STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525304	A. Building B. Wing	03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
North Shore Healthcare at Marshfield	814 W 14th St Marshfield, WI 54449

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50467 Based on staff interview and record review, the facility did not provide the necessary care and services to maintain the highest practicable physical well-being for 1 resident (R) (R42) of 24 sampled residents. R42 had an order for daily weights and to notify the physician if R42's weight increased more then 3 pounds in a day or 5 pounds in a week. R42 was not weighed on 3 occasions between 3/1/25 and 3/22/25. In addition, the physician was not notified on 3 occasions when R42's weight was outside the ordered parameters. Findings include: From 3/24/25 to 3/26/25, Surveyor reviewed R42's medical record. R42 was admitted to the facility on [DATE] and had diagnoses including chronic obstructive pulmonary disease (COPD), morbid obesity, atherosclerotic heart disease, atrial fibrillation, and acute on chronic diastolic heart failure. R42's Minimum Data Set (MDS) assessment, dated 1/2/25, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R42 was not cognitively impaired. R42's medical record indicated R42 was on a fluid restriction and diuretic medication. R42 had an order for daily weights and to update the physician if R42's weight changed 3 pounds overnight or more then 5 pounds in one week. R42's cardiovascular status related to heart failure and atrial fibrillation care plan contained interventions for daily weights and to call the physician if R42's weight changed 3 pounds in 1 day or more than 5 pounds in 1 week (initiated 6/29/24). R42's weight documentation, medication administration record (MAR), and nursing notes for 3/1/25 to 3/25/25 indicated the following: ~ On 3/5/25, R42 had a gain of 3.5 pounds. The heart failure clinic (HFC) was updated and R42 was seen virtually. ~ On 3/8/25, R42 had a gain of 3.6 pounds. There was no documentation that the physician was notified. ~ On 3/10/25, R42's weight was not obtained. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525304	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2025
NAME OF PROVIDER OR SUPPLIER North Shore Healthcare at Marshfield		STREET ADDRESS, CITY, STATE, ZIP CODE 814 W 14th St Marshfield, WI 54449	

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	~ On 3/12/25, R42 had a gain of 3 pounds. There was no documentation that the physician was notified. ~ On 3/14/25, R42's weight was not obtained. ~ On 3/15/25, R42 had a gain of 4 pounds. There no documentation that the physician was notified. ~ On 3/16/25, R42 had a gain of 9 pounds. Staff faxed the HFC. There was no documentation of a reply. ~ On 3/17/25, staff documented R42's weight increase and the HFC was notified via fax and phone. ~ On 3/17/25, wound care orders were received for R42's right lower extremity. ~ On 3/17/25, the HFC increased R42's diuretic via a faxed order that was noted on 3/18/25 at 9:06 AM and started on 3/18/25 at 12:00 PM. Staff were to follow-up with the HFC on 3/21/25. ~ On 3/18/25, R42 was sent to the Emergency Department (ED) for leg pain and returned with a diagnosis of left thigh and groin pain. ~ On 3/19/25, R42 was seen by the HFC and was sent to the ED. R42 was diagnosed with cellulitis of the right lower extremity and prescribed antibiotics. ~ On 3/21/25, R42 had a gain of 7.1 pounds. R42's MAR indicated a congestive heart failure (CHF) assessment was obtained and there was follow-up with the HFC. There was no documentation of the CHF assessment or what information was sent to the HFC. ~ On 3/22/25, R42's weight was not obtained. On 3/25/25 at 1:58 PM, Surveyor interviewed Assistant Director of Nursing (ADON)-F who confirmed R42's weight was managed by the HFC and R42 was supposed to be weighted daily. ADON-F verified the physician should be notified if R42's weight was not within the ordered parameters and confirmed the above timeline was correct.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525304	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2025
NAME OF PROVIDER OR SUPPLIER North Shore Healthcare at Marshfield		STREET ADDRESS, CITY, STATE, ZIP CODE 814 W 14th St Marshfield, WI 54449	

