

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525379	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/04/2024
NAME OF PROVIDER OR SUPPLIER Dove Healthcare - Regional Vent Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2815 County Highway I Chippewa Falls, WI 54729	

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 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>31086</p> <p>Based on observation, interview and record review, the facility did not maintain an infection prevention and control program designed to help prevent the development and transmission of communicable diseases and infections for 3 of 4 residents (R). (R3, R4, R5)</p> <p>Staff did not complete appropriate glove change and hand hygiene when providing personal cares for R3.</p> <p>Catheter bags were placed directly on the floor.</p> <p>This is evidenced by:</p> <p>The facility's policy titled Hand Hygiene with the last review date of 06/24, read in part, .2. g. Decontaminate hands if moving from a contaminated-body site to a clean-body site during resident care. h. Decontaminate hands after contact with inanimate objects (including medical equipment) in the immediate vicinity of the resident. i. Decontaminate hands after removing gloves .7. e. Change gloves and perform appropriate hand hygiene during resident care if moving from a contaminated-body site to a clean-body site.</p> <p>On 11/04/24 at 9:10 a.m., Surveyor observed Certified Nursing Assistants (CNA) D and CNA C provide personal cares for R3. CNA D sanitized hands and applied gown and gloves and entered R3's room. CNA D with gloved hands touched the light switch, turned the sink faucet on, closed the door, pulled the privacy curtain, gathered R3's clean clothes, lifted the dirty laundry bin and moved it over. CNA D with the same contaminated gloves wet a washcloth and washed R3's face. CNA D wet a washcloth and applied soap, then picked up the garbage can and moved it to the other side of R3's bed. With the same contaminated gloved hands CNA D washed R3's underarms and hands. CNA D washed around R3's g-tube site, applied barrier cream with gloved hands, and applied a clean split gauze around the g-tube site. CNA D removed gloves and did not complete hand hygiene and applied clean gloves. CNA D applied tubi-grips to R3's legs and applied clothes on R3.</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>CNA C sanitized hands, applied gown and gloves, and entered R3's room. CNA C removed R3's brief, removed gloves, sanitized, and applied clean gloves. CNA C performed frontal peri care, removed gloves, sanitized, and applied clean gloves. CNA C and CNA D rolled R3 to his left side. CNA C cleansed R3's peri area and buttocks of the bowel movement. Surveyor observed three times during CNA C's cleansing of the bowel movement some of the bowel movement got onto CNA C's gloves. CNA C had taken the wipes and cleaned the bowel movement off the gloves. CNA C completed cleansing R3's buttocks and peri area. With the same contaminated gloves CNA C took a washcloth that was prepared by CNA D and washed R3's back. CNA C with the same contaminated gloved hands applied a clean brief on R3. CNA C removed gloves and sanitized hands.</p> <p>On 11/04/24 at 1:08 p.m., Surveyor interviewed CNA D and asked if a glove change and hand hygiene were to be completed after touching multiple areas and dirty laundry bin. CNA D indicated hand hygiene should have been completed. Surveyor asked if hand hygiene should have been completed after touching and moving the garbage can before providing care for R3. CNA D indicated she should have changed gloves. Surveyor asked if washing hands or sanitizing hands after removing gloves was expected. CNA D indicated yes she should have cleaned her hands.</p> <p>On 11/04/24 at 1:19 p.m., Surveyor interviewed CNA C about providing R3 with peri care and gloves getting contaminated with bowel movement then without changing gloves and completing hand hygiene washed R3's back and applying a clean brief. CNA C indicated gloves should have been removed and washed hands.</p> <p>On 11/04/24 at 1:19 p.m., Surveyor interviewed Director of Nursing (DON) B about Surveyor's observations of CNA C and CNA D not conducting hand hygiene. DON B indicated hand hygiene should have been completed. DON B indicated infection control skills fairs are completed, and DON B completes audits while assisting staff with resident cares. DON B indicated education will be provided.</p> <p>Example 2</p> <p>R5 and R4 were observed with Foley catheter drainage bags containing urine resting on the floor. This has the potential to result in Urinary Tract Infection (UTI) by bacteria present on the floor.</p> <p>Facility's policy entitled, Urinary Catheter Management with a most recent reviewed date of October 2024, states in part: .all residents receive the appropriate care and services to prevent catheter-associated urinary tract infections .Do not rest the bag on the floor.</p> <p>R5 has a chronic indwelling Foley catheter.</p> <p>R4 has a chronic indwelling Foley catheter.</p> <p>On 11/04/24 at 8:12 AM, Surveyor observed R5 lying supine in bed at low height. Surveyor observed Foley catheter drainage bag hanging from underside of bed, approximately half full of yellow urine, partially resting on the floor. No barrier protection/cover observed between Foley drainage bag and floor.</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 11/04/24 at 8:15 AM, Surveyor observed R4 sitting upright in bed at a very low height of approximately 4 inches from floor. Surveyor observed Foley catheter drainage bag approximately 1/4 full of yellow urine resting on the floor. No barrier protection/cover observed between Foley drainage bag and floor.</p> <p>On 11/04/24 at 8:33 AM, Surveyor interviewed DON B in R4's room regarding observation of Foley catheter drainage bag resting on the floor. Surveyor pointed to Foley drainage bag on the floor and asked DON B if this was a common practice to have the drainage bag with urine on the floor. DON B stated that staff are expected to ensure the drainage bag is hung below the bladder, but not touch floor to ensure infection control.</p>		