STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525389	A. Building B. Wing	07/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
North Ridge Health and Rehabilitation Center	1445 N 7th St Manitowoc, WI 54220

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40342 Based on staff interview and record review, the facility did not ensure appropriate care and treatment were provided when 1 resident (R) (R1) of 12 sampled residents experienced a change of condition. On 5/5/24, R1 experienced a change of condition. Staff did not document complete and accurate assessments regarding R1's change of condition or notify R1's physician in a timely manner. Findings include: The facility's Notification of Changes policy, dated 10/22/22, indicates: The purpose of this policy is to ensure the facility informs the resident, consults the resident's physician, and notifies, consistent with his or her authority, the resident's representative when there is a change requiring notification .Need to alter treatment significantly means a need to stop a form of treatment because of adverse consequences (such as adverse drug reaction) or commence a new form of treatment to deal with a problem (for example, the use of any medical procedure, or therapy that has not been used on that resident before) .The facility must inform the resident, consult with the resident's physician and/or notify the resident's family member or legal representative when there is a change requiring such notification. Circumstances requiring notification include: .2. Significant change in the resident's physical, mental or psychosocial condition such as deterioration in health, mental or psychosocial status .3. Circumstances that require a need to alter treatment. On 7/9/24, Surveyor reviewed R1's medical record. R1 was admitted to the facility on [DATE] with diagnoses including nontraumatic intracranial hemorrhage (commonly known as stroke), chronic respiratory failure, and congestive heart failure (CHF). R1's Minimum Data Set (MDS) assessment, dated 5/5/24, had a Brief Interview for Mental Status (BIMS) score of 10 out of 15 which indicated R1 had moderately impaired cognition. R1's medical record indicated R1's Power of Attorney for Healthcare (POAHC) was responsible for R1's healthcare decisions. R1's medical record contained the following notes: ~ A note, dated 5/5/24 at 3:51 AM, indicated R1 slept most of night shift and did not wake up until 3:30 AM to use the urinal. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	~ A note, dated 5/5/24 at 2:46 PM, indicated R1 had increased lethargy and an oxygen saturation level of 80% (normal is 90% or above) on room air at 11:00 AM. R1 did not have any medication changes in the past week. The note indicated a Nurse Practitioner (NP) was notified at 2:20 PM and R1's POAHC was notified at 2:30 PM. R1's medical record did not contain any other documentation between the above entries. R1's medical record indicated R1 received a new order for trazodone (used to treat depression and also help with sleep) 25 mg (milligrams) with the first dose received on the evening of 5/4/24. On 7/9/24 at 2:01 PM, Surveyor interviewed Registered Nurse (RN)-C who verified RN-C was assigned to R1's unit on 5/5/24 and completed the note written on 5/5/24 at 2:46 PM. When asked what happened with R1 on 5/5/24, RN-C stated R1 was ok in the morning then started having a slight decline at approximately 10:00 or 11:00 AM and slowly declined more and more and more. When asked if RN-C had checked R1's vital signs, RN-C stated RN-C had obtained R1's vital signs at least three or four times but probably didn't chart all the vital signs RN-C obtained. RN-C stated RN-C contacted R1's NP twice and indicated the NP instructed RN-C to monitor R1 unless R1 got worse. RN-C stated R1 was responsive at first but slowly