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49010 Based on observation, staff and resident interview, and record review, the facility did not ensure smoking interventions were followed for 2 residents (R) (R36 and R45) of 3 sampled residents. R36's smoking assessment and care plan indicated R36's smoking materials should be stored at the nurses' station. The smoking assessment and care plan were not consistently followed. R45's care plan contained interventions to sign out when R45 went outside to smoke and to return smoking materials to the nurses' station. The interventions were not consistently followed. Findings include: The facility's Smoking Policy, revised 9/10/24, indicates: .5. Residents who smoke or use nicotine or e-cigarettes will be further assessed, using the Nicotine Assessment UDA, to determine whether supervision is required for smoking, or if the resident is safe to smoke at all .9. All safe smoking measures will be documented on each resident's care plan and communicated to all staff, visitors, and volunteers who will be responsible for supervising residents while smoking. Supervision will be provided as indicated on each resident's care plan .12. Smoking materials of residents requiring supervision with smoking will be maintained by nursing staff. Residents not requiring supervision will be offered the opportunity to have their smoking materials maintained by nursing staff. If they decline, residents shall maintain their materials in a secure fashion. Residents not requiring supervision who fail to maintain security of their smoking materials will require interventions, up to and including the requirement that the resident's smoking materials must be maintained by nursing staff .14. Documentation to support decision making will be included in the medical record . 1. From 3/24/25 to 3/26/25, Surveyor reviewed R36's medical record. R36 was admitted to the facility on [DATE] and had diagnoses including alcohol dependence with alcohol induced persisting amnesic disorder, nicotine dependence-cigarettes, emphysema, and depression. R36's Minimum Data Set (MDS) assessment, dated 1/6/25, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R36 had intact cognition. R36 was responsible for R36's medical decisions. R36's plan of care (dated 1/23/25) contained interventions to sign out when going outside to smoke (initiated 3/16/25) and smoking materials to be left at the nurses' station (initiated 7/21/24). On 3/24/25 at 1:57 PM, Surveyor interviewed R36 who indicated R36 had smoked after lunch. Surveyor noted R36 had cigarettes and a lighter in R36's room. R36 indicated R36 picks up cigarettes and a lighter from the nurses' station in the morning when R36 gets up and turns them in in the evening before R36 goes to bed. A Nicotine Assessment, completed on 3/16/25 by the Director of Nursing (DON) indicated: .Storage of smoking materials - resident agrees to allow staff to maintain control of materials. On 3/25/25 at 12:39 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A who indicated staff and residents should follow the smoking policy. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525304	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2025
NAME OF PROVIDER OR SUPPLIER: North Shore Healthcare at Marshfield		STREET ADDRESS, CITY, STATE, ZIP CODE: 814 W 14th St Marshfield, WI 54449	

