

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525365	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/22/2025
NAME OF PROVIDER OR SUPPLIER Pine Valley Community Village		STREET ADDRESS, CITY, STATE, ZIP CODE 25951 Circle View Lane Richland Center, WI 53581	

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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Example 2</p> <p>R3 admitted to the facility on [DATE] and has diagnoses that include: chronic respiratory failure with hypoxia (a condition where the lungs struggle to adequately oxygenate the blood), shortness of breath, chronic obstructive pulmonary disease (COPD; a long-term lung disease that makes it difficult to breathe)</p> <p>R3's Minimum Data Set (MDS) with target date of 5/5/25, indicates a Brief Interview of Mental Status (BIMS) score of 14, indicating R3 is cognitively intact.</p> <p>R3's Physician Orders include, in part:</p> <p>*Combivent Respimat inhale one puff into mouth four times daily for COPD</p> <p>*Biotene Moisturizing Mouth spray One spray orally every hour as needed for dry mouth</p> <p>*albuterol sulfate solution for nebulization 2.5 mg (milligrams) / 3 ml (milliliters) one vial: inhale contents of vial into lungs via nebulizer every 4 hours as needed for shortness of breath</p> <p>R3's Self-Administration of Medication, dated 3/27/25, states, in part:</p> <p>*Does resident want to self-administer medications? Yes, some meds (medications).</p> <p>*List medications resident would like to self-administer. Nebs (nebulizer) after set up.</p> <p>*Describe plan of care. May self-administer nebs after set up by nurse.</p> <p>Important to note: there is no assessment or plan of care regarding self-administration of inhaler or mouth spray.</p> <p>On 5/19/25 at 2:06 PM, during initial screening, Surveyor observed combivent Respimat inhaler and Mouth Kote Spray Solution sitting on R3's bedside table. R3 stated the items had been on the bedside table for the last day or so, but was unable to recall exactly how long or who had placed them there.</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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<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/19/25 at 2:12 PM, Surveyor interviewed RN C (Registered Nurse) and asked if residents are able to self-administer medications. RN C stated there are a few. RN C stated that residents need to have an assessment for safety and the self-administration would be noted in the MAR (medication administration record). Surveyor asked if R3 is able to self-administer medications. RN C stated no, I don't believe so. Survey and RN C viewed R3's bedside table. RN C stated that R3 is able to self-administer the nebulizer after set up, but not the inhaler and RN C indicated being uncertain about the mouth spray.</p> <p>On 5/21/25 at 8:17 AM, Surveyor interviewed NS D (Nurse Supervisor) and asked if R3 is able to self-administer medications. NS D stated no. Surveyor asked if combivent and mouth spray were allowed to be kept on bedside table. NS D stated no.</p> <p>On 5/21/25 at 8:38 AM, Surveyor interviewed DON B and asked about facility expectation for self-administration of medication. DON B stated an assessment needed to be completed; if a resident was deemed safe to administer their own medications, an order would be requested from the physician. Surveyor asked if the medication could be left at resident's bedside if there is no assessment for the medication. DON B stated no.</p> <p>Based on observation, interview, and record review, the facility did not ensure that all residents are clinically appropriate to self-administer medications for 2 of 2 residents (R23 and R3) reviewed for self-administration of medications.</p> <p>Surveyor observed R23 to have a cup of medications left on her bedside table on her meal tray for her to take independently. R23 did not have an assessment for self-administration of medications and did not have a physician's order.</p> <p>Surveyor observed R3 to have medication at bedside. R3 did not have a self-administration of medication assessment for the medications at bedside and did not have a physician's order.