

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525391	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/17/2024
NAME OF PROVIDER OR SUPPLIER Wisconsin Dells Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 300 Race St Wisconsin Dells, WI 53965	

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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41788</p> <p>Based on observation, interview, and record review, the facility did not ensure a resident with a catheter receives appropriate treatment and services to prevent urinary tract infections for 1 of 2 residents (R36) reviewed for catheter care out of total sample of 14.</p> <p>Staff did not perform appropriate hand hygiene while providing catheter care. There was no barrier placed under supplies on the bedside table during the catheter care. Staff reused a washcloth after cleansing with it by placing it back in the wash basin and using it for the second time on resident's peri area. Staff placed dirty wash cloths directly on bedside table and did not disinfect bedside table after use.</p> <p>Evidenced by:</p> <p>The facility policy entitled Hand Hygiene, dated 11/2/22, states, in part: .</p> <p>Policy: All staff will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors. This applies to all staff working in all locations within the facility .</p> <p>Policy Explanation and Compliance Guidelines:</p> <ol style="list-style-type: none"> 1. Staff will perform hand hygiene when indicated, using proper technique consistent with accepted standards of practice. 2. Hand hygiene is indicated and will be performed under the conditions listed in, but not limited to, the attached hand hygiene table . <p>Hand Hygiene Table: .</p> <p>After handling items potentially contaminated with blood, body fluids, secretions, or excretions.</p> <p>When during resident care, moving from a contaminated body site to a clean body site .</p> <p>The facility policy entitled Catheter Care, dated 3/15/23, states, in part: .</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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Policy: It is the policy of the facility to ensure that residents with indwelling catheters receive appropriate catheter care and maintain their dignity and privacy when indwelling catheters are in use .</p> <p>Compliance Guidelines: .</p> <p>Male:</p> <p>15. Gently grasp penis, draw foreskin back if applicable.</p> <p>16. Using circular motion, cleanse the meatus with a clean cloth moistened with water and perineal cleaner (soap).</p> <p>16. With a new moistened cloth, starting at the urinary meatus moving down, cleanse the shaft of the penis.</p> <p>18. With a new moistened cloth, starting at the urinary meatus moving outward, wipe the catheter making sure to hold the catheter in place so as to not pull on the catheter .</p> <p>Both:</p> <p>21. Bag and gather all supplies used, discarding disposable items in the trash can .</p> <p>R36 was admitted to the facility on [DATE] and has diagnoses that include neuromuscular dysfunction of bladder and benign prostatic hyperplasia with lower urinary tract symptoms. R36's Minimum Data Set (MDS) Quarterly Assessment, dated 2/29/24, shows R36 has a Brief Interview of Mental Status (BIMS) score of 9 indicating R36 has a moderate cognitive impairment.</p> <p>R36's Care Plan, dated 3/22/23, states, in part: .</p> <p>Focus: Use of indwelling urinary catheter related to (r/t) Urinary retention and Lower Urinary Tract Symptoms (LUTS) . Date Initiated: 3/22/23 .</p> <p>Interventions/Tasks: Catheter Care Date Initiated: 3/22/23 Revision on: 6/2/23 .</p> <p>R36's Physician Orders, dated 2/20/24, states, in part: . Indwelling urinary catheter 16 French 10 milliliters (mL) balloon for diagnosis Benign Prostate Hyperplasia (BPH) with LUTS and Obstruction . Date Ordered: 2/8/24 .</p> <p>(continued on next page)</p>

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/15/24, at 9:55 AM, Surveyor observed CNA M (certified nursing assistant) perform catheter cares on R36. CNA M had basin of soapy water with washcloth and towel on bedside table with no barrier underneath. CNA M, with gloves on, rinsed and wrung out washcloth in soapy water basin. Then cleansed catheter tubing and peri area with the washcloth. CNA M then took same washcloth and put it back in soapy water basin and wrung it out. CNA M then proceeded to cleanse R36's meatus and peri area and tubing again. CNA M placed the used washcloth directly on the bedside table. CNA M then took dry towel from bedside table and dried peri area. CNA M placed used towel directly on the bedside table. CNA M fastened R36's brief, then grabbed garbage bag and placed used washcloth and towel in garbage bag. CNA M took basin and emptied in the toilet and put away after drying with paper towels. CNA M doffed PPE (personal protective equipment) performed hand hygiene and left room.</p> <p>Of Note: CNA M did not perform hand hygiene in between cleansing R36's catheter tubing and peri area and drying. CNA M did not use a clean washcloth after cleansing to rinse areas.