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 3/25/25 at 12:46 PM, Surveyor interviewed DON-B who indicated staff and residents are supposed to follow the smoking policy. DON-B indicated staff should keep R36's smoking materials which should not to be kept on R36's person. DON-B indicated R36 should sign out before smoking and staff should provide R36's smoking materials. DON-B indicated R36 should sign back in and give R36's smoking materials to staff when R36 is finished smoking. Surveyor and DON-B observed a sign in/sign out sheet at the nurses' station. R36 signed out and in on 2/24/25 and signed out on 3/24/25 but did not sign back in. There were no other entries. DON-B indicated R36 smoked multiple times per day and should sign in and out each time. On 3/25/25 at 12:55 PM, Surveyor observed R36 enter the facility after smoking and go to R36's room. R36 did not sign in or turn in R36's smoking materials. Surveyor observed staff in the vicinity and at the nurses' station. Surveyor noted staff did not ask for R36's smoking materials or ask R36 to sign in. On 3/25/25 at 1:00 PM, Surveyor interviewed DON-B and asked to see R36's smoking materials. DON-B could not provide the smoking materials because R36 had them. DON-B did not retrieve the smoking materials from R36 or ask staff to retrieve them. On 3/26/25 at 8:14 AM, Surveyor observed R36 in R36's room and noted two packs of cigarettes on the table. R36 confirmed R36 also had a lighter. On 3/26/25 at 8:16 AM, Surveyor interviewed Assistant Director of Nursing (ADON)-F who indicated R36's smoking materials should be kept at the nurses' station. ADON-F was unable to find R36's smoking materials at the nurses' station and did not retrieve the smoking materials from R36. 50467 2. From 3/24/25 to 3/26/25, Surveyor reviewed R45's medical record. R45 was admitted to the facility on [DATE] and had diagnoses including osteoporosis, type 2 diabetes, long term insulin use, and gastric ulcer. R45's MDS assessment, dated 2/10/25, had a BIMS score of 15 out of 15 which indicated R45 had intact cognition. R45's care plan (dated 3/16/25) indicated R45's smoking materials should be left at the nurses' station and R45 should sign out when R45 goes outside to smoke. On 3/24/25 at 11:18 AM, Surveyor interviewed R45 who confirmed R45 smokes daily and is an independent smoker. R45 indicated R45 keeps R45's smoking materials. On 3/25/25, Surveyor reviewed R45's sign in/sign out log for 11/28/24 to 3/20/25. The log indicated R45 signed out on 14 occasions and signed back in on 6 occasions. On 3/25/25 at 12:39 PM, Surveyor interviewed NHA-A who confirmed staff and residents should follow the smoking policy. On 3/25/25 at 12:46 PM, Surveyor interviewed DON-B who indicated staff and residents should follow the smoking policy. DON-B confirmed R45 should sign in and out on the log and store R45's smoking materials with staff.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525304	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2025
NAME OF PROVIDER OR SUPPLIER North Shore Healthcare at Marshfield		STREET ADDRESS, CITY, STATE, ZIP CODE 814 W 14th St Marshfield, WI 54449	

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** 49563 Based on observation, staff interview, and record review, the facility did not provide appropriate catheter care and services for 1 resident (R) (R15) of 3 sampled residents. R15 had a history of urinary tract infections (UTIs) and was diagnosed with a UTI on 3/11/25. On 3/25/25, R15's Foley catheter drainage bag and catheter tubing were observed on the floor. Findings include: The facility's Catheter Care policy and procedure, dated 3/15/23, does not address the positioning/placement of catheter tubing or drainage bags. On 3/26/25, Surveyor reviewed R15's medical record. R15 was admitted to the facility on [DATE] and had diagnoses including multiple sclerosis, morbid obesity, and urinary tract infection. R15's Minimum Data Set (MDS) assessment, dated 2/18/25, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R15 had intact cognition. R15 was responsible for R15's healthcare decisions. R15's medical record indicated R15 had a history of UTIs. R15 was diagnosed with a UTI on 3/11/25 and treated with antibiotics. On 3/25/25 at 12:29 PM, Surveyor observed R15 in a wheelchair. R15's catheter drainage bag was in a pillowcase and attached to the underside of the wheelchair. The pillow case and catheter tubing were dragging on the floor. On 3/25/25 at 12:30 PM, Surveyor interviewed Certified Nursing Assistant (CNA)-E who verified the pillow case and catheter tubing were dragging on the floor and adjusted the tubing. The pillow case remained on the floor but served as a barrier between the floor and the bag. On 3/26/25 at 9:15 AM, Surveyor interviewed Registered Nurse (RN)-D who indicated catheter bags and tubing should not touch the floor. On 3/26/25 at 11:33 AM, Surveyor interviewed Director of Nursing (DON)-B who indicated catheter bags and tubing should not drag on the floor.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525304	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2025
NAME OF PROVIDER OR SUPPLIER North Shore Healthcare at Marshfield		STREET ADDRESS, CITY, STATE, ZIP CODE 814 W 14th St Marshfield, WI 54449	