</p> <p>Evidenced by:</p> <p>The facility's Self-Administration of Medications policy, dated 4/30/07, states, in part: .All residents will be afforded a safe mechanism for the self-administration of medications when desired by the resident and as appropriate.b. When a resident indicates to the social worker or nurse that they wish to self-administer, the social worker or nurse will notify the unit manager. The Nurse Manager/designee will then initiate a Self Administration Assessment. c. If the Self Administration Assessment indicates that self-administration can be accomplished in a safe manner, the nurse manager/designee will arrange a system for the resident that meets the following criteria: 1. Between administrations, all medications will be kept in a secure location .</p> <p>Example 1</p> <p>(continued on next page)</p>		

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<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R23 admitted to the facility on [DATE] and has diagnoses that include: chronic respiratory failure with hypoxia (a condition where the lungs struggle to adequately oxygenate the blood), chronic obstructive pulmonary disease (long term lung disease that makes it difficult to breathe), weakness, atherosclerosis of native arteries of extremities (build up of plaque in the arteries), peripheral vascular disease (a circulatory condition in which narrowed blood vessels reduce blood flow to the limbs), acute kidney failure, hypertensive heart and chronic kidney disease, major depressive disorder, and anxiety disorder.</p> <p>R23's Minimum Data Set (MDS) with a target date of 5/2/25, indicates a Brief Interview for Mental Status (BIMS) score of 15 out of 15, indicating R23 is cognitively intact.</p> <p>On 5/20/25 at 8:35 AM, during initial screening, Surveyor observed a cup of medications sitting on R23's meal tray at bedside. R23 was sitting on her bed eating breakfast at the time. R23 stated she was given the medication cup that morning.</p> <p>On 5/20/25 at 8:40 AM, Surveyor interviewed MA E (Medical Assistant) and asked if R23 was able to self-administer medications. MA E stated R23 likes to take them independently. Surveyor asked if R23 had a completed assessment and order to self-administer medications. MA E stated she would look on the computer; Surveyor observed MA E look on the computer on the medication cart and no documentation was found stating R23 was safe to self-administer medication. Surveyor asked if there should be an assessment and order for self-administering medications and MA E stated yes. MA E and Surveyor went back to R23's room and MA E gave R23 her medications.</p> <p>On 5/21/25 at 8:17 AM, Surveyor interviewed NS D (Nurse Supervisor) and asked if R23 is able to self-administer medications. NS D stated that R23 had been able to self-administer oral medications at one time, but that had been changed and R23 was only able to self-administer topical creams at current time. NS D stated oral medications should not be left on R23's meal tray.</p> <p>On 5/21/25 at 8:38 AM, Surveyor interviewed DON B and asked about facility expectation for self-administration of medication. DON B stated an assessment needed to be completed; if a resident was deemed safe to administer their own medications, an order would be requested from the physician. Surveyor asked if a resident has no current assessment for a medication's self-administration, if the medication could be left at resident's bedside/on the mealtray. DON B stated no.</p>		

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<p>F 0607</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 to prevent abuse, neglect, and theft.</p> <p>Based on record review and interview, the facility did not implement policy and procedures related to screening employees for a prior history of abuse, neglect, exploitation of residents, or misappropriation of resident property for 1 of 8 employees reviewed.</p> <p>RN J (Registered Nurse) did not have a complete background check completed every 4 years.</p> <p>Evidenced by:</p> <p>The facility's policy entitled, Abuse Investigation and Reporting, dated 10/23/22, states, in part: .