STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525329	A. Building B. Wing	09/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rib Lake Health Services	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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46694 Based on observation, interview and record review, the facility did not develop and implement a comprehensive person-centered care plan for 1 (R19) of 12 sampled residents to meet a resident's medical, nursing and psychosocial needs that are identified. R19 did not have a comprehensive person-centered care plan for the use of a high risk medication. Findings: The facility policy titled, Comprehensive Care Plan, revised 09/23/22, stated in part: Policy: It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment . 1. The care planning process will include an assessment of the residents' strengths and needs and will incorporate the resident's personal and cultural preferences in developing goals of care. Services provided or arranged by the facility, as outlined by the comprehensive care plan, shall be culturally competent and trauma informed . 3. The comprehensive care plan will describe, at a minimum, the following: a. The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being . f. Resident specific interventions that reflect the residents' needs and preferences and align with the residents' cultural identity, as indicated . g. Individualized interventions for trauma survivors that recognizes the interrelation between trauma and symptoms of trauma, as indicated. Trigger-specific interventions will be used to identify ways to decrease the resident's exposure to triggers which re-traumatize the resident, as well as identify ways to mitigate or decrease the effect of the trigger on the resident. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525329	A. Building B. Wing	09/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rib Lake Health Services	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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	5. The comprehensive care plan will be reviewed and revised as appropriate by the interdisciplinary team after each comprehensive and quarterly MDS assessment, and as needed with changes in condition Example 1 R19 was admitted to the facility on [DATE] with a Brief Interview of Mental Status (BIMS) of 15 which indicated R19's cognition was intact. R19 had a diagnosis of hemiparesis (one-sided muscle weakness) following cerebral infarction (occurs as a result of disrupted blood flow to the brain due to problems with the blood vessels that supply it). R19 had a medication order of apixaban 5 milligrams give one tablet two times a day for acute right hemiparesis. On 09/10/24 at 1:20 PM, Surveyor asked Director of Nursing (DON) B, Could you show me a care plan for this resident being on a blood thinner? On 09/10/24 at 1:22 PM, DON B informed Surveyor, I have no answer for you, this resident has no care plan for the apixaban medication.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525329	A. Building B. Wing	09/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rib Lake Health Services	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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49353 Based on interview and record review, the facility did not provide care and treatment in accordance with professional standards of practice for 1 of 12 sampled residents (R2). On 03/16/24, R2 developed a fluid filled blister on left foot. On 3/19/24, a fluid filled blister developed on R2's right foot. Both blisters opened and resulted in a non-pressure injury, that was infected with Methicillin Resistant staphylococcus. (MRSA). A care plan was not implemented for the blister, and the facility did not follow through with the antibiotic order for the MRSA. Findings: Facility policy entitled: Pressure Injuries and Non pressure Injuries, most recently revised 07/20/22, stated in part: Develop interventions based on individual risk factors including, but not limited to, overall health status/comorbidities or presence of acute infections that may impact healing .In the context of clinical condition, the resident's care plan should establish relevant goals and approaches to stabilize or improve comorbidities aimed at limiting the effects of risk factors and what interventions will be in place to minimize risk to resident. R2 was admitted to the facility on [DATE], with pertinent diagnoses of diabetes mellitus type 2 and peripheral vascular disease. R2's most recent quarterly Minimum Data Set (MDS), dated [DATE], stated R2's Brief Interview for Mental Status (BIMS) score was 09/15, indicating moderately impaired cognition. The MDS skin assessment indicated R2 had no open lesions on the foot, no diabetic foot ulcers, and was receiving application of dressing to feet. R2's comprehensive care plan, with last revised date of 06/17/24, did not include a plan or interventions related to R2's non-pressure foot ulcers on the right and left feet. R2's orders: Apply skin prep to the intact blister to the top of the left foot. Wrap loosely with kerlix PRN as needed. START: 03/19/24 END: 04/03/24 