

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525328	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/22/2026
NAME OF PROVIDER OR SUPPLIER Court Manor Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 911 3rd St West Ashland, WI 54806	
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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility did not ensure 2 of 12 residents (R22, R3) out of a total sample of 15 had appropriate Transmission Based Precautions (TBP) in place.-R22 had a stage 2 pressure injury (PI). No Enhanced Barrier Protection (EBP) were implemented. Staff did not use appropriate Personal Protective Equipment (PPE) when providing direct care. ~R3 had a pressure injury and required EBP. Observations were made of no signage or PPE available for R3. Findings include: Facility policy titled, Enhanced Barrier Precautions revised 08/08/2024, states, Enhanced barrier precautions (EBP) refers to an infection control intervention designed to reduce transmission of multi-resistant organisms that employs targeted gown and glove use during high contact resident care activities. An order for EBP will be initiated for residents with any of the following: wounds (e.g., chronic wounds such as pressure ulcers, diabetic foot ulcers, unhealed surgical wounds, and chronic venous stasis ulcers) and/or indwelling medical devices. High-contact resident care activities include: a. Dressing b. Bathing c. Transferring d. Providing hygiene e. Changing linens f. Changing briefs or assisting with toileting g. Device care or use h. Wound care Example 1 R22 was admitted to the facility on [DATE]. On 05/20/26, documentation indicated R22 acquired a suspected deep tissue injury to her left heel. On 07/14/26, R22 was seen at local wound care clinic and wound debridement was performed. R22 was then diagnosed with a Stage II PI. On 07/21/2026 at 7:11 AM, Surveyor observed Certified Nurse Assistant (CNA) E put on gloves, provide morning cares, and dress R22 without putting on a gown. CNA E and Registered Nurse (RN) F wore gloves and used the sit-to-stand device to transfer R22 to the toilet and then off the toilet into wheelchair. CNA E and RN F did not put on a gown prior to transferring R22; R22 should have been on EBP due to the open pressure injury. Surveyor noted R22 had no EBP signage or personal protective equipment (PPE). On 07/21/26 at 7:35 AM, Surveyor interviewed RN F, who reported she thought a gown is only needed (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: 525328	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/22/2026
NAME OF PROVIDER OR SUPPLIER Court Manor Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 911 3rd St West Ashland, WI 54806	
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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	if dealing with wound care. RN F reported she did not think R22 was on EBP at all since her admission. On 07/21/26 at 7:38 AM, Surveyor interviewed CNA E, who stated she does not recall R22 ever being on EBP. On 07/21/26 at 7:45 AM, Surveyor interviewed Infection Preventionist (IP) C, who reported R22 did not have open wound until it was debrided on 07/14/26. IP C agreed that R22 should be on EBP since 07/14/26 and was not. IP C also verbalizes understanding that gown and gloves should be worn with direct or high contact resident cares such as when transferring, toileting, or dressing. On 07/22/27 at approximately 9 AM, Surveyor met with Nursing Home Administrator (NHA) A, to confirm her awareness of Surveyor's observation of lack of proper PPE with R22, who has an open wound. NHA A replied she was aware and had no questions. Example 2 R3 was admitted to the facility on [DATE] from hospital with a stage 2 pressure ulcer following a fall at home with right femur fracture. R3's Minimum Data Set (MDS), dated [DATE], indicated a Brief Interview for Mental Status (BIMS) score of 13/15 indicated R3 is cognitively intact. On 07/20/26 at 9:11 AM, Surveyor interviewed R3 regarding concerns with skin. R3 stated they have a pressure wound on coccyx. Surveyor observed no enhanced barrier precautions (EBP) signage or PPE available upon entering R3's room. On 07/21/26, the facility entered orders for R3 Enhanced barrier precautions due to presence of pressure area to coccyx every shift for infection prevention. On 07/22/2026 at 10:02 AM, Surveyor interviewed Certified Nursing Assistant (CNA) D regarding donning of PPE to assist the nurse with wound care. Surveyor asked CNA D if wearing PPE was utilized prior to today. CNA D they just wear PPE. Surveyor asked CNA D if it started yesterday as that is when the facility wrote the order. CNA D confirmed it was put into place yesterday and CNA D stated they were told the reason was R3 has a wound on their coccyx. On 07/22/2026 at 10:11 AM, Surveyor interviewed Infection Preventionist (IP) C regarding when R3 was placed on EBP. IP C stated R3 was placed on EBP on 07/21/26.		