

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525316	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/12/2024
NAME OF PROVIDER OR SUPPLIER  Manawa Com Nur Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  400 East 4th St Manawa, WI 54949	

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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>44862</p> <p>Based on record review and staff interview, the facility did not ensure a Registered Nurse (RN) worked for at least eight consecutive hours per day seven days per week on multiple dates in November 2023, December 2023, and January 2024. This had the potential to affect all residents who resided in the facility on those dates.</p> <p>The facility did not have an RN on duty for at least eight consecutive hours on 9 days from 11/4/23 through 1/7/24.</p> <p>Findings include:</p> <p>From 3/10/24 to 3/12/24, Surveyor reviewed the facility's nurse staffing schedules from October 2023 through January 2024.</p> <p>The schedules indicated the facility did not have RN coverage for at least 8 consecutive hours in a 24-hour period on the following dates:</p> <p>November 2023:</p> <p>~11/4/23</p> <p>~11/11/23</p> <p>~11/12/23</p> <p>~11/25/23</p> <p>December 2023:</p> <p>~12/9/23</p> <p>~12/10/23</p> <p>~12/16/23</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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>~12/24/23</p> <p>January 2024:</p> <p>1/7/24</p> <p>On 3/11/24 at 10:39 AM, Surveyor interviewed Business Office Manager (BOM)-I who verified the facility did not have RN staffing every other weekend for several months. BOM-I stated BOM-I was aware of the requirement for an RN on duty for 8 consecutive hours within a 24-hour period. BOM-I stated Director of Nurses (DON)-B lived twenty minutes from the facility and was on-call on those dates to assist with any concerns.</p> <p>On 3/11/24 at 2:03 PM, Surveyor interviewed DON-B who indicated DON-B was aware of the regulatory requirement to have an RN on duty for 8 consecutive hours within a 24-hour period. DON-B stated DON-B was on-call for the days with no RN coverage.</p>

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>45943</p> <p>Based on staff interview and record review, the facility did not ensure high-risk medications were monitored for 3 Residents (R) (R2, R7, and R14) of 5 residents reviewed for unnecessary medications.</p> <p>The facility failed to monitor R2, R7, and R14 for potential side effects or adverse reactions of opioid medication.</p> <p>Findings include:</p> <p>The facility's Pain policy indicates the purpose is for recognition and management of pain, to help a resident attain or maintain his or her highest practicable level of well-being, and to prevent or manage pain. Adverse consequence is defined as an unpleasant symptom or event that is due to or associated with a medication, such as impairment or decline in a resident's mental or physical condition or functional or psychosocial status.</p> <p>Drugs.com medically reviewed and updated February 28, 2024 indicates: Morphine is used to treat moderate to severe pain when alternative pain relief medicines are not effective or not tolerated. Morphine is an opioid pain-relieving medication that usually provides significant pain relief for short-term or chronic pain. Common morphine side effects include: drowsiness, dizziness, tiredness, anxiety, nausea, vomiting, stomach pain, gas, constipation, sweating, low oxygen levels, feelings of light-headedness, or feelings of extreme happiness or sadness. Serious morphine side effects include: allergic reaction, respiratory depression, agitation, hallucinations, fever, sweating, muscle stiffness, twitching, or loss of coordination.</p> <p>Drugs.com medically reviewed and updated February 29, 2024, indicates: Fentanyl is a prescription opioid used to treat moderate to severe pain. Common fentanyl side effects include: headache, dizziness, drowsiness, pale skin, feeling weak or tired, constipation, nausea, vomiting, stomach pain, insomnia, swelling in hands or feet, increased sweating, or cold feeling; for patches: itching, redness, or rash where a patch is worn. Serious fentanyl side effects include: allergic reaction, slow breathing, death, agitation, hallucinations, fever, sweating, shivering, fast heart rate, muscle stiffness, twitching, or loss of coordination.