

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525369	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/15/2024
NAME OF PROVIDER OR SUPPLIER Wausau Manor Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 3107 Westhill Dr Wausau, WI 54401	

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 0814</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Dispose of garbage and refuse properly.</p> <p>16692</p> <p>Based on observation and interview, the facility failed to dispose of garbage properly on 3 of 3 days of survey.</p> <p>Garbage was observed setting on the ground outside of the dumpsters and dumpster lids were observed to be open on 3 of 3 days of survey.</p> <p>This is evidenced by:</p> <p>Facility policy and procedure entitled Environment, last revised 9/2017, states in part: All trash will be contained in covered, leak-proof containers that prevent cross contamination. All trash will be properly disposed of in external receptacles (dumpsters) and the surrounding area will be free of debris.</p> <p>On 08/13/24 at 9:15 AM, Surveyor observed the 2 dumpsters; the lids were wide open and 2 bags of garbage were observed on the ground beside the dumpsters.</p> <p>On 08/14/24 at 8:22 AM, Surveyor observed a man inside the dumpster rearranging garbage bags. The man picked up 2 bags of garbage off the ground and placed them into the recyclable dumpster. He appeared to be attempting to rearrange the bags, so the lids could possibly close.</p> <p>On 08/14/24 at 4:00 PM, Surveyor observed the garbage dumpster's lids on both dumpsters were observed to be open.</p> <p>On 08/15/24 at 8:21 AM, Surveyor observed the garbage dumpster's lids wide open; a garbage bag was observed on the ground near the dumpsters.</p> <p>On 08/15/24 at 9:01 AM, Surveyor interviewed Director of Nursing (DON) B and requested information in relation to the garbage as to why the dumpsters were not emptied. DON B indicated the facility had contacted Waste Management (their garbage company) as the garbage hadn't been picked up, and they noticed it was overflowing.</p> <p>On 08/15/24 at 9:19 AM, DON B provided a copy of e-mails, dated 08/14/24, which state in part: I just called Waste Management because our garbage hasn't been picked up all week. Per the automated answering service, our services were ended due to unpaid invoices, again. The past due amount .has to be paid in full and services will start 24 hours after.</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 0814</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>On 08/15/24 at 10:18 AM, Surveyor interviewed Dietary Manager (DM) C who has been with the facility for about a year. Surveyor asked if there have been difficulties getting the facility dumpsters emptied. DM C replied this has happened 3-4 times within the past year.</p>