

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 09/05/2024
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 0551</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give the resident's representative the ability to exercise the resident's rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43361</p> <p>Based on staff interview and record review, the facility did not ensure court-ordered protective placement was obtained for 1 resident (R) (R26) of 16 sampled residents.</p> <p>R26 was under guardianship. The facility did not ensure court-ordered protective placement in the least restrictive environment was obtained after R26's nursing home stay exceeded 60 days.</p> <p>Findings include:</p> <p>From 9/3/24 to 9/5/24, Surveyor reviewed R26's medical record. R26 was admitted to the facility on [DATE] with a diagnosis of Alzheimer's disease. R26's Minimum Data Set (MDS) assessment, dated 8/17/24, had a Brief Interview for Mental Status (BIMS) score of 2 out of 15 which indicated R26 had severely impaired cognition. R26 had a guardianship that was activated on 1/24/22.</p> <p>R26's medical record did not contain protective placement paperwork.</p> <p>On 9/4/24 at 8:55 AM, Surveyor interviewed Social Worker (SW)-H who confirmed R26 had a guardian but did not have protective placement in the facility. SW-H indicated a law firm completed R26's guardianship but did not pursue protective placement and the courts were backed up. SW-H indicated a resident had 60 days in the facility prior to the pursuance of protective placement. SW-H acknowledged R26 resided at the facility since 2/16/22 and stated at the time of R26's admission, another admissions person would've looked at guardianship.</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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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43361</p> <p>Based on staff, resident, and family interview and record review, the facility did not provide the necessary care and services to prevent and/or promote healing of pressure injuries for 1 resident (R) (R5) of 4 sampled residents.</p> <p>R5's plan of care indicated R5 had left buttock and right sacral moisture-associated skin damage (MASD) and contained an intervention to turn/reposition R5 every 2-3 hours. The intervention was not consistently implemented.</p> <p>Findings include:</p> <p>The facility's Turning and Repositioning policy, with an implementation date of 6/25/24, indicates: All residents at risk of or with existing pressure injuries, will be turned and repositioned, unless it is contraindicated due to a medical condition. In this case, small shifts in repositioning will be employed. Turning and repositioning is a primary responsibility of nursing assistants; however, all nursing staff are expected to assist with turning and repositioning.</p> <p>From 9/3/24 to 9/5/24, Surveyor reviewed R5's medical record. R5 was admitted to the facility on [DATE] and had diagnoses including moisture-associated skin dermatitis (MASD) and hemiplegia (weakness on one side of the body) affecting the right dominant side. R5's Minimum Data Set (MDS) assessment, dated 8/24/24, had a Brief Interview for Mental Status (BIMS) score of 13 out of 15 which indicated R5 had intact cognition. R5 started Hospice services on 8/14/24.</p> <p>On 9/3/24 at 9:31 AM, Surveyor interviewed R5 and R5's spouse who was visiting R5. R5 and R5's spouse indicated R5 recently saw a wound doctor due to areas of concern on R5's buttock. The wound doctor indicated R5 should be repositioned every 2-3 hours which R5 stated didn't occur. R5's spouse indicated staff did not have enough time to reposition R5 every 2-3 hours.</p> <p>R5's medical record indicated:</p> <p>~ R5's care plan indicated R5 had actual impairment to skin related to end stages of life. The care plan indicated R5 had left buttock and right sacral MASD and contained an intervention to turn/reposition R5 every 2-3 hours.</p> <p>~ On 8/26/24, R5 saw wound care nurse for an initial evaluation due to skin concerns on R5's left buttock. The wound note indicated R5 had MASD on the right sacral area with partial thickness skin breakdown. The wound bed was pink with no slough. The periwound was intact with no odor or sign of infection. R5 also had a macerated (superficial open area with pink tissue to the wound bed) area on the left buttock due to incontinence of urine and stool. The periwound was intact with no odor or sign of infection.