

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 04/30/2025
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 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** Based on observation, staff interview, and record review, the facility did not ensure 1 resident (R) (R8) of 3 sampled residents who was unable to carry out activities of daily living (ADLs) was provided assistance with nail care.</p> <p>R8 was not provided routine nail care.</p> <p>Findings include:</p> <p>The facility's Activities of Daily Living (ADL) policy, dated 2/15/12, indicates: It is the policy of the facility that residents' ADL needs will be met .It is the goal of the facility to provide necessary care and services.</p> <p>From 4/28/25 to 4/30/25, Surveyor reviewed R8's medical record. R8 was admitted to the facility on [DATE] and had diagnoses including Marfan syndrome (an inherited disorder that affects connective tissue), dementia, and cerebrovascular accident (CVA) (stroke). R8's Minimum Data Set (MDS) assessment, dated 3/27/25, had a Brief Interview for Mental Status (BIMS) score of 5 out of 15 which indicated R8 had severe cognitive impairment. The MDS assessment also indicated R8 required substantial/maximal assistance of staff for bathing. R8 had an activated Power or Attorney for Healthcare (POAHC).</p> <p>A care plan, dated 5/4/23, indicated R8 had an ADL self-care performance deficit related to a stroke. The care plan contained an intervention for bathing/showering: check nail length and trim and clean on bath day and as necessary.</p> <p>An activity participation note, dated 3/18/25, indicated R8 participated in 15 minutes of activity during which R8's nails were trimmed, filed, and cleaned.</p> <p>On 4/28/25 at 10:02 AM, Surveyor observed R8's fingernails and noted they were clean but approximately $\frac{14}{100}$ inch long. Surveyor attempted to interview R8 but R8 was unable to answer Surveyor's questions.</p> <p>On 4/29/25 at 12:08 PM, Surveyor interviewed Certified Nursing Assistant (CNA)-F who indicated R8 received showers on the Saturday AM shift. CNA-F was not assigned to R8 the previous Saturday but was aware R8 did not receive a shower because the key to the shower room was missing. CNA-F indicated R8's nails should have been trimmed even though R8 did not receive a shower.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Surveyor reviewed a shower sheet that indicated R8 was scheduled to receive a shower on the Saturday AM shift including a skin check, nails/toes, ears, and vital signs. On Saturday 4/26/25, R8's vital signs were documented, however, the documentation did not indicate if a shower was provided or if nail care was done.</p> <p>On 4/29/25 at 12:15 PM, Surveyor interviewed Restorative Aide (RA)-E who verified R8's fingernails were long.</p> <p>On 4/30/25 at 10:24 AM, Surveyor interviewed Director of Nursing (DON)-B who verified documentation indicated R8's nails were last trimmed on 3/18/25. DON-B indicated R8's nails should be kept short.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interview, and record review, the facility did not provide the necessary respiratory care and services for 1 resident (R) (R18) of 1 sampled resident.</p> <p>R18 had an order for 1 to 4 liters of oxygen as needed via nasal cannula for respiratory distress or discomfort, titrate to maintain greater than 90% (oxygen saturation level) with a start date of 3/21/22. R18 did not have an order to change or maintain R18's oxygen equipment or a care plan for respiratory therapy.</p> <p>Findings include:</p> <p>The facility's Oxygen Therapy Policy and Procedure, dated 5/22/23, indicates: .Change tubing weekly, unless otherwise specified in patient's orders .Care plan is updated regularly by licensed nursing staff.</p> <p>From 4/28/25 to 4/30/25, Surveyor reviewed R18's medical record. R18 was admitted to the facility on [DATE] and had diagnoses including type 2 diabetes mellitus with diabetic neuropathy, complete traumatic amputation at knee level left lower leg, and unspecified chronic kidney disease. R18's Minimum Data Set (MDS) assessment, dated 2/7/25, had a Brief Interview for Mental Status (BIMS) score of 13 out of 15 which indicated R18 had little to no cognitive impairment. The MDS assessment also indicated R18 used continuous oxygen therapy.</p> <p>On 4/28/25 at 9:53 AM, Surveyor attempted to interview R18, however, R18 was asleep in a wheelchair. R18 was receiving 2 liters of oxygen via nasal cannula.