</p> <p>1. On 3/11/24, Surveyor reviewed R2's medical record and noted an order, dated 2/25/23, for fentanyl patch 72 hour 25 mcg/hr (microgram/hours) apply 1 patch transdermally every 72 hours for pain control. R2's care plan and physician orders did not contain monitoring interventions for potential side effects or adverse reactions related to fentanyl.</p> <p>On 3/12/24 at 1:29 PM, Surveyor interviewed Director of Nursing (DON)-B who verified R2's physician orders and plan of care did not contain monitoring interventions for side effects or adverse reactions related to fentanyl. DON-B indicted monitoring was an expectation.</p> <p>2. On 3/10/24, Surveyor reviewed R7's medical record and noted an order for morphine sulfate oral tablet 15 mg (milligrams) give 1 tablet by mouth every 6 hours as needed for pain. R7's care plan and physician orders did not contain monitoring interventions for potential side effects or adverse reactions related to morphine.</p> <p>(continued on next page)</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/12/24 at 1:33 PM, Surveyor interviewed DON-B who verified R7's physician orders and plan of care did not contain monitoring interventions for side effects or adverse reactions related to morphine. DON-B indicated monitoring was an expectation.</p> <p>3. On 3/12/24, Surveyor reviewed R14's medical record and noted an order for morphine sulfate (concentrate) oral solution 100 mg/5 ml (milliliters) give 0.25 ml by mouth every 1 hour as needed for pain or shortness of breath. R14's care plan and physician orders did not contain monitoring interventions for potential side effects or adverse reactions related to morphine.</p> <p>On 3/12/24 at 1:38 PM, Surveyor interviewed DON-B who verified R14's physician orders and plan of care did not contain monitoring interventions for side effects or adverse reactions related to morphine. DON-B indicated monitoring was an expectation.</p>		

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<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>44862</p> <p>Based on staff interview and record review, the facility did not designate a person to serve as the director of food and nutrition services who was a certified dietary manager, a certified food service manager, had a national certification for food service management and safety from a national certifying body, or who had an associate's or higher level degree in food service management or hospitality. This had the potential to affect all 23 residents residing in the facility.</p> <p>Dietary Manager (DM)-H did not complete an approved dietary manager or food service manager certification course or other related education.</p> <p>Findings include:</p> <p>The facility provided a staff roster that indicated DM-H was hired on 9/20/23.</p> <p>On 3/11/24 at 11:33 AM, Surveyor interviewed DM-H who stated DM-H started in kitchen service as a dietary aide. DM-H stated that although DM-H held the title of Dietary Manager, DM-H functioned as more of a glorified cook. DM-H stated DM-H oversaw food ordering, cooking, and instruction for kitchen staff. DM-H verified DM-H did not receive training aside from the ServSafe program which is not an accredited food service program. DM-H stated Registered Dietitian (RD)-J came to the facility on ce per month and indicated the last time RD-J was in the facility, collaboration in the kitchen did not go well.</p> <p>On 3/12/24 at 10:02 AM, Surveyor interviewed RD-J who stated RD-J was at the facility once per month and was available by email when not in the facility. RD-J stated RD-J worked with DM-H as much as allowed on kitchen processes; however, RD-J felt RD-J's feedback and collaboration were not well received.</p> <p>On 3/12/24 at 10:35 AM, Surveyor interviewed Business Office Manager (BOM)-I who indicated to BOM-I's knowledge, ServSafe was an approved course and BOM-I would look at how to implement a higher level of education and understanding for all kitchen staff.</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>44862</p> <p>Based on observation, staff interview, and record review, the facility did not ensure food was prepared and served under sanitary conditions. This practice had the potential to affect all 23 residents residing in the facility.