

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525397	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/09/2024
NAME OF PROVIDER OR SUPPLIER Dove Healthcare - Superior		STREET ADDRESS, CITY, STATE, ZIP CODE 1800 New York Ave Superior, WI 54880	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46694</p> <p>Based on observation, interview and record review, the facility did not ensure each resident received adequate supervision for 1 resident (R) R10, reviewed for wandering and elopement potential.</p> <p>Findings:</p> <p>The facility policy titled, Elopement and Wandering Residents, last reviewed March 2024, states in part: Policy: This facility ensures that residents who exhibit wandering behavior and/or are at risk for elopement receive adequate supervision to prevent accidents, and receive care in accordance with their person-centered plan of care addressing the unique factors contributing to wandering or elopement risk .</p> <p>Policy Explanation and Compliance Guidelines:</p> <p>1. The facility is equipped with door locks/alarms to help avoid elopements.</p> <p>R10 was admitted to the facility on [DATE] with a Brief Interview of Mental Status score of 14, indicating R10's cognition was intact. R10 had diagnoses of alcohol dependence, bipolar, dementia, and senile degeneration of the brain. R10 was the only resident noted on the 1st floor as an elopement risk.</p> <p>R10 had an elopement risk assessment dated [DATE] that included the following:</p> <p>1) Is the resident cognitively impaired with poor decision-making skills? Yes confusion at times.</p> <p>2) Does the resident have a pertinent diagnosis of dementia, OBS, Alzheimer's, delusions, hallucinations, anxiety disorder, depression, manic depression, or schizophrenia? Yes, dementia</p> <p>3) Does the resident ambulate independently, with or without the use of an assistive device (including a wheelchair)? Self-propels wheelchair .</p> <p>4) Does the resident have a history of:</p> <p>5) c) leaving facility without informing staff? Yes how many times? 1.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Summary: Resident is at risk for elopement as evidenced by history of leaving.</p> <p>R10 has a care plan: Resident wishes to stay at here at Dove. Due to behaviors facility will continue to pursue placement in locked unit or geripysch. Will work with family for placement.</p> <p>Progress note dated 09/20/24 at 5:18 AM, during night shift at 3:05 resident stated in slurred speech, If I want to go outside, I can go outside, and nobody can stop me. Resident proceeded to wheel to the front door and attempt to leave setting of the wander guard alarm. Nurse tried to redirect resident, and resident refused. Aide and nurse got resident into the building.</p> <p>On 10/09/24 at 8:30 AM, Surveyor asked Licensed Practical Nurse (LPN) H to show Surveyor how the door alarms operate down the end of the hall near room [ROOM NUMBER]. LPN H informed Surveyor that this door alarms when anyone opens it. LPN H then pushed the door open and no alarms sounded. LPN H stated, I will put out a maintenance call to repair this. Surveyor checked all other doors at the end of resident hallways on 2nd and 3rd floor. These doors all alarmed appropriately.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>16692</p> <p>Based on observation, interview and record review, the facility did not ensure that 2 of 3 residents (R) (R2, R7), reviewed for respiratory care were provided care consistent with professional standards of practice.</p> <p>R2 and R7 require oxygen and have a physician's orders to change oxygen tubing weekly. These were not changed as ordered.</p> <p>This is evidenced by:</p> <p>Example 1</p> <p>R2 was admitted to the facility with diagnoses that include emphysema, chronic respiratory failure with hypoxia, and chronic obstructive pulmonary disease. R2 utilizes continuous oxygen.</p> <p>On 10/08/24 and 10/09/24, Surveyor observed R2's oxygen tubing which was dated 9/26/24.</p> <p>R3's physician orders state in part, Oxygen: Change oxygen tubing weekly.</p> <p>Example 2</p> <p>R7 was admitted to the facility with diagnoses that include hypertension, rhinitis, dysphagia and a history of pneumonia, emphysema, chronic respiratory failure with hypoxia, and chronic obstructive pulmonary disease. R7 utilizes oxygen as needed.</p> <p>On 10/08/24 and 10/09/24, Surveyor observed R7's oxygen tubing which was dated 9/14/24.</p> <p>R7's physician orders state in part, Oxygen: Change oxygen tubing weekly.</p> <p>On 10/09/24 at 11:50 AM, Surveyor interviewed Director of Nursing (DON) B, who indicated oxygen cannulas should be changed weekly.</p>