</p> <p>R18's medical record contained an order for as needed oxygen with a start date of 3/21/22 (from a prior admission). Staff tracked R18's oxygen use per minute starting on 3/23/25. R18 used oxygen 50 to 880 minutes per day in April 2025 for the time frame that was reviewed. R18's Treatment Administration Record (TAR) did not contain a maintenance order for oxygen tubing. R18 also did not have a care plan for oxygen therapy.</p> <p>On 4/29/25, Surveyor reviewed R18's plan of care and noted an oxygen therapy care plan dated 4/29/25 as well as tubing change and PRN oxygen orders dated 4/29/25.</p> <p>On 4/29/25 at 1:02 PM, Surveyor interviewed Director of Nursing (DON)-B who confirmed R18's oxygen therapy care plan was initiated that day. DON-B indicated R18 did not need oxygen, however, R18 had requested oxygen since March (2025) and the facility monitored the amount R18 had been using. DON-B verified a care plan should have been developed when R18 started using oxygen on a consistent basis. DON-B also indicated there should be an order in R18's TAR to change R18's oxygen tubing weekly per the facility's policy.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>Based on observation, staff interview, and record review, the facility did not ensure medication was secured and stored appropriately. This practice had the potential to affect more than 4 of the 23 residents residing in the facility.</p> <p>On 4/29/25, a bottle of aspirin 81 milligrams (mg) and a bottle of Lactobacillus 100 mg for R20 were left on top of the medication cart. The medication cart was left unlocked and unattended by a licensed nurse.</p> <p>Findings include:</p> <p>The facility's Medication Storage Policy, dated 3/1/05, indicates: Only licensed nurses, the consultant pharmacist, and those lawfully authorized to administer medication (medication aides) are allowed access to medication. Medication rooms, carts, and medication supplies are locked or attended by persons with authorized access.</p> <p>The facility's Medication Administration Policy, dated 4/4/17, indicates: .13. Lock medication cart before entering resident room to prevent accidental ingestion of medication and diversion of medication. Note: Never leave the medication cart open and unattended.</p> <p>On 4/29/25, Surveyor observed a medication cart unlocked from the start of medication pass at 7:52 AM until 8:32 AM when Registered Nurse (RN)-K obtained water for a resident. The medication cart was unattended in the hallway while RN-K administered medication in residents' rooms. Surveyor observed staff and residents pass by in the hallway. At one point during the observation, RN-K was in a resident's room with the door closed.</p> <p>On 4/29/25 from 8:12 AM to 8:19 AM, Surveyor observed a bottle of aspirin 81 mg and a bottle of Lactobacillus (a probiotic) 100 mg for R20 on top of the medication cart.</p> <p>On 4/29/25 AM at 8:19 AM, Surveyor interviewed RN-K who verified the medications should have been put back in the medication cart.</p> <p>On 4/29/25 at 10:16 AM, Surveyor interviewed RN-K who indicated RN-K remembered to lock the medication cart at least once prior to 8:32 AM, however, Surveyor did not observe that. RN-K indicated at other facilities where RN-K worked, the medication cart could be kept unlocked if within eyesight. RN-K verified RN-K could not see the medication cart when RN-K administered medication to a resident in the dining room.</p> <p>On 4/30/25 at 10:24 AM, Surveyor interviewed Director of Nursing (DON)-B who was aware RN-K left medications on top of the medication cart and left the medication cart unlocked and unattended. DON-B verified medications should not be on top of medication cart and the medication cart should be locked when unattended.</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>Based on staff interview and record review, the facility did not designate a person to serve as the food and nutrition services director who was a certified dietary manager, had a national certification for food service management and safety from a national accrediting body, or had an associates or higher level degree in food service management or hospitality. This practice 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>On 4/28/25 at 8:42 AM, Surveyor began an initial kitchen tour with DM-H who indicated DM-H was enrolled in a certified dietary manager (CDM) course. DM-H indicated DM-H started the course approximately one month ago.</p> <p>On 4/30/25 at 10:30 AM, Surveyor interviewed DM-H who indicated DM-H was hired in March of 2024. DM-H indicated DM-H had signed up for a CDM course in August (2024) but had just started the course a month ago and planned to complete the course in August of 2025. DM-H indicated DM-H had one year to complete the course, however, due to personal reasons and staffing-related issues, DM-H just started the course a month ago.