declined. RN-C stated R1's family came to the facility and a decision was made to send R1 to the emergency room (ER). RN-C contacted the NP again and obtained an order for ER evaluation. When asked what assessments RN-C completed for R1, RN-C stated RN-C assessed R1's mental status, listened to R1's lungs, and obtained full sets of vital signs including blood pressure, pulse, temperature, and oxygen saturation level. RN-C stated staff took a machine into R1's room to obtain frequent vital signs. RN-C stated RN-C remembered taking R1's vital signs at least three times and assessed R1 every time vital signs were taken. RN-C verified RN-C should have documented the assessments and stated, I dropped the ball on documentation. On 7/9/24 at 2:17 PM, Surveyor interviewed Director of Nursing (DON)-B who, following a discussion of the above documentation and interview, stated RN-C should have documented the assessments RN-C completed in R1's medical record. On 7/10/24, Surveyor reviewed documentation from R1's medical group provider which indicated the following: ~ Documentation, dated 5/5/24 at 1:08 PM, indicated: An RN reported increased lethargy with R1 who's neurostatus is slightly confused at baseline. Lung sounds with crackles on the left side. Orders were given for albuterol nebulizers (a breathing treatment used to help open airways) every 4 hours as needed, PA and lateral chest X-ray, and oxygen at 1 to 2 liters to keep oxygen saturation level greater than 90%. ~ Documentation, dated 5/5/24 at 2:25 PM, indicated: An RN reported R1's family is at bedside, feels R1's neurostatus had changed, and requested R1 be sent out for further evaluation. Okay to send out. On 7/10/24 at 10:29 AM, Surveyor interviewed DON-B via phone regarding incorrect information in the documentation about medication order changes and a delay in care concern from 11:00 AM to 1:08 PM. DON-B stated the RN may have called the NP earlier but did not receive return call until 1:08 PM. When asked DON-B's expectation related to R1's change of condition that started at 11:00 AM, DON-B stated, I would expect provider to be notified right away. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 7/10/24 at 4:43 PM, Surveyor interviewed Medical Director (MD)-D via phone. MD-D verified MD-D was the Medical Director for R1's medical group. MD-D stated MD-D reviewed the notes from the medical group's on-call service. MD-D indicated the facility called on 5/5/24 at 1:05 PM and NP returned the call at 1:08 PM and gave the above listed orders in relation to R1's change of condition. MD-D stated the facility's next call came in on 5/5/24 at 2:21 PM. NP returned the call at 2:25 PM and gave orders to send R1 to the ER. On 7/10/24 at 4:56 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A via phone. NHA-A expressed understanding of the above concerns related to a delay in care, lack of documentation, and inaccurate documentation.

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F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49563 Based on staff interview and record review, the facility did not ensure 2 residents (R) (R10 and R11) of 4 residents with a percutaneous endoscopic gastrostomy (PEG) tube (a medical procedure in which a tube is passed into the stomach through the abdominal wall) received treatment and services to prevent adverse consequences of enteral feeding. Staff did not obtain weights for R10 and R11 in accordance with physicians' orders. Findings include: The facility's Weight Monitoring Policy, dated 11/1/23, indicates: Based on the resident's comprehensive assessment, the facility will ensure all residents maintain acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise .Weight can be a useful indicator of nutritional status. Significant unintended changes in weight (loss or gain) or insidious weight loss (gradual unintended loss over a period of time) may indicate a nutritional problem .5. A weight monitoring schedule will be developed upon admission for all residents: a. Weights should be recorded at the time obtained .d. If clinically indicated, monitor weight daily. 