STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525232	A. Building B. Wing	11/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CCC of West Green Bay	1760 Shawano Ave Green Bay, WI 54303

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)
F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50467 Based on observation, staff and resident interview, and record review, the facility did not ensure 2 residents (R) (R2 and R3) of 2 residents with an indwelling catheter received the appropriate care and services to measure output and prevent urinary tract infections (UTIs). During an observation on 11/25/24, staff did not ensure R3's catheter tubing was held at the meatus during catheter care. In addition, staff did not empty and document catheter output per R3's care plan or in accordance with the facility's policy. Staff did not empty and document catheter output per R2's care plan or in accordance with the facility's policy. Findings include: The facility's undated Foley Catheter Care policy indicates: Maintain an accurate record of the resident's daily output, if indicated. Urinary drainage bags should be emptied at least once every shift. The facility's Urinary Catheter Care policy, revised 5/2024, indicates: .12. Catheter drainage bags will be emptied one time on each shift or as needed using a separate collection container for each resident's drainage bag. 1. On 11/25/24, Surveyor reviewed R3's medical record. R3 was admitted to the facility on [DATE] and had diagnoses including type 2 diabetes with diabetic chronic kidney disease, retention of urine, obstructive and reflux uropathy, and urinary tract infection (UTI). R3's Minimum Data Set (MDS) assessment, dated 9/29/24, had a Brief Interview for Mental status (BIMS) score of 15 out of 15 which indicated R3 was not cognitively impaired. R3's urinary catheter care plan contained an intervention to empty R3's Foley catheter and document output per facility policy. An Emergency Department's (ED) provider note, dated 10/18/24, indicated 2600 milliliters was drained from R3's Foley catheter bag. The note indicated the area was unclean and was cleaned appropriately by ED staff. (continued on next page)

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

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R3 filed a grievance on 10/21/24 related to emptying the catheter bag and having a stat lock on the tubing. Education and audits were completed. The grievance was resolved on 10/24/24. Education was also provided to staff on 10/31/24 related to documentation of all cares completed on each shift. A Hospitalist discharge summary, dated 11/12/24, indicated R3's Foley catheter was changed in the ED with a large volume of urine output. The catheter was plugged with clots and mucus. R3 was prescribed a ten-day course of antibiotics for a UTI. On 11/25/24 at 8:19 AM, Surveyor observed R3 asleep in R3's room. Surveyor noted R3's catheter bag was approximately half-full of yellow urine. On 11/25/24 at 11:06 AM, Surveyor observed Certified Nursing Assistant (CNA)-I and CNA-J perform catheter care for R3. During catheter care, CNA-I did not ensure R3's catheter tubing was held at the meatus prior to cleaning the tubing in a downward motion. On 11/25/24, Surveyor reviewed R3's fluid output record from 11/1/24 to 11/25/24. The documentation confirmed staff did not empty R3's catheter bag and measure urine output per R3's care plan and the facility's policy. The documentation indicated staff did not properly document urine output for R3 on 21 out of 25 days. 2. On 11/25/24, Surveyor reviewed R2's medical record. R2 was admitted to the facility on [DATE] and had diagnoses including neuromuscular dysfunction of bladder, cystostomy, flaccid neuropathic bladder, type 2 diabetes mellitus, and toxic megacolon. R2's MDS assessment, dated 11/1/24, had a BIMS score of 15 out of 15 which indicated R2 was not cognitively impaired. R2's suprapubic urinary catheter care plan contained an intervention to empty R2's catheter and document output per facility policy. On 11/25/24 at 8:24 AM, Surveyor interviewed R2 who indicated staff empty R2's catheter bag once a day usually on the night shift. On 11/25/24, Surveyor reviewed R2's fluid output record from 11/1/24 to 11/25/24. The documentation confirmed staff did not empty R2's catheter bag and measure urine output per R2's care plan and the facility's policy. The documentation indicated staff did not properly document urine output for R2 on 15 out of 24 days. On 11/25/24 at 12:07 PM, Surveyor interviewed CNA-I who confirmed catheter bags should be emptied every shift and the output should be documented every shift. On 11/25/24 at 12:11 PM, Surveyor interviewed Regional Nurse Consultant (RNC)-H who indicated staff should document urinary output every shift. RNC-H stated the facility had identified concerns related to documentation and catheter care and had done in-services (as noted above).