</p> <p>On 4/15/24, at 10:06 AM, Surveyor interviewed CNA M and asked when should hand hygiene be performed during catheter cares. CNA M indicated after washing and before rinsing. Surveyor asked CNA M should a clean washcloth be used for washing and a clean washcloth be used for rinsing and CNA M indicated yes. Surveyor asked CNA M if she had used two clean washcloths and CNA M indicated no. Surveyor asked CNA M if it is proper to place a used washcloth back in basin of soapy water and reuse it. CNA M indicated no. Surveyor asked if a barrier should be placed between basin, washcloths and towel and the bedside table. CNA M indicated yes, and she did not have one. Surveyor asked CNA M if it is proper to place used washcloths and towel directly on bedside table and CNA M indicated no. Surveyor asked CNA M if bedside table should have been disinfected after removing used washcloths and towel and basin. CNA M indicated she should have disinfected the table after removing supplies.</p> <p>On 4/15/24, at 1:47 PM, Surveyor interviewed IP K (infection preventionist) and asked when she would expect hand hygiene to be performed during catheter cares. IP K indicated before beginning cares and after peri cares. Surveyor asked IP K if she would expect hand hygiene to be performed between the process of cleansing, rinsing, and drying and IP K indicated yes. Surveyor asked IP K if a barrier should be placed under basin, clean washcloths, and towel. IP K indicated yes, under clean washcloths and towel. Surveyor asked if it is acceptable to place used washcloths and towel directly on bedside table and IP K indicated no. IP K indicated the bedside table should have been disinfected after removing used washcloths and towel and basin. Surveyor asked IP K if it is acceptable to reuse the same washcloth during catheter cares and IP K indicated no. IP K indicated the washcloth should not have been put back in clean soapy water after using it to perform catheter cares.</p>		

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<p>F 0742</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the appropriate treatment and services to a resident who displays or is diagnosed with mental disorder or psychosocial adjustment difficulty, or who has a history of trauma and/or post-traumatic stress disorder.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42038</p> <p>Based on interview and record review, the facility did not ensure that a resident who displays or is diagnosed with a mental disorder or psychosocial adjustment difficulty, or who has a history of trauma and/or post-traumatic stress disorder (PTSD), receives appropriate treatment and services to correct the assessed problem or attain the highest practical mental and psychosocial well-being for 1 of 1 residents reviewed for PTSD out of 14 sampled residents (R26).</p> <p>R26 was listed as having a diagnosis of PTSD and his care plan is not person centered, as it does not specify triggers, symptoms to monitor for or interventions to use to ensure R26 is reaching his highest practical mental and psychosocial well-being.</p> <p>This is evidenced by:</p> <p>Per CMS (Centers for Medicare and Medicaid Services), .Although PTSD is commonly viewed as a disorder experienced only by military veterans, it is not exclusively a consequence of combat or war zone exposure. Individuals who have been physically or sexually assaulted or who experienced a terrorist attack or natural disaster, among other things may also be affected by PTSD.</p> <p>The facility's policy titled Trauma Informed Care dated 10/18/22 states in part, .2. The facility will use a multi-pronged approach to identify a resident's history of trauma. This will include asking the resident about triggers that may be stressors or may prompt recall of a previous traumatic event, as well as reviewing documentation such as the history and physical, consultation notes, or information received from family/ responsible party .5. The facility will identify triggers which may re-traumatize residents with a history of trauma. Trigger- specific interventions will identify ways to decrease the resident's exposure to triggers which re- traumatize the resident and will be added to the resident's care plan .</p> <p>R26 was admitted to the facility on [DATE] with diagnoses that include degenerative diseases of basal ganglia (degenerative changes in the brain that impact a person's ability to speak and causes difficulty with movement and mobility), cognitive communication deficit, and tremor. R26 had a diagnosis of PTSD added to his diagnosis list on 6/14/21, Unspecified Dementia with Agitation added on 12/1/22, and Mood [Affective] Disorder added on 8/14/23. R26's most recent MDS (Minimum Data Set) dated 4/13/24 states that R26 has a BIMS (Brief Interview of Mental Status) of 0 out of 15, indicating that R26 has severe cognitive impairment.</p> <p>R26's MDS section I states that from 7/12/21 until 1/14/23, R26 had a diagnosis of PTSD.</p> <p>*It is important to note that R26's current MDS dated [DATE] was completed on 4/17/24, during this survey, and does not include the diagnosis of PTSD.</p> <p>(continued on next page)</p>

