

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525019	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/27/2024
NAME OF PROVIDER OR SUPPLIER Deerfield Care Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 575 Hospital Rd New Richmond, WI 54017	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40181</p> <p>Based on record review and interview, the facility did not accurately code the Minimum Data Set (MDS) assessments for 3 of 4 residents (R) reviewed for Preadmission Screening and Resident Review (PASARR) screen. (R2, R12, and R15)</p> <p>The MDS assessments are coded in error stating that a PASARR level 2 screen had not been completed when it was completed at the time of assessment for R2, R12 and R15.</p> <p>Findings include:</p> <p>Example 1</p> <p>R2 was admitted to the facility on [DATE] with diagnoses including in part, schizophrenia, anxiety disorder, and schizoaffective disorder.</p> <p>Record review identified R2 had a PASARR level 2 screen completed on 10/03/23.</p> <p>R2's annual MDS assessment, dated 10/08/24, and significant change MDS assessment, dated 11/21/24, indicated for question A1500 that no PASARR level 2 had been completed.</p> <p>Example 2</p> <p>R12 was admitted to the facility on [DATE] with diagnoses including in part, bipolar disorder, major depressive disorder, and anxiety disorder.</p> <p>Record review identified a PASARR level 2 was completed on 10/22/24.</p> <p>R12's admission MDS assessment, dated 10/01/24, indicated for question A1500 that no PASARR level 2 had been completed.</p> <p>(continued on next page)</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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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 11/26/24 at 12:58 PM, Surveyor interviewed Nursing Home Administrator (NHA) A who completes the PASARR screenings for the facility. Surveyor reviewed R2, R12 and R15 with NHA A, and NHA A agreed that all three residents had a serious mental illness and had a PASARR level 2 screen completed. Surveyor asked NHA A why the MDS Assessment section A1500 was answered no for all three residents when all three resident did have a PASARR level 2 screen completed. NHA A stated their corporation has a centralized MDS nurse who is not on site and based in Minnesota. NHA A believes they are misunderstanding the MDS A1500 question and answering no based on the fact that the level 2 screen determined the resident did not require specialized services for their mental illness. NHA A agreed that the MDS section A1500 question was coded incorrectly for R2, R12 and R15.</p> <p>31086</p> <p>Example 3</p> <p>R15 was admitted on [DATE] with diagnoses of major depressive disorder, anxiety disorder, and post-traumatic stress disorder.</p> <p>Review of R15's medical record documented a PASRR level II screen was completed on 02/16/21.</p> <p>An annual MDS assessment, dated 03/12/24, documented A1500 was coded no for consideration of a level II PASRR process for a serious mental illness and/or intellectual disability or a related condition.</p> <p>A significant change MDS assessment, dated 09/10/24, documented section A1500 was coded no for consideration of a level II PASRR process for a serious mental illness and/or intellectual disability or a related condition.</p> <p>On 11/27/24 at 2:55 p.m., Surveyor interviewed NHA A about the MDS coding for PASRR level II. NHA A indicated the MDS was coded incorrectly.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31086</p> <p>Based on observation, interview and record review, the facility did not ensure 1 of 4 residents (R)(R15) who are unable to carry out activities of daily living receive the necessary services to maintain good oral care.</p> <p>This is evidenced by:</p> <p>R15 was admitted on [DATE] and has current diagnoses of type 2 diabetes mellitus with diabetic polyneuropathy, morbid obesity, major depressive disorder, congestive heart failure, anxiety disorder, edema, venous insufficiency peripheral, post-traumatic stress disorder, weakness, polyosteoarthritis, pain in left shoulder, reduced mobility, and chronic pain.</p> <p>The Minimum Data Set (MDS) a significant change assessment dated [DATE] documented R15 needing substantial/maximal assistance of staff with the staff doing more than half the effort. R15's brief interview for mental status (BIMS) score of 10 out of 15 indicates R15 has moderate cognitive impairment.