

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525363	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Suring Health and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 430 Manor Dr Suring, WI 54174	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38793</p> <p>Based on observation, staff interview, and record review, the facility did not maintain an infection prevention and control program designed to prevent the transmission of communicable disease and infection for 1 resident (R) (R4) of 4 sampled residents.</p> <p>R4 had an indwelling Foley catheter. Enhanced Barrier Precautions (EBP) were not initiated for R4. In addition, R4's uncovered catheter drainage bag was in contact with the floor during provision of cares on [DATE].</p> <p>Findings include:</p> <p>The facility's undated Enhanced Barrier Precautions (EBP) policy indicates an order for EBP will be obtained for residents with any of the following: .indwelling medical devices such as urinary catheters. Implementation of EBP will include making gowns and gloves available immediately outside the resident's room. Personal protective equipment (PPE) will be worn during high-contact resident care activities, such as dressing, bathing, transferring, providing hygiene, changing linens, changing briefs, or assisting with toileting, etc.</p> <p>The facility's Catheter Care policy, revised [DATE], indicates the facility will ensure residents with indwelling catheters receive appropriate catheter care and maintain their dignity and privacy when indwelling catheters are in use. Privacy bags will be available and catheter drainage bags will be covered at all times while in use.</p> <p>On [DATE], Surveyor reviewed R4's medical record. R4 was admitted to the facility on [DATE] and had diagnoses including type 2 diabetes, morbid obesity, severe sepsis, and chronic kidney disease stage 3. R4 was readmitted from the hospital with a Foley catheter on [DATE] after treatment for a urinary tract infection (UTI) and urosepsis. R4's Minimum Data Set (MDS) assessment, dated [DATE], stated R4's Brief Interview for Mental Status (BIMS) score was 15 out of 15 which indicated R4 had intact cognition. R4 was R4's own decision maker.</p> <p>R4's medical record did not contain an order for EBP. Surveyor noted R4 recently completed a course of antibiotics for a UTI on [DATE].</p> <p>On [DATE] at 9:50 AM, Surveyor observed R4's doorway and room. Surveyor did not observe a sign that indicated R4 was on EBP or a storage bin containing gowns and gloves required for EBP.</p> <p>(continued on next page)</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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(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 [DATE] at 10:05 AM, Surveyor observed Certified Nursing Assistant (CNA)-C and CNA-D transfer R4 and provide cares including personal hygiene, dressing, assistance with toileting, and a linen change. CNA-C and CNA-D did not wear gowns during the provision of high-contact cares. At 10:06 AM, CNA-C and CNA-D transferred R4 from the bed to the commode via Sit-to-Stand lift. At the start of the transfer, CNA-C placed R4's catheter bag on the foot rest of the lift and then placed the catheter bag on the floor when CNA-D raised R4 in the lift. R4's catheter bag did not have a privacy cover and there was no barrier between the bag and the floor. At 10:09 AM, CNA-C and CNA-D transferred R4 to the commode. CNA-C placed R4's uncovered catheter bag on the foot rest of the lift during toileting and hygiene cares. At 10:32 AM, CNA-C and CNA-D transferred R4 into a power scooter via Sit-to-Stand lift. Surveyor noted R4's catheter bag was still on the foot rest of the lift and R4's right foot (with a grippy sock) was standing on the uncovered catheter bag. CNA-C then put R4's uncovered catheter bag on the floor and tidied up the room while CNA-D removed the lift from R4's room. At 10:36 AM, CNA-C covered R4's catheter bag with a privacy bag that was secured to R4's scooter.</p> <p>On [DATE] at 11:35 AM, Surveyor interviewed Director of Nursing (DON)-B regarding EBP, catheter care, and appropriate infection control practices. DON-B verified R4 should be on EBP due to an indwelling catheter and verified CNA-C and CNA-D should have worn gowns and gloves during the provision of high-contact cares. DON-B verified R4 was not currently on EBP and indicated it was missed. DON-B verified R4's catheter bag should not have been put on the foot rest or the floor and should be in a privacy bag at all times.</p>		