

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525402	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/30/2024
NAME OF PROVIDER OR SUPPLIER  Willow Ridge Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE  400 Deronda St Amery, WI 54001	

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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>40181</p> <p>Based on record review and interview, the facility did not implement policy and procedures related to screening employees for a prior history of abuse, neglect, exploitation of residents, or misappropriation of resident property for 3 of 8 staff reviewed.</p> <p>Findings include:</p> <p>Facility policy entitled, Resident Safety and Abuse Policy, last reviewed 3/24, states in part: Employee Screening: .All employees shall have a criminal background check. 1. Initial and any required future background checks will be conducted in accordance with applicable state and federal laws. Checks may include criminal history, state caregiver registry, OIG [Office of Inspector General], and exclusion lists. The type, frequency, and timing of checks will be in accordance with applicable state and federal law .</p> <p>On 05/28/24 at 3:48 PM, Surveyor reviewed caregiver background checks for 8 randomly selected staff members and found the following information:</p> <p>Registered Nurse (RN) G was hired on 02/29/24. Surveyor received a Background Information Disclosure (BID) dated 02/29/24 but did not receive a Department of Justice (DOJ) response or Integrated Background Information System (IBIS) letter for RN G's caregiver background check at the time of hire.</p> <p>On 05/28/24 at 4:30 PM, Surveyor interviewed Business Office Manager (BOM) C and asked why there was no DOJ response or IBIS letter for RN G's caregiver background check. BOM C stated RN G was a new hire, and they don't run the caregiver background check until 45 days after hire if there was nothing disclosed on the BID.</p> <p>On 05/28/24 at 4:45 PM, Surveyor interviewed Corporate Nursing Home Administrator (CNHA) D and asked why there was no caregiver background check for RN G. CNHA D stated they have 60 days by law to run the caregiver background check for new hires, and their company did not usually run it until 45 days after hire. Surveyor asked if it had been greater than 60 days since RN G was hired. CNHA D confirmed it was greater than 60 days since RN G's date of hire and the background check was overdue. Surveyor clarified RN G's background check was 29 days overdue. Surveyor did not find evidence of supervision of staff prior to background checks being completed.</p> <p>Surveyor reviewed Housekeeper (HK) E's records provided and found a BID dated 04/24/20, and the DOJ response and IBIS letter were both dated 04/27/24. This was greater than 4 years ago.</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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Surveyor reviewed Certified Nursing Assistant (CNA) F's records provided and found a BID, DOJ response and IBIS letter all dated 02/18/20. This was greater than 4 years ago.</p> <p>On 05/28/24 at 4:30 PM, Surveyor interviewed BOM C who confirmed both HK E and CNA F's caregiver background checks appeared to be overdue. BOM C would look to see if they were done more recently.</p> <p>On 05/29/24 at 10:39 AM, Surveyor interviewed Nursing Home Administrator (NHA) A who confirmed they did identify a problem with late caregiver background checks on the three employees listed above. NHA A stated they have already started a Performance Improvement Process to correct this problem and better identify when all staff are due for the background check to be run.</p>		

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<p>F 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46694</p> <p>Based on record review and interview, the facility did not conduct a comprehensive and accurate assessment for 1 of 13 residents (R) reviewed for Minimum Data Set (MDS) assessments. (R5)</p> <p>Findings:</p> <p>R5 was admitted on [DATE] with a Brief Interview of Mental Status (BIMS) of 08 (cognition is moderately impaired). Diagnoses of Alzheimer's, dementia, and congestive heart failure (a long-term condition in which the heart can't pump blood well enough to meet your body's needs).</p> <p>R5's MDS dated [DATE] under section I indicated that R5 had an active diagnosis in the major disease category of infection to a wound.</p> <p>On 05/28/24 at 11:00 AM, Surveyor asked Nursing Home Administrator (NHA) A about this resident's wound infection indicated on the MDS under the major disease category. NHA A replied, I will get that information for you.</p> <p>On 05/28/24 at 2:00 PM, Surveyor interviewed NHA A about the MDS. NHA A replied, The MDS was coded incorrectly on 05/01/24 the quarterly 180 day assessment, 01/30/24 for the quarterly 90 day assessment and 10/30/23 the annual MDSs as there is no major wound infection.</p> <p>On 05/30/24 at 9:43 AM, Licensed Practical Nurse (LPN) I provided Surveyor with the corrections submitted for the I section on the MDS for 01/20/23, 04/22/23, 07/23/23, 10/30/23, 01/30/24 and 05/01/24.</p>

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46694</p> <p>Based on observation, record review and interview, the facility did not implement a restorative program in attempt to improve or maintain residents' functional abilities for 5 of 7 residents (R21, R15, R12, R29 and R7) reviewed for limited Range of Motion (ROM).</p> <p>Findings:</p> <p>R21 was admitted on [DATE] with a Brief Interview of Mental Status (BIMS) of 08 which indicated moderate cognitive impairment. Diagnoses of sepsis right knee prosthetic, diabetes, and disruption of wound. R21 had no changes in mobility status from Minimum Data Set (MDS) dated [DATE] to 03/24/24.</p> <p>On 05/29/24 at 2:00 PM, Surveyor interviewed Nursing Home Administrator (NHA) A asking for any information the facility would have on a restorative program for R21's limited ROM. NHA A replied, I'm sorry but we do not have a restorative program here.</p> <p>On 05/30/24 11:04 AM, Surveyor interviewed Certified Nursing Assistant (CNA) K, What type of position/mobility areas does this resident require your help with? CNA K replied, Needs repositioned every 2 hours at least. Surveyor asked CNA K, Has this resident's mobility improved or worsened? CNA K replied, Stayed about the same.</p> <p>Example 2:</p> <p>R15 was admitted on [DATE] with a BIMS unable to complete. Diagnoses of cerebral infarction (is a life-threatening medical condition that happens when there's a lack of blood flow to a part of your brain), and muscle weakness.</p> <p>Review of MDS quarterly assessment, dated 02/07/24, documented R15 having functional limitation of range of motion to both lower extremities and does not receive therapy services or restorative nursing services.</p> <p>On 05/29/24 at 2:00 PM, Surveyor asked NHA A for any information the facility would have on a restorative program for R15's limited ROM. NHA A replied, I'm sorry but we do not have a restorative program here.</p> <p>On 05/30/24 10:29 AM, Surveyor asked CNA K, What kind of things do you help this resident with regarding mobility/positioning? CNA K replied, Washing, catheter care, and easy stand.</p> <p>Example 3:</p> <p>R12 was admitted on [DATE] with a BIMS of 10 indicating moderate cognitive impairment. Diagnoses of above the knee amputation of the right leg in 2019, cerebral infarct with no residual deficits, dementia, and Huntington's (the disease affects a person's movements, thinking ability and mental health).</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of MDS quarterly assessