

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525335	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/05/2025
NAME OF PROVIDER OR SUPPLIER Shawano Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 1436 S Lincoln St Shawano, WI 54166	

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 - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>47248</p> <p>Based on observation, staff interview, and record review, the facility did not ensure food was stored and prepared in a sanitary manner. This practice had the potential to affect more than 4 of the 42 residents residing in the facility. (One resident received nutrition via tube feeding.)</p> <p>During multiple observations, Dietary Manager (DM)-C did not wear a beard net in the kitchen.</p> <p>Findings include:</p> <p>The facility's dining services' Staff Attire policy, revised 10/2023, indicates: All employees wear approved attire for the performance of their duties .1. All staff members will have their hair off the shoulders, confined in a hair net or cap, and facial hair properly restrained .</p> <p>During a continuous kitchen observation that began at 9:12 AM on 2/4/25, Surveyor observed DM-C in the kitchen assisting with kitchen prep. DM-C's beard was not covered with a beard net.</p> <p>During a continuous observation of lunch service that began at 11:43 AM on 2/4/25, Surveyor observed DM-C assist with lunch trays, weigh meat loaf prior to service at the steam table, and cut meatloaf into serving sizes without wearing a beard net. Surveyor interviewed DM-C who indicated the Food Code does not have a regulation that indicates beard nets need to be worn. DM-C was not sure if the facility had a policy regarding beard nets but stated DM-C would look and obtain the policy for Surveyor if possible.</p> <p>On 2/4/25 at 1:35 PM, Surveyor entered the kitchen and observed DM-C cooking food on the stove without a beard net. DM-C indicated DM-C found the facility's policy on hair restraints. Surveyor and DM-C reviewed the policy in DM-C's office. DM-C confirmed the policy indicated beard hair nets were required and showed Surveyor that DM-C had a bag full of beard nets.</p> <p>On 2/5/25 at 10:17 AM, Surveyor entered the kitchen with DM-C who was not wearing a beard net and did not obtain or apply a beard net. Surveyor observed DM-C speak with kitchen staff at the stove. Throughout the observation, Surveyor did not observe DM-C restrain DM-C's beard with a beard net.</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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