</p> <p>IV: PROCEDURE: For screening: Employees: All potential employees will be screened for a history of abuse, neglect, mistreatment, or exploitation of a resident or misappropriation of property by attempting to obtain information from previous and current employers and checking with the appropriate licensing boards and registries. The facility will also do background checks on all caregiver staff that are hired by the facility. The facility will not employ individuals who have been found guilty of abuse, neglect, mistreatment, exploitation, or misappropriation of resident property .</p> <p>RN J was hired on 9/3/19, the facility should have run a new complete background check for RN J in 2023. The facility did not have a Background Information Disclosure (BID), Department of Justice (DOJ), or government findings completed for RN J in 2023.</p> <p>On 5/20/22 at 4:45 PM, Surveyor interviewed HR K (Human Resources) who indicated the facility completes a full background check including a BID, DOJ, and government findings upon hire and every four years. HR K indicated she was not sure why RN J's BID, DOJ, and government findings were missed. HR K stated RN J did not have a completed background check for 2023.</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility did not ensure that it was free of medication error rates of 5% or greater. There were 11 errors out of 27 opportunities that affected 2 out of 7 residents (R56 & R36) included in the medication pass task, which resulted in an error rate of 40.74%.</p> <p>R56 did not receive morning medications ordered for 7:30 AM at the correct ordered time.</p> <p>R36 did not receive morning medications ordered for 7:30 AM at the correct ordered time.</p> <p>Evidenced by:</p> <p>The facility policy entitled, Medication Administration, dated 4/08/25, states, in part: .Policy: Medication Administration will be accomplished according to physician order, in compliance with long-term care regulation and standard of practice.</p> <p>Procedure: Administration/Documentation: .</p> <p>7. Every effort will be made to administer medications within 1 hour before and 1 hour after scheduled administration time .15. Medication Pass times will be as follows unless the resident preference, unit schedule, medication-specific directive or other clinical issue makes alternate scheduling more appropriate/desirable:</p> <ul style="list-style-type: none"> a. 0730 AM b. 1130 NOON c. 1500 (3:00 PM) AFTERNOON d. 1800 (6:00 PM) PM e. 2000 (8:00 PM) HS (hour of sleep) <p>16. Medications that are to be distributed at times other than these set med pass times will be scheduled accordingly in the EMAR (electronic medication administration record) .</p> <p>Medication Administration Safety: Preparing and administering medications requires accuracy and the full attention of the nurse. The five rights, is a traditional checklist to promote accuracy in drug administration.</p> <p>1.</p> <p>The five rights are as follows:</p> <ul style="list-style-type: none"> a. Right Drug b. Right Dose <p>(continued on next page)</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>c. Right Resident</p> <p>d. Right Route</p> <p>e. Right Time .</p> <p>Example 1:</p> <p>R56 admitted to the facility on [DATE] and has diagnoses that include chronic atrial fibrillation (a persistent irregular heartbeat lasting longer than 12 months), congestive heart failure (a condition in which the heart doesn't pump blood as well as it should), and type 2 diabetes mellitus (a long-term condition in which the body has trouble controlling blood sugar and using it for energy).</p> <p>R56's Quarterly Minimum Data Set (MDS) Assessment, dated 2/21/25, shows R56 has a Brief Interview of Mental Status (BIMS) score of 15 indicating R56 is cognitively intact.</p> <p>R56's Physician Orders, dated 5/22/2025, states, in part: .</p> <p>Start Date: 12/05/2024 .Digoxin tablet; 125 mcg (micrograms); oral. Special Instructions: Give 125 mcg tablet by mouth once daily for Atrial Fibrillation- Hold for pulse under 60 every day; 07:30 .</p> <p>Start Date: 12/05/2024 .Furosemide tablet; 40 mg (milligrams); oral. Special Instructions: Give 40 mg tablet by mouth once daily for congestive heart failure every day; 07:30 .