

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525329	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/03/2025
NAME OF PROVIDER OR SUPPLIER  Rib Lake Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE  650 Pearl St Rib Lake, WI 54470	

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 0812  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.  (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
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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>Based on observation, interview and record review, the facility did not prepare, distribute, and serve food in a manner that prevents foodborne illness. This has the potential for foodborne illness to all 35 residents (R) in the facility. The facility staff did not ensure proper hand hygiene when preparing and plating of food. The facility did not take internal food temperatures of all cooked foods before serving. Findings: The facility policy, titled Hand Washing - Food and Nutrition Services, dated 8/16/2022, states: Employees will wash hands as frequently as needed throughout the day using proper hand washing procedures, When to wash hands: f. After handling soiled equipment or utensils. g. During food preparation, as often as necessary to remove soil or contamination and to prevent cross contamination when changing tasks. i. Before donning (putting on) disposable gloves for working with foods and after gloves are removed. The policy General Food Preparation and Handling, dated 8/16/22, discusses food preparation, storage, and food service; however, it only addresses appropriate temperatures for cooling down foods and process. It does not address temperatures of food before serving. According to Food Safety.gov, a federal government website managed by the US Department of Health and Human Services, last updated 9/2/2023, states, FDA Food code requires nursing home kitchens monitor food temperatures to ensure potentially hazardous foods are kept at safe temperatures to prevent bacterial growth. Temperatures must be taken continuously for holding foods, to confirm cooking is complete to the minimum internal temperature. Food temperatures should be checked with a calibrated thermometer during these critical control points. According to State Operations Manual-Appendix PP Long Term Care, dated 4/2025, which states, Hot foods are held at 135 F or higher on the steam table. Ensure proper final internal cooking temperatures (monitoring the foods' internal temperature for 15 seconds determines when microorganisms can no longer survive and food is safe for consumption). Surveyors are to monitor the time food is put on the steam table and when meal service starts. This is evidenced by: Example 1 On 9/3/25 at 6:42 AM, Surveyor entered kitchen and started to observe [NAME] D prepare breakfast. [NAME] D pulled the oatmeal container from a shelf, took out a metal pan and measuring cup, measured oatmeal and water, and set to cook on the stove top. [NAME] D went and washed her hands. [NAME] D donned gloves, opened a loaf of bread and started putting it through the industrial toaster. [NAME] D buttered toast and took off her gloves. [NAME] D did not wash her hands. [NAME] D then took toast to steamer table and put in steamer pan with contaminated hands and did not use tongs to place toast in the steamer pan. [NAME] D continued to get temperatures of food, only touching pans and thermometers. [NAME] D took omelets from steamer pan with a tong, placed on a plate, and carried to microwave. Omelets were overlapping and touching [NAME] D's contaminated hands. [NAME] D placed omelets in microwave. [NAME] D then carried overlapping omelets, which were touching contaminated hands to steamer pan and took the temperature of the omelets. [NAME] D then took remaining cold omelets (not overlapping) to microwave to be warmed. [NAME] D went to the sink and washed hands. [NAME] D went back to steamer table to start plating food for the unit carts. [NAME] D started to plate food at 7:07 AM. [NAME] D started plating food using different tongs for each food type and went through the dietary sheets with dietary aide, putting supplemental shakes and fruit on the plates as ordered. While making plates for first cart, [NAME] D went to the freezer, took out the box of omelets, touched freezer handle, box of omelets, and surfaces with her bare hands. [NAME] D put on gloves without washing hands first. [NAME] D took frozen omelets out of the box with gloved hands, placed on plate, and took them to the microwave. The scrambled eggs in microwave were taken out, temperature obtained and dumped into steamer table pan. [NAME] D took off gloves and did not wash hands. [NAME] D went to 3 compartment sink, touched handles, filled the sanitation buckets and water bucket with [NAME] D's bare hands. [NAME] D then put on new gloves without washing her hands, opened freezer door, and pulled bread bags from freezer. Using tongs, [NAME] D took a piece of gluten-free bread to toaster by the