</p> <p>Review of the quick guide for ADLs (activities of daily living) for R15's care documented in part: Standards: . Oral care -twice daily (both unless otherwise specified) .Setup A-1 (assist of 1 staff) PRN (as needed) oral cares, encourage tongue brushing daily .</p> <p>On 11/27/24 at 9:34 AM, Surveyor observed Certified Nursing Assistant (CNA) C and CNA D provide personal cares for R15. CNA C and CNA D appropriately washed and clothed R15 and transferred R15 to the broda chair. CNA D combed and braided R15's hair. CNA D removed gown, sanitized hands and brought R15 to the dining room. Surveyor did not observe R15 be provided oral care.</p> <p>After breakfast R15 continued to be in the dining room and received hospice music therapy.</p> <p>At 11/27/24 at 12:55 PM, Surveyor observed R15 being transferred to their room. Surveyor interviewed CNA C about oral care being provided to R15. CNA C indicated R15 will do her own oral care when staff provide R15 with a toothette or R15 will start, and CNA C would have to finish the oral care. Surveyor reviewed with CNA C when observing morning cares R15 was not provided oral care. CNA C stated this morning was mixed up and R15 did not get up at her usual time and was later. CNA C stated we got R15 up in her chair and brought to the dining room for breakfast so oral care was not completed. Surveyor asked if oral care was completed after breakfast and CNA C indicated no.</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47807</p> <p>Based on interview and record review, the facility did not ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. The facility did not identify a whitish yellow film present throughout the soft tissue in resident's mouth timely leading to a delay in treatment. This has the potential to affect 1 of 1 resident (R) who resided in the facility (R196).</p> <p>Findings include:</p> <p>R196 was admitted to the facility on [DATE]. R196 was diagnosed with malignant neoplasm of lung, malignant neoplasm of brain, malignant neoplasm of spinal cord, rheumatoid arthritis with, malignant neoplasm of adrenal gland, retention of urine, history of other venous thrombosis, and lymphedema.</p> <p>R196 entered the facility with a Brief Interview for Mental Status (BIMS) assessment score of 14 out of 15 meaning intact cognition. R196 was their own person upon entering the facility. R196 was alert and oriented and was able to direct own care. R196 enrolled themselves into hospice care upon admission to the facility.</p> <p>Surveyor reviewed dental appointment notes dated 07/05/24 stating, There was a whitish yellow film present throughout the soft tissue in her mouth that I was not able to wipe off. Including her cheeks and lips. I sent provider support photos of film to attach to her chart. I am going to request our dentist to come and look at this film.</p> <p>Surveyor reviewed progress note dated 07/05/24 stating,</p> <p>Late Entry:</p> <p>Type of appointment: Healthdrive dental</p> <p>New orders or recommendations:</p> <p>Person notified of new orders</p> <p>* There was no indication of resident change in health condition noted in progress note related to dental appointment.</p> <p>Surveyor reviewed medical administration record dated 07/01/24 - 07/31/24 indicated that Clotrimazole Lozenge 10 MG was started on 07/23/24, 18 days after dental hygienist indicated a whitish yellow film present throughout the soft tissue in R196's mouth. Order indicated to give 1 lozenge by mouth five times a day for Oral thrush.</p> <p>(continued on next page)</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 11/27/24 at 12:12 PM, Surveyor interviewed Clinical Coordinator (CC) E regarding procedure for reviewing resident appointment information. CC E said yes they do review the notes from the dentist and after review we will update the resident's progress notes with any updates. Surveyor then asked CC E if they had any progress notes related to R196's dentist appointment. CC E said they will need to look.</p> <p>On 11/27/24 at 1:04 PM, Surveyor interviewed CC E who said the hygienist did leave a note, and it should have been charted and reviewed by leadership. CC E said the hygienist notified their dentist and maybe that is why it was not charted. The dentist would come every two months and R196 passed away prior to the next dentist visit. Surveyor asked if the note regarding the whitish yellow film present throughout the soft tissue in R196's mouth should have been charted and reviewed. CC E said it should have been addressed, the progress note should have been reviewed, the concern should have been investigated, and the physician should have been contacted for treatment orders.</p>

