

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245231	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/15/2026
NAME OF PROVIDER OR SUPPLIER  Appleton Area Health		STREET ADDRESS, CITY, STATE, ZIP CODE  30 S Behl St Appleton, MN 56208	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and document review, the facility failed to ensure professional standards of practice were followed during administration of eye drops for 1 of 1 resident (R29) observed for medication administration. Findings include: According to the American Academy of Allergy, Asthma, and Immunology, Tips For Administering Eye Drops dated 8/2010, if more than one drop has been ordered, wait three to four minutes before putting another drop into the same eye. When administering multiple eye medications, wait five to fifteen minutes before delivering send medication to the same eye in order to prevent dilution. R29's Annual Minimum Data Set (MDS) dated [DATE], identified R29 as cognitively intact and required assistance with activities of daily living (ADLs). R29 had a diagnosis of diabetes and hypertension (high blood pressure). R29's admission record printed 4/15/26, identified R29 had a diagnosis of dry eye syndrome, and degeneration (eye disease that affects vision). R29's care plan revised 1/27/25, indicated staff were to administer medications as ordered. Observe for side effects and effectiveness. R29's physician's order signed 2/20/26, identified cyclosporine ophthalmic emulsion 0.05% one drop in both eyes twice a day for dry eyes, and Refresh Tears ophthalmic solution one drop in both eyes four times a day for dry eyes. R29's administration summary for the week of April 8 2026 to April 15 2026, revealed cyclosporine ophthalmic emulsion 0.05%, and refresh tears ophthalmic solution were both order for 5:00 p.m. admission order summary revealed both medications were signed off as being given at the same time on 4/14/26 at 4:46 p.m., 4/13/26 at 4:56 p.m., 4/12/26 at 7:59 p.m., 4/11/26 at 5:57 p.m., 4/10/26 at 4:53 p.m., 7:59 p.m., 4/9/26 at 4:27 p.m., and 4/8/26 at 4:55 p.m. During an observation/interview on 4/13/26 at 4:53 p.m., trained medication aid (TMA) brought oral medications, cyclosporine ophthalmic emulsion 0.05%, and Refresh Tears ophthalmic solution into R29's room. TMA gave R29's oral medications and then applied gloves. TMA asked R29 to relax her eyes and administered one drop of cyclosporine ophthalmic emulsion 0.05% to both eyes. TMA then took the Refresh Tears ophthalmic solution and gave one drop in each eye. TMA removed gloves and washed hands. TMA verified the cyclosporine ophthalmic emulsion 0.05% were given, and then the refresh eye drops. TMA went to the computer and signed off on the medications were given. During an interview on 4/15/26 at 11:01 a.m., director of nursing (DON) indicated it was best practice to wait between eye drops to allow the first eye drop to disperse. DON verified her expectation would be to follow the medical provider order. During an interview on 4/15/26 at 12:58 p.m., pharmacy consult indicated it was best practice to wait five minutes between eye drops and was unsure if there would be a clinical impact of cyclosporine ophthalmic emulsion 0.05% and Refresh Tears ophthalmic solution given without waiting five minutes between eye drops. During an interview on 4/15/26 at 2:49 p.m., medical provider recommended staff to wait fifteen minutes between cyclosporine ophthalmic emulsion 0.05%, one drop in both eyes twice a day for dry eyes, and Refresh Tears ophthalmic solution. Policy requested, no policy was received regarding ophthalmic medications.</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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