</p> <p>Start Date: 12/05/2024 . Jardiance (empagliflozin) tablet; 10 mg; oral. Special Instructions: Give 10 mg tablet by mouth once daily for diabetes every day; 07:30 .</p> <p>Start Date: 3/31/2025 .Acetaminophen tablet; 325 mg, amount: 975 mg; oral. Special Instructions: Take three tablets (975 mg) by mouth three times daily for pain. Three Times A Day; 07:30, 13:00, 18:30 .</p> <p>Start Date: 5/08/2025. End Date: 5/22/2025 (discontinue date) Omeprazole capsule, delayed release; 20 mg; amount: 20 mg; oral. Special Instructions: Give 20 mg capsule by mouth two times daily for GERD (gastroesophageal reflux disease) twice a day; 07:30, 18:00 .</p> <p>R56's EMAR for 5/20/22 shows:</p> <p>Order: Acetaminophen tablet; 325 mg, Amount to administer: 975 mg, oral.</p> <p>Frequency: Three Times a Day</p> <p>Special Instructions: Take three tablets (975 mg) by mouth three times a daily for pain. Start/End Date: 3/31/2025- open ended.</p> <p>Time: 07:30 13:00 18:30 .</p> <p>Order: digoxin tablet; 125 mcg; oral.</p> <p>(continued on next page)</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Frequency: Every day.</p> <p>Special Instructions: Give 125 mcg tablet by mouth once daily for atrial fibrillation- hold for pulse under 60.</p> <p>Date: 12/05/2024- open ended.</p> <p>Time: 07:30</p> <p>Order: Furosemide tablet; 40 mg; oral.</p> <p>Frequency: Every day.</p> <p>Special Instructions: Give 40 mg tablet by mouth once daily for congestive heart failure.</p> <p>Date: 12/05/2024- open ended.</p> <p>Time: 07:30</p> <p>Order: Jardiance (empagliflozin) tablet; 10 mg; oral.</p> <p>Frequency: Every day.</p> <p>Special Instructions: Give 10 mg tablet by mouth once daily for diabetes.</p> <p>Date:12/05/2024- open ended.</p> <p>Time: 07:30.</p> <p>Order: Omeprazole capsule, delayed release; 20 mg; Amount to Administer: 20 mg; oral.</p> <p>Frequency: Twice a day.</p> <p>Special Instructions: Give 20 mg capsule by mouth two times daily for GERD.</p> <p>Date: 5/08/2025- open ended.</p> <p>Time: 07:30 & 18:00 .</p> <p>On 5/20/25, at 8:57 AM, Surveyor observed RN G (Registered Nurse) administer R56's 07:30 medications:</p> <ul style="list-style-type: none"> - Jardiance 10 mg tablet - digoxin 125 mcg tablet Pulse- 94 - acetaminophen 325 mg- 3 tablets to equal 975 mg <p>(continued on next page)</p>

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- furosemide 40 mg tablet</p> <p>- omeprazole DR (delayed release) 20 mg tablet.</p> <p>Of note: Medications are ordered to be given at 07:30. Per facility policy, nurses have 1 hour before and 1 hour after the ordered time to administer medications</p> <p>Example 2:</p> <p>R36 admitted to facility on 2/4/25 and has diagnoses that include atrial fibrillation (an irregular, often rapid heart rate that commonly causes poor blood flow), hypertension (a condition in which the force of the blood against the artery walls is too high), dementia with agitation (a group of conditions characterized by impairment of at least two brain functions, such as memory loss and judgment), and pruitus (an uncomfortable, irritating sensation that creates an urge to scratch that can involve any part of the body).</p> <p>R36's Quarterly MDS Assessment, dated 5/14/25, shows R36 has a BIMS score of 01, indicating R36 has severe cognitive impairment.</p> <p>R36's Physician Orders, dated 5/22/25, states, in part: .</p> <p>Start Date: 02/04/2025 .Digoxin tablet; 125 mcg (micrograms); amount: 62.5 mcg; oral. Special Instructions: Give 62.5 mcg tablet by mouth once daily for Atrial Fibrillation- Hold if pulse is under 55 once a day; 07:30.</p> <p>Start Date: 02/04/2025 .Amlodipine tablet; 5 mg (milligrams); amount: 5 mg; oral. Special Instructions: Give 5 mg by mouth daily for hypertension once a day; 07:30 .</p> <p>Start Date: 02/04/2025 .Furosemide tablet; 20 mg; amount: 20 mg; oral. Special Instructions: Give 20 mg by mouth daily for Hypertension once a day; 07:30 .</p> <p>Start Date: 02/04/2025 .Losartan tablet; 100 mg; amount: 100 mg; oral. Special Instructions: Give 100 mg by mouth daily for Hypertension once a day; 07:30 .