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. 38793 Based on staff interview and record review, the facility did not maintain an infection prevention and control program designed to prevent the development and spread of communicable disease and infection. The facility did not ensure 3 housekeeping staff were provided appropriate education and personal protective equipment (PPE) prior to and during a COVID-19 outbreak. This practice had the potential to affect all 45 residents residing in the facility. The facility had a COVID-19 outbreak that began on 9/14/24. Housekeeper (HK)-D started employment on 7/9/24 and was not fit-tested for an N95 mask until 9/25/24. HK-E started employment on 7/16/24 and was not fit-tested for an N95 mask until 9/25/24. In addition, HK-E and HK-C did not receive education on the facility's COVID-19 procedures until after the outbreak began. Findings include: The facility's COVID-19 for Residents and Staff policy, revised 6/1/24, indicates employees who have not been appropriately fit-tested for use with N95 filters shall consult with management prior to entering the room of a COVID positive resident or engaging in contact with the resident. When the facility is experiencing an outbreak, it is recommended that residents wear a well-fitted mask in common areas. If the facility is experiencing an outbreak of COVID .the facility should consider requiring an N95 and eye protection .on the affected unit. On 11/25/24, Surveyor reviewed the facility's COVID-19 outbreak documentation. The facility's outbreak began on 9/14/24 with HK-D and affected three staff, one resident on the South wing, and four residents on the North wing. The outbreak ended on 10/4/24. On 11/25/24, Surveyor reviewed infection control training, including PPE and COVID-19 outbreak procedures for housekeeping staff. The facility did not provide evidence of any infection control training (including COVID-19 procedures) that occurred prior to the facility's outbreak. Regional Nurse Consultant (RNC)-H provided documented in-service education regarding COVID-19 procedures, however, there was no date on the education. The signature sheets included HK-D and HK-E. On 11/25/24, Surveyor reviewed N95 fit-test documentation for housekeeping staff and noted HK-D and HK-E were fit-tested for N95 masks on 9/25/24 (11 days after the outbreak began). On 11/25/24, Surveyor reviewed housekeeping schedules for September and October (2024) and noted the following: ~ HK-D worked as the facility's only housekeeper on 9/21/24 and 9/22/24, and was the housekeeper for the South wing on 9/23/24 (a total of 3 shifts during the outbreak without a fit-tested N95 mask). ~ HK-E worked as the housekeeper for the North wing on 9/15/24, 9/16/24, 9/18/24, 9/19/24, 9/20/24, 9/23/24, and 9/24/24 (a total of 7 shifts during the outbreak without a fit-tested N95 mask). (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 11/25/24 at 8:25 AM, Surveyor interviewed HK-D regarding infection control training, N95 fit-testing, and job duties during the COVID-19 outbreak. HK-D verified HK-D did not receive COVID-19 training prior to the outbreak. HK-D tested positive for COVID-19 on 9/14/24 and was off work until 9/21/24. HK-D verified HK-D worked on the North and South wings during the outbreak and did not wear a fit-tested N95 mask when HK-D cleaned rooms of residents who were COVID-19 positive. HK-D stated HK-D was not aware of which PPE to wear in COVID-19 positive rooms until after HK-D returned to work and was fit-tested for an N95 mask on 9/25/24. HK-D resigned from the facility on 9/25/24. On 11/25/24 at 10:04 AM, Surveyor interviewed Human Resources (HR)-F regarding education provided to housekeeping staff. HR-F verified HK-D and HK-E did not have any infection control education documented in the facility's electronic training system. HR-F stated new staff typically have orientation training in the system (including basic infection control practices and PPE) that should be completed within 30 days of hire. On 11/25/24 at 1:14 PM, Surveyor interviewed Housekeeping Supervisor (HKS)-G who verified HK-D and HK-E cleaned COVID-19 positive rooms on their scheduled days during the outbreak. HKS-G stated it was the facility's procedure to clean all non-isolation rooms first and then clean COVID-19 positive rooms while wearing the appropriate PPE (gown, gloves, N95 mask, and eye protection). HKS-G could not recall if education was provided to HK-D or HK-E prior to the COVID-19 outbreak.