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 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49563 Based on staff interview and record review, the facility did not ensure enteral feedings were provided as ordered for 1 resident (R) (R34) of 1 sampled resident. R34 was not administered supplemental feedings via enteral tube as ordered. Findings include: The facility's Enteral Tubes policy, dated 1/2025, indicates: The nursing care center assures the safe and effective administration of enteral formulas and medication. Selection of enteral formulas, routes, and methods of administration, and the decision to administer medications via enteral tubes are based on nursing assessment of the resident's condition in consultation with the physician, dietitian, and pharmacist. From 3/25/25 to 3/26/25, Surveyor reviewed R34's medical record. R34 was admitted to the facility on [DATE] and had diagnoses including malignant neoplasm of brain, aphasia, and hemiplegia. R34's Minimum Data Set (MDS) assessment, dated 3/4/25, had a Brief Interview for Mental Status (BIMS) score of 0 out of 15 which indicated R34 had severe cognitive impairment. R34 had an activated Power of Attorney for Healthcare (POAHC). R34 had an order for supplemental tube feedings based on percentage of meals eaten. The physician order, dated 7/24/24, indicated three times a day enteral nutrition via gravity or bolus: Jevity 1.5 hold feeding if meal intake is 51% or greater, provide 0.5 carton (119 milliliters (ml)) if meal intake is 26-50%, provide 1 carton (237 ml) if meal intake is 0-25%. Surveyor reviewed Certified Nursing Assistant (CNA) Nutrition Amount Eaten task documentation and R34's medication administration record (MAR) for March 2025 and noted the following: ~ On 3/6/25, R34 ate 26-50% for lunch and should have received 119 ml of enteral supplement. No enteral supplement was provided. ~ On 3/14/25, R34 ate 26-50% for dinner and should have received 119 ml of enteral supplement. No enteral supplement was provided. ~ On 3/21/25, R34 ate 26-50% for dinner and should have received 119 ml of enteral supplement. No enteral supplement was provided. ~On 3/22/25, R34 ate 26-50% for dinner and should have received 119 ml of enteral supplement. No enteral supplement was provided. ~ On 3/23/25, R34 ate 26-50% for lunch and should have received 119 ml of enteral supplement. No enteral supplement was provided. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525304	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2025
NAME OF PROVIDER OR SUPPLIER North Shore Healthcare at Marshfield		STREET ADDRESS, CITY, STATE, ZIP CODE 814 W 14th St Marshfield, WI 54449	

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 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	~ On 3/24/25, R34 ate 26-50% for breakfast and should have received 119 ml of enteral supplement. No enteral supplement was provided. On 3/26/25 at 7:46 AM, Surveyor interviewed CNA-C who indicated CNAs assist R34 with eating, document how much R34 eats, and notify the nurse who determines if R34 requires an enteral supplement. On 3/26/25 at 9:09 AM, Surveyor interviewed Registered Nurse (RN)-D who indicated enteral feedings are based on how much R34 eats per meal. RN-D indicated CNAs notify nurses of the amount R34 eats at each meal. RN-D indicated nurses determine if supplemental feeding is required and provide a tube feeding as a gravity bolus after the meal. RN-D indicated nurses document in the MAR if a supplemental feeding is provided. On 3/26/25 at 11:23 AM, Surveyor interviewed Director of Nursing (DON)-B who indicated CNAs should inform nurses of the amount R34 eats and nurses should administer the correct amount of feeding. DON-B verified inaccurate supplemental feedings were provided for the above listed dates.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525304	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
North Shore Healthcare at Marshfield	814 W 14th St Marshfield, WI 54449

