

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525326	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/27/2025
NAME OF PROVIDER OR SUPPLIER Pine Crest Health and Memory Care		STREET ADDRESS, CITY, STATE, ZIP CODE 2100 E Sixth St Merrill, WI 54452	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility did not provide pharmaceutical services, including acquiring, receiving, and dispensing medications to meet the needs of 1 of 2 residents reviewed (R12).R12 had a physician order on 8/19/25 for Fidaxomicin for Clostridium Difficile (C-Diff). Pharmacy stated the medication was not available. Physician changed the order to Vancomycin HCL Capsule 125 mg by mouth every 6 hours until Fidaxomicin became available. Vancomycin was to be delivered on 8/20/25, and on 8/21/25, the pharmacy still had not delivered the Vancomycin. R12 was hospitalized on [DATE] to receive the Vancomycin for C-Diff management.The facility's Pharmacy Services manual read in part, Regular and reliable pharmaceutical service is available to provide residents with prescription and non-prescription medications, services, and related equipment and supplies. Provide routine and timely pharmacy services six days per week and emergency pharmacy services 24 hour per day, seven days per week.This is evidenced by:R12 was admitted to facility on 06/05/25 with a diagnosis of enterocolitis related to recurring clostridium difficile (C Diff) infection.R12's physician's orders included:Vancomycin HCl Capsule 125 MG. Give 1 capsule every 6 hours for C Diff until 08/22/25. Give until Fidaxomicin is available on or near 08/21/25.R12 tested positive for C Diff infection on 08/18/25. Order placed on 08/19/25 for Fidaxomicin. Pharmacy stated the medication was not available. Physician order changed to Vancomycin until Fidaxomicin became available. Vancomycin was to be delivered on 08/20/25. On 08/21/25, the medication had still not arrived.R12 was admitted to the hospital on [DATE] for C Diff Management.On 08/26/25 at 10:44 AM, Surveyor interviewed Registered Nurse (RN) G. RN G stated having difficulty getting medications in a timely manner from pharmacy at times. On this day an insulin pen was to be delivered and had not.On 08/27/25 at 12:25 PM, Surveyor interviewed RN I. RN I stated having difficulty receiving medications from the pharmacy in a timely manner. RN I stated recently there was an issue with the pharmacy stating they did not receive faxed orders, but the pharmacy is able to see them in the computer program also and is still not sending them on time. RN I stated calling the pharmacy to order the medication for R12. RN I stated the Fidaxomicin was not available, so Vancomycin was ordered. RN I stated the medication was to be delivered on 08/20/25 on the afternoon delivery.On 08/27/25 at 12:34 PM, Surveyor interviewed Licensed Practical Nurse (LPN) H. LPN H stated recently she has been having difficulty getting refill medications for residents. LPN H stated the pharmacy was having program issues and was unable to look anything up.</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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