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<p>F 0742</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R26's care plan states in part, . At risk for Behavioral Disturbances r/t (related to): Major neurocognitive disorder- deemed incapacitated, Behavioral and Psychological Symptoms of Dementia, Fahr's Disease, Mood Disorder, PTSD, and Agitation r/t Dementia. Res has hx. (history) of Delirium, Rejection of cares, delusions regarding Men taking Ma as he looks for his wife, and others being in his home running water and having the electricity on. Res has behaviors at times including: Wandering on unit, striking out/ pushing at/ grabbing at staff and peers, yelling/ verbal aggression towards staff or peers, shaking his hands and arms out in front of him during angry outbursts.</p> <p>Interventions:</p> <p>Administer medications per physician order.</p> <p>Attempt psychotropic drug reduction per physician's orders.</p> <p>Direct staff supervision during periods of behaviors (increased anxiety, restlessness, agitation, aggression) until behaviors subside.</p> <p>Labs as ordered.</p> <p>Observe for mental status/behavior changes when new medication started or with changes in dosage.</p> <p>Room change closer to nurse's station on unit.</p> <p>Use consistent approaches when giving care .</p> <p>*It is important to note that R26's care plan does not specifically address R26's PTSD, identify triggers, and implement resident centered and individualized interventions.</p> <p>R26 has the following medications with corresponding diagnoses:</p> <p>2/24/24 Olanzapine 7.5 mg (milligrams) by mouth one time a day related to Post- Traumatic Stress Disorder.</p> <p>2/24/24 Escitalopram Oxalate 20 mg by mouth one time a day related to Post- Traumatic Stress Disorder, Unspecified Dementia with Behavioral Disturbance.</p> <p>On 4/15/24 at 2:13 PM, Surveyor interviewed CNA P (Certified Nursing Assistant). Surveyor asked CNA P what R26's triggers are for his PTSD, CNA P stated that some female residents are a trigger, as well as some staff members. CNA P stated that R26 does not tolerate loud noises at all. Surveyor asked CNA P if any of R26's triggers are on his care plan, CNA P stated that she was unsure.</p> <p>On 4/15/24 at 2:18 PM, Surveyor interviewed RN F (Registered Nurse). Surveyor asked RN F if there had been any triggers identified for R26's PTSD, RN F stated that she does not usually work on R26's hall but reported that R26's behaviors have improved with his medication changes.</p> <p>*It is important to note that RN F was the nurse on R26's hall for 3 out of 4 days of the survey.</p> <p>(continued on next page)</p>		

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<p>F 0742</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/16/24 at 9:36 AM, Surveyor interviewed SW Q (Social Worker). Surveyor asked SW Q if she was aware that R26 had a diagnosis of PTSD, SW Q stated yes. Surveyor asked SW Q if they had identified what the cause of his PTSD was, SW Q stated R26 was at the facility before she started working at the facility and that the facility has made medication changes. Surveyor asked SW Q if they have identified R26's triggers, SW Q stated that sometimes other males and other ambulatory residents can be triggers. Surveyor asked SW Q if R26 has a care plan specifically for PTSD that identifies his triggers and individualized interventions, SW Q stated no.</p> <p>On 4/16/24 at 1:26 PM, SW Q provided Surveyor a copy of R26's physician note dated 6/14/21 stating in part, .the long-term history is not clear; for now, I take this to be behavioral and psychological symptoms of dementia and consider PTSD .</p> <p>Additionally, after inquiry by Surveyor, the facility MDS Nurse entered a note on 4/16/24 stating, Upon query of diagnosis list and question concerning diagnosis of PTSD, this writer researched MD notes and diagnosis list, also NP (Nurse Practitioner) queried, diagnosis was listed as BPSD (behavioral and physiological symptoms in dementia) as listed in MD note dated 6/14/21 that is attached in PCC (Point Click Care/electronic Health Record). The doctor stated that he might consider PTSD but never diagnosed it. The incorrect diagnosis code was entered by us at the time, listing was carried over a potential for never actually documented. This writer contacted and spoke to NP regarding clarification, she verified the code should have been for BPSD which when defined is unspecified dementia F03 which resident has on diagnosis list further specified.</p> <p>Of note, despite the clarification above R26 is receiving medications per physician order for PTSD.</p> <p>On 4/17/24 at 1:11 PM, Surveyor interviewed DON B (Director of Nursing). Surveyor asked DON B if she would expect a resident's medical record to reflect their actual diagnoses, DON B stated yes. Surveyor asked DON B if a physician wrote a statement consider PTSD what she would expect staff to do with that information, DON B stated that she would question it and have a discussion with the physician. Surveyor asked if it would be considered an actual diagnosis, DON B stated no. Surveyor asked if it should be indicated for use with R26's medications, DON B stated only if the medication is written with that diagnosis, but that it's ultimately up to the physician. Surveyor asked DON B if R26 should have a care plan for PTSD, DON B stated yes.