</p> <p>The facility did not have an internal surface temperature monitoring device used to routinely monitor and ensure the warewashing machine (dishwasher) was functioning correctly.</p> <p>Dietary Manager (DM)-H did not ensure the dishwasher consistently reached the required minimum temperatures for the wash and rinse cycles.</p> <p>Findings include:</p> <p>On 3/11/24 at 12:39 PM, DM-H stated DM-H was unsure what food code the facility followed.</p> <p>On 3/12/24 at 10:35 AM, Business Office Manager (BOM)-I stated the facility used ServSafe, which is based on the Food and Drug Administration (FDA) Food Code, as its standard of practice.</p> <p>Dishwasher Internal Surface Temperature Monitoring:</p> <p>The FDA Food Code 2022 documents at 4-302.13 Temperature Measuring Devices, Manual and Mechanical Warewashing .(B) In hot water mechanical warewashing operations, an irreversible registering temperature indicator shall be provided and readily accessible for measuring the utensil surface temperature; and documents at 4-703.11 Hot Water and Chemical. After being cleaned, equipment food-contact surfaces and utensils shall be sanitized in: .(B) Hot water mechanical operations by being cycled through equipment that is set up as specified under SS 4-501.15, 4-501.112, and 4-501.113 and achieving a utensil surface temperature of 71 degrees C (Celsius) (160 degrees Fahrenheit (F)) as measured by an irreversible registering temperature indicator.</p> <p>On 3/11/24 at 11:31 AM, Surveyor interviewed DM-H who indicated DM-H was not aware of internal surface temperature monitoring and did not know if the facility had logs or a process for monitoring the internal surface temperature of the dishwashing machine. DM-H was unsure if the dishwashing machine used chemical or heat sanitization and deferred Surveyor to BOM-I.</p> <p>On 3/11/24 at 12:09 PM, Surveyor interviewed DM-H who verified with BOM-I that the dishwashing machine was a hot water sanitization machine. DM-H was not able to provide Surveyor with internal temperature monitoring logs.</p> <p>Dishwasher Temperature Monitoring:</p> <p>(continued on next page)</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>The FDA Food Code 2022 documents at 4-501.110 Mechanical Warewashing Equipment, Wash Solution Temperature. (A) The temperature of the wash solution in spray type warewashers that use hot water to sanitize may not be less than: .(2) For a stationary rack, dual temperature machine, 66 degrees C (150 degrees F); and documents at 4-501.112 Mechanical Warewashing Equipment, Hot Water Sanitization Temperatures. (A) Except as specified in (B) of this section, in a mechanical operation, the temperature of the fresh hot water sanitizing rinse as it enters the manifold may not be more than 90 degrees C (194 degrees F), or less than: .(2) For all other machines, 82 degrees C (180 degrees F).</p> <p>On 3/11/24 at 9:25 AM, Surveyor observed DM-H wash dishes in the dishwashing machine. Surveyor noted the temperature dials displayed a bouncing needle between 135-148 degrees F for the wash cycle and 186 degrees F for the rinse cycle. DM-H verified DM-H observed the needle bounce between the stated range for three separate wash cycles of pots, pans, and utensils. Surveyor noted DM-H did not re-wash the dishes and stated the company that leases the machine was in the facility on 3/8/24 and verified the machine was working properly.</p> <p>On 3/11/24 at 1:24 PM, Surveyor observed DM-H wash pots and pans in the dishwashing machine. Surveyor noted the temperature dial displayed 140 degrees F for the wash cycle and 182 degrees F for the rinse cycle.</p> <p>On 3/11/24 at 2:53 PM, Surveyor observed staff from the company that services the machine increase the machine's temperature. Surveyor then noted the external temperature dial for the wash cycle reached 150 degrees F and the rinse cycle reached 190 degrees F. The internal surface temperature of the cups measured 160 degrees F.</p> <p>On 3/12/24 at 9:30 AM, Surveyor interviewed DM-H who verified the facility had one temperature monitoring log. Surveyor noted log did not contain a month, but DM-H stated the log was for February 2024. When Surveyor asked what temperature is documented when the needle is bouncing, DM-H stated staff average the reading.</p> <p>Surveyor reviewed the temperature log and noted the wash cycles were documented as 168, 169, or 170 degrees F.</p> <p>On 3/12/24 at 11:00 AM, Surveyor interviewed BOM-I who verified the facility did not have additional temperature logs or a policy for internal or external temperature log monitoring.</p>

