

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525332	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/06/2024
NAME OF PROVIDER OR SUPPLIER  Riverview Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE  428 N 6th St Tomahawk, WI 54487	

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>46693</p> <p>Based on observation and interview, the facility did not ensure staff followed procedures for the accurate administration of insulin. Staff did not complete a safety check by priming the needle on an insulin pen to ensure the injectable pens were dispensing insulin before administration for 1 of 2 residents (R), (R3).</p> <p>Findings include:</p> <p>Manufacturer's instructions for insulin pens state in part, .Step 3. Perform a Safety test. Always perform the safety test before each injection. Performing the safety test ensures that you get an accurate dose by: ensuring that pen and needle work properly. Removing air bubbles. A. Select a dose of 2 units by turning the dosage selector. B. Take off the outer needle cap and keep it to remove the used needle after injection. Take off the inner needle cap and discard it. C. Hold the pen with the needle pointing upwards. D. Tap the insulin reservoir so that any air bubbles rise up towards the needle. E. Press the injection button all the way in. Check if insulin comes out of the needle tip. You may have to perform the safety test several times before insulin is seen.</p> <p>On 11/05/24 at 7:17 AM, Surveyor observed Registered Nurse (RN) G take a Glargine insulin pen out of the medication cart and verify the label with the orders. RN G took a needle out of the drawer, wiped the end of the insulin pen with an alcohol wipe, and attached the needle to the insulin pen. RN G dialed the pen to 22 units per the order on the Medication Administration Record (MAR). RN G picked up the insulin pen to approach R3 when Surveyor stopped RN G and asked about priming the needle. RN G stated, I don't need to with this one, except if it is new. I do it with the other ones. RN G then primed the needle with 2 units twice until insulin was visibly coming out of the needle. RN G then dialed the pen to the 22-unit dose. This verified the pen was working correctly and ensured R3 received the correct dose of insulin.</p> <p>On 11/05/24 at 9:17 AM, Surveyor interviewed Director of Nursing (DON) B and asked what the facility policy and procedure was for priming insulin pens prior to administering the prescribed dose. DON B stated all nurses should prime the needle with at least 2 units, until the insulin is coming out, prior to dialing the pen to the prescribed dose. Surveyor explained the observations of RN G almost administering insulin with a pen to R3 without priming the needle. DON B stated RN G was not following the correct procedure and will educate RN G right away.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525332	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/06/2024
NAME OF PROVIDER OR SUPPLIER  Riverview Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 428 N 6th St Tomahawk, WI 54487	
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44863</b></p> <p>Based on interview and record review, the facility did not ensure one of five residents (R15) reviewed for unnecessary medications had appropriate monitoring and indication for use of an antipsychotic medication.</p> <p>R15 was prescribed risperidone for a diagnosis of dementia with behaviors.</p> <p>Behavior monitoring did not include the behaviors the medication was being used to treat.</p> <p>This is evidenced by:</p> <p>The facility policy titled, Psychotropic Medications read in part, Residents should not receive psychotropic drugs unless the medication is necessary to treat a specific condition, as diagnosed and documented in the clinic record, and the medication is beneficial to the resident, as demonstrated by monitoring and documentation of the resident's response to the medication(s).</p> <p>Psychotropic medications can affect behavior, mood, thoughts, and perceptions. Psychotropic medications include antipsychotic medications. Risperidone is an antipsychotic medication used to treat schizophrenia and bipolar disorder.</p> <p>R15 was admitted to the facility on [DATE]. Diagnoses included dementia with behavioral disturbance, depression, and Pick's disease (frontotemporal dementia).</p> <p>R15's Minimum Data Set (MDS) assessment, dated 08/03/24, confirmed R15 scored 00/15 during Brief Interview for Mental Status (BIMS), indicating severe cognitive impairment. MDS indicated R15 had no behaviors. R15's Power of Attorney is activated to assist with decision making.</p> <p>R15's physician orders included the following:</p> <p>-01/30/24, Risperidone 0.5 mg two times daily for dementia with behaviors.</p> <p>-05/02/24, BEHAVIORS: monitor for itching, picking at skin, restlessness, hitting, biting, spitting, kicking, cussing, elopement, stealing, delusions, hallucination, aggression, refusal of cares, every shift. If any NEW behaviors observed, document in progress notes.</p> <p>R15's care plan included in the following, in part:</p> <p>-02/14/24, At risk for adverse effects related to use of antipsychotic medication.</p> <p>-Evaluate effectiveness of medication.</p> <p>-Non-pharmacological interventions.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525332	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/06/2024
NAME OF PROVIDER OR SUPPLIER  Riverview Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 428 N 6th St Tomahawk, WI 54487	