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>~ A Hospice Registered Nurse (RN) note, dated 8/27/24, indicated a Hospice RN spoke with a facility nurse who reported no new concerns. The Hospice RN spoke with the charge nurse who provided a medication list and new orders for R5's left buttock wound. When the Hospice RN arrived at the facility, R5 was in bed brushing R5's teeth. R5's spouse was assisting R5 with morning cares. R5's spouse stated R5 was usually ready for the day by 11:00 AM, but staff had not come in to assist yet. Per the Wound RN's directions, R5 should be repositioned every 2 hours which R5's spouse stated was not being done. R5's spouse also expressed frustration that the facility was short-staffed and cares were not done in a timely manner. The Hospice RN spoke with the charge nurse following the visit to ensure R5's care plan included 2 hour repositioning. The charge nurse verified repositioning was care planned and stated staff had been repositioning R5. The Hospice RN reported R5 and R5's spouse denied R5 was being repositioned. The charge nurse stated R5 was in R5's wheelchair and outside today. The Hospice RN corrected the charge nurse and indicated R5 had not left R5's bed today which another staff confirmed. The Hospice RN urged the charge nurse to have staff comply with 2 hour repositioning due to the wound on R5's buttock.</p> <p>Surveyor reviewed a Certified Nursing Assistant (CNA) task sheet for turning and repositioning for the past 30 days. Surveyor noted the task was not signed out as completed at all on 5 out of 35 days and was not signed out on at least one of the shifts for 16 out of 35 days.</p> <p>On 9/4/24 at 4:30 PM, Surveyor interviewed Licensed Practical Nurse (LPN)-K who indicated there were usually 2 CNAs and 1 nurse scheduled for the PM shift. LPN-K indicated it was busy and challenging to get everything done. LPN-K indicated staff were not able to reposition residents as often as they should but they tried.</p> <p>On 9/5/24 at 12:46 PM, Surveyor interviewed CNA-I who stated during the AM shift there were usually 2 CNAs on CNA-I's wing and it was busy. CNA-I stated CNA-I tried to reposition residents, but it was a struggle at times and it did not always get done.</p> <p>On 9/5/24 at 2:12 PM, Surveyor interviewed Director of Nursing (DON)-B who stated CNAs should document repositioning in residents' medical records. DON-B indicated DON-B expects staff to reposition residents every 2-3 hours if they need it and expects CNAs to document every time repositioning is completed, but at least document that it was completed on their shift. Surveyor showed DON-B the CNA documentation that indicated some days/shifts repositioning was not completed at all. Surveyor also noted staff documented No which meant repositioning had not been done on their shift. DON-B acknowledged R5 should be repositioned every 2-3 hours.</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51043</p> <p>Based on observation, staff interview and record review, the facility did not ensure a cervical collar was implemented per the physician's order for 1 resident (R) (R32) of 1 sampled resident.</p> <p>R32 was admitted to the facility following a neck fracture. During an observation on 9/3/24, R32's cervical collar (neck brace) was on R32's bed. R32 indicated the collar should be on. R32's plan of care did not indicate when R32 should wear the collar or if the collar could be removed.</p> <p>Findings include:</p> <p>From 9/3/24 to 9/5/24, Surveyor reviewed R32's medical record. R32 was admitted to the facility on [DATE] with a diagnosis of unspecified displaced fracture of second cervical vertebra (fracture in upper neck). R32's Minimum Data Set (MDS) assessment, dated 7/27/24, stated R32's Brief Interview for Mental Status (BIMS) score was 14 out of 15 which indicated R32 had intact cognition. R32's medical record indicated R32 was responsible for R32's healthcare decisions.</p> <p>On 9/3/24 at 10:10 AM, Surveyor entered R32's room. R32 stated my neck hurts and I need to put this back on. Surveyor observed a cervical collar on R32's bed. R32 put the cervical collar on, pointed to R32's neck, and stated, They gave me something for my neck pain. I broke 3 bones and it's not healing. R32 also indicated R32 was not sure of R32's next appointment or when R32 could ask about new padding and when to take the collar off.</p> <p>On 9/3/24 at 11:18 AM, Surveyor observed a nurse leave R32's room. Surveyor entered R32's room and noted R32 was not wearing the cervical collar.