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>12679</p> <p>Based on observation, interview, document review, and review of the United States (US) Food Code, Dietary Aide (DA) J failed to test a low temperature dish machine's final rinse chemical level properly. In addition, two drink items were not labeled and located in the dietary reach-in refrigerator. The deficient practice affected 46 out of 48 residents and could cause the potential spread of foodborne illness.</p> <p>Findings include:</p> <p>Review of the US Food Code 2022 indicated, .Explaining correct procedures for cleaning and sanitizing utensils and food-contact surfaces of equipment. Employees are properly sanitizing cleaned multiuse equipment and utensils before they are reused.</p> <p>Review of the US Food Code 2022 indicated, . an employee shall eat, drink.only in designated areas where the contamination of exposed food, clean equipment, utensils, and linens .</p> <p>Review of the ECOLAB .Chlorine test strip container indicated, .Immerse the strip in sample and remove immediately .Hold strip level (do not shake off excess sample) .Evaluate the color between 5 and 10 seconds after removing the test strip from sample .Match the center of the test strip pad to the color chart to determine chlorine concentration . The outside of the ECOLAB test strip container revealed the following colors and corresponding measurements of chlorine content: [NAME] was 0 parts per million (ppm); sky blue 25 ppm; dark green 50 ppm; light green 100 ppm; rust 200 ppm; and orange 300 ppm.</p> <p>Example 1</p> <p>Observation on 04/14/24 at 8:40 AM, Cook I opened the reach-in refrigerator and there was a glass bottle of Starbucks Frappuccino partially full and a full bottle of Dasani water. There were no names on the bottles. During an interview Cook I stated she did not know if the items belong to dietary staff or residents.</p> <p>Example 2</p> <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Observation of the Ecolab dishwasher in the dishwashing area on 4/14/24 at 8:45 AM, DA J was asked to test the dish machine's final rinse sanitation level. DA J grabbed the container labeled Ecolab Test Strips for testing Chlorine level and placed a test strip in an empty cup and then placed a metal food container over the cup and started the dish machine. When the dish machine ran to completion, DA J removed the test strip, and the test strip was white (indicating there were no chemicals present). DA J then took a strip from the container of Hydrion test strips (test strips for quaternary chemical) and placed the strip in the dish machine on a plate and ran the dish machine. DA J pulled the test strip out and it was white. DAJ compared it to the test strip container and the color chart on the Hydrion container did not identify what the color white represented in regard to concentration of chemical.</p> <p>During an interview on 04/14/24 at 11:19 AM, the District Manager E stated the dish machine was a low temperature sanitation and was to be tested with the Ecolab Test Strips and not with the Hydrion test strips since the Hydrion test strips were to be used to test the chemical in the quaternary bucket. During the interview, the District Manager E stated staff food items were not to be in the same refrigerator with food that would be for resident consumption since there was a chance of contamination. The District Manager stated if the Starbucks coffee and the Dasani water was for resident consumption there was a specific refrigerator for resident items and the products would have the name of the resident who owned them.</p> <p>During an interview on 04/15/24 at 1:36 PM, the Ecolab Representative L stated that DA J should have used the Ecolab test strips instead of Hydrion test strips since the chemical in the dish machine's final rinse was chlorine to sanitize the dishware.</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** 38725</p> <p>Based on observation, interview, and record review the facility did not maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment this has the potential to affect the census of 48 and 2 of 6 residents observed on EBP protocol.</p> <p>The facility did not have an up-to-date process to ensure all staff have been fit tested annually for use of N95 masks.</p> <p>Enhanced Barrier Precautions were not appropriately implemented and maintained for two residents R27 and R16.</p> <p>This is evidenced by:</p> <p>The Facilities Policy and Procedure entitled N95 Fit Testing dated 10/16/23, documents in part: All staff that work in direct resident care will have an initial and annual fit-test for respirator use in accordance with Occupational Safety Health Administration (OSHA) regulations .The initial fit test will occur prior to initial use of the respirator. The center's Infection Preventionist will authorize the assignments of qualified fit-testers and will implement an annual fit-testing schedule per job requirements .