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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Target behaviors: crying, yelling out, agitation.</p> <p>On 11/06/24 at 12:31 PM, Surveyor interviewed Registered Nurse (RN) G. RN G stated R15 did not have any behaviors.</p> <p>On 11/06/24 at 12:36 PM, Surveyor interviewed Director of Nursing (DON) B. DON B stated R15 had a history of food behaviors prior to her admission. R15's behaviors included eating others' food and eating soap. DON B confirmed R15 did not exhibit these behaviors at the facility.</p> <p>On 11/06/24 at 12:49 PM, Surveyor interviewed Nurse Practitioner (NP) I. NP I explained R15 had food aggression behaviors prior to her admission to the facility. NP I described R15's behaviors as, She would take what she wanted. NP I stated R15's daughter and POA reported risperidone worked well to reduce R15's food aggression and insisted R15 continue the medication when admitted to the facility.</p> <p>NP I verified R15 had a diagnosis of Pick's disease and symptoms of Pick's disease included compulsive behaviors, and changes in diet, or mouth-centered behaviors. NP I confirmed R15 was receiving risperidone related to a diagnosis of Pick's disease with food aggression.</p> <p>On 11/06/24, Surveyor reviewed R15's behavior monitoring in her treatment administration record. Surveyor noted behavior monitoring included itching, picking at skin, restlessness, hitting, biting, spitting, kicking, cussing, elopement, stealing, delusions, hallucination, aggression, and refusal of cares. Surveyor noted R15's behavior monitoring reflected she did not exhibit any of these behaviors. Surveyor noted food aggression was not listed as a behavior.</p> <p>It was determined R15 was receiving risperidone related to food aggressive behaviors. Because food aggression was not listed as one of R15's behaviors, the behavior monitoring is not an accurate assessment to determine if risperidone is a necessary medication.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525332	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/06/2024
NAME OF PROVIDER OR SUPPLIER  Riverview Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE  428 N 6th St Tomahawk, WI 54487	
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 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>44863</p> <p>Based on interview and record review, the facility did not ensure menus were followed to meet the nutritional needs of each resident. This practice had the potential to affect all 38 residents residing in the facility.</p> <p>Meals were not provided as listed on the menu.</p> <p>The facility did not consult with the Registered Dietitian when changes were made to the menu to ensure nutritional adequacy.</p> <p>Findings:</p> <p>According to The Academy of Nutrition and Dietetics, The menu must meet the Recommended Dietary Allowances, but the actual amount of food served to an individual resident should meet her/ his needs, not exceed them. Food is an essential component of quality of life; an unpalatable or unacceptable diet can lead to poor food and fluid intake, resulting in malnutrition and related negative health effects.</p> <p>On 11/04/24 at 8:11 AM, Surveyor completed initial tour of the kitchen with Dietary Manager (DM) F. DM F reported to Surveyor she will be changing menu items this week. DM F reported the planned menu for Wednesday's lunch and Thursday's dinner will be substituted with a soup and sandwich. DM F explained the facility will be changing menu items approximately twice weekly due to budgeting concerns. Surveyor asked DM F if the facility's Registered Dietitian (RD) approved menu changes and/or substitutions. DM F stated she logs the substituted items, and the RD approves the substitutions when she is on-site every month.</p> <p>On 11/04/24 at 12:51 AM, Surveyor interviewed RD H. RD H reported the facility's menus are approved by corporate dietitians. RD H confirmed she is on-site in the facility monthly. RD H confirmed dietary staff keep a log of substituted food items, and RD H signs off on the log when she is on-site.</p> <p>Surveyor asked RD H if there was risk to the residents if the menu changes were approved up to 30 days after being served. RD H confirmed menu substitutions could impact the nutritional value, based on what the planned item was versus the substitution. RD H acknowledged an RD should be approving menu substitutions prior to being served to ensure nutritional value is not altered.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525332	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/06/2024
NAME OF PROVIDER OR SUPPLIER  Riverview Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 428 N 6th St Tomahawk, WI 54487	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>44863</p> <p>Based on observation, interview and record review, the facility did not ensure proper sanitization and food handling practices to prevent the outbreak of foodborne illness for all 38 residents (R).</p> <p>The facility did not measure the internal temperature of the dishwasher.</p> <p>Dietary staff did not wear appropriate hair restraints.</p> <p>Findings:</p> <p><b>DISHWASHER</b></p> <p>The Food and Drug Administration (FDA) Food Code requires that commercial dishwashers achieve a utensil surface temperature of 71 C (160 F) as measured by an irreversible registering temperature indicator.</p> <p>On 11/04/24 at 1:23 PM, Surveyor observed Dietary Aide (DA) E washing dishes using a commercial dishwasher. DA E stated the dishwasher was a high temperature dishwasher. Surveyor noted the dishwasher's temperature log was not completed on 11/02/24 and 11/03/24. DA E stated sometimes he forgets. Surveyor asked DA E how dietary staff check to ensure the dishwasher's temperature is reaching the appropriate temperature for sanitization. DA E stated they were using test strips but had not been doing this. DA E was not able to find the test strips.