</p> <p>R32's care plan indicated R32 had an alteration in musculoskeletal status related to a cervical fracture and multiple left-sided rib fractures and contained interventions to give analgesics as ordered by the physician, monitor and document for side effects and effectiveness, and monitor placement of the cervical collar. The care plan did not indicate the frequency of when R32 should wear the collar or if the collar could be removed.</p> <p>R32's Treatment Administration Record (TAR) indicated to monitor for skin breakdown every 4 hours but did not indicate to monitor if R32 wore the cervical collar. R32's Medication Administration Record (MAR) and TAR did not contain orders for wearing the cervical collar.</p> <p>A Neuroscience Group consultation report, dated 5/13/24, contained recommendations for a cervical X-ray and to wear the cervical collar at all times except during hygiene. The report stated to follow-up in 8 weeks with a CT (computed tomography) scan.</p> <p>A Neuroscience Group consultation report, dated 7/8/24, contained recommendations for a CT scan prior to removal of the collar and to notify nursing upon completion of the scan.</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R32's May 2024 MAR indicated: Monitor: Keep cervical collar on at all times every shift for C2, C3 fracture until follow-up appointment (start date 4/25/24, discontinue date 5/16/24). R32's MAR indicated the order was discontinued after 5/16/24 and nursing staff no longer monitored if R32 wore the collar each shift.</p> <p>On 9/5/24 at 8:36 AM, Surveyor interviewed Certified Nursing Assistant (CNA)-G. When asked when R32 should wear the cervical collar, CNA-G stated R32 should wear the collar twenty four/seven but could remove the collar to shower. When asked how CNA-G knew that information, CNA-G replied, My nurse.</p> <p>On 9/5/24 at 8:40 AM, Surveyor interviewed Registered Nurse (RN)-F. When asked when R32 should wear the cervical collar, RN-G replied, At all times. It's what the order says. When Surveyor requested to see the order, RN-F indicated RN-F could not find the order.</p> <p>On 9/5/24 at 9:09 AM, Surveyor interviewed Director of Nursing (DON)-B about the order for R32's cervical collar. DON-B stated, The last I received was a phone call from there after the result from the CT (scan) to wear for 6-8 more weeks. When Surveyor asked DON-B to show Surveyor the current order, DON-B could not find the order and indicated there should be an order to wear the collar and when to take it off.</p> <p>On 9/5/24 at 10:26 AM, DON-B approached Surveyor and stated, At that time, we had another patient with a (cervical) collar and the discontinue order was for a different resident. DON-B indicated the correct order for R32's cervical collar was in place now and 6 weeks was next week.</p>

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43361</p> <p>Based on staff interview and record review, the facility did not provide necessary treatment and services related to nutrition for 2 residents (R) (R17 and R13) of 3 sampled residents.</p> <p>R13 was at risk for weight loss and R13's dentures were missing. R13's diet was not altered until the R13's dentures were found.</p> <p>Registered Dietitian (RD)-J was not contacted per the physician's request to review R17's tube feeding when a new medication was started.</p> <p>Findings include:</p> <p>1. From 9/3/24 to 9/5/24, Surveyor reviewed R13's medical record. R13 was admitted to the facility on [DATE] and had a diagnosis of moderate protein calorie malnutrition. R13's Minimum Data Set (MDS) assessment, dated 8/3/24, had a Brief Interview for Mental Status (BIMS) score of 13 out of 15 which indicated R13 had intact cognition.</p> <p>R13's medical record indicated the following:</p> <p>~ A mini-nutritional assessment, dated 7/29/24, indicated R13 was malnourished.</p> <p>~ R13's plan of care indicated R13 had altered nutrition, a history of chewing problems, weight fluctuations, and dentures.</p> <p>~ On 8/25/24, R13 weighed 83.7 pounds; On 9/1/24, R13 weighed 82.4 pounds.</p> <p>~ A weight change note, dated 8/25/24 at 4:20 PM, indicated: Weight Warning: Continued weight loss noted. R13's appetite is poor. R13 often eats bites for meals and chooses to eat on R13's own when offered assistance by staff.</p> <p>R13 is a picky eater. Staff and R13's family provide foods R13 will eat and enjoy. The writer called R13's family regarding R13's continued weight loss and over-all decline.