation			
Owner (Licensee):	RICE LAKE REHABILITATION AND CARE CENTER LLC			
Federal Certification Level:	MEDICARE (TITLE 18) SKILLED NURSING FACILITY (SNF)			
r cuci al Cel uncation Level.	MEDICARE (TITLE 18) SKIELED NORSING 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.

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), HERITAGE LAKESIDE, RICE LAKE, which has 90 licensed beds, was cited with:

36 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 **4** federal building safety violations and **1** 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 **1** 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 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 **1 Significant Correction deficiencies** in 2022.

DEFICIENCY	CATEGORY	SURVEY DATE
Free From Abuse And Neglect	FA	09/01/2022

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 **34 Correction deficiencies** in 2022.

DEFICIENCY	CATEGORY	SURVEY DATE
Reporting - National Health Safety Network	QC	01/10/2022
Reporting - National Health Safety Network	QC	02/07/2022
Care Plan Timing And Revision	RS	02/16/2022
Investigate/Prevent/Correct Alleged Violation	FA	02/16/2022
Reporting Of Alleged Violations	FA	02/16/2022
Reporting Of Reasonable Suspicion Of A Crime	FA	02/16/2022
Infection Prevention & Control	QC	05/25/2022
Baseline Care Plan	RS	09/01/2022
Free From Unnec Psychotropic Meds/Prn Use	PL	09/01/2022
Investigate/Prevent/Correct Alleged Violation	FA	09/01/2022
Nurse Aide Registry Verification, Retraining	ST	09/01/2022
Nutritive Value/Appear, Palatable/Prefer Temp	RS	09/01/2022
Reporting Of Alleged Violations	FA	09/01/2022
Staff Qualifications	AD	09/01/2022
Bowel/Bladder Incontinence, Catheter, Uti	QC	09/13/2022

Competent Nursing Staff	ST	10/26/2022
Comprehensive Assessment After Signifcant Chg	RS	10/26/2022
Comprehensive Assessments & Timing	RS	10/26/2022
Develop/Implement Abuse/Neglect Policies	FA	10/26/2022
Develop/Implement Comprehensive Care Plan	RS	10/26/2022
Dispose Garbage And Refuse Properly	RS	10/26/2022
Drug Regimen Review, Report Irregular, Act On	PL	10/26/2022
Food Procurement, Store/Prepare/Serve-Sanitary	RS	10/26/2022
Free From Unnec Psychotropic Meds/Prn Use	PL	10/26/2022
Free Of Accident Hazards/Supervision/Devices	QC	10/26/2022
Hospice Services	AD	10/26/2022
Infection Prevention & Control	QC	10/26/2022
Label/Store Drugs And Biologicals	PL	10/26/2022
Medicaid/Medicare Coverage/Liability Notice	RR	10/26/2022
Nutrition/Hydration Status Maintenance	QC	10/26/2022
Pharmacy Srvcs/Procedures/Pharmacist/Records	PL	10/26/2022
Qrtly Assessment At Least Every 3 Months	RS	10/26/2022
Quality Of Care	QC	10/26/2022
Resident Records - Identifiable Information	AD	10/26/2022

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.

DEFICIENCY	CATEGORY	SURVEY DATE
Nurse Aide Peform Review-12 Hr/Yr In-Service	ST	10/26/2022

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.

SECTION 2 - NURSING STAFF TURNOVER AND RETENTION

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 33%, vs. 73% statewide and 71% across all nursing homes with 50-99 beds.

• A retention rate for part-time RNs of 100%, 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 300%, vs. 53% statewide and 56% across all nursing homes with 50-99 beds.

• A turnover rate for part-time LPNs of 300%, vs. 88% statewide and 109% across all nursing homes with 50-99 beds.

• A retention rate for full-time LPNs of 0%, 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 167%, vs. 89% statewide and 98% across all nursing homes with 50-99 beds.

• A turnover rate for part-time NAs of 233%, vs. 106% statewide and 121% across all nursing homes with 50-99 beds.

• A retention rate for full-time NAs of 83%, vs. 64% statewide and 62% across all nursing homes with 50-99 beds.

• A retention rate for part-time NAs of 67%, vs. 56% statewide and 55% across all nursing homes with 50-99 beds.