</p> <p>On 4/30/25 at 10:35 AM, Surveyor interviewed Director of Nursing (DON)-B who indicated the facility thought DM-H just needed to be enrolled in a course.</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>Based on observation, staff and resident interview, and record review, the facility did not ensure menus met the nutritional needs of residents in accordance with established national guidelines. This practice had the potential to affect all 23 residents residing in the facility.</p> <p>The facility did not implement an extended menu that delineated the differences between diet types and portion sizes for residents.</p> <p>Findings include:</p> <p>The facility's Standard Portions policy, dated 12/19/17, indicates: Uniform food portions shall be established for each diet and served to all patients .Recipes and menus will have appropriate portions noted.</p> <p>On 4/29/25 at 12:12 PM, Surveyor began an observation of lunch service and interviewed Dietary Staff (DS)-J who indicated the facility did not have a menu that indicated how much of each item or what diet type residents should receive. Surveyor observed a menu on the refrigerator that indicated the lunch meal was Polish sausage and cabbage, hot German potato salad, and bread and butter. The alternative was a turkey sandwich. Dessert was a pumpkin bar. The menu did not indicate those on No Added Salt (NAS) or No Concentrated Sweets (NCS) diets should receive anything other than the main meal. When Surveyor asked about portion sizes, DS-J indicated there were no portion sizes indicated on the menu. DS-J indicated DS-J and other staff know to use a green scoop for sides (2 ounces) and a gray scoop (4-5 ounces) for the main course.</p> <p>On 4/29/25 at 12:38 PM, Surveyor reviewed residents' meal cards and noted residents had either a regular, NAS, or NCS diet. The diet cards did not contain portion sizes and there were no changes listed between the diets. The diet cards were hand marked to indicate what items residents wanted or did not want for lunch.</p> <p>On 4/29/25 at 12:55 PM, Surveyor observed DS-J puree sausage and cabbage in a blender for 4 residents on pureed diets who were eating in the dining room. After DS-J finished pureeing, DS-J divided the food evenly onto each plate with a spatula. DS-J indicated DS-J evenly divides the food between residents and if there is any left, DS-J puts the remainder on the plate of a resident who is known to eat more. Surveyor noted DS-J did not use a scoop for proper portion sizes.</p> <p>On 4/30/25 at 9:41 AM, Surveyor interviewed Dietary Manager (DM)-H who indicated the facility uses one menu that is created by DM-H and is approved by the dietitian. DM-H indicated there are no portion sizes or diet types on the menu. There is also no delineation between NAS and NCS diets and if residents should receive different items with their meals. DM-H indicated residents choose what they want and staff know to use certain scoops for certain items. DM-H indicated the facility has an upcoming meeting with a menu company to standardize things. DM-H indicated Registered Dietitian (RD)-I just started a couple of weeks ago.</p> <p>(continued on next page)</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 4/30/25 at 10:03 AM, Surveyor interviewed RD-I who verified RD-I started employment a couple of weeks ago. RD-I indicated RD-I met with kitchen staff and recommended menu systems for the facility to purchase. RD-I verified portion sizes and menus should be standardized for all diets which includes moving from an NCS diet for residents who are diabetic to more of a Consistent Carbohydrate (CCH) diet. RD-I indicated the menu should state what a CCH diet would receive for that particular meal to stay within nutritional guidelines.</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** Based on observation, staff interview, and record review, the facility did not maintain an infection prevention and control program designed to prevent the transmission of communicable disease and infection. This practice had the potential to affect more than 4 of the 23 residents residing in the facility.</p> <p>Infection control line lists for residents and staff did not contain last symptom dates, times, and/or return to work dates in accordance with the facility's policy.</p> <p>Staff did not ensure infection control procedures were maintained during the provision of care and handling of linens for R18 and R17.