</p> <p>On 9/3/24 at 12:50 PM, Surveyor interviewed R13 who was in bed with the head of the bed elevated and a lunch tray in front of R13. R13 was moaning loudly and was not eating lunch. Surveyor asked how R13's lunch was and observed cut up chicken on R13's plate. R13 stated R13 wanted eggs because R13 didn't have bottom teeth and couldn't chew.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 9/5/24 at 12:06 PM, Surveyor observed R13 eating lunch in bed. Surveyor observed eggs on R13's plate. When Surveyor asked how R13's lunch was, R13 stated the meal was good. When Surveyor asked if R13 was wearing R13's dentures, R13 stated R13's dentures had been missing for approximately a week. R13 stated staff were aware and had searched for them. R13 indicated R13 could eat soft food without dentures.</p> <p>On 9/5/24 at 12:20 PM, Surveyor interviewed Certified Nursing Assistant (CNA)-I who indicated R13's dentures had been missing since last week. CNA-I indicated R13 had 2 set of dentures and the bottom dentures of R13's good set were missing. CNA-I stated CNA-I looked for R13's dentures early last week.</p> <p>On 9/5/24 at 12:23 PM, Surveyor interviewed Dietary Manager (DM)-C who was not aware R13's dentures were missing. Surveyor informed DM-C of the observation on 9/5/24 of cut up chicken on R13's lunch plate and R13's comments that R13 could not eat because R13's dentures were missing. DM-C indicated DM-C wanted to know if R13's dentures were missing so DM-C could adjust R13's diet. DM-C also indicated R13 ordered alternate foods regularly and sometimes did so last minute.</p> <p>On 9/5/24 at 12:25 PM, Surveyor interviewed Director of Nursing (DON)-B who was not aware R13's dentures were missing.</p> <p>On 9/5/24 at 12:26 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A who also not aware R13's dentures were missing. Surveyor informed NHA-A of R13's lunch and comments as well as staff comments. NHA-A acknowledged dietary should have been notified so R13's diet could have been altered. NHA-A stated NHA-A would search for R13's dentures. On 9/5/24 at 12:42 PM, NHA-A approached Surveyor and stated R13's dentures were found in R13's crayon bin.</p> <p>2. From 9/3/24 to 9/5/24, Surveyor reviewed R17's medical record. R17 was admitted to the facility on [DATE] with diagnoses including gastrostomy status (G-tube feeding) and malignant neoplasm of oropharynx (throat cancer).</p> <p>A physician note, dated 8/28/24, indicated R17 had low sodium and elevated potassium and a dose of Kayexalate was sent. The note also stated to make dietary aware for any adjustments to R17's tube feeding.</p> <p>A progress noted, dated 8/28/24 at 11:32 AM, indicated the writer was notified by a Medical Doctor (MD) that R17 had low sodium and elevated potassium and asked that dietary be made aware. A dose of Kayexalate was sent. The Kayexalate order needed clarification because there was no dose and the writer was waiting for a response. In addition, R17's urinary analysis (UA) culture was abnormal and the facility was waiting on sensitivity results.</p> <p>On 9/5/24, DON-B provided Surveyor with an email response from RD-J time stamped 9/5/24 at 2:23 PM that indicated RD-J's recommendations were to monitor and document fluids consumed orally in the fluid task and document the flushes in R17's Medication Administration Record (MAR). R17's fluids would be reassessed in 3 days to determine R17's overall fluid consumption (both flushes and orally) and recommendations made based on R17's consumption. It was recommended that the nurse follow-up with the MD if labs were needed.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 9/5/24 at 2:55 PM, Surveyor interviewed DON-B who indicated RD-J's response was received today and DON-B expected a response sooner than 8 days after the physician's request.</p> <p>On 9/5/24 at 3:12 PM, Surveyor interviewed RD-J via phone. RD-J indicated RD-J was not notified by the facility until today. RD-J indicated the facility usually emailed RD-J with this type of information. RD-J reviewed RD-J's communication with the facility and stated the facility did not notify RD-J of the physician's request prior to that day.</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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>47248</p> <p>Based on observation, staff interview, and record review, the facility did not ensure diet orders and menus were followed to ensure nutritional needs were met for 13 residents (R) (R30, R16, R1, R11, R12, R20, R24, R2, R10, R4, R6, R5, and R7) of 13 residents.