WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES

Wisconsin Department of Safety and Professional Services
Access to the Public Records of the Reports of Decisions

This Reports of Decisions document was retrieved from the Wisconsin Department of Safety and Professional Services website. These records are open to public view under Wisconsin's Open Records law, sections 19.31-19.39 Wisconsin Statutes.

Please read this agreement prior to viewing the Decision:

- The Reports of Decisions is designed to contain copies of all orders issued by credentialing authorities within the Department of Safety and Professional Services from November, 1998 to the present. In addition, many but not all orders for the time period between 1977 and November, 1998 are posted. Not all orders issued by a credentialing authority constitute a formal disciplinary action.
- Reports of Decisions contains information as it exists at a specific point in time in the Department of Safety and Professional Services data base. Because this data base changes constantly, the Department is not responsible for subsequent entries that update, correct or delete data. The Department is not responsible for notifying prior requesters of updates, modifications, corrections or deletions. All users have the responsibility to determine whether information obtained from this site is still accurate, current and complete.
- There may be discrepancies between the online copies and the original document. Original documents should be consulted as the definitive representation of the order's content. Copies of original orders may be obtained by mailing requests to the Department of Safety and Professional Services, PO Box 8935, Madison, WI 53708-8935. The Department charges copying fees. *All requests must cite the case number, the date of the order, and respondent's name* as it appears on the order.
- Reported decisions may have an appeal pending, and discipline may be stayed during the appeal. Information about the current status of a credential issued by the Department of Safety and Professional Services is shown on the Department's Web Site under "License Lookup."

  The status of an appeal may be found on court access websites at: http://ccap.courts.state.wi.us/InternetCourtAccess and http://www.courts.state.wi.us/wscca

- Records not open to public inspection by statute are not contained on this website.

By viewing this document, you have read the above and agree to the use of the Reports of Decisions subject to the above terms, and that you understand the limitations of this on-line database.

Correcting information on the DSPS website: An individual who believes that information on the website is inaccurate may contact DSPS@wisconsin.gov

STATE OF WISCONSIN
BEFORE THE NURSING HOME ADMINISTRATORS EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
TAMMY L. KURTZ, N.H.A., RESPONDENT.	:	ORDER 0008708

Division of Legal Services and Compliance Case No. 22 NHA 016

The parties to this action for the purpose of Wis. Stat. § 227.53 are:

Tammy L. Kurtz, N.H.A.
Washburn, WI 54891

Wisconsin Nursing Home Administrators Examining Board
P.O. Box 8366
Madison, WI 53708-8366

Division of Legal Services and Compliance
Department of Safety and Professional Services
P.O. Box 7190
Madison, WI 53707-7190

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final disposition of this matter, subject to the approval of the Nursing Home Administrators Examining Board (Board). The Board has reviewed this Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following Findings of Fact, Conclusions of Law, and Order.

FINDINGS OF FACT

1. Respondent, Tammy L. Kurtz, N.H.A., (Year of Birth 1962) is licensed in the state of Wisconsin as a nursing home administrator, having license number 3737-65, first issued on August 23, 2013, and current through June 30, 2024. Respondent's most recent address on file with the Wisconsin Department of Safety and Professional Services is in Washburn, Wisconsin 54891.

2. At all times relevant to this proceeding, Respondent worked as a nursing home administrator at a nursing home located in Ashland, Wisconsin (Facility).

3. A Halo bar is a ring-shaped device with multiple angular grab bars within it, which attaches to the side of a patient's bed for mobility assistance. The standard of care requires that

any patient with a Halo bar attached to their bed be assessed for alertness and orientation, and that a safety risk assessment regarding the Halo bar's compatibility with any bed or mattress be conducted prior to use.

4. On three occasions, the Facility failed to conduct the necessary assessments prior to attaching a Halo bar to a resident's bed in conjunction with an air mattress.

5. Resident A was admitted to the Facility on January 16, 2017, with diagnoses including dementia, dysphasia, abnormal posture, and repeated falls. Resident A had a Halo bar attached to his bed. In 2021, Resident A was assessed to be severely cognitively impaired.

6. On January 18, 2022, the Facility placed an air mattress on Resident A's bed to assist with healing an ulcer on his heel. When the mattress was put in place, the Facility did not assess the risk of entrapment when using the air mattress with the Halo bar.

7. On January 22, 2022, Resident A was assessed as unable to sit independently on the side of his bed and unable to reposition independently in his bed. Despite this, the Facility continued to use an air mattress in conjunction with a Halo bar on Resident's A bed.

8. On January 28, 2022, Facility staff found Resident A deceased in his bed, with his head between the Halo bar and the air mattress. The coroner's report indicated asphyxia from the halo bar as the cause of death.

9. Following Resident A's death, the Wisconsin Department of Health Services conducted a survey and discovered two more residents who had air mattresses on beds in conjunction with Halo bars.

10. Resident B was admitted in 2019 with diagnoses including cerebral infarction, hemiplegia affecting the left non-dominant side, weakness, aphasia, and osteoarthritis. Resident B was assessed as mildly cognitively impaired. Resident B had a Halo bar placed on his bed on March 12, 2018, and an air mattress placed on his bed on March 27, 2019. The facility did not assess Resident B for the use of the Halo bar with the air mattress or for the risk of entrapment until January 28, 2022.

11. Resident C was admitted in January 2021 with diagnoses including cerebral palsy and dysphagia. Resident C had a Halo bar attached to his bed on March 5, 2021, and an air mattress placed on June 23, 2021. No assessment for use of the Halo bar with the air mattress or risk of entrapment was completed until January 28, 2022.

12. Prior to Resident A's death on January 28, 2022, Respondent failed to implement and enforce a Facility policy to assess residents for alertness and orientation before attaching a Halo bar to the resident's bed.