</p> <p>Start Date: 02/04/2025 .Quetiapine tablet; 25 mg; amount: 12.5 mg; oral. Special Instructions: Give 12.5 mg by mouth two times daily for dementia with agitated behavior/anxiety twice a day; 07:30, 18:00 .</p> <p>Start Date: 02/28/2025 .Prednisolone solution; 15mg/5mL (milligrams/milliliter); amount: 5mg/1.7mL; oral. Special Instructions: Give 5 mg (1.7mL) liquid by mouth daily for chronic pruritis once a day; 07:30 .</p> <p>R36's Electronic Medication Administration Record (EMAR) for 5/21/25 states, in part: .</p> <p>Digoxin tablet, 125 mcg (0.125mg); amount to administer: 62.5 mcg; oral.</p> <p>Frequency: Once a day.</p> <p>(continued on next page)</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Frequency: Once a day.</p> <p>Special Instructions: Give 5 mg (1.7mL) liquid by mouth daily for chronic pruritis.</p> <p>Start/End Date: 02/28/2025-open ended.</p> <p>Time: 07:30 .</p> <p>On 5/21/25, at 8:55AM, Surveyor observed RN H administer R36's 07:30 medications:</p> <ul style="list-style-type: none"> - Digoxin 125 mcg &frac12; tablet (62.5 mcg) Pulse- 60 -Amlodipine 5 mg tablet -Furosemide 20 mg tablet -Losartan 100 mg tablet -Quetiapine 25 mg &frac12; tablet (12.5mg) -Prednisolone 15mg/5mL oral solution (1.7mL) <p>Of note: Medications are ordered to be given at 07:30. Per facility policy, nurses have 1 hour before and 1 hour after the ordered time to administer medications.</p> <p>On 5/22/25 at 2:29 PM, Surveyor interviewed DON B (Director of Nursing) after reconciling medications. Surveyor asked DON B if medications are ordered for 7:30 AM when would you expect the medications to be administered. DON B indicated an hour before and an hour after the ordered time. Surveyor asked, so between 6:30 AM and 8:30 AM, and DON B indicated yes. Surveyor informed DON B of R56 receiving medications at 8:57 AM and R36 receiving medications at 8:55 AM. DON B indicated those would be considered medication errors.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>Based on observation, interview, and record review, the facility did not ensure that all drugs and biologicals used in the facility were stored in accordance with currently accepted professional principles.</p> <p>Surveyor observed medication on top of an unsupervised medication cart in common space of facility.</p> <p>Evidenced by:</p> <p>The facility's Medication Administration policy, dated 4/10/25, states, in part: .Storage: 1. Medication will be stored in medication carts or in locked medication rooms located on each unit. 2. Medication carts not stored in medication rooms will be locked when not in use or within line of sight of the nurse.</p> <p>On 5/21/25 at 10:01 AM, Surveyor observed R53's bottle of polyethylene glycol powder for oral solution (MiraLAX, a bowel medication) sitting on top of the 300 hall medication cart. The cart was in the hall at the edge of the dining room where two residents and two visitors were sitting. There was no nurse on the hall.</p> <p>On 5/21/25 at 10:18 AM, Surveyor interviewed RN C (Registered Nurse) upon RN C's return to the hall. Surveyor asked about the bottle sitting on top of the medication cart. RN C stated it was MiraLAX. Surveyor asked if medications are allowed to be left unattended. RN C stated probably not.</p> <p>On 5/21/25 at 1:00 PM, Surveyor interviewed DON B and asked about storage of medication. DON B stated that medication is not to be left on top of the cart unattended.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525365	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/22/2025
NAME OF PROVIDER OR SUPPLIER Pine Valley Community Village		STREET ADDRESS, CITY, STATE, ZIP CODE 25951 Circle View Lane Richland Center, WI 53581	