</p> <p>Findings include:</p> <p>The facility's Infection Prevention and Control policy, dated 1/12/19, indicates: The facility establishes a program under which it: Provides a system of surveillance to identify possible communicable disease or infection before they can be spread in the facility; Provides standard and transmission-based precautions to be followed to prevent the spread of infection; Maintains a record of incidents and corrective actions related to infections .Institutional Factors: Provide other resources needed to contain infections such as disposable items, laundry facilities and staff trained in infection control; Document employee health .</p> <p>The facility's Coronavirus COVID-19 policy, dated 3/20/20, indicates: Manawa Community Living Center (MCLC) will actively monitor staff, residents, and visitors for the following symptoms. MCLC will continue to follow guidance provided from local heal department agencies, the WI Department of Health Services (DHS), the Centers for Medicare and Medicaid Services (CMS), and the Centers for Disease Control and Prevention (CDC) .MCLC will follow guidance pertaining to COVID-19 as updates are provided from local departments, the CDC, WI DHS, and CMS. MCLC nursing staff will be monitored for signs and symptoms of COVID-19 at the beginning of their shifts .</p> <p>The facility's Guidance Regarding Return to Work of Healthcare Personnel Following COVID-19 Exposure policy, updated 2/15/21, indicates: It is the policy of MCLC to comply with DHS, CMS and CDC guidance pertaining to healthcare professionals return to work criteria. Update 12/4/20 indicates: Quarantine can end after day 10 without testing if no symptoms have been reported during daily monitoring .When diagnostic testing resources are sufficient and available then quarantine can end after day 7 if a diagnostic specimen tests negative and if no symptoms were reported during daily monitoring. The specimen may be collected and tested within 48 hours before the time of planned discontinuation, but quarantine cannot be discontinued earlier than after day 7.</p> <p>CDC (dated 3/21/24), 42a. category IB recommends healthcare personnel with gastrointestinal (GI) illnesses, particularly those with symptoms like vomiting or diarrhea, be excluded from work for a minimum of 48 hours after their symptoms have resolved.</p> <p>(continued on next page)</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>The facility's Perineal Care (Peri-Care) policy and procedure, dated 4/20/21, indicates: Females: .Wash downward front to back repeating the motion as needed using a different part of the washcloth or disposable wipe product for each stroke. Rinse and dry using the same technique .Assist the resident into a side lying position. Cleanse the rectal area, wiping from front to back, repeating as needed. Use more than one disposable wipe if necessary, rinse and dry using the same technique. After completion of peri-care, remove gloves and wash hands before assisting the resident with dressing and grooming. All soiled washcloths, towels, and clothing should be placed in a plastic bag before leaving the resident's room.</p> <p>Certified Nursing Assistant (CNA) training material provided by facility indicates: .Linen Handling the Basics: Never place linen in these areas: .On the floor. This includes clean or soiled linen. Once on the floor, it is considered contaminated; In sinks. Sinks are not for linen storage or disposal. They are for hand washing and medical cleaning only Clean linen handling: If clean linen touches the floor or any unclean surface, it must be considered soiled.</p> <p>Floor Policy: No dirty or clean linen, supplies, or equipment should ever be placed on the floor. The floor is considered a contaminated surface at all times .Peri-care: .Use clean clothes for each area.</p> <p>On 4/28/25, Surveyor reviewed the facility's infection control staffing line list and noted the following:</p> <p>April 2025:</p> <p>~ Hospitality Aide (HA)-L had emesis with an onset date of 4/10/25, a last symptom date of 4/11/25, and a return to work date of 4/13/25. The line list did not indicate the time of HA-L's last symptom on 4/11/25.</p> <p>February 2025:</p> <p>~ Licensed Practical Nurse (LPN)-Q had a fever and cough with an onset date of 2/9/25, a last symptom date of 2/11/25, and a return to work date of 2/13/25. The line list did not indicate the time of LPN-Q's last symptom on 2/11/25.