

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 02/13/2025
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>47657</p> <p>Based on observation and interview, the facility did not ensure proper sanitation and food handling practices to prevent the outbreak of foodborne illness by having a separate hand washing sink separate from those used for food preparation for 11 residents (R) (R4, R5, R8, R9, R12, R24, R17, R18, R19, R20, R27).</p> <p>Findings:</p> <p>Per the FDA Code: Food Employees shall clean their hands in a handwashing sink or approved automatic handwashing facility and may not clean their hands in a sink used for FOOD preparation or warewashing.</p> <p>On 02/12/25 at 11:39 AM, Surveyor observed [NAME] C wash hands in a single sink in the dinette kitchen and began to serve 11 lunch meal trays.</p> <p>On 02/12/25 at 11:48 AM, Surveyor observed [NAME] D enter dinette kitchen during meal service, wash hands in a single sink, wash cucumbers in same sink, then peel and slice cucumbers for another meal at a prep table.</p> <p>On 02/13/25 at 10:12 AM, Surveyor interviewed [NAME] D and [NAME] E regarding the single sink in the dinette kitchen where food preparation, dishwashing and hand hygiene is conducted. [NAME] D and [NAME] E both stated that hand washing is completed in the single sink in the dinette and the sink is also used for rinsing food, preparing food and washing dishes. They have not received education of ensuring hand hygiene or washing of dishes is not conducted during food preparation.</p> <p>On 02/13/25 at 10:44 AM, Surveyor observed sink area in kitchen dinette and noted that when staff wash hands, the water is able to splash onto countertop and after staff use the sink they need to turn and walk approximately 2 feet to obtain paper towel to dry hands, dripping water along the way.</p> <p>Further observation shows that approximately 2 feet to the right of the sink is the Robot Coup utilized to puree food for residents who have a different diet consistency.</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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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 02/13/25 at 11:31 AM, Surveyor interviewed Dietary Manager F, via phone, along with NHA A and DON B in person. All three indicated they were never made aware of need of having to have separate hand washing sinks.		