</p> <p>During the 9/3/24 lunch meal, the facility served full serving desserts and did not offer diet desserts or 1/4 size servings for R30, R16, R1, R11, R12, R20, R24, R2, R10, R4, R6, R5, and R7 who were ordered carbohydrate-controlled diets.</p> <p>During the 9/3/24 lunch meal, the facility did not ensure all menu items were served to residents.</p> <p>Findings include:</p> <p>The facility's Therapeutic Diet Orders document, dated 4/9/24, indicates: The facility provides all residents with foods in the appropriate form and/or the appropriate nutritive content as prescribed by a physician, and/or assessed by the Interdisciplinary Team (IDT) to support the resident's treatment/plan of care, in accordance with his/her goals and preferences .therapeutic diet is a diet ordered by a physician, or delegated registered or licensed dietician, as part of treatment for a disease or clinical condition. Examples include low salt, diabetic, or low cholesterol diets .Dietary and nursing staff are responsible for providing therapeutic diets in the appropriate form and/or the appropriate nutritive content as prescribed.</p> <p>On 9/3/24 at 10:15 AM, Surveyor received the facility's Resident Diet/Texture/Tray Aid Report, printed 9/3/24, that indicated the following:</p> <ul style="list-style-type: none"> ~ R30 had an order for a controlled carbohydrate diet. ~ R16 had an order for a consistent carbohydrate diet. ~ R1 had an order for a consistent carbohydrate diet. ~ R11 had an order for a diabetic diet with limited sweets. ~ R12 had an order for a consistent carbohydrate diet. ~ R20 had an order for a limited sweets diet. ~ R24 had an order for a diabetic diet with limited sweets. ~ R2 had an order for a consistent carbohydrate diet. ~ R10 had an order for a consistent carbohydrate diet. ~ R4 had an order for a consistent carbohydrate diet. <p>(continued on next page)</p>

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>~ R6 had an order for a consistent carbohydrate diet.</p> <p>~ R5 had an order for a controlled carbohydrate diet.</p> <p>~ R7 had an order for a consistent carbohydrate diet.</p> <p>On 9/3/24 at 12:45 PM, Surveyor interviewed Anonymous Resident (AR)-99 who stated AR-99 takes pictures of the menus and finds it concerning that the menu frequently changes without prior knowledge. AR-99 also stated AR-99 does not get all the items that are listed for meals.</p> <p>Surveyor observed the menu binder for week 3 of spring/summer 2024. The menu indicated lunch was meatloaf, parslied potatoes, carrots, a dinner roll, and bread pudding. Surveyor noted the serving size for low concentrated sweets/low sugar diets was a 1/4 cup of bread pudding. The serving size for regular diets was a 1/2 cup of bread pudding.</p> <p>During a continuous kitchen observation that began at 11:03 AM on 9/4/24, Surveyor observed Dietary Manager (DM)-C place desserts on meal trays. Surveyor noted all meal tickets indicated the ordered diets coincided with the Resident Diet/Texture/Tray Aid Report provided by Nursing Home Administrator (NHA)-A. Surveyor observed DM-C take a serving of bread pudding off the top of the cart and place it on R30's tray. Surveyor noted the bread pudding was the same size as all other desserts. Surveyor interviewed DM-C who stated dessert is baked and cut into equal pieces that equal the total amount of residents to be served. Surveyor continued to observe DM-C take desserts off the top of the cart and place them on meal trays. When there were no more desserts on top of the cart, DM-C took desserts off the bottom of the cart and placed them on meal trays, including trays of residents who were ordered low sweet, consistent carbohydrate, and diabetic diets. In addition, Surveyor observed lunch service at the tray line and noted there were no dinner rolls served to residents.</p> <p>On 9/4/24 at 2:02 PM, Surveyor interviewed DM-C and Regional Dietary Manager (RDM)-D who stated low concentrated sweets serving sizes for the lunch meal were served to all residents with a consistent carbohydrate, diabetic, and low sweet/sugar diets. DM-C and RDM-D confirmed 13 residents on the Resident Diet/Texture/Tray Aid Report were ordered consistent carbohydrate, diabetic, or low sweet/sugar diets. RDM-D stated 1/4 cup servings were located on the bottom of the cart despite the fact DM-C indicated the serving sizes were the same size on the top and bottom of the cart. DM-C and RDM-D stated they did not know dinner rolls were on the lunch menu and confirmed dinner rolls were not served.</p>		