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31086</p> <p>Based on record review and interview, the facility did not provide medications as ordered by the prescriber, to meet the needs of each resident for 1 of 12 residents (R) medication orders reviewed for accuracy. (R34)</p> <p>This is evidenced by:</p> <p>The facility's policy Medication Administration Error Policy with modified date of May 2021, read in part: CMS Regulatory Definitions: Medication Error the observed preparation or administration of medications or biologicals which is not in accordance with: 1. The prescriber's order; .</p> <p>R34 was admitted on [DATE] with current diagnoses of chronic obstructive pulmonary disease, congestive heart failure, chronic respiratory failure with hypoxia, hypertrophic cardiomyopathy, atrial fibrillation, cyst of pancreas, osteoarthritis, prediabetes, obstructive sleep apnea, morbid obesity, insomnia, hypertension, major depressive disorder, history of transient ischemic attack, and anxiety disorder.</p> <p>Review of R34's progress notes documented on 10/31/24 at 4:07 p.m., Hospice, Note Text: PRN (as needed) RN (Registered Nurse) visit made to see this resident to f/u (follow up) on increased edema and hypoxia. Res in bed upon arrival and will not open eyes but uses head nods to answer writer. O2 was 90% on 1L wirtter (sic) increased to 3L and O2 up to 93% via NC. She denies pain but states SOB (shortness of breath) and does have increased RR (respiratory rate) rate at 28. PRN MS (morphine sulfate) administered for SOB. Edema is 4+ pitting to BLE (bilateral lower extremities). Dr. [Name] notified and new orders transcribed to increased torsemids (sic) 40mg qd (everyday) x 3 days and reassess on Monday. NP/POA updated on changes POC (plan of care) remains appropriate. Site encouraged to call [Hospice] with any changes.</p> <p>Surveyor reviewed physician order for Torsemide was entered on 10/31/24, started on 11/01/24 and discontinued on 11/03/24.</p> <p>Surveyor reviewed Medication Administration Record (MAR) for Torsemide 40 mg orders. The October MAR documented on 10/31/24 Torsemide 20 mg was given. The November MAR documented nursing staff signed the Torsemide 40 mg medication was given on 11/01/24 and 11/02/24. The MAR did not have the Torsemide 40 mg medication order to be given on 11/03/24 which would be the third day of the increased dose. The MAR documented no orders for Torsemide of any dosage was to be given to R34 on 11/03/24.</p> <p>On 11/27/24 at 1:16 PM, Surveyor interviewed Clinical Coordinator (CC) E about R34's missed dose of Torsemide. CC E indicated this was a transcription error and R34 did not receive the medication as ordered. CC E indicated she was not aware of the missed dose because of how the order was entered into the computer and will be doing a medication error report and notifying the physician and hospice.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>47807</p> <p>Based on observation, interview and record review, the facility did not ensure that food was stored, prepared, distributed, and served in accordance with professional standards for food service safety. Kitchen staff had beard hair exposed and uncovered while preparing food, and door hinges located above food serving areas were unclear. This had the potential to affect all 43 of 43 residents residing in the facility.</p> <p>Findings Include:</p> <p>The facility policy, titled Hair Restraint Policy, dated June 2021, states: Beards must be covered with a beard bag, and must be on before entering the kitchen or any area where the food is being prepared.</p> <p>On 11/26/24 at 11:23 AM, Surveyor observed food preparation for nursing home in the main kitchen. Surveyor observed Dietary Aide (DA) G who had facial hair on chin, sides of mouth, and mustache area that was not covered with a beard net. Hair was approximately 3/4 of an inch long. Surveyor observed DA H who was preparing food and had uncovered facial hair on upper chin and mustache area. DA I had noticeable hair on their chin and was also moving around the kitchen helping with lunch preparations without any beard covering. Surveyor interviewed DA G and DA H regarding their understanding of the facial hair policy. They were not sure, but they thought the hair length was ok, although they were not entirely sure what the policy stated.