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44862</b></p> <p>Based on staff interview and record review, the facility did not ensure vaccinations were reviewed, offered, and administered for 3 Residents (R) (R14, R10, and R4) of 5 residents reviewed for vaccines.</p> <p>The facility did not review R14, R10, and R4's vaccination history or offer R14, R10, and R4 the PCV20 (Pevnar 20(R)) vaccine.</p> <p>Findings include:</p> <p>Abbreviations (www.cdc.gov):</p> <p>PCV13: 13-valent pneumococcal conjugate vaccine (Pevnar13(R))</p> <p>PCV20: 20-valent pneumococcal conjugate vaccine (Pevnar 20(R))</p> <p>PPSV23: 23-valent pneumococcal polysaccharide vaccine (Pneumovax23(R))</p> <p>The most recent Centers for Disease Control and Prevention (CDC) recommendations for pneumococcal vaccinations indicate: For adults [AGE] years or older who have only received PPSV23, the CDC recommends: Give 1 dose of PCV15 or PCV20. The PCV20 dose should be administered at least 1 year after the most recent PPSV23 vaccination. Regardless of if PCV20 is given, an additional dose of PPSV23 is not recommended since they already received it. For those who have received PCV13 and 1 dose of PPSV23, the CDC recommends you give 1 dose of PCV20 at least 5 years after the last pneumococcal vaccine. For adults [AGE] years or older who have received PCV13, give 1 dose of PCV20 or PPSV23 at least 1 year after PCV13. Regardless of vaccine used, their vaccines are then complete.</p> <p>The facility's Resident Immunizations and Vaccinations, Pneumovax Vaccine nursing procedure indicates the following: .2. Upon admission, follow the standing orders protocol to determine eligibility to receive the vaccine.</p> <p>The facility's standing orders for Administering Pneumococcal Vaccines (PCV13 and PPSV23) to adults does not include the PCV20 vaccine.</p> <p>1. R14 was admitted to the facility on [DATE] with diagnoses including Parkinson's disease, dementia, and hemiplegia. R14's medical record indicated R14 received a PPSV23 vaccine on 9/23/14 and a PCV13 vaccine on 10/17/16. R14's medical record did not indicate R14 was offered or administered the PCV20 vaccine.</p> <p>2. R10 was admitted to the facility on [DATE] with diagnoses including COVID-19 (9/23/23), chronic kidney disease stage 3, dementia, hemiplegia, and diabetes. R10's medical record indicated R10 received a PPSV23 vaccine on 10/31/16 and a PCV13 vaccine on 10/9/15. R10's medical record did not indicate R10 was offered or administered the PCV20 vaccine.</p> <p>(continued on next page)</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>3. R4 was admitted to the facility on [DATE] with diagnosis including Alzheimer's disease, COVID-19 (9/30/23), and dementia. R4's medical record indicated R4 received a PPSV23 vaccine on 2/10/04 and a PCV13 vaccine on 12/30/15. R4's medical record did not indicate R4 was offered or administered the PCV20 vaccine.</p> <p>On 3/12/24 at 8:44 AM, Surveyor interviewed Director of Nursing (DON)-B who was the facility's Infection Preventionist. DON-B indicated new residents are offered the PCV20 vaccine upon admission; however, the facility has not audited or offered the PCV20 vaccine to existing residents. DON-B indicated DON-B did not discuss the PCV20 vaccine with residents because the facility was attempting to get through COVID-19 and influenza vaccines. DON-B stated Assistant Director of Nursing (ADON)-C was starting to take over some of the infection control responsibilities.</p> <p>On 3/12/24 at 10:29 AM, Surveyor interviewed ADON-C who verified ADON-C was assisting with follow-up on vaccines. ADON-C indicated ADON-C audited residents upon admission for the PCV13 and PPSV23 vaccines, but did not audit residents for the PCV20 vaccine.</p>