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 09/05/2024
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 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>51043</p> <p>Based on observation, staff interview, and record review, the facility did not ensure food was prepared in a sanitary manner. This practice had the potential to affect all 34 residents residing in the facility.</p> <p>Staff did not perform proper hand hygiene while plating food.</p> <p>Staff did not wear a beard net that covered all facial hair while plating food.</p> <p>Staff did not check the water temperature of the sanitizing solution prior to testing the parts per million (ppm).</p> <p>Findings include:</p> <p>On 9/2/24 at 8:24 AM, Surveyor began an initial tour of the kitchen with [NAME] (CK)-E who stated the facility followed the Federal Food Code.</p> <p>Hand Hygiene:</p> <p>The 2022 Food and Drug Administration (FDA) Food Code documents at 3-304.15 Gloves Use Limitation: (A) If used, single-use gloves shall be used for only one task such as working with ready-to-eat food or with raw animal food, used for no other purpose, and discarded when damaged or soiled, or when interruptions occur in the operation.</p> <p>The facility's Handwashing policy, with a review date of 3/14/24, indicates: 1. When to wash hands: a. When entering the kitchen at the start of a shift. b. After touching bare human body parts other than clean hands and wrists .f. After handling soiled equipment or utensils. g. During food preparation, as often as necessary to remove soil or contamination and prevent cross contamination when changing tasks .i. Before donning disposable gloves for working with food and after gloves are removed. j. After engaging in other activities that contaminate hands.</p> <p>On 9/3/24 at 11:24 AM, Surveyor observed CK-E plate food while Dietary Manager (DM)-C covered the plates and put the plates in a food cart. During breaks in plating food, Surveyor observed CK-E adjust CK-E's beard net, touch the stove repetitively, and then continue to plate food without completing hand hygiene.</p> <p>Beard Net:</p> <p>The 2022 FDA Food Code documents at 2-402.11: Food employees shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed food, clean equipment, utensils, linens, and unwrapped single-service and single-use articles.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Suring Health and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 430 Manor Dr Suring, WI 54174	
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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>During an observation on 9/3/24 that began at 11:24 AM, Surveyor observed CK-E adjust CK-E's beard net to cover CK-E's facial hair on multiple occasions. Surveyor noted the beard net did not cover CK-E's mustache or upper cheek area (which contained hair) while CK-E plated food.</p> <p>On 9/3/24 at 12:43 PM, Surveyor interviewed Registered Nurse (RN)-F about a resident's complaint of hair in their food during the lunch meal on 9/3/24. RN-F stated a hair was imbedded in pea salad and it was not the resident's hair.</p> <p>Sanitizing Solution:</p> <p>The Hydrion Quaternary test strip package insert directions indicate the test solution should be between 65 and 75 degrees Fahrenheit (F) at the time of testing.</p> <p>A sign on a wall in the kitchen indicated the water temperature in the sanitizing buckets should be checked prior to the ppm test and should be 65 to 75 degrees F.</p> <p>On 9/2/24 at 8:24 AM, Surveyor observed CK-E sanitize the countertops.</p> <p>On 9/3/24 at 12:44 PM, Surveyor interviewed CK-E. When asked how to prepare a bucket of sanitizing solution to sanitize the countertops, CK-E stated pH test strips were used each time and logged. When asked if CK-E checked the water temperature prior to using a test strip, CK-E indicated CK-E did not check or document the water temperature. When Surveyor referred to the sign on the wall that indicated the water temperature should be checked prior to the ppm test, CK-E stated CK-E should have checked the temperature.</p>		

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NAME OF PROVIDER OR SUPPLIER Suring Health and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 430 Manor Dr Suring, WI 54174	