13. Prior to Resident A's death on January 28, 2022, Respondent failed to implement and enforce a Facility policy to conduct a safety risk assessment regarding a Halo bar's compatibility with any bed or mattress before using them in conjunction.

14. In resolution of this matter, Respondent consents to the entry of the following Conclusions of Law and Order.

CONCLUSIONS OF LAW

1. The Board has jurisdiction to act in this matter pursuant to Wis. Stat. § 456.10 and is authorized to enter into the attached Stipulation pursuant to Wis. Stat. § 227.44(5).

2. By the conduct described in the Findings of Fact, Respondent engaged in a practice as a nursing home administrator which constitutes a substantial danger to the health, welfare, or safety of patient or public, within the meaning of Wis. Admin. Code § NHA 5.02(6).

3. As a result of the above conduct, Respondent is subject to discipline pursuant to Wis. Stat. § 456.10 (b) and (bm), and Wis. Admin. Code § NHA 5.02.

ORDER

1. The attached Stipulation is accepted.

2. Respondent is REPRIMANDED.

3. Respondent's license to practice as a nursing home administrator in the state of Wisconsin (license number 3737-65), is LIMITED as follows:

   a. Within 90 days of the date of this Order, Respondent shall, at her own expense, successfully complete eight (8) hours of education on the topic of regulatory requirements for nursing homes and four (4) hours of education on the topic of nursing facility risk assessments offered by a provider pre-approved by the Board monitoring liaison, including taking and passing any exam offered for the courses.

   b. Respondent shall submit proof of successful completion of the education in the form of verification from the institution providing the education to the Department Monitor at the address stated below. None of the education completed pursuant to this requirement may be used to satisfy any continuing education requirements that have been or may be instituted by the Board or Department, and also may not be used in future attempts to upgrade a credential in Wisconsin.

   c. The Board monitoring liaison may change the number of credit hours and/or education topics in response to a request from Respondent. The monitoring liaison may consider the topic availability and/or hours of education when determining if a change to the ordered education should occur.

   d. This limitation shall be removed from Respondent's license after satisfying the Board or its designee that Respondent has successfully completed all the ordered education.

4. Within 90 days from the date of this Order, Respondent shall pay COSTS of this matter in the amount of $1,008.00.

5. Any requests, petitions, payments of costs (made payable to Department of Safety and Professional Services), and other information required by this Order shall be submitted to:

Department Monitor
Division of Legal Services and Compliance
Department of Safety and Professional Services
P.O. Box 7190, Madison, WI 53707-7190
Telephone (608) 266-2112; Fax (608) 266-2264
DSPSMonitoring@wisconsin.gov

Respondent may also submit this information online at: https://dspsmonitoring.wi.gov.

6. In the event Respondent violates any term of this Order, Respondent's license (number 3737-65), or Respondent's right to renew her license, may, in the discretion of the Board or its designee, be SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of the Order. The Board may, in addition and/or in the alternative refer any violation of this Order to the Division of Legal Services and Compliance for further investigation and action.

7. This Order is effective on the date of its signing.

WISCONSIN NURSING HOME ADMINISTRATORS EXAMINING BOARD

By: _____ 8/17/2023
A Member of the Board Date

STATE OF WISCONSIN
BEFORE THE NURSING HOME ADMINISTRATORS EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	STIPULATION
TAMMY L. KURTZ, N.H.A., RESPONDENT.	:	ORDER 0008708

Division of Legal Services and Compliance Case No. 22 NHA 016

Respondent Tammy L. Kurtz, N.H.A., and the Division of Legal Services and Compliance, Department of Safety and Professional Services, stipulate as follows:

1. This Stipulation is entered into as a result of a pending investigation by the Division of Legal Services and Compliance. Respondent consents to the resolution of this investigation by Stipulation.

2. Respondent understands that by signing this Stipulation, Respondent voluntarily and knowingly waives the following rights:

- the right to a hearing on the allegations against Respondent, at which time the State has the burden of proving those allegations by a preponderance of the evidence;
- the right to confront and cross-examine the witnesses against Respondent;
- the right to call witnesses on Respondent's behalf and to compel their attendance by subpoena;
- the right to testify on Respondent's own behalf;
- the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision;
- the right to petition for rehearing; and
- all other applicable rights afforded to Respondent under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and other provisions of state or federal law.

3. Respondent is aware of Respondent's right to seek legal representation and has been provided an opportunity to obtain legal counsel before signing this Stipulation.

4. Respondent agrees to the adoption of the attached Final Decision and Order by the Wisconsin Nursing Home Administrators Examining Board (Board). The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.

5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall then be returned to the Division

of Legal Services and Compliance for further proceedings. In the event that the Stipulation is not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by the consideration of this attempted resolution.

6. The parties to this Stipulation agree that the attorney or other agent for the Division of Legal Services and Compliance and any member of the Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, without the presence of Respondent, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with deliberations on the Stipulation. Additionally, any such advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

7. Respondent is informed that should the Board adopt this Stipulation, the Board's Final Decision and Order is a public record and will be published in accordance with standard Department procedure.

8. Respondent is further informed that should the Board adopt this Stipulation, the Board's Final Decision and Order will be reported as required by the National Practitioner Databank (NPDB) Guidebook and as otherwise required by any licensure compact or any other state or federal law.

9. The Division of Legal Services and Compliance joins Respondent in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.

Tammy L. Kurtz, N.H.A., Respondent
Washburn, WI 54891
License No. 3737-65

07 | 13 | 2023
Date

Nicholas Dalla Santa, Prosecuting Attorney
Department of Safety and Professional Services
Division of Legal Services and Compliance
P.O. Box 7190
Madison, WI 53707-7190

7/13/23
Date