

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525377	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/19/2025
NAME OF PROVIDER OR SUPPLIER  Door County Memorial Hospital Snf		STREET ADDRESS, CITY, STATE, ZIP CODE  323 S 18th Ave Sturgeon Bay, WI 54235	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50467</p> <p>Based on staff interview and record review, the facility did not ensure notification was provided in accordance with a physician's order for 1 resident (R) (R17) of 1 sampled resident.</p> <p>R17 had an order for daily weights and to notify the physician if R17 gained or lost more than 5 pounds. Staff did not consistently follow the order.</p> <p>Findings include:</p> <p>From 2/17/25 to 2/19/25, Surveyor reviewed R17's medical record. R17 was admitted to the facility on [DATE] and had diagnoses including edema, diabetes mellitus, hypertensive heart with chronic kidney disease with heart failure and end stage renal disease, and chronic obstructive pulmonary disease (COPD). R17's Minimum Data Set (MDS) assessment, dated 7/1/24, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R17 had intact cognition.</p> <p>R17's care plan, dated 10/5/23, indicated R17 had fluctuations in weight from retaining excess fluid and due to fluid shifts with dialysis. The care plan indicated R17 received diuretic medication as ordered and contained an intervention for daily weights and to closely follow changes.</p> <p>R17's treatment administration record (TAR) contained an order for daily weights and to notify the physician if R17's weight fluctuated more or less than 5 pounds.</p> <p>Surveyor reviewed R17's weights and noted R17 weighed 245.6 pounds on 2/2/25. R17's morning weight on 2/3/25 was 251 pounds which was an increase of over 5 pounds from the previous day. R17's medical record did not indicate R17's physician was notified of the weight increase.</p> <p>On 2/19/25 at 10:27 AM, Surveyor interviewed Registered Nurse (RN)-C who confirmed R17 had a more than 5 pound weight gain from 2/2/25 to 2/3/25. RN-C verified R17's TAR indicated the physician should be notified if R17 had a more than 5 pound weight gain. RN-C indicated there was no documentation or fax slip to indicate the physician was notified of R17's weight increase on 2/3/25.</p> <p>On 2/19/25 at 11:36 AM, Surveyor interviewed Director of Nursing (DON)-B who indicated staff should follow the physician order and notify the physician if there is a loss or gain of more than 5 pound from R17's last weight. DON-B confirmed physician notification was not documented in R17's medical record.</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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50467</p> <p>Based on staff interview and record review, the facility did not ensure the accurate administration of medication for 1 resident (R) (R17) of 5 sampled residents.</p> <p>On 2/2/25, R17 was not administered an extra 1 milligram (mg) dose of bumetanide (a diuretic medication) in accordance with the physician's order.</p> <p>Findings include:</p> <p>From 2/17/25 to 2/19/25, Surveyor reviewed R17's medical record. R17 was admitted to the facility on [DATE] and had diagnoses including edema, diabetes mellitus, hypertensive heart with chronic kidney disease with heart failure and end stage renal disease, and chronic obstructive pulmonary disease (COPD). R17's Minimum Data Set (MDS) assessment, dated 7/1/24, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R17 had intact cognition.</p> <p>R17's nutritional status care plan, dated 10/5/23, indicated R17 took diuretics as prescribed by the physician.</p> <p>R17's treatment administration record (TAR) contained an order for daily weights and to notify the physician if R17 had a weight change of more or less than 5 pounds.</p> <p>R17 had the following physician orders:</p> <p>~Bumetanide 1 mg (2 tabs) daily for congestive heart failure (CHF) with an instruction to give an additional 1 mg of bumetanide if R17's weight increased 4 pounds in 1 day.</p> <p>~Bumetanide 1 mg tablet as needed (PRN) with an instruction to give an additional 1 mg of bumetanide if R17's weight increased 4 pounds in 1 day.</p> <p>Surveyor reviewed R17's weights and noted R17 weighed 241.12 pounds. On 2/2/25, R17 weighed 245.6 pounds which was an increase of 4.48 pounds. R17's medication administration record (MAR) did not indicate staff administered an additional 1 mg of bumetanide as ordered for the increased weight gain.</p> <p>On 2/19/25 at 10:27 AM, Surveyor interviewed RN-C who confirmed R17 should receive an extra 1 mg dose of bumetanide for a 4 pound or greater weight increase. RN-C indicated R17 was weighed daily and confirmed bumetanide was not administered on 2/2/25 in accordance with the physician's order.</p> <p>On 2/19/25 at 11:36 AM, Surveyor interviewed Director of Nursing (DON)-B who verified R17 had a 4.48 pound weight increase on 2/2/25. DON-B verified an extra 1 mg of bumetanide was not administered to R17 as ordered.