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<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>49563</p> <p>Based on observation, staff interview, and record review, the facility did not maintain an infection prevention and control program designed to help prevent the development and transmission of disease and infection during the provision of care for 2 residents (R) (R12 and R29) of 2 sampled residents.</p> <p>On 9/4/24, staff did not complete proper hand hygiene during medication pass for R12 and R29.</p> <p>Findings include:</p> <p>The facility's Hand Hygiene policy, dated 12/23/24, indicates: 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 .2. Hand hygiene is indicated and will be performed under the conditions listed in, but not limited to the attached hand hygiene table. The hand hygiene table attached to the policy indicates staff should perform hand hygiene before preparing or handling medication.</p> <p>On 9/4/24 at 8:20 AM, Surveyor observed Registered Nurse (RN)-F prepare medication for R12. After medication preparation, RN-F did not perform hand hygiene prior to administering the medication to R12.</p> <p>On 9/4/24 at 8:35 AM, Surveyor observed RN-F prepare medication for R29. RN-F did not perform hand hygiene prior to medication preparation, after medication preparation, or prior to administering the medication to R29.</p> <p>On 9/4/24 at 8:40 AM, Surveyor interviewed RN-F who indicated hand hygiene should be performed before preparing medication, after preparing medication, and when finished administering medication. RN-F verified RN-F did not perform hand hygiene before and after medication preparation.</p> <p>On 9/5/24 at 10:56 AM, Surveyor interviewed Director of Nursing (DON)-B who verified hand hygiene was not completed during medication pass. DON-B stated DON-B expects staff to perform hand hygiene prior to medication preparation, after medication preparation, and after medication distribution.</p>

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NAME OF PROVIDER OR SUPPLIER Suring Health and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 430 Manor Dr Suring, WI 54174	

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43361</p> <p>Based on staff interview and record review, the facility did not ensure a vaccination was offered for 1 resident (R) (R10) of 5 sampled residents.</p> <p>R10 was not offered the PCV20 vaccination in accordance with Centers for Disease Control and Prevention (CDC) guidelines and the facility's policy.</p> <p>Findings include:</p> <p>The facility's Pneumococcal Vaccine (Series) policy, with an implementation date of 6/2023, indicates: It is our policy to offer residents immunization against pneumococcal disease in accordance with current CDC guidelines and recommendations. 2. Each resident will be offered a pneumococcal immunization unless it is medically contraindicated or the resident has already been immunized. Following assessment for any medical contraindications, the immunization may be administered in accordance with physician-approved standing orders .7. A pneumococcal vaccination is recommended for all adults [AGE] years and older and based on the following recommendations: For adults [AGE] years or older who have received PCV13 at any age and PPSV23 before age [AGE] years: Give 1 dose of PCV20 at least 5 years after the last pneumococcal vaccine.</p> <p>From 9/3/24 to 9/5/24, Surveyor reviewed R10's medical record. R10 was admitted to the facility on [DATE] with diagnoses including diabetes and cerebral infarction. R10's Minimum Data Set (MDS) assessment, dated 6/11/24, had a Brief Interview for Mental Status (BIMS) score of 14 out of 15 which indicated R10 had intact cognition. R10 was R10's own person and was greater than [AGE] years old.</p> <p>Surveyor reviewed R10's vaccinations. R10 signed a consent form for the influenza and COVID-19 vaccine, dated 10/11/23. The consent form also contained dates that R10 received the PPSV23 vaccine (9/19/12) and the PCV13 vaccine (3/13/15). The line that would have contained the date for the PCV15 or PCV20 vaccine was blank. R10's medical record did not indicate R10 was offered the PCV20 vaccine.</p> <p>On 9/5/24 at 11:49 AM, Surveyor interviewed Director of Nursing (DON)-B who indicated R10 was not offered the PCV20 vaccine. DON-B indicated R10 should have been offered the PCV20 vaccine at the time R10 signed the consent form for the influenza and COVID-19 vaccines.</p>