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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>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview, and record review, the facility did not store, prepare, distribute, and serve food in accordance with professional standards for food service safety. This has the potential to affect all 68 Residents.</p> <p>Surveyor observed 2 opened bags of chicken patties in the walk-in freezer to be unsealed and without a use by or opened date.</p> <p>The temperatures of the kitchenette high temperature dishwashers were below the minimum recommendations on several days for washing.</p> <p>Findings include:</p> <p>Facility policy, entitled Food Storage: Refrigerated, Frozen, and Dry Foods, last revision date of 1/29/2015, states in part: .When the case is opened and contents of the case are placed into a sealed container, a label will be placed on the container with name of product and date opened is listed on the container .</p> <p>The facility does not have a policy or procedure for dishwasher temperatures.</p> <p>Wisconsin Food Code states, in part: .4-501.110 Mechanical Warewashing Equipment, Wash Solution Temperature. (A) The temperature of the wash solution in spray type warewashers that use hot water to sanitize may not be less than: (2) For a stationary rack, dual temperature machine, 66 degrees C (150 degrees F) .</p> <p>Example 1 - Bags of food not sealed or dated</p> <p>On 5/19/25 at 10:09 AM, during the initial tour of the main kitchen, Surveyor observed 2 opened bags of chicken patties in the walk-in freezer. Each bag was not sealed and did not contain an opened date or use by date.</p> <p>On 5/20/25 at 3:22 PM, Surveyor and DM F (Dietary Manager) observed the opened bags of chicken patties in the walk-in freezer. Surveyor interviewed DM F who indicated she would have expected staff to seal and date the opened bags of chicken patties.</p> <p>Example 2 - Below recommended dishwasher temperatures</p> <p>The facility has 4 separate kitchenettes, one on each of its units (200, 300, 400, 500) to prepare, serve, and store food. These kitchenettes include a refrigerator, pantry, steam tables, and each have a high temperature dishwasher to clean dishes on the unit.</p> <p>On 5/20/25 around 2:45 PM, Surveyor observed the small dishwashers in each of the facility's kitchenettes. Each kitchenette's high temperature dishwasher is monitored by a non-regressing thermometer that documents the internal temperature. Surveyor reviewed the temperature logs for March, April, and May 2025 for each of the dishwashers.</p> <p>(continued on next page)</p>		

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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>The 200 unit dishwasher had 4 days where the temperature was recorded at under 150 degrees F. The temperatures for washing states, in part:</p> <p>May 15th - Breakfast 116, Lunch 109, Supper 110</p> <p>May 16th - Breakfast 106, Lunch 115, Supper 115</p> <p>May 17th - Breakfast 112, Lunch 115, Supper 115</p> <p>May 18th - Breakfast 114, Lunch 112, Supper 110</p> <p>On 5/20/25 around 3:00 PM, Surveyor reviewed the temperature logs for the dishwasher on the 400 unit. The temperatures for washing states, in part:</p> <p>May 2nd - Supper wash 142</p> <p>May 3rd - Supper wash 145</p> <p>On 5/20/25 around 3:10 PM, Surveyor reviewed the temperature logs for the dishwasher on the 500 unit. The temperatures for washing states, in part:</p> <p>May 10th - Breakfast wash 142</p> <p>On 05/20/25 at 3:22 PM, Surveyor interviewed DM F and showed her the temperature logs for the kitchenettes. Surveyor asked about the process when a dishwasher is not at the proper temperature. DM F indicated staff check the temperature of the dishwashers 3 times a day and they run the non-regressing thermometer twice a day. DM F stated staff will rerun the dishes if it's not up to temp, let DM F know if it's still not up to temp and she will put in a maintenance order. Surveyor asked if this is documented anywhere, and she stated no. DM F indicated she would have expected staff to let her know when the dishwasher was not at the proper temperature, and stated they didn't.</p>