</p> <p>On 11/26/24 at 11:25 AM, Surveyor interviewed Dietary Manager (DM) K regarding their expectations regarding beard nets. DM K felt that a small amount of facial hair was okay. DM K also felt the definition of a beard is subject to some interpretation as well. DM K mentioned they agree that DA G did have longer facial hair than they would prefer, and they would relook at the rules regarding a beard net.</p> <p>On 11/27/24 at 6:45 AM, Surveyor observed kitchen preparation with DA J on the third floor serving area. Surveyor observed the mechanism that slowly opens and closes the door was covered with a significant amount of dust. Surveyor asked DA J if they noticed the unclear area that was directly above the serving area, and DA J said they did and had not noticed it before. DA J stated it is rare staff would look in that area, and DA J was not sure who was supposed to be cleaning that area.</p> <p>On 11/27/24 at 7:14 AM, Surveyor requested Nursing Home Administrator (NHA) A go to the second-floor food preparation area to look at the dust accumulation above that serving area as well. Surveyor observed dust on the door hinges above the food serving area on the second floor. Surveyor asked NHA A if they would expect the hinges to be cleaned regularly on the second and third floor. NHA A said it was expected the hinges should be cleaned regularly.</p> <p>On 11/27/24 at 10:14 AM, Surveyor interviewed DM K regarding their findings and facial hair policy. DM K said they plan to start having the employees with facial hair shave.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31086</p> <p>Based on observation, interview and record review, the facility did not maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment to help prevent the development and transmission of communicable disease and infection. This had the potential to affect all 12 residents (R) residing on unit.</p> <p>R8 is on enhanced barrier precautions (EBP) and staff did not apply personal protective gown when emptying R8's urine catheter bag.</p> <p>This is evidenced by:</p> <p>Facility's policy titled Enhanced Barrier Precautions Policy and Procedure with the modified date of April 2024, document in part: .Policy: 1. EBP (targeted gowns and gloves) are used in conjunction with standard precautions and will be implemented during high contact resident care activities for residents who: .b. when caring for residents with wounds or indwelling medical devices even if the resident is not known to be colonized or infected with a MDRO (multidrug-resistant organisms) .Procedures: 4. When performing high-contact resident care activities staff should: a. Perform hand hygiene b. [NAME] gloves and a gown .</p> <p>R8 was admitted to the facility on [DATE] and current diagnoses of hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant, congestive heart failure, pulmonary disease, type 2 diabetic neuropathy, dysphagia, neuromuscular dysfunction of bladder, polyneuropathy, chronic pain, traumatic subdural hemorrhage, and vascular dementia.</p> <p>Surveyor observed at the entrance of R8's room there is a sign on the cabinet door stating enhanced barrier precautions.</p> <p>On 11/26/24 at 1:28 PM, Surveyor observed Certified Nursing Assistant (CNA) F empty R8's catheter bag. CNA F washed hands appropriately and applied gloves. CNA F did not apply a gown. CNA F placed a paper towel barrier on the floor and placed graduate on the paper towel. CNA F removed the catheter bag from the dignity bag, wiped the port with an alcohol wipe and started to empty the urine into the graduate. Surveyor interrupted CNA F by asking if R8 was on enhanced barrier precautions. CNA F indicated yes R8 is on precautions and CNA F should have a gown on. CNA F removed gloves, washed hands appropriately and applied a gown and clean gloves. CNA F completed emptying of the catheter bag.</p> <p>On 11/27/24 at 2:36 p.m., Surveyor interviewed Nursing Home Administrator (NHA) A about EBP and reviewed Surveyor's observation with CNA F. NHA A indicated expectation is to have a gown on when providing care for a resident that is on EBP.</p>		