STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525383	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
American Lutheran Home-Mondovi	200 Memorial Dr Mondovi, WI 54755

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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility did not utilize enhanced barrier precautions (EBP) for 1 of 2 sampled residents (R9). R9 had a Jackson Pratt (JP) drain placed prior to his admission to the facility on [DATE]. The facility did not implement EBP to reduce the transmission of infections.Findings include: Facility policy titled, Enhanced Barrier Precautions, dated 03/12/26 reads in part, Enhanced barrier precautions (EBPs) are utilized to prevent the spread of multi-drug-resistant organisms (MDROs) to residents. Examples of high-contact resident care activities requiring the use of gown and gloves for EBPs include: g. device care or use (central line, urinary catheter, feeding tube tracheostomy/ventilator, etc.). 2. EBPs are indicated (when contact precautions do not otherwise apply) for residents with wounds and/or indwelling medical devices regardless of MDRO colonization. On 05/06/26 at 9:00 AM, Surveyor reviewed R9's medical record. R9 admitted to the facility on [DATE] after hospitalization for acute cholecystitis (inflammation of the gall bladder) and placement of a JP drain to his abdomen. R9 was not a surgical candidate due to his diagnosis of heart failure. Review of the quarterly Minimum Data Set (MDS) with an assessment reference date of 05/05/26 revealed R9 had a Brief Interview of Mental Status (BIMS) score of 15 out of 15 which indicated R9 was cognitively intact. On 05/06/26 at 10:03 AM, Surveyor reviewed the facility's resident matrix and noted R9 was identified for placement of EBP. Surveyor observed R9 did not have EBP signage on his door or personal protective equipment (PPE) placed at point of care. On 05/06/26 at 10:09 AM, Surveyor interviewed Certified Nursing Assistant (CNA) C after Surveyor observed CNA C exit R9's room. CNA C stated R9 was not on any precautions. CNA C reported R9 has a drain with a bag but was unable to tell Surveyor the reason for this. CNA C stated Surveyor should speak with the nurse. On 05/06/26 at 10:28 AM, Surveyor observed staff place a contact precaution sign on R9's door and PPE outside of his room. On 05/06/26 at 10:45 AM, Surveyor asked CNA C if R9 was placed on contact precautions. CNA C stated she placed the sign the nurse gave her. Surveyor asked Registered Nurse (RN) D what type of precautions R9 was on. RN D stated she thought it was contact precautions, but she would call someone to verify. After RN D made a phone call, RN D stated R9 should be on EBP due to his JP drain. Surveyor asked RN D if R9 had been placed on any precautions since his admission, and RN D stated he had not. On 05/06/26 at 11:04 AM, Surveyor interviewed R9. R9 stated he had not been placed on any type of precautions since his admission, and staff had not been wearing PPE during high contact cares. On 05/07/26 at 7:36 AM, Surveyor interviewed Director of Nursing (DON) B. DON B also acts as the facility's infection preventionist. DON B stated the facility is very good about placing residents on EBP for wounds and indwelling devices. DON B reported the facility does not admit many residents with JP drains, and R9's EBP got overlooked. DON B stated R9 should have been placed on EBP upon admission. DON B acknowledged the facility's deficient practice and reported she started immediate staff re-education on EBP.

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