microwave. While bread was toasting, [NAME] D took out regular bread with same gloves and started toasting more bread with the industrial toaster. [NAME] D, using a pair of tongs, retrieved the gluten-free bread and directly put on a plate. [NAME] D took off her gloves and went to sink to wash her hands. [NAME] D started plating food for the second cart. [NAME] D did not step away from steamer table until all food was plated for the second cart. [NAME] D washed hands and took a moment to pull tickets before starting to plate food for residents in the dining room. Surveyor left kitchen and followed cart to the unit. On 9/3/25 at 8:52 AM, Surveyor interviewed [NAME] D and asked when hand washing is appropriate or necessary. [NAME] D stated when you clock in, wash when you go out, wash when you come</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility did not maintain an infection prevention and control program to help prevent the development and transmission of communicable diseases and infections. This has the potential to affect all 14 residents (R) living on the unit. R5, R6, R7, R8, R9, R10, R11, R12, R13, R14, R15, R16, R17, R18 Staff did not wear proper personal protective equipment (PPE) when interacting with residents on contact precautions (R5, R6, R7, R8, and R9). Staff entered rooms of residents on contact precautions (R5, R6, R7, R8, R9) without proper PPE and then passed food trays to residents not on contact precautions which had the potential to develop and transmit communicable disease and infections. Findings: The facility policy, titled Transmission- Based (Isolation Precautions), dated 9/24/24, states in part, 10. Contact Precautions-a. Intended to prevent transmission of pathogens that are spread by direct or indirect contact with the reside or the resident's environment .c. Healthcare personnel caring for residents on Contact Precautions were a gown and gloves for all interactions that may involve contact with the resident or potentially contaminated areas in the resident's environment. This is evidenced by: On 9/3/25 at 8:05 AM, Surveyor observed Certified Nursing Assistant (CNA) H and CNA G deliver breakfast trays to residents in the south unit. The south unit has residents currently on contact precautions and enhanced barrier precautions. CNA H and CNA G started delivering food at the end closest to the nurses' station and worked their way down towards the end. CNA G stated that all residents are on the unit eating in their rooms today. One resident was off unit and had gone to dialysis. Thirteen residents remained. CNA H was observed taking food to R5 and then to R6 without required PPE. Both R5 and R6 were on contact precautions. CNA H then proceeded into R11's room, who was not on contact precautions. CNA G took food to R7 and then to R9 without required PPE. Both R7 and R9 were on contact precautions. CNA H then took food to R12, who was not on contact precautions. On 9/3/25 at 10:25 AM, Surveyor interviewed Director of Nursing (DON) B regarding staff following contact precautions vs. enhanced barrier precautions. DON B stated she expects staff to follow precautions as ordered. DON B stated PPE goes on outside of room when on contact and can go on when they get in the room for cares when on enhanced. Contact precautions are followed whenever they go in their room, even passing trays. On 9/3/25 at 12:32 PM, Surveyor interviewed Assistant Director of Nursing (ADON) I, who stated the south unit is on lock down, because 5 residents have Gastrointestinal (GI) symptoms. Fourteen residents live on the hall. room [ROOM NUMBER] (R5), room [ROOM NUMBER] (R6), room [ROOM NUMBER] (R7), room [ROOM NUMBER] (R8), and room [ROOM NUMBER] (R9). ADON I stated that contact precautions mean you put on your PPE prior to entering. Enhanced barrier precautions, mean they have no GI symptoms but another reason for PPE during cares, like a catheter. You can put on your PPE when you get into the room. PPE should be put on prior to passing trays when resident is on contact precautions. On 9/3/25, at 12:28 PM, Surveyor interviewed CNA H who stated contact precautions are used for anyone that was sick. It means you put on your PPE before entering the room. Surveyor asked if that includes when going into their room to give them water or pass their food tray. CNA H stated that is including when passing trays; I missed one today. On 9/3/25 at 10:11 AM, Surveyor interviewed CNA G and asked CNA G if there is a difference between contact vs enhanced barrier precautions. CNA G stated that usually enhanced precautions means using PPE only with cares, but contact precautions is every time you go into a room. CNA G stated that rooms needing contact precautions are room [ROOM NUMBER] (R5), room [ROOM NUMBER] (R6), room [ROOM NUMBER] (R7), room [ROOM NUMBER] (R8), and room [ROOM NUMBER] (R9). Surveyor asked if CNA G wore a gown to deliver breakfast trays this morning and if she should have. CNA G stated probably not, I didn't think to do it until I went into R7's room.</p>		