1. On 7/9/24, Surveyor reviewed R10's medical record. R10 was admitted to the facility on [DATE] with diagnoses including cerebral hemorrhage, stomatitis, chronic obstructive pulmonary disease (COPD), morbid obesity, and acute respiratory failure (ARF). R10's Minimum Data Set (MDS) assessment, dated 4/29/24, had a Brief Interview for Mental Status (BIMS) score of 9 out of 15 which indicated R10 had moderate cognitive impairment. R10's medical record indicated R10 was not responsible for R10's healthcare decisions. R10's care plan, dated 4/8/24, indicated R10 had a nutritional problem or potential nutritional problem related to nontraumatic intracerebral hemorrhage, morbid obesity, unspecified severe protein calorie malnutrition, and supplemental tube feeding. The care plan contained a goal for R10 to maintain adequate nutritional status by maintaining weight and an intervention to obtain weight per MD order/facility protocol. R10's medical record contained an order, dated 4/4/24, for Daily weights. R10's Treatment Administration Record (TAR) contained missing weights on: 4/14/24, 4/16/24, 4/18/24, 4/26/24, 4/27/24, 4/28/24, 5/1/24, 5/2/24, 5/3/24, 5/4/24, 5/5/24, 5/7/24, 5/8/24, 5/9/24, 5/11/24, 5/12/24, 5/13/24, 5/15/24, 5/16/24, 5/17/24, 5/18/24, 5/19/24, 5/20/24, 5/21/24, 5/22/24, 5/24/24, 5/25/24, 5/31/24, 6/1/24, 6/2/24, 6/5/24, 6/6/24, 6/8/24, 6/9/24, 6/12/24, 6/13/24, 6/15/24, 6/17/24, 6/20/24, 6/21/24, 6/22/24, 6/27/24, 6/30/24, 7/3/24, 7/4/24, and 7/5/24. In total, R10 was missing 48 of 91 ordered daily weights. On 7/9/24 at 11:57 AM, Surveyor interviewed Registered Nurse (RN)-K who stated R10 was on nighttime feedings and was unsure why R10's weights were missing. (continued on next page)

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F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 7/9/24 at 12:37 PM, Surveyor interviewed Director of Nursing (DON)-B who verified daily weights were ordered for R10 and 48 of 91 required weights were not obtained. 2. On 7/9/24, Surveyor reviewed R11's medical record. R11 was admitted to the facility on [DATE] with diagnoses including cerebral infarction, stiff-man syndrome, cardiac arrest, and dysphagia. R11's MDS assessment, dated 5/24/24, had a BIMS score of 15 out of 15 which indicated R11 had intact cognition. R11's medical record indicated R11 was responsible for R11's healthcare decisions. R11's care plan, dated 12/17/23, indicated R11 had potential a nutritional problem related to swallowing difficulties related to dysphagia and required a mechanically altered diet. The care plan contained a goal that R11 would maintain adequate nutritional status by maintaining weight with no significant weight changes for 30-180 days and an intervention for weight per MD order/facility protocol. R11's medical record contained an order, dated 4/27/24, for weekly weights can be obtained on bath day . R11's TAR contained missing weights on: 5/18/24, 5/25/24, 6/8/24, 6/15/24, 6/22/24, and 6/29/24. In total, R11 was missing 6 of 11 weekly weights. On 7/9/24 at 11:57 AM, Surveyor interviewed RN-K who stated R11 required daily weights and Certified Nursing Assistants (CNAs) entered the weights in R11's TAR. On 7/9/24 at 12:01 PM, Surveyor interviewed CNA-L who stated R11 should be weighed weekly on bath days. On 7/9/24 at 12:15 AM, Surveyor interviewed RN-C who verified R11 should be weighed weekly on bath days and verified R11 had missing weights. On 7/9/24 at 12:37 PM, Surveyor interviewed DON-B who verified R11 should be weighed weekly and 6 of 11 required weights were not obtained.