</p> <p>~ Certified Nursing Assistant (CNA)-N was COVID-19 positive on 2/10/25 and had a return to work date of 2/17/25. The date and time of CNA-N's last symptom was unknown.</p> <p>~ CNA-O was COVID-19 positive on 2/17/25 and had a return to work date of 2/28/25. The date and time of CNA-O's last symptom was unknown.</p> <p>~ Dietary Manager (DM)-H was COVID-19 positive on 2/18/25 and had a return to work date of 2/24/25. The date and time of DM-H's last symptom was unknown.</p> <p>~ Kitchen Lead (KL)-P was COVID-19 positive on 2/10/25 and had a return to work date of 2/17/25. The date and time of KL-P's last symptom was unknown.</p> <p>(continued on next page)</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>Surveyor requested tracking of COVID-19 testing on day 5 and day 7. The facility did not provide test results before the survey ended on 4/30/25. (Of note: The line list contained 4 COVID-19 positive staff.)</p> <p>January 2025:</p> <p>~ CNA-R had vomiting and diarrhea with an onset date of 1/7/25, a last symptoms date of 1/9/25, and a return to work date of 1/11/25. The line list did not indicate the time of CNA-R's last symptom on 1/9/25.</p> <p>~ Registered Nurse (RN)-T had vomiting and diarrhea with an onset date of 1/8/25, a last symptom date of 1/11/25, and a return to work date of 1/13/25. The line list did not indicate the time of RN-T's last symptom on 1/11/25.</p> <p>~ RN-Y had a fever on 1/9/25 and a return to work date of 1/15/25. The line list did not indicate the date and time of RN-Y's last symptom.</p> <p>~ RN-Y had vomiting and diarrhea with an onset date of 1/11/25, a last symptom date of 1/13/25, and a return to work date of 1/15/25. The line list did not indicate the time of RN-Y's last symptom on 1/13/25.</p> <p>~ CNA-X had vomiting with an onset date of 1/11/25, a last symptom date of 1/12/25, and a return to work date of 1/14/25. The line list did not indicate the time of CNA-X's last symptom on 1/12/25.</p> <p>~ CNA-W had vomiting and diarrhea with an onset date of 1/11/25, a last symptom date of 1/15/25, and a return to work date of 1/17/25. The line list did not indicate the time of CNA-W's last symptom on 1/15/25.</p> <p>~ CNA-U had vomiting and diarrhea with an onset date of 1/9/25, a last symptom date of 1/12/25, and a return to work date of 1/14/25. The line list did not indicate the time of CNA-U's last symptom on 1/12/25.</p> <p>~ Director of Nursing (DON)-B was COVID-19 positive on 1/19/25, had a last symptom date of 1/20/25, and a return to work date of 1/27/25. The line list did not indicate the time of DON-B's last symptom on 1/20/25.</p> <p>~ Dietary Aide (DA)-V was COVID-19 positive on 1/7/25 and returned to work on 1/15/25. The date and time of DA-V's last symptom was unknown.</p> <p>Surveyor requested tracking of COVID-19 testing on day 5 and day 7. The facility did not provide test results before the survey ended on 4/30/25. (Of note: The line list contained 2 positive COVID-19 staff.)</p> <p>On 4/28/25, Surveyor reviewed the facility's resident line list and noted the following:</p> <p>March 2025:</p> <p>(continued on next page)</p>		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>~ R15 was COVID-19 positive from 2/18/25 to 2/25/25. On 3/4/25, R15 had a temperature of 100 degrees Fahrenheit (F). A chest X-ray indicated R15 had pneumonia. R15 was placed on precautions on 3/4/25 and removed the same day.</p> <p>February 2025:</p> <p>~ R15 had a temperature of 99.9 degrees F on 2/17/25 and a negative COVID-19 test. On 2/18/25, R15 tested positive for COVID-19 and was placed on isolation precautions which ended on 2/25/25.</p> <p>~ Routine testing indicated R6 was COVID-19 positive on 2/19/25. R6 was placed on isolation precautions which ended on 2/26/25.</p> <p>January 2025.:</p> <p>~ R15 had cold symptoms on 1/21/25. R15 tested negative for COVID-19 on 1/21/25 and 1/22/25. Testing information on 1/24/25 did not contain results. R15 was on isolation precautions from 1/21/25 to 1/24/25.</p> <p>~ R21 was added to line list on 1/4/25 and 1/20/25. No data was completed.</p> <p>~ R18 was added to line list on 1/4/25. No data was completed.</p> <p>~ R21 was added to the GI line list on 1/8/25 and put on precautions. The line list did not contain a last symptom date or indicate when R21 was removed from precautions.</p> <p>~ R11 was added to the GI line list on 1/9/25 with a last bowel movement date of 1/9/25. R11 was removed from precautions on 1/11/25. The line list did not indicate the time of R11's last symptom.</p> <p>~ R2 was added to the GI line list on 1/12/25 with a last bowel movement date of 1/17/25. R2 was removed from precautions on 1/19/25. The line list did not indicate the time of R2's last symptom.