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49010 Based on observation, staff and resident interview, and record review, the facility did not ensure the accurate and safe administration of medication for 2 residents (R) (R38 and R156) of 24 sampled residents. On 3/24/25, Surveyor observed medication at R38's bedside. R38 did not have a physician's order for the medication. In addition, R38 did not have a physician's order to self-administer medication and was assessed as not able to self-administer medication. On 3/24/25, Surveyor observed three medications at R156's bedside. R156 did not have a physician's order for one of the medications. In addition, R156 did not have a physician's order to self-administer medication and was assessed as not able to self-administer medication. Findings include: The facility's Medication Administration General Guidelines policy dated 1/2025, indicate: .3. Prior to administration, review and confirm medication orders for each individual resident on the Medication Administration Record .Medications are administered in accordance with written orders of the prescriber. The facility's Self-Administration by Resident policy, dated 1/2023, indicates: Residents who desire to self-administer medications are permitted to do so with a prescriber's order and if the nursing care center's interdisciplinary team (IDT) has determined that the practice would be safe and the medications are appropriate and safe for self-administration .1. If the resident desires to self-administer medication, an assessment is conducted by the IDT of the resident's cognitive, physical, and visual ability to carry out this responsibility during the care planning process. 2. The IDT determines the resident's ability to self-administer medication by means of a skill assessment conducted as part of the care plan process .3. The results of the IDT assessment are recorded on the Medication Self-Administration Assessment which is placed in the resident's medical record. 4. If the resident demonstrates the ability to safely self-administer medication, a further assessment of the safety of bedside medication storage is completed . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525304	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2025
NAME OF PROVIDER OR SUPPLIER: North Shore Healthcare at Marshfield		STREET ADDRESS, CITY, STATE, ZIP CODE: 814 W 14th St Marshfield, WI 54449	

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The facility's Bedside Medication Storage policy, dated 1/2024, indicates: Bedside medication storage is permitted for residents who are able to self-administer medication upon the written order of the prescriber and when it is deemed appropriate in the judgment of the nursing care center's interdisciplinary resident assessment team .2. A written order for the bedside storage of medication is present in the resident's medical record. 3. Bedside storage of medication is indicated on the resident's medication administration record (MAR) for the appropriate medications .4. Bedside medication storage is permitted only when it does not present a risk to confused residents who wander into rooms of, or room with, residents who self-administer. The following conditions are met for bedside storage to occur: a. The manner of storage prevents access by other residents. Lockable drawers or cabinets are required .5. All nurses or nursing aides are required to report to the charge nurse on duty any medication found at the bedside not authorized for bedside storage and to give unauthorized medication to the charge nurse .7. The nurse will oversee storage security and accountability of bedside medication . 1. From 3/24/25 to 3/26/25, Surveyor reviewed R38's medical record. R38 was admitted to the facility on [DATE] and had diagnoses including chronic kidney disease, hypothyroidism, cellulitis, lymphedema, and dermatitis. R38's Minimum Data Set (MDS) assessment, dated 2/5/25, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R38 had intact cognition. On 3/24/25 at 11:27 AM, Surveyor interviewed R38 and observed a bottle of Deep Sea Saline Solution on R38's bedside table. R38 indicated Registered Nurse (RN)-G gave R38 the Deep Sea Saline Solution a couple of weeks ago for R38's dry nasal areas. R38 indicated R38 took the medication independently and it helped. R38's medical record did not contain a physician's order for Deep Sea Saline Solution or an order to self-administer Deep Sea Saline Solution. A Medication Self-Administration Assessment, dated 1/30/25, indicated R38 could not self-administer medication. R38 did not have a care plan for self-administration of medication or bedside medication storage. On 3/25/25 at 11:50 AM, Surveyor noted the bottle of Deep Sea Saline Solution was still on R38's bedside table. On 3/25/25 at 3:19 PM, Surveyor interviewed RN-G who confirmed RN-G gave R38 the Deep Sea Saline Solution for dry nasal passages a week or two prior. RN-G indicated RN-G should have made sure R38 had an order before providing the medication. RN-G indicated all medications should have a physician's order before they are administered. RN-G also indicated residents should be assessed as able to self-administer medication and have a self-administration of medication order. RN-G thought RN-G attempted to get an order but was unable to provide proof. RN-G was unaware R38's Medication Self-Administration Assessment indicated R38 was not able to self-administer medication. RN-G indicated RN-G obtained an order for the Deep Sea Saline Solution on 3/24/25 after Surveyor had asked about it. On 3/25/25, Surveyor noted R38's medical record contained an order for Saline Spray Nasal Solution. The order, created by RN-G, had a start date of 3/24/25 at 2:00 PM. R38's medical record also contained a Medication Self Administration Assessment, dated 3/24/25 at 1:36 PM, that indicated R38 was able to make R38's own decisions and could self-administer medication. The assessment was created and signed by RN-G. Surveyor did not note an order for self-administration from the physician. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525304	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2025
NAME OF PROVIDER OR SUPPLIER: North Shore Healthcare at Marshfield		STREET ADDRESS, CITY, STATE, ZIP CODE: 814 W 14th St Marshfield, WI 54449	