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49010 Based on observation, staff interview, and record review, the facility did not ensure menu items were prepared according to the recipe and served according to the extended menu for 1 resident (R) (R13) of 1 resident who was on a pureed diet. During lunch service on 7/9/24, staff did not follow the pureed food recipe and did not use an appropriate serving size to serve pureed chicken. Findings include: The facility's Food Preparations Guidelines policy, with an implementation date of 10/24/22, indicates: 1. The cook, or designee, shall prepare menu items following the facility's written menus and standardized recipes. 2. Food shall be prepared by methods that conserve nutritive value, flavor, and appearance. This includes .b. Preparing foods as directed. On 7/9/24, Surveyor reviewed R13's medical record. R13 was admitted to the facility on [DATE] with diagnoses including dysphagia (difficulty swallowing). R13 had an order for a pureed diet. In addition, R13 received nutrition via tube feeding. On 7/9/24 at 11:30 AM, Surveyor observed [NAME] (CK)-G add chicken broth from a pitcher to baked chicken in a food processor. CK-G poured the chicken broth in the food processor without measuring the broth prior to pureeing the chicken. CK-G then poured the pureed chicken mixture into bowls for serving without measuring the serving size. On 7/9/24 at 11:43 AM, Surveyor interviewed Dietary Manager (DM)-F who stated staff should measure the chicken stock that is added to pureed food to maintain the nutritional value. DM-F stated staff should follow portion sizes on the menu and use accurate measuring devices for serving. DM-F stated staff should know better because DM-F provided staff education four months ago. DM-F stated DM-F would reeducate staff. On 7/9/24 at 12:20 PM, Surveyor interviewed CK-G who verified CK-G did not follow the recipe when CK-G pureed food for lunch on 7/9/24. CK-G stated CK-G poured chicken broth into the chicken until it was at the desired thickness because some residents had nectar-thick consistency and some residents had honey-thick consistency. CK-G stated CK-G used brown broth for brown meat and white broth (chicken broth) for white meat. When Surveyor asked about the serving size for pureed chicken, CK-G stated CK-G poured pureed chicken up to the line on the bowl. When asked to show Surveyor the line on the bowl, CK-G was unable to find a line, indentation, or marking to indicate how full to fill the bowl or the actual amount served. CK-G then stated, We just eyeball it. (continued on next page)

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	While in DM-F's office on 7/9/24 at 1:23 PM, Surveyor asked DM-F for the extended menu with serving sizes for pureed diets. DM-F stated the menus were in a book in the kitchen near the cooks and tried to print a menu from the computer. When Surveyor asked for a copy from the book in the kitchen, DM-F obtained the book which did not contain pureed food recipes or extended menu serving sizes for specialized diets. When asked when the book was last updated, DM-F stated the book was last updated on 4/11/24 per the printed date on the bottom of the pages when the new spring/summer menus were started. DM-F stated it was DM-F's error that the recipes and extended menus were not in the book. DM-F confirmed kitchen staff had not had access to pureed diets recipes and serving sizes for all meals since the menu was changed on 4/11/24. Surveyor reviewed the recipe for pureed chicken sandwich provided by DM-F and noted a serving contained 2 ounces of chicken with 1.5 teaspoons of mayonnaise or a similar dressing pureed prior to serving with additional mayonnaise added as needed. Surveyor noted CK-G did not use mayonnaise in the recipe and added an unmeasured amount of chicken broth. Per the extended menu for the 7/9/24 meal, the serving size for pureed chicken sandwich was 1/3 cup. On 7/9/24 at 3:11 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A who stated NHA-A expects kitchen staff to follow policies regarding preparing and serving food.