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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>Based on observation, interview, and record review, the facility did not maintain an infection control program that ensures hand hygiene is performed during wound care per standards of care to help prevent the development and transmission of communicable diseases and infections. This had the potential to affect 1 of 19 sampled Resident (R10).</p> <p>LPN I (Licensed Practical Nurse) did not complete hand hygiene per standards of practice.</p> <p>As evidenced by</p> <p>The facility policy, Wound Cleansing / Wound Irrigations, revised 7/2/15, indicates, in part, as follows: All wounds will be cleansed to remove bacteria and debris with as little chemical and mechanical force as possible, while protecting the healthy granulating tissue. Wound will be cleansed initially and before applying new dressings. While cleansing nurses will use standard precautions Procedure: .6. Wash hands and apply gloves. 7. Remove old dressing and dispose using standard precautions. 8. Remove gloves, wash hands, and reapply new gloves. 9. Cleanse the wound .10. Pat dry the tissue surrounding the wound using clean, dry gauze, beginning with the skin closest to the wound and working outward. 11. Remove gloves, wash hands, and reapply new gloves. 12. Reapply the new dressing as ordered, per facility policy.</p> <p>R10 was admitted to the facility 8/21/24 R10's diagnoses include, in part, a hammer toe (a foot condition in which the toe has an abnormal bend in the middle joint).</p> <p>During R10's stay, R10 developed a non-pressure wound to her dorsal (top) left second (2nd) toe. The physician documented the etiology as Neuropathic (a chronic, non-healing wound that occurs due to nerve damage typically in the feet).</p> <p>On 5/22/25 at 11:30 AM, Surveyor observed LPN I (Licensed Practical Nurse) complete the dressing change to R10's left second (2nd) toe. Surveyor observed LPN I wash her hands. Surveyor observed LPN I pull a piece of paper out of her pocket, unfold it, and set it on R10's bed. LPN I started to remove R10's shoe and then stopped. LPN I put on gloves and removed R10's left shoe and sock. LPN I doffed (removed) gloves and donned (put on) clean gloves without sanitizing her hands. LPN I removed the old dressing, cleansed the wound, patted the wound dry, applied medihoney with a cotton applicator, and applied a new dressing. LPN I did not sanitize her hands and don new gloves after removing the old dressing and prior to applying the new dressing.</p> <p>On 5/22/25 at 11:40 AM, Surveyor spoke with LPN I. Surveyor asked LPN I, when should you wash or sanitize your hands. LPN I stated, before doing anything. Surveyor asked LPN I, when you're doing a dressing change when should you wash or sanitize your hands. LPN I stated, she probably could have used hand sanitizer after taking the old dressing off and before cleansing the wound. Surveyor asked LPN I, should you wash or sanitize hands in between glove changes. LPN I stated, yes. Surveyor asked LPN I, should you wash or sanitize your hands after touching items in the environment. LPN I stated, yes. LPN I stated, she knows she needs to have a totally fresh start before touching the dressing (starting wound care). LPN I stated, she should have sanitized her hands after touching the paper and resident's shoes. Surveyor asked LPN I, why is it important to use proper hand hygiene. LPN I stated, to prevent infections.</p> <p>(continued on next page)</p>		

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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>On 5/22/25 at 2:35 PM, Surveyor spoke with DON B (Director of Nursing). Surveyor asked DON B, when should staff wash or sanitize their hands. DON B stated, anytime there is contact with a resident, eating/drinking, using the restroom, working with wounds, and with cares. Surveyor asked DON B, would you expect staff to wash or sanitize their hands in between glove changes. DON B stated, yes, absolutely. Surveyor asked DON B, would you expect staff to wash or sanitize their hands after touching items in the environment and performing wound care. DON B stated, yes. Surveyor asked DON B, if staff are touching items in the environment while performing a dressing change, would you expect staff to wash or sanitize their hands before continuing with wound cares. DON B stated, yes. DON B added, if staff take off gloves or put on gloves they should not be touching things in the environment. DON B stated, LPN I should be washing or sanitizing her hands in between glove changes, when touching items in the environment, and when going from dirty to clean during wound care.</p>		