</p> <p>On 11/04/24 at 1:25 PM, Surveyor interviewed Dietary Manager (DM) F. DM F reported the facility used an electronic probe that measures the internal and surface temperature of the dishwasher. DA E and DM F both acknowledged the test strips or the data logger had not been used to ensure the dishwasher was reaching the required temperatures to ensure sanitization.</p> <p><b>HAIR RESTRAINT</b></p> <p>The facility's policy titled, Staff Attire, read in part, All staff members will have their hair off the shoulders, confined in a hair net or cap, and facial hair properly restrained.</p> <p>On 11/04/24 at 7:29 AM, Surveyor completed an initial tour of the kitchen. Surveyor observed DA E moving throughout the kitchen, preparing for breakfast. DA E was preparing coffee, opening refrigerator doors to obtain cold beverages, and rolling silverware in cloth napkins. Surveyor observed DA E's hairnet was not completely covering his hair, and hair was exposed at the sides and the back of his head. Surveyor observed DA E had facial hair that was not covered.</p> <p>On 11/04/24 at 8:11 AM, Surveyor interviewed DM F. DM F stated she was unaware DA E was not wearing a beard net to cover his facial hair. DM F confirmed all hair is to be covered when in the kitchen.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525332	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/06/2024
NAME OF PROVIDER OR SUPPLIER  Riverview Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 428 N 6th St Tomahawk, WI 54487	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>30570</p> <p>Based on observation, record review and interview, the facility did not perform hand hygiene when warranted during resident cares. The facility practice affected 1 of 3 residents observed for cares (R10).</p> <p>Certified Nursing Assistant (CNA) C did not perform hand hygiene after performing R10's peri care and before proceeding to touch presumably clean items.</p> <p>Findings Include:</p> <p>Surveyor requested and received the facility policy titled Hand Hygiene dated 11/02/22. The policy in part read:</p> <p>Policy: All staff will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors. This applies to all staff working in all locations within the facility.</p> <p>Definitions: Hand Hygiene is a general term for cleaning your hands by handwashing with soap and water or the use of antiseptic hand rub, also known as alcohol-based hand rub (ABHR).</p> <p>Policy Explanation and Compliance Guidelines:</p> <p>1. Staff will perform hand hygiene when indicated using proper technique consistent with accepted standards of practice.</p> <p>Additional Considerations:</p> <p>a. 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.</p> <p>Surveyor also received and reviewed the Facility policy titled Hand Hygiene Table dated 11/02/24. The table indicated hand hygiene with soap and water or ABHR is required:</p> <p>~After handling items potentially contaminated with blood, body fluids .</p> <p>~Before applying and after removing personal protective equipment (PPE) including gloves.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525332	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/06/2024
NAME OF PROVIDER OR SUPPLIER  Riverview Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 428 N 6th St Tomahawk, WI 54487	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 11/05/24 at 9:51 AM, Surveyor observed CNA C and CNA D assist R10 with morning cares. Surveyor observed CNA C and CNA D wash their hands and don gloves to provide R10 a bed bath. CNA C removed R10's soiled bedding and R10's soiled brief. CNA C removed gloves and donned clean gloves. CNA C did not perform hand hygiene. CNA C indicated R10 was incontinent of bladder and bowel. CNA C wiped R10's buttocks with peri wipes to remove a small amount of bowel movement and washed, rinsed and dried R10's buttocks. CNA C applied barrier cream to R10's buttocks and placed a clean brief on R10 without removing her gloves, performing hand hygiene or donning clean gloves. CNA C removed the remainder of R10's soiled brief and soiled bedding, removed her gloves and donned clean gloves. CNA C did not perform hand hygiene and proceeded to place a clean sheet and clean pad on R10's bed and adjusted R10's clean brief. CNA C covered R10 with a clean blanket and took the basin to the bathroom to empty, removed her gloves and performed hand hygiene.</p> <p>On 11/05/24 at 10:19 AM, Surveyor interviewed CNA C about the observation. CNA C indicated R10 was incontinent of bladder and a small amount of bowel. CNA C expressed she should have removed her gloves, performed hand hygiene and donned clean gloves after she performed peri-care and before she proceeded to handle R10's clean items to prevent cross contamination. CNA C expressed she did not have hand sanitizer in her pocket to perform hand hygiene at bedside. CNA C further stated she should carry hand sanitizer in her pockets to make hand hygiene at bedside easier to ensure hand hygiene is done when needed.</p> <p>On 11/05/24 at 3:47 PM, Surveyor interviewed Director of Nursing (DON) B regarding the observation. DON B indicated staff should have hand sanitizer in their pockets to have it available for hand hygiene at bedside. Staff should remove their gloves, perform hand hygiene and don clean gloves when going from a dirty task to a clean task to prevent cross contamination and the spread of infection.</p>		