Cleanse open area to the top of the right foot with wound cleanser. Apply foam dressing. Change PRN until healed as needed. START: 03/19/24 END: 04/06/24 Apply skin prep to the intact blister to the top of the left foot. Wrap loosely with kerlix QD and PRN (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525329	A. Building B. Wing	09/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rib Lake Health Services	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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	in the evening. START: 03/20/24 END: 04/06/24 Cleanse open area to the top of the right foot with wound cleanser. Apply foam dressing. Change QD and PRN until healed in the evening. START: 03/20/24 END: 04/06/24 Sorbact swab dressing to bilateral dorsal feet ulcers and heels, cover with a ABD pad and cast padding to secure in place. Betadine apply to right 2nd toe eschar. Dermagrip compression stocking applied to bilateral extremities in the afternoon every Mon, Wed, Fri for wound care. START: 04/03/24 END: 04/16/24 R2's skin assessments: 02/15/24 - admission assessment: Left foot has three scabbed areas on dorsal side each measuring 0.5cm x 0.5cm. Bruise on top of foot just back from toes measuring 5.0cm x 2.0cm. Right foot. Top of foot has a scab 0.7cm x 0.5cm. Great toe has no deficit. 2nd and 3rd toes are webbed and have scabbed areas: 2nd toe 0.5cm x 0.8cm. 3rd toe 0.5 x 0.5cm. 4th toe has scab 0.5cm x 0.5cm. 03/16/24 - R2 developed a fluid filled blister to left foot. Foam border applied and feet elevated. 03/19/24 - Intact blister to the top of the right foot popped. Measures 3.0cmL x 2.8cmW and is a partial thickness wound. Peri wound is pink and blanches. Wound edges are intact. Area cleansed with wound cleanser and dressing applied. Intact blister to the top of the left foot. Measures 5.8CML x 8.0 CM W. Applied skin prep to the intact blister and wrapped loosely with kerlix. No update was made to R2's comprehensive care plan made to include interventions and treatment of bilateral non-pressure injuries of feet. The wound continued until R2 was admitted to hospice services on 05/17/24. R2's progress notes: 4/3/2024 11:23 Aspirus wound clinic called to ask for the phone number for Pharmerica (R2's pharmacy), as the wound culture had moderated growth of MRSA. They will be sending a script for ATB to Pharmerica. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525329	A. Building B. Wing	09/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rib Lake Health Services	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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	No order for a prescription was entered or administered by facility for R2. Surveyor was unable to find any further documentation regarding treatment of MRSA infection with antibiotics or follow-up of culture results. On 09/11/24 at 12:55 PM, Surveyor completed phone interview with Wound Clinic Nurse (WCN) K. WCN K stated that on 04/03/24 at 11:28 AM, the facility was notified of the wound culture results being positive for MRSA and an antibiotic prescription was called in directly to the pharmacy for R2. WCN K stated this was completed via telephone and was acknowledged by facility nursing staff. On 09/11/24 at 1:31 PM, Surveyor interviewed Director of Nursing (DON) B regarding the wound clinic culture results. DON B stated that after review of R2's record, DON B saw the note made on 04/03/24 by facility nursing staff receiving the phone call about the positive MRSA culture and subsequent antibiotic being ordered. DON B stated she was unaware of this and contacted the pharmacy to verify the order on 09/11/24. DON B stated there was a problem with the facility entering the order into R2's chart as the nurse who received the phone call from the wound clinic did not get the prescription information. As a result, the pharmacy did not send over the prescription because it was never entered into R2's order. The prescription stayed with the pharmacy and was never sent for administration for R2. DON B stated this was an error by the facility and acknowledged that not administering this medication could have resulted in delayed healing or harm to the resident. DON B acknowledged a care plan was not in place for the care of the blisters.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525329	A. Building B. Wing	09/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rib Lake Health Services	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 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care or services that was trauma informed and/or culturally competent. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46694 Based on observations, interviews and record reviews, the facility failed to ensure 1 of 1 resident (R26) reviewed for post-traumatic stress disorder (PTSD) received culturally competent trauma-informed care in accordance with professional standards of practice and accounting for each resident's experience and preferences in order to eliminate or mitigate re-traumatization. Findings: According to Substance Abuse and Mental Health Services Administration (SAMHSA, 2014) (https://www.ncbi.nlm.nih.gov/books/NBK207191/), The impact of trauma can be subtle, insidious, or outright destructive. How an event affects an individual depends on many factors, including characteristics of the individual, the type and characteristics of the event(s), developmental processes, the meaning of the trauma, and sociocultural factors. SAMHSA explains trauma causes immediate and delayed emotional, behavioral, physical, cognitive, and existential reactions. The facility's policy titled, Trauma Informed Care, date revised 10/18/2022, stated in part: It is the policy of this facility to provide care and services which, in addition to meeting professional standards, are delivered using approaches which are culturally competent, account for experiences and preferences, and address the needs of trauma survivors by minimizing triggers and/or re-traumatization . Policy Explanation and Compliance Guidelines: 1. The facility will work to facilitate the principles of trauma informed care . 2. The facility will use a multi-pronged approach to identifying a resident's history of trauma. This will include asking the resident about triggers that may be stressors or ay prompt recall of a previous traumatic even, as well as reviewing documentation such as the history and physical, consultation notes, or information received from family/responsible party . 4. The facility will collaborate with resident trauma survivors, and as appropriate, the resident's family, friends, the primary care physician, and any other health care professionals (such as psychologists and mental health professionals) to develop and implement individualized care plan interventions. 5. The facility will identify triggers which may re-traumatize residents with a history of trauma. Trigger-specific interventions will identify ways to decrease the resident's exposure to triggers which re-traumatize the resident, as well as identify ways to mitigate or decrease the effect of the trigger on the resident and will be added to the resident's care plan . 8. In situations where a trauma survivor is reluctant to share their history, the facility will still try to identify triggers which may re-traumatize the resident and develop care plan interventions which minimize or eliminate the effect of the trigger on the resident. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525329	A. Building B. Wing	09/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rib Lake Health Services	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 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R26 was admitted to the facility on [DATE] with a Brief Interview of Mental Status (BIMS) of 10, which indicated R26 had moderately impaired cognition. R26's Minimum Data Set (MDS), dated [DATE], indicated that R26 had a diagnosis of PTSD. R26 had a Trauma-Informed Care Observation dated 03/23/22, that stated in part: B. Observation Detail . 1. Have you ever experienced, witnessed, learned about a natural disaster (e.g. flood, tornado, hurricane, earthquake, etc.)? Personally experienced. 2. Have you ever experienced, witnessed, learned about a serious accident (e.g. car accident, boat accident, train wreck, plane crash, work accident, home accident, recreational accident, fire/explosion, etc.)? Personally experienced . 4. Have you ever experienced, witnessed, learned about a life-threatening illness or injury (e.g. cancer, heart attack, AIDS, leukemia, multiple sclerosis, etc.)? Witnessed. 5. Have you ever experienced, witnessed, learned about a physical assault (e.g. attacked, hit, beaten up, etc.)? Witnessed. a. Was a weapon involved? Yes. 6. Have you ever experienced, witnessed, learned about combat or war-zone (e.g. combat in the military, as a medic, as a civilian, etc.)? Personally experienced. 7. Any other very stressful events or experience? Resident indicating his time in the service was very difficult mentally. C. Experience 1. Did any of these events bother you? Yes 2. Comment on events resident was bothered by: Resident did not wish to share details but stated his time in service was mentally exhausting. Resident stating, he signed up to be in the Marines for 3 years however at the end of his 3-year term he was told he had to do another year term in the Mojave Desert in hope to help him clear his mind of all the things he experienced while in active combat. D. Effects 1. How long were you bothered by the events? Resident noting it still bother him to this day. Resident became quite tearful during the assessment but did not wish to go into any details. Resident stating, he would not change being in the service but all he experienced during that time made him a different person. 2. How much did the events bother you emotionally? Very much. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525329	A. Building B. Wing	09/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rib Lake Health Services	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 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3. What are the triggers that remind you of the event (e.g. loud noises, confined spaces, bathtubs, hot surfaces, siren, etc.)