

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525386	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/06/2025
NAME OF PROVIDER OR SUPPLIER Ashland Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 1319 Beaser Ave Ashland, WI 54806	

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>(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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, the facility did not implement a care plan to meet a resident's medical need for 1 of 5 residents (R) 5 reviewed for care plans.-CNA did not follow the care plan by not documenting R5's bowel movement for 2 days.R5 was admitted to the facility on [DATE] with diagnoses that include stroke with left sided paralysis, chronic pain, dementia, traumatic brain injury, epilepsy, anemia, and constipation. Minimum Data Set (MDS), dated [DATE], indicated R5 had a Brief Interview for Mental Status score of 99 meaning severe cognitive impairment. In addition, R5 is dependent on staff for eating, transfers, toileting, and extensive assist for bed mobility. R5 had an activated Power of Attorney for healthcare and finance. R5's care plan, dated 07/28/25, states: Bowel Elimination Alteration: At risk for constipation r/t: lack of exercise, medications. Interventions: Administer medications per MD order and observe effectiveness, . Record BM (bowel movement) . Repost (sp) S&S (signs and symptoms) such as abdominal cramping, diarrhea, n/v (nausea and vomiting), no BM for 3 days. Goal: Will have no complications related to constipation.On 08/05/25 at 1:10 PM, Surveyor spoke with R5's family member (FM) N who reported R5 did not seem usual self today and reported it to the nurse because FM N said, I never saw him like that before. Look how his belly is moving when he is breathing, and eyes look different too. Surveyor observed R5 using abdominal muscles with each breath and eyes open, glossy, and staring at ceiling.On 08/05/25 at 2:28 PM, Surveyor reviewed medications and discovered R5 routinely receives opioids, iron supplement, and antipsychotic medications that place him at high risk for constipation. Current physician orders include: Ferrous Sulfate Elixer 220 mg/5ml. Give 7.5 ml one time a day for anemia. Olanzapine 2.5mg every evening for dementia with behaviors. Hydrocodone- APAP 7.5/325 give one tablet 2 times a day, plus one at bedtime, plus one as needed for pain. Senna Plus 8.6-5mg give one tablet every day for constipation. MiraLAX 17gm by mouth once a day for constipation. Magnesium hydroxide 30ml every 24 hours as needed for constipation. Bisacodyl Suppository 10mg insert 1 rectal every 24 hours as needed for constipation. Fleet Enema 7-19gm/118ml insert 1 application rectally every 24 hours as needed for constipation. Surveyor reviewed R5's BM flow sheet and noted the last normal formed BM was recorded on 07/31/25. From 08/01/25 to 08/05/25, R5 had no BM documented (5 days). Surveyor informed Registered Nurse (RN) O of the findings for R5, and RN O said she would look into it. RN O stated R5's medications were recently decreased because he was having blow outs. On 08/06/2025 at 8:00 AM, Nursing Home Administrator (NHA) A provided updated information showing bowel movements were checked on 08/02/25 and 08/03/25. NHA A reported they contacted Certified Nursing Assistant (CNA) K who reported the computer system was down so unable to mark BMs and reported R5 had 2 large BMs, one on 08/02/25 and one on 08/03/25. Surveyor asked NHA A what the protocol is for following the care plan and documenting BMs if the computer access is down. NHA A said it only happened with CNA K who reported she had asked day shift CNAs to mark the bowel movements but assumed and did not ensure they did. NHA A said in the event of no access, staff are expected to call IT or Think ANEW, which CNA K did do, but did not gain access until Monday when CNA K updated R5's record. NHA A acknowledge CNA K did not follow the care plan when the bowel movements were not documented.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure it maintained an infection prevention and control program designed to help prevent the development and transmission of communicable disease and infections such as COVID-19. This had the potential to affect all 36 residents.-The facility did not test staff with symptoms of COVID-19. -Staff used soiled cloth for catheter care and used a dropped alcohol wipe to disinfect the catheter of R7.</p> <p>Example 1</p> <p>The CDC's COVID 19 website lists possible symptoms of COVID 19 which may include:</p> <ul style="list-style-type: none"> Fever or chills Cough Shortness of breath or difficulty breathing Sore throat Congestion or runny nose New loss of taste or smell Fatigue Muscle or body aches Headache Nausea or vomiting Diarrhea <p>The facility's policy titled Infection Prevention and Control Program, read in part .3. Surveillance: a. A system of surveillance is utilized for prevention, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual agreement based upon a facility assessment and accepted national standards.</p> <p>On 08/05/25, Surveyor reviewed the facility's surveillance, including the employee infection line list. Surveyor noted the facility's last COVID 19 outbreak was in 01/2025, and employees were being tested for COVID 19 at that time. Surveyor noted beginning 02/2025, the facility's documentation did not show employee testing for staff exhibiting signs or symptoms of COVID 19.</p> <p>Surveyor noted the following: -02/15/25, Business Office Manager (BOM) E, symptoms of nausea and vomiting, no testing was completed and BOM E returned to work on 02/18/25.</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 - Many</p>	<p>-02/19/25, Staff F, symptoms of vomiting with a fever, no testing was completed and Staff F returned to work 02/21/25.</p> <p>-02/25/25, Dietary Staff G, symptoms of vomiting and diarrhea, no testing was completed and Dietary Staff G returned to work on 02/27/25.</p> <p>-03/04/25, Staff H, symptoms of diarrhea and vomiting with a fever, with no return to work date.</p> <p>-03/14/25, Staff I, symptoms of vomiting and diarrhea, no testing was completed, Staff I returned to work on 03/16/25.</p> <p>-04/17/25, Certified Nursing Assistant (CNA) J, symptoms of nausea and vomiting, no testing was completed. CNA J returned to work 04/18/25.</p> <p>-05/21/25, CNA K, symptoms of chest congestion with fever, no testing was completed. CNA K returned to work on 05/22/25.</p> <p>-05/26/25, Staff L, symptoms of chest congestion, cough, and sore throat, no testing was completed. Staff L returned to work on 05/27/25.</p> <p>-07/14/25, Dietary Staff M, cold symptoms, no testing was completed. Dietary Staff M returned to work on 07/15/25.</p> <p>On 08/05/2025 at 12:38 PM, Surveyor interviewed Director of Nursing (DON) B and Infection Preventionist (IP) C. DON B and IP C reported no outbreaks since either have been employed at facility. DON B and IP C stated they use CDC for guidance on infection control. DON B and IP C were unsure if requirement for staff or resident testing is one symptom or more. Surveyor reviewed with DON B and IP C examples from the employee line list, including vomiting, nausea, diarrhea, fever, sore throat, cough, and cold symptoms. DON B and IP C stated they have not been testing staff with symptoms of headache, body ache, fever, vomiting, nausea, etc. DON B and IP C stated they would reach out to the previous DON and possibly the public health department and would get back to Surveyor.</p> <p>On 08/05/2025 at 1:36 PM, Surveyor interviewed DON B. DON B stated they were not testing staff, and stated they are changing the way they do things and will immediately begin testing staff/residents with signs and symptoms of COVID 19.</p> <p>Example 2</p> <p>Facility policy titled, Catheter Care, dated 3/15/2023 stated in part:</p> <p>Female:</p> <p>9. gently separate the labia to expose the urinary meatus.</p> <p>10. Wipe from front to back with a clean cloth moistened with water and perineal cleaner (soap).</p> <p>11. Use a new part of the cloth or different cloth for each side.</p> <p>(continued on next page)</p>		

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