

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525376	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/18/2024
NAME OF PROVIDER OR SUPPLIER  Upland Hills Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  800 Compassion Way Dodgeville, WI 53533	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 16692</p> <p>Based on interview and record review, the facility did not develop and implement a comprehensive person-centered care plan for 2 (R20, R8) of 12 sampled residents to meet a resident's medical and nursing needs that are identified.</p> <p>R20 did not have a comprehensive person-centered care plan developed for the use of an anticoagulant, a high risk medication.</p> <p>R8 did not have a comprehensive person-centered care plan developed for diabetes.</p> <p>Findings:</p> <p>The facility policy titled, Baseline Care Plan, dated last reviewed 05/2024, states in part:</p> <p>It is the policy of the facility to develop a baseline care plan within 48 hours of admission. Along with the baseline care plan is a summary of care plan that is provided to the resident and representative in a language that can be understood The objective is the completion and implementation of the baseline care plan within 48 hours of a resident's admission is intended to promote continuity of care and communication among nursing home staff, increase resident safety, and safeguard against adverse events that are most likely to occur right after admission; and to ensure the resident and representative, if applicable, are informed of the initial plan for delivery of care and services by receiving a written summary of the baseline care plan 3. The care plan will include at the minimum the following information: a. Initial goals based on admission orders b. Physician orders .g. Instructions needed to provide effective and person centered care that meets professional standards of quality care .</p> <p>Example 1</p> <p>R20 was admitted to the facility on [DATE] with diagnoses that include atrial fibrillation and long term use of anticoagulants.</p> <p>Admission orders for R20, dated 04/16/24, include the anticoagulant, Warfarin 2.5 mg Take as directed by anticoagulation clinic.</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R20's physician orders, dated 09/10/24, include Warfarin Sodium Oral Tablet 5 MG. Give 1 tablet by mouth one time a day every Mon, Wed, Fri and Give 0.5 tablet by mouth one time a day every Tue, Thu, Sat, Sun for atrial fibrillation.</p> <p>Review of R20's care plan on 09/16-17/24 did not reveal a plan of care for the anticoagulation medication use and what symptoms to monitor for, such as bleeding.</p> <p>On 09/17/24 at 1:35 PM, Surveyor interviewed Director of Nursing (DON) B and requested information about R20's care plan and anticoagulation medication use. DON B stated she would go and print a copy of the care plan to show Surveyor.</p> <p>On 09/17/24 at 1:44 PM, Surveyor interviewed DON B who stated, There was not a care plan in place for the anticoagulant. DON B stated that the MDS nurse would normally put those initial care plans in place when entering diagnosis. DON B stated the MDS nurse is no longer with the facility so she cannot ask her why the care plan was not entered. DON B stated she just put the anticoagulation care plan in place now.</p> <p>40590</p> <p>Example 2</p> <p>R8 was admitted to the facility on [DATE] and has diagnoses that include type 2 diabetes mellitus with hyperglycemia, bilateral diabetic retinopathy, type 2 diabetes mellitus with foot ulcer and long-term use of insulin.</p> <p>R8's Minimum Data Set (MDS) assessment, dated 07/04/24, indicates that R8's primary medical condition is type 2 diabetes mellitus with foot ulcer.</p> <p>R8's physician orders show that R8 receives Lantus insulin 2 times a day and Humalog insulin per sliding scale 3 times a day with meals.</p> <p>R8 receives a regular consistency diabetic diet with thin liquids.</p> <p>Review of R8's care plan did not reveal a plan of care for diabetes mellitus type 2.</p> <p>On 09/17/24, Surveyor received a diabetes mellitus care plan for R8 with created date of 09/17/24.</p> <p>On 09/17/24 at 1:44 PM, Surveyor interviewed DON B who stated there was not a care plan in place for diabetes. DON B indicated the MDS nurse who was responsible is no longer with the facility.</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>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46694</p> <p>Based on observation, interview and record review, the facility did not ensure the preparation of food in a clean and sanitary environment with the potential to affect all residents in the facility.</p> <p>Surveyor observed a food item in dry storage with open and expiration dates and wwas beyond the labeled discard date.</p> <p>Surveyor observed a frozen food item uncovered in freezer.</p> <p>Surveyor reviewed facility's documentation and found staff did not document the water temperature or the sanitizing solution.</p> <p>Surveyor observed staff touching fresh cantaloupe with contaminated gloves.