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. 49010 Based on observation, staff interview, and record review, the facility did not ensure it served pasta salad at a safe and appetizing temperature. This practice had the potential to affect multiple residents residing in the facility, excluding 19 of 50 residents who received nutrition via enteral feeding. On 7/9/24, the temperature of cold pasta salad was 61.7 degrees Fahrenheit (F). Findings include: The Wisconsin Food Code documents at 3-501.16 Potentially Hazardous Food (Time/Temperature Control for Safety Food), Hot and Cold Holding: (A) Except during preparation, cooking, or cooling, or when time is used as the public health control as specified under S 3-501.19, and except as specified under (B) and in (C) of this section, Potentially Hazardous Food (Time/Temperature Control for Safety Food) shall be maintained: (1) At 57 C (Celsius)(135 F) or above, except that roasts cooked to a temperature and for a time specified in 3-401.11 (B) or reheated as specified in 3-403.11 (E) may be held at a temperature of 54 C (130 F) or above; or (2) At 5 C (41 F) or less. (B) Eggs that have not been treated to destroy all viable Salmonella shall be stored in refrigerated equipment that maintains an ambient air temperature of 5 C (41 F) or less. (C) Potentially Hazardous Food (Time/Temperature Control For Safety Food) in a homogenous liquid form may be maintained outside of the temperature control requirements, as specified under (A) of this section, while contained within specially designed equipment that complies with the design and construction requirements as specified under 4-204.13 (E). The facility's Food Preparation Guidelines policy, dated 10/24/22, indicates: It is the policy of this facility to prepare food in a manner to preserve or enhance a resident's nutrition and hydration status .3. Food and drinks shall be palatable, attractive, and at a safe and appetizing temperature. Strategies to ensure resident satisfaction include: .c. Serving hot food/drinks hot and cold food/drinks cold. The facility's undated Food Temperature log indicates: Temperatures must be taken on a daily basis .Cold food 41 (degrees) F and below. On 7/9/24 at 11:22 AM, Surveyor observed kitchen staff prepare food for the lunch meal. Surveyor observed [NAME] (CK)-G scoop a mayonnaise-based cold pasta salad from a large pan into individual bowls with lids for resident consumption. Surveyor noted the temperature of the pasta salad was 61.7 degrees F. A second temperature on another bowl of pasta salad was 60.0 degrees F. CK-G stated CK-G made the pasta salad and had the pasta in cold water for an hour. CK-G stated CK-G thought the pasta salad should be at 42 degrees F. After Surveyor indicated the pasta salad should be 41 degrees F or below, CK-G stated CK-G would put the pasta salad in an ice bath and take it to the freezer to cool before serving. CK-G stated CK-G needed to serve the pasta salad in 15 minutes. At 11:39 AM, CK-G stated CK-G did not ice the pasta salad or put the pasta salad in the freezer because CK-G was too busy. At 11:43 AM, Surveyor observed Dietary Manager (DM)-F retrieve the cart of pasta salad from the cooler, put ice over the servings in a large pan, and place the cart in the freezer. (continued on next page)

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 7/9/24 at 12:20 PM, Surveyor observed CK-G put pasta salad servings from the iced pan on residents' lunch trays. Most had been served already. Surveyor asked CK-G to take the temperature of some of the bowls of pasta salad. After recalibrating the thermometer in an ice bath, CK-G obtained four temperatures (56.1 degrees F, 53.8 degrees F, 54.1 degrees F, and 52.5 degrees F) and served the rest of the bowls of pasta salad. CK-G stated CK-G temped the pasta salads at 38 degrees 10-15 minutes prior and felt the pasta salad had warmed up even though the servings were in a pan of ice. On 7/9/24 at 11:39 AM, Surveyor interviewed CK-G who indicated if Surveyor had not asked for temperatures of the pasta salad, CK-G would not have obtained the temperatures. On 7/9/24 at 11:41 AM, Surveyor interviewed Dietary Manager (DM)-F who stated the facility followed the Wisconsin Food Code. DM-F also stated the pasta salad should have been iced to cool down. On 7/9/24 at 1:37 PM, Surveyor interviewed DM-F who indicated staff are aware of food temperatures and should have cooled the pasta salad to 41 degrees F or lower before serving. DM-F stated pasta salad is usually made the day prior and is cooled to a correct temperature overnight in the cooler, however, staff made the pasta salad the same day. DM-F stated DM-F had previously educated staff on food temperatures and expects staff to use the facility's food temperature logs and temp all foods prior to serving. On 7/9/24 at 3:11 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A who stated NHA-A expects kitchen staff to follow policies regarding preparing, temping, and serving food.