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 3/25/25 at 3:55 PM, Surveyor interviewed Director of Nursing (DON)-B who indicated residents must have orders for all medications. DON-B indicated R38 should have had an order for the Deep Sea Saline Solution and a self-medication assessment that determined R38 was capable to self-administer medication. DON-B also indicated R38 should have had a physician's order to self-administer the Deep Sea Saline Solution and an order for bedside medication storage. DON-B indicated the orders should have been initiated before R38 was given the medication. 2. From 3/24/25 to 3/26/25, Surveyor reviewed R156's medical record. R156 was admitted to the facility on [DATE] and had diagnoses including chronic obstructive pulmonary disease with acute exacerbation, respiratory failure with hypoxia, heart disease with heart failure, and anxiety. R156's MDS assessment, dated 3/21/25, had a BIMS score of 15 out of 15 which indicated R156 had intact cognition. On 3/24/25 at 11:08 AM, Surveyor interviewed R156 and observed medications on a bedside table and on the floor near R156's bed. Surveyor observed 2 bottles of Remedy antifungal powder and a tube of Voltaren diclofenac 1% gel on R156's bedside table. Surveyor observed a container of Incruse Ellipta - umeclidinium inhalation powder on the floor near R156's bed. R156 indicated R156 self-administered the Ellipta inhalation powder. R156 indicated staff applied Voltaren cream to R156's tailbone and Remedy antifungal powder in R156's skin folds. R156 indicated the medications were regularly kept on R156's bedside table. R156's medical record did not contain a physician's order for Remedy antifungal powder. R156 had physician orders for Incruse Ellipta and Voltaren gel. R156's medical record did not contain a self-administration of medication order for Incruse Ellipta or an order to keep medication at the bedside. A Medication Self Administration Assessment, dated 3/17/25, indicated R156 was not able to make R156's own decisions and could not self-administer medication. R156 did not have a care plan for self-administration of medication or bedside medication storage. On 3/25/25 at 3:55 PM, Surveyor interviewed DON-B who indicated residents should have orders for all medications. DON-B indicated residents should have a self-administration of medication assessment to determine if they are capable of self-administering medication. DON-B indicated residents who wish to self-administer medication should have a physician's order to self-administer medication. On 3/26/25 at 8:10 AM, Surveyor noted R156 still had 2 bottles of Remedy antifungal powder in R156's room. The Incruse Ellipta and Voltaren gel were not observed. On 3/26/25, Surveyor reviewed R156's MAR and noted there were no orders for Remedy antifungal powder or to self-administer medication. On 3/26/25 at 11:00 AM, Surveyor interviewed RN-H who indicated all medications should have an order. RN-H confirmed any medication left at the bedside should have a bedside medication order. RN-H confirmed all residents who self-administer medication should be assessed as able to do so via a self-medication assessment. On 3/26/25 at 11:08 AM, Surveyor interviewed DON-B who indicated R156's self-administration of medication assessment was incorrect because R156 was alert and oriented. DON-B indicated staff were educated on the protocol but were not following the facility's policy. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525304	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2025
NAME OF PROVIDER OR SUPPLIER North Shore Healthcare at Marshfield		STREET ADDRESS, CITY, STATE, ZIP CODE 814 W 14th St Marshfield, WI 54449	

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 3/26/25 at 11:20 AM, Surveyor interviewed Nursing Home Administrator (NHA)-A who indicated nursing staff are aware of and should follow the facility's medication administration and storage policies.