</p> <p>Findings:</p> <p>Example: Dry and frozen storage</p> <p>The 2022 FDS Food Code documents at ,d+[DATE].18 Ready-to-Eat, Time/Temperature Control for Safety Food: Disposition .Date marking is the mechanism by which the Food Code requires active managerial control of the temperature and time combinations for cold holding .Date marking requirements apply to containers of processed food that have been opened and to food prepared by a food establishment, in both cases if held for more than 24 hours, and while the food is under the control of the food establishment. This provision applies to both bulk and display containers .A date marking system may be used which places information on the food, such as on an overwrap or on the food container, which identifies the first day of preparation, or alternatively, may identify the last day that the food may be sold or consumed on the premises. A date marking system may use calendar dates, days of the week, color coded marks, or other effective means, provided the system is disclosed to the Regulatory Authority upon request, during inspections.</p> <p>The facility's policy titled, NRC food dating, revised ,d+[DATE], stated in part:</p> <p>.Procedure:</p> <p>Refrigerators:</p> <p>1. Both Culinary Services &amp; NRC CNA staff (noc shift) are responsible for monitoring the expiration/Discard By dates of all food items in the refrigerator on a daily basis.</p> <p>a. All expired food will be removed and discarded.</p> <p>b. Culinary staff will additionally monitor on a monthly basis for pantry-type items that will expire that month (ie salad dressing, ketchup, mustard, etc.)</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>2. Once a food item is opened, it must be labeled and dated with a manually written Discard By date on it .</p> <p>Cupboards:</p> <p>1. Culinary Services staff are responsible for ensuring that all food stored in the cupboards is rotated in a First-In-First-Out (FIFO) basis.</p> <p>2. Culinary staff will monitor on a monthly basis for pantry-type items that will expire that month</p> <p>On [DATE] at 10:45 AM, during initial tour of the kitchen with Dietary Manager (DM) C, Surveyor noted a can of sesame oil had a handwritten opened date and an expiration date. The handwritten expiration date was [DATE]. Surveyor asked DM C about this. DM C indicated that the food has a best if used by date that is greater than the expiration date, but because we opened it, it must be thrown out by [DATE]. DM C replied, I will get rid of that. DM C took this Surveyor into the freezer. Surveyor noted a box of mixed vegetables opened and uncovered and asked DM C if this was appropriate to be uncovered. DM C replied, I will take care of that.</p> <p>Example: Dishwasher/sanitization log</p> <p>Facility policy titled, Dishwashing and Manual Dishwashing revised ,d+[DATE], stated in part:</p> <p>.DISHWASHER PROCEDURE:</p> <p>*Use detergents and rinse aides that are approved for the dishwasher</p> <p>*Ensure wash temperatures of ,d+[DATE] degrees. Document wash and rinse temperatures with each meal cycle .</p> <p>On [DATE] at 10:50 AM, during the same initial tour of the kitchen with DM C, Surveyor noted the Dishwasher/Three compartment sink log was missing temps and PPM on certain days. Dishwasher temperatures were missing on [DATE], 12, 13, and 14. Documentation for the three-compartment sink was missing parts per million (PPM) on [DATE], 13, 14 and 15. Surveyor asked for copies of this log as well as the last 2 months. DM C replied, I can get that for you. Review of July documentation showed missing dishwasher temperatures on [DATE], and 31. The three compartment sink for July was missing on the 14th. Review of the August documentation showed missing dishwasher temperatures on [DATE], 19, 21, 24, 25, and 27th. The three compartment sink for August was missing on [DATE] and 25th.</p> <p>Example: Touching food with contaminated gloves</p> <p>The 2022 FDA Food Code documents at ,d+[DATE].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>Facility policy titled, Personal Hygiene, Handwashing and Glove Use revised ,d+[DATE], stated in part:</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>Procedure:</p> <p>.C. Gloves</p> <ol style="list-style-type: none"> <li>1. Gloves are to be changed when switching from raw food to ready-to-eat food .</li> <li>3. Gloves are used when handling ready to eat foods without utensils .</li> <li>5. Gloves are changed in between separate tasks.</li> <li>6. If Gloves become contaminated, they must be discarded, and hand washed.</li> </ol> <p>On [DATE] at 11:43 AM, Surveyor observed Certified Nursing Assistant (CNA) touch cupboard doors, chocolate milk powder packet, countertop and coffee faucet with single use gloves then pick up a ladle of cantaloupe with the same contaminated gloves and touched the cantaloupe as CNA D put it in a bowl. Surveyor asked CNA D about that observation, and CNA D indicated that CNA D should not have touched the cantaloupe with the same gloved hand as CNA D touched other things. Surveyor asked DM C about the observation of touching foods with gloved hands. DM replied, It is okay if the gloves are new and clean. Surveyor informed DM C the other surfaces that CNA D touched before touching the food. DM C replied, Yeah, that is not okay.</p>