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 49010 Based on observation, staff interview, and record review, the facility did not ensure food was stored and prepared in a safe and sanitary manner. This practice had the potential to affect multiple residents residing in the facility, excluding 19 of 50 residents who received nutrition via enteral feeding. Staff did not perform proper hand hygiene prior to donning/doffing gloves, while preparing food, prior to touching ready to eat food, and while throwing away garbage. Findings include: On 7/9/24 at 11:19 AM, Surveyor began an initial kitchen tour of the kitchen with Dietary Manager (DM)-F who stated the facility follows the Wisconsin Food Code. The Wisconsin Food Code documents at Chapter 2 Personal Cleanliness at 2-301.14 When to Wash: Food employees shall clean their hands and exposed portions of their arms as specified under 2-301.12 immediately before engaging in food preparation including working with exposed food, clean equipment and utensils, and unwrapped single-service and single-use articles and: (A) After touching bare human body parts other than clean hands and clean, exposed portions of arms .(E) After handling soiled equipment or utensils; (F) During food preparation, as often as necessary to remove soil and contamination and to prevent cross contamination when changing tasks; (H) Before putting on gloves to initiate a task that involves working with food; and after engaging in other activities that contaminate the hands. DM-F provided Surveyor with staff education titled Handwashing/Preventing Cross Contamination/Temperatures in Dietary Services, dated 5/29/24. All kitchen staff had signed off on the training. The Health Technologies Inc. training indicated: When is handwashing necessary .after handling trash .before putting on new gloves .Single use gloves shall be used for only one task .Discard when damaged, soiled or when interruptions occur. Gloves are not meant to be used as a replacement for handwashing. Throw away gloves after completing tasks, then wash hands. Put on a new pair of gloves before starting a new task. During lunch service preparation and serving on 7/9/24 at 11:19 AM, Surveyor noted the kitchen garbage can was a large round drum with a snap on lid that did not contain a foot pedal or a means to access the garbage can without touching the lid. On 7/9/24 at 11:22 AM, Surveyor observed [NAME] (CK)-G put disposable plastic lids on bowls of pasta salad with bare hands. Surveyor noted CK-G's fingers touched the insides of plastic lids. On 7/9/24 at 11:29 AM, Surveyor observed DM-F pick a small item off the floor with a bare hand, unsnap the garbage lid, put the item in the garbage can, and snap the lid back in place. DM-F then donned a pair of gloves without performing hand hygiene. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525389	A. Building B. Wing	07/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
North Ridge Health and Rehabilitation Center	1445 N 7th St Manitowoc, WI 54220

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 7/9/24 at 11:31 AM, Surveyor observed Dietary Aide (DA)-H put disposable plastic lids on residents' drinks with bare hands. Surveyor noted DA-H's fingers touched the insides of the plastic lids. When Surveyor asked DA-H if DA-H should have gloves on, DA-H stated DA-H probably should. DA-H then donned a pair of gloves without performing hand hygiene. On 7/9/24 at 11:33 AM, Surveyor observed CK-I wash hands at the hand washing sink. CK-I then lifted the garbage can lid with bare hands to dispose of a paper towel and snapped the lid back in place with a bare hand. On 7/9/24 at 11:22 AM, Surveyor interviewed CK-G who stated CK-G thought the garbage was supposed to be covered. When asked how CK-G disposed of paper towels after CK-G completed hand hygiene, CK-G stated put used paper towels on a cart in the kitchen and disposed of them later. On 7/9/24 at 11:36 AM, Surveyor interviewed CK-I who stated touching the garbage can lid after washing hands was not a sanitary practice. When asked how CK-I usually washed hands and disposed of items, CK-I stated the garbage can lid was often off and CK-I put paper towels in the garbage without touching or closing the lid. On 7/9/24 at 11:38 AM, Surveyor interviewed DM-F regarding putting an item in the garbage can, touching the lid, and donning gloves without completing hand hygiene. DM-F stated DM-F was usually meticulous with hand hygiene and was probably nervous and forgot. DM-F stated kitchen staff should know proper hand hygiene because DM-F did in-service hand hygiene training in May. On 7/9/24 at 1:37 PM, Surveyor interviewed DM-F who stated it wasn't sanitary for staff to touch the garbage can lid to access the garbage. DM-F stated staff sometimes put garbage on a cart instead of in the garbage can. DM-F verified leaving garbage out in the kitchen was not a sanitary practice and stated DM-F would order new garbage cans right away. On 7/9/24 at 3:11 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A who stated NHA-A expects kitchen staff to follow the Wisconsin Food Code and the facility's hand hygiene policy.