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>16692</p> <p>Based on observation and interview, the facility failed to provide food that is palatable. 3 of 11 sampled residents expressed concerns about the palatability of their food.</p> <p>R3, R8, and R9 reported issues to surveyors with the quality of their food.</p> <p>This is evidenced by:</p> <p>46694</p> <p>On 10/08/23 at 12:35 PM, Surveyor sampled a test tray for palatability, The pumpkin bar that was served was approximately 1/8-1/4 inch thick; it was very dry and difficult to cut with a fork. The bar tasted dry, hard and bland.</p> <p>Surveyor observed R8 a short time later; she was speaking to another resident about the pumpkin bar. R8 stated, It's hard as a rock. A short time later she said to the other resident, Be careful you don't break a tooth.</p> <p>On 10/08/24 at 12:36 PM, during dining observation on 2nd floor, R3 wheeled up to Surveyor in a wheelchair and said, The breakfast here is either warm or rotten.</p> <p>On 10/08/24 at 2:40 PM, Surveyor spoke with Dietary Manager (DM) F about the above observations. Surveyor asked if DM F ever performs test trays to ensure the food is palatable, DM F stated No.</p> <p>On 10/09/24 at 11:30 AM, Surveyor interviewed R9. R9 stated that R9 and other residents keep bringing up concerns about the food, month after month, during the resident council meetings, but nothing ever changes. R9 stated the food has no flavor at times, and other times it is just bad. R9 stated she felt the cooks need to go to school to learn how to cook. R9 stated that the other day they were served plain egg noodles with hamburger on top of it with no sauce at all. R9 stated, You should see how much of the food just gets thrown in the trash because it doesn't taste good. R9 stated, It's a waste. Surveyor asked how often the food is not good. R9 stated, At least 25% of the meals are not good.</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>46694</p> <p>Based on observation, interview and record review, the facility did not ensure the preparation of food in a clean and sanitary environment with the potential to affect all 71 residents in the facility.</p> <p>Staff did not consistently monitor or document cooked food temperatures.</p> <p>Staff did not consistently date or label food items when opened.</p> <p>Staff did not consistently test or document parts per million (PPM) of the quaternary sanitizing solution.</p> <p>Staff did not consistently document refrigerator temperatures.</p> <p>Staff observed touching ready to eat food with contaminated gloves.</p> <p>Findings:</p> <p>Monitor/document food temperatures:</p> <p>The 2022 FDA Food Code documents at section 3-501.16 Time/Temperature Control for Safety Food, Hot and Cold Holding .Time/Temperature Control for Safety Food shall be maintained: (1) At 57 Celsius (C) (135 Fahrenheit (F)) or above, except that roast 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; (2) At 5 C (41 F) or less.</p> <p>On 10/08/24 at 11:24 AM, Surveyor observed [NAME] D taking temperatures of food items on hot service line. Surveyor reviewed HOT FOOD TEMPERATURE AUDIT in August and found missing temperatures on October 3rd, 5th, 6th, and 7th. Surveyor asked [NAME] E for these logs for August and September to review. August audit shows missing temperatures on August 14th and 26th. September audit shows missing temperatures on September 2nd, 9th, 15th, 16th, 22nd, 23rd, 27th, 28th, 29th, and 30th.</p> <p>Labeling open foods:</p> <p>The 2022 FDS Food Code documents at 3-501.18 Ready-to-Eat, Time/Temperature Control for Safety Food: Disposition .A date marking system may be used which places information on the food, such as on an overwrap or on the food container, which identifies the first day of preparation, or alternatively, may identify the last day that the food may be sold or consumed on the premises. A date marking system may use calendar dates, days of the week, color coded marks, or other effective means, provided the system is disclosed to the Regulatory Authority upon request, during inspections.</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>On 10/08/24 at 11:24 AM, during the initial tour of the kitchen, a cart with liquids on it being pushed by [NAME] E had 4 open thickened liquids, 2 gallons of milk (1% and 2%) and gallon of V-8 drink all with no label indicating when the containers were opened. Surveyor asked [NAME] E for a tour of the cold storage area in the kitchen. In the refrigerator there was a gallon of mayonnaise, a gallon of salsa, a gallon of pancake syrup, a gallon of 2% milk, a gallon of Sweet Baby Rays barbecue sauce and a gallon of LA Choy soy sauce all with no label or written date of when products were open.</p> <p>On 10/08/24 at 12:00 PM, Surveyor interviewed Dietary Manager (DM) F about the observations made of open containers without a date. DM F informed Surveyor the facility goes by the expiration date stamped on the container from the manufacturer and we only write dates on the gallon jugs.</p> <p>On 10/08/24 at 12:41 PM, Surveyor observing dining on the 2nd floor dining room and noted an open gallon of milk with a manufacturer's stamped date of 10/13/24. The open gallon of milk was taken to the 2nd floor refrigerator and put away by Medication Aide (MA) G. Surveyor asked MA G, Is there a date written on that gallon of milk that indicated when it was opened? MA G replied, There is supposed to be. MA G then took the gallon of milk out of the refrigerator, looked at it, and wrote today's date on it.</p> <p>Sanitization solution:</p> <p>The 2022 FDA Food Code documents at 4-501.116 Warewashing Equipment, Determining Chemical Sanitizer Concentration: Concentration of the sanitizing solution shall be accurately determined by using a test kit or other device.</p> <p>On 10/08/24 at 11:44 AM, Surveyor noted that parts per million (ppm) was missing on the SANITIZER LOG on both October 6th and 7th for 2pm and 6pm. Surveyor asked [NAME] E for copies of this log.</p> <p>Refrigerator temperature:</p> <p>The facility's policy titled, Monitoring of Cooler/Freezer Temperature, reviewed 2/2024, stated in part:</p> <p>. 1. Logs for recording temperatures for each refrigerator of freezer will be posted in a visible location outside the freezer or refrigerator unit.</p> <p>a. Temperatures will be checked and logged at least once per day by designated personnel.</p> <p>b. Logs will be changed out and filed each month .</p> <p>On 10/08/24 at 11:44 AM, Surveyor noted that the cold storage logs were missing documentation. The produce log for September and October was missing documentation on October 6th and 7th. The milk log for September and October was missing documentation on October 6th and 7th. Surveyor asked [NAME] E for copies of these two logs.</p> <p>Touching ready to eat food with contaminated gloves:</p> <p>(continued on next page)</p>		

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