</p> <p>On 4/30/25 at 11:01 AM, Surveyor interviewed and reviewed the above line lists with DON-B who verified the line lists were not completed correctly and were missing information. DON-B also confirmed the facility used residents' and staffs' test date/COVID-19 positive date as day one and not day zero.</p> <p>On 4/30/25 at 12:03 PM, Surveyor interviewed County Health Nurse (CHN)-BB who indicated CHN-BB does not advise facilities on what they should do for infection control and indicated each facility should have their own policies and procedures. CHN-BB indicated CHN-BB gives guidance if a facility needs help and directs the facility to the Department of Health Services (DHS) or the CDC for the current regulations and updates.</p> <p>2. From 4/28/25 to 4/30/25, Surveyor reviewed R18's medical record. R18 was admitted to the facility on [DATE] and had diagnoses including type 2 diabetes mellitus with diabetic neuropathy, complete traumatic amputation at knee level left lower leg, and unspecified chronic kidney disease. R18's Minimum Data Set (MDS) assessment, dated 2/7/25, had a Brief Interview for Mental Status (BIMS) score of 13 out of 15 which indicated R18 had little to no cognitive impairment.</p> <p>(continued on next page)</p>		

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 04/30/2025
NAME OF PROVIDER OR SUPPLIER Manawa Com Nur Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 400 East 4th St Manawa, WI 54949	
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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>On 4/29/25 at 7:27 AM, Surveyor observed Assistant Director of Nursing (ADON)-C in R18's room and noted R18's top sheet was on the floor. ADON-C picked the top sheet off the floor and put it back on R18's bed. A short time later, ADON-C covered R18 with the top sheet. R18 refused to be covered and indicated the sheet was saturated with urine. ADON-C then put the top sheet in a dirty laundry basket.</p> <p>On 4/29/25 at 8:03 AM, Surveyor observed CNA-Z complete peri-care for R18 who was incontinent. Surveyor noted CNA-Z had only two washcloths, one with soap and one to rinse. CNA-Z completed frontal peri-care and put the soiled washcloth on R18's bed without a barrier. CNA-Z completed peri-care with the rinse washcloth which CNA-Z also put on R18's bed without a barrier. With the help of ADON-C, CNA-Z rolled R18 on the right side and used the same two washcloths to wash and rinse R18's buttock. CNA-Z then put both soiled washcloths on R18's bed. Without changing gloves or cleansing hands, CNA-Z then put a clean brief on R18. CNA-Z then used the same soiled gloves to situate R18 in a lift.</p> <p>On 4/29/25 at 12:50 PM, Surveyor interviewed CNA-Z who confirmed CNA-Z used the same 2 washcloths during peri-care for R18. CNA-Z also confirmed dirty linens should be placed on a barrier or in the laundry basket. CNA-Z indicated hand hygiene and a glove change should take place between dirty and clean items.</p> <p>On 4/29/25 at 12:55 PM, Surveyor interviewed DON-B who indicated staff use 2 blue washcloths for peri-care and instructed Surveyor to speak to RN-D who is the facility's staff development person. DON-B confirmed the same 2 washcloths are used to clean residents' front and back peri areas. DON-B also confirmed dirty items should not be put on a resident's bed without a barrier</p> <p>On 4/29/25 at 1:02 PM, Surveyor interview RN-D who confirmed staff use 2 washcloths with the 4 square method to ensure a clean surface with each stroke. When asked how the facility ensures when staff complete backside peri-care they use a clean area of the washcloth that was not used on the front, RN-D indicated staff should use wipes first if a resident is incontinent and then use washcloths. RN-D provided Surveyor with CNA Training for peri-care that is posted at each CNA station.</p> <p>3. On 4/30/25 at 7:46 AM, Surveyor observed CNA-AA prepare to complete catheter care for R17. CNA-AA turned on the water and put washcloths in R17's sink. CNA-AA did not sanitize the sink prior to placing washcloths in the sink.</p> <p>On 4/30/25 at 7:52 AM, Surveyor interviewed CNA-AA and asked if washcloths should have been placed in the sink. CNA-AA confirmed CNA-AA should not have put the washcloths in the sink and should have used a basin instead.</p> <p>On 4/30/25 at 1:52 PM, Surveyor interviewed RN-D who indicated washcloths should not be put in sinks and staff should use a basin for cares. RN-D referred to the CNA Training sheets for reference.</p>		