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>50467</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 2 residents (R) (R28 and R17) of 2 residents. This practice had the potential to affect more than 4 of the the 31 residents who resided in the facility.</p> <p>Staff did not ensure the facility's infection surveillance line list was current and up-to-date for R28 and R17.</p> <p>Staff did not ensure a laundry cart was covered to prevent contamination of clean linens and did not ensure clean and dirty areas were not subject to cross-contamination in the laundry room.</p> <p>Findings include:</p> <p>The facility's Infection Prevention Surveillance policy, revised 11/6/24, indicates: .Surveillance will include observing the environment for cleanliness and other evidence of compliance to policies and procedures . Responsibility for collection of data and compiling reports will be that of the Infection Prevention Practitioner. Immediate problems will be brought to the attention of the physician, the hospital staff, or the Public Health Department .Special investigation of unusual epidemics, clusters of infections, or single cases of unusual infections or pathogens will be performed. Reports will be reviewed by the Infection Prevention Physician Advisor on a regular basis.</p> <p>The facility's Infection Prevention Plan, revised 3/14/24, indicates: It is the policy of the facility to have a comprehensive infection control plan and an active infection control program. An Infection Control Practitioner, along with a Physician Advisor, shall be responsible for the program of identification, prevention, and control of infections acquired in the facility or brought from the community .C. Surveillance: The skilled nursing facility (SNF) surveillance system uses two approaches: process surveillance which reviews compliance with established recognized guidelines for the prevention of infections and outcome surveillance which uses standard definitions/criteria (McGeers criteria) to determine infections by reviewing date and outcomes .The Director of Nursing (DON) makes daily rounds and uses a line listing log for staff to document symptoms of potential infections.</p> <p>The facility's Antibiotic Stewardship policy, revised 9/20/24, indicates: The Infection Preventionist or DON will track antibiotic use and monitor adherence to evidence-based criteria .1. Documentation related to antibiotic selection and use. 2. Tracking antibiotics used to review patterns of use and determination of the impact of the antibiotic stewardship interventions. 3. Monitoring for clinical outcomes such as rates of C. difficile infections, antibiotic-resistant organisms, or adverse drug events.</p> <p>On 2/18/25, Surveyor reviewed the facility's line list and noted R28 was not on the list for a urinary tract infection (UTI) or an antibiotic that was prescribed on 2/10/25. R28's medical record indicated a urinalysis was ordered on 2/7/25 and R28's physician ordered cipro (an antibiotic medication) for the UTI. An Infection Control Checklist in R28's medical record was completed on 2/11/24 instead of 2/10/24 for the 72 hour physician follow-up.</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 - Some</p>	<p>On 2/18/25, Surveyor reviewed a January 2025 antibiotic usage sheet that was provided by the facility's contracted pharmacy and had a print date of 2/10/25. The sheet indicated R17 received doxycycline (an antibiotic medication) and cefepime (an antibiotic medication). Surveyor reviewed the facility's January 2025 line list which did not indicate R17 was treated with an antibiotic for a UTI.</p> <p>On 2/19/25 at 11:30 AM, Surveyor interviewed DON-B who confirmed residents on antibiotics should be placed on the line list for surveillance. DON-B indicated there are individual sheets for infection control monitoring in residents' medical records and the Infection Preventionist pulls that information from the record and puts it on the line list. DON-B confirmed neither R28 or R17 were on the line list.</p> <p>2. On 2/18/25 at 8:21 AM, Surveyor observed an uncovered linen cart in the 100 wing hallway that contained Chux pads, blankets, sheets, top sheets, towels, wash clothes, and gowns.</p> <p>On 2/18/25 at 8:25 AM, Surveyor interviewed CNA-E who confirmed the linen cart should be covered and immediately covered the cart.</p> <p>On 2/18/25 at 11:30 AM, Surveyor interviewed DON-B who confirmed linen carts should be covered and put away after the majority of cares are completed in the morning.</p> <p>3. On 2/18/25 at 8:31 AM, Surveyor observed the 200 wing laundry room and noted a bag of dirty linens on the clean side of the room next to folded clothes.</p> <p>On 2/18/25 at 8:33 AM, Surveyor interviewed Certified Nursing Assistant (CNA)-D who confirmed the bag of linens was dirty and should not be on the clean side of the room next to clean folded clothes.</p> <p>On 2/19/25 at 11:30 AM, Surveyor interviewed DON-B who indicated the clean and dirty sides of the laundry room should be kept separate. DON-B indicated clean clothes should be kept on the clean side and dirty items should be kept on the dirty side.</p>		