</p> <p>Review of the facility's policy titled Enhanced Barrier Precautions, dated 03/25/24 indicated, .It is the policy of this facility to implement enhance barrier precautions for the prevention of transmission of multidrug-resistant organisms.PPE [Personal Protective Equipment] for enhance barrier precautions is only necessary when performing high-contact care activities.High-contact resident care activities include.Dressing.Bathing. Transferring.Providing hygiene.Changing linens.Changing briefs or assisting with toileting.</p> <p>Example 1</p> <p>The Facility had a COVID outbreak that began 12/15/23.</p> <p>In review of this outbreak, it was discovered that not all staff were current with their N95 fit testing. The Facility has 42 of 80 staff not up to date with their fit testing. Of these 42 staff, 27 were from the Nursing Department, 1 from Administration, 6 from Housekeeping/Laundry Department, 3 from the Life Enrichment Department, and 5 from the Therapy Department.</p> <p>On 4/17/24 at 1:55 PM, Surveyor interviewed MD N (Maintenance Director). Surveyor asked MD N how often are staff in need of being fit tested , MD N said I learned today, that it is annually. Surveyor asked MD N how the annual fit testing is scheduled, MD N explained that he was given list of staff that needed to be fit tested and he was completing those lists but hadn't realized that others needed the annual fit testing done. Surveyor asked MD N if all staff should be fit-tested , MD N stated yes, one hundred percent and they will be.</p> <p>On 4/17/24 at 2:10 PM, Surveyor interviewed NHA A (Nursing Home Administrator). Surveyor asked NHA A if she expected all staff to be fit-tested and remain current, NHA A stated yes.</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>12679</p> <p>Example 2</p> <p>Review of R27's electronic medical record (EMR) titled Admission Record under the Profile tab indicated the resident was admitted to the facility on [DATE] with a diagnosis of proteus mirabilis morganii (bacterial infection identified prior to his admission into the facility).</p> <p>Review of R27's admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/10/24 in the EMR under the MDS tab indicated the resident required substantial/maximum assistance with toileting and was dependent on staff for transfers from bed to wheelchair.</p> <p>Review of R27's EMR titled Physician Orders located under the Orders tab dated 04/03/24 revealed an order to place the resident under enhanced precautions.</p> <p>Observation on 04/14/24 at 9:32 AM, CNA D assisted R27 with a sit to stand lift. CNA D was observed wearing a gown and no gloves. CNA D had her hands resting on the mechanical lift. On the outside of the resident's room was an orange poster titled CDC [Centers for Disease Control] .Enhanced Barrier Precautions.Everyone Must.Providers and Staff Must Also.Wear gloves and a gown for the following High-Contact Resident Care Activities.Dressing.Bathing/Showering.Transferring.Providing Hygiene.Changing briefs or assisting with toileting.</p> <p>Example 3</p> <p>Review of R16's EMR titled Admission Record under the Profile tab indicated the resident was admitted to the facility on [DATE] with a diagnosis of lymphocytosis.</p> <p>Review of R16's admission MDS with an ARD of 03/20/24 under the MDS tab indicated the resident required partial/moderate assistance with toileting and partial/moderate assistance with staff for transfers.</p> <p>Review of R16's EMR titled Physician Orders located under the Orders tab dated 04/03/24 indicated the resident was placed on enhanced precautions for an indwelling medical device (peripheral inserted central catheter (PICC) Line).</p> <p>Observation on 04/14/24 at 10:26 AM in R16's room, CNA D was wearing no gown or gloves. CNA D placed R16's wash basin in the resident's dresser while R16 was in the restroom. On the outside of the resident's room was an orange poster titled, CDC .Enhanced Barrier Precautions.Everyone Must.Providers and Staff Must Also.Wear gloves and a gown for the following High-Contact Resident Care Activities.Dressing.Bathing/Showering.Transferring.Providing Hygiene.Changing briefs or assisting with toileting.</p> <p>During an interview on 04/14/24 at 10:30 AM, CNA D confirmed she wore gloves while she provided R16's personal care but did not wear a gown. CNA D confirmed she was to wear gloves and a gown when coming in contact with both R27 and R16.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525391	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/17/2024
NAME OF PROVIDER OR SUPPLIER Wisconsin Dells Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 300 Race St Wisconsin Dells, WI 53965	
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 - Many</p>	<p>During an interview on 04/15/24 at 10:22 AM, the Infection Control Preventionist (ICP) K confirmed both R27 and R16 were recently placed on enhanced precautions due to the CDC recommendations. ICP K stated it was her expectations that CNA D should have donned proper personal protective equipment (gown and gloves) with both residents during high contact encounters.</p>		