? Resident noting he does not have any triggers that he is aware of. Resident stating, he does not mind being asked about his service but wants people to understand if he shares only limited information. 4. How do you react when you are reminded of the events? I don't know how to answer that question. It was a different world back then. I didn't come home the same man . Additional Observer info: Resident did become tearful several times throughout assessment . On 09/09/24 at 9:24 AM, Surveyor asked R26 if R26 was in the military. R26 replied, I was with the first [NAME] division. We had to fight China and Russia to take this big reservoir. I enlisted with the Marines for 3 years and the government gave me a 4th year in the Mojave Desert. We killed so many people. When I came back from Korea things were not so good in my head. R26 began crying during this interview. On 09/09/24 at 11:56 AM, Surveyor asked the Director of Nursing (DON) B for specific triggers for R26's PTSD. On 09/10/24 at 7:57 AM, Surveyor noted there was no trauma informed interventions or triggers in the medical record or care plan provided. On 09/10/24 at 9:59 AM, DON B provided Surveyor with a trauma informed care plan dated 09/10/24 (today). On 09/10/24 at 11:09 AM, Surveyor asked MDS coordinator Registered Nurse (RN) J if this care plan was initiated today. RN J confirmed that it was. On 09/10/24 at 12:00PM, Surveyor reviewed assessments completed in R26's medical record. There was a Trauma-Informed Care Observation completed on 03/29/22 (date of admission) and a second one completed on 09/10/24 (today), after Surveyor asked questions about R26's PTSD. Surveyor noted no trauma informed plan to eliminate triggers that may cause re-traumatization for R26. On 09/11/24 at 8:42 AM, Surveyor interviewed Certified Nursing Assistant (CNA) F about R26's military service and PTSD. Surveyor asked CNA F, Do you know if R26 has any triggers regarding his PTSD? CNA F replied, He cries from time to time. I avoid talking about his history and change the subject.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525329	A. Building B. Wing	09/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rib Lake Health Services	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 - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 30570 Based on observation, interview and record review, the facility did not distribute foods and beverages in a manner to prevent contamination. The facility practice has the potential to affect 28 of 39 residents who routinely eat in their rooms. Surveyors observed meal service for lunch on 9/09/24 and breakfast service on 9/10/24. Surveyor observed foods and beverages being distributed to residents from a food cart down the wings to their rooms without cover to prevent contamination. This is evidenced by: Surveyor requested and reviewed the facility policy titled Meal Distribution with most recent revision of 2/2023. The policy in part reads: Policy Statement: Meals are transported in dining locations in a manner that .protects against contamination. Procedure: All foods that are transported to dining areas that are not adjacent to the kitchen will be covered. On 09/09/24 at 12:09 pm, Surveyor observed the tray cart approximately one quarter down the North Hall with Nursing Home Administrator (NHA) A and Certified Nursing Assistants (CNA) C and D delivering the trays from the cart to resident rooms down the wing. Surveyor noted the main entree was covered on a plate with a plate cover. The strawberry shortcake, Jello and applesauce were observed in small bowls which were not covered. Surveyor observed staff pour beverages to glasses and cups that were placed on the trays and not covered during transport from the cart to resident rooms. Surveyor observed CNA C take the cart from North Hall to South Hall and placed the cart near the first rooms at the end of the hall. Again, Surveyor observed NHA A and CNA C and D transport meal trays from the cart up and down the hall. The beverages and the small dished items are not covered during transport up the hallway to resident rooms. Surveyor noted the cart does not have lids or saran wrap available to cover the items. Surveyor observed CNA E go to the cart and pour juice into cup, leave the wing with the glass which was not covered and deliver to a resident on the South Hall. On 9/10/24 at 7:38 am, Surveyor observed breakfast service on the South Hall. Surveyor observed the meal cart at the start of the hallway. Surveyor observed CNA F removing trays from the cart with main entree that was on a plate and covered. Surveyor observed CNA F pour beverages to glasses and place them on the meal trays. The beverages were not covered and were distributed to the residents in their rooms up the hallway. On 9/10/24 at 9:48 am, Surveyor interviewed CNA F about the observation. CNA F expressed it is normal practice for the meal carts to be brought to the end of the hallways and for staff to pour beverages to glasses/cups to place on the trays for delivery. CNA F further expressed beverages and other small items are not usually covered when transported from the cart to resident rooms. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525329	A. Building B. Wing	09/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rib Lake Health Services	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 - Some	On 9/10/24 at 1:35 pm, Surveyor interviewed Dietary Manager (DM) G about the observation and the expectation related to covering foods and beverages during distribution. DM G expressed staff should use saran wrap to cover foods and beverages during distribution to prevent contamination. Surveyor requested a list of residents who routinely eat in their rooms. DM G provided Surveyor with a list that contained 28 residents who routinely eat in their rooms that have the potential to be affected by this practice.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525329	A. Building B. Wing	09/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rib Lake Health Services	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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49353 Based on interview and record review, the facility did not establish an Infection Control Program under which it investigates, controls, and prevents infections in the facility, or a system for recording incidents identified under the facility's Infection Control Program, including corrective action in a timely manner, for both residents and staff. This has the potential to affect all 39 residents in the facility. -The facility did not have an adequate surveillance program in place for tracking and monitoring infectious disease for staff and residents. -Observations were made of facility staff not implementing proper infection control practices during and after resident cares for 1 of 1 resident on Enhanced Barrier Precautions (R2). Findings: Facility policy entitled: Infection Surveillance, with a last revised date of 03/08/23, states in part: .surveillance of communicable diseases and infections will include signs and symptoms of infection, a resident started on an antibiotic, microbiology testing, isolation precautions, microbiology test results show drug resistance. Facility policy entitled: Hand Hygiene, with a last revised date of 11/02/23, states in part: Staff will perform hand hygiene when indicated, using proper technique consistent with accepted standards of practice. Additional considerations: The use of gloves does not replace hand hygiene. If your task requires gloves, perform hand hygiene prior to donning gloves, and immediately after removing gloves. Infection surveillance: On 09/11/24, Surveyor reviewed the facility infection surveillance log for staff and residents for the period of 09/23-09/24 and noted the following: All residents listed did not include symptoms of illness. All residents listed did not include the date symptoms resolved. All residents listed did not include culture results, if applicable. All residents listed did not include type of isolation precautions implemented, date implemented, or date discontinued. On 04/03/24, R2's record review indicates a positive culture result of Methicillin-resistant Staphylococcus aureus (MRSA). This was not included on the infection surveillance log. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525329	A. Building B. Wing	09/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rib Lake Health Services	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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 09/11/24 at 7:17 AM, Surveyor interviewed Unit Manger (UM) I regarding infection surveillance logs. Surveyor asked UM I who was responsible for the infection surveillance logs. UM I stated that it is UM I's responsibility. Surveyor asked UM I to clarify the items that were to be monitored on the surveillance logs. UM I stated that each column on the list identifies what should be monitored. Surveyor asked UM I if the expectation is to have the surveillance log filled in entirely in all the documented columns. UM I stated yes. Surveyor asked why the columns of symptoms, symptom date of onset, symptoms resolution date, and transmission-based precautions (TBP) were all void of documentation. UM I stated the information was missing due to being new in this role and inexperience with this kind of documentation. Surveyor asked who was responsible for documenting and monitoring the infection surveillance log prior to UM I. UM I stated not being able to recall who had the role prior. UM I stated recognition of the infection surveillance log not being documented appropriately and is currently working to improve the practice. On 09/11/24 at 10:42 AM, Surveyor interviewed Director of Nursing (DON) B regarding the absence of R2 from the infection surveillance log for the MRSA infection noted on 04/03/24. DON B stated not being aware of a MRSA infection and directed Surveyor to speak with UM I. DON B stated further investigation of this would be completed and would get back to Surveyor with results. On 09/11/24 at 10:44 AM, Surveyor interviewed UM I regarding the absence of R2 from the infection surveillance log for the MRSA infection noted on 04/03/24. UM I stated not being aware of a MRSA infection but would try to find more information. On 09/11/24 at 12:50 PM, Surveyor interviewed UM I regarding the documentation of R2's MRSA infection. UM I stated being unable to find any additional information beyond a nursing note in R2's Electronic Medical Record (EMR) On 09/11/24 at 1:31 PM, Surveyor interviewed DON B, who is also the Infection Preventionist (IP), regarding infection surveillance logs. Surveyor asked DON B who is responsible for the infection surveillance log. DON B stated that she assists with the monitoring, but that UM I took over the responsibility 05/24. Surveyor asked DON B what items should be included on the infection surveillance logs. DON B stated that it should include symptoms, start/end date of symptoms, TBP start/end date if applicable, culture and test results, and any antibiotics prescribed. Surveyor asked if DON B was aware of the incomplete documentation on the infection surveillance log that was reviewed for the timeframe of 09/23-09/24. DON B stated she was aware and that it is one of the many projects to be included in improving. Surveyor asked DON B if there was a current plan of correction in place for the surveillance log. DON B replied that there was not. Example 2 R2 was admitted to the facility on [DATE] with pertinent diagnoses of diabetes mellitus type 2 and peripheral vascular disease. R2's most recent quarterly Minimum Data Set (MDS), dated [DATE], stated R2's Brief Interview for Mental Status (BIMS) score was 9/15, indicating moderately impaired cognition. R2 was identified as always incontinent of bowel and bladder. R2's comprehensive care plan, initiated 02/15/24, included in part: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525329	A. Building B. Wing	09/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rib Lake Health Services	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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	FOCUS Urinary incontinence r/t: impaired mobility, infection (UTI prior to admission), physical limitations On 09/10/24 at 7:19 AM, Surveyor observed Certified Nursing Assistant (CNA) L and CNA H complete personal cares for R2. R2 is on Enhanced Barrier Precautions (EBP) related to open wounds. Surveyor entered R2's room with CNA H, who completed hand hygiene and donned PPE that included a gown and gloves prior to entering room. Upon entering R2's room, CNA L was observed at bedside with R2, wearing only gloves. CNA H filled water basin and gathered supplies for R2's personal cares and placed items on R2's bedside table. CNA L began removing blankets and items from R2's bed to prepare for cares. CNA H asked CNA L to put on a gown and gloves as R2 was EBP. CNA L removed gloves and did not complete hand hygiene. CNA L donned a gown and gloves and returned to bedside. CNA H completed upper body cares with R2 following appropriate infection control practices of clean cloth for each new area cleansed and used the clean basin water appropriately. CNA L was observed completing peri cares on R2 using the same washcloth to clean and rinse area and repeatedly dipped the washcloth in the dirty water basin. After completing cares, CNA L applied zinc cream to R2's peri area and applied a new incontinence brief. CNA L did not change dirty gloves or complete hand hygiene between tasks. CNA L then assisted CNA H with repositioning R2 in bed and repositioning R2's clean bed sheets with same dirty gloves on. After cares were completed, CNA L reapplied R2's blankets without removing dirty gloves. CNA H removed supplies from R2's bedside table and did not disinfect table. CNA L and CNA H removed PPE and completed hand hygiene. On 09/10/24 at 7:44 AM, Surveyor interviewed CNA L and CNA H about cares provided. Surveyor asked both CNAs what the EBP sign on R2's door meant. CNA H stated that R2 had a wound, so staff needed to wear a gown and gloves when providing care. Surveyor asked both CNAs if they received education and training for infection control and EBP. Both CNAs stated yes. Surveyor asked CNA L what practices should be followed for EBP. CNA L stated hand washing, wearing a gown, and gloves. Surveyor asked if these practices were followed during R2's cares. CNA L stated not being sure and stated being new to the facility and usually works at another location. Surveyor asked if the other location was part of this facility's organization. CNA L stated it was. Surveyor asked CNA L if infection control training was provided at their location. CNA L stated not being sure but thinks it might have been during orientation a couple months ago when CNA L was hired. On 09/11/24 at 10:42 AM, Surveyor interviewed DON B regarding infection control practices during resident cares. DON B stated the expectation is for staff to follow standard precautions and any additional precaution identified for a resident. Surveyor informed DON B about the observations during cares for R2. DON B stated frustration and disappointment that CNA L did not follow infection control as they were only there helping at the facility for the day. DON B stated that all facility organization staff receive the same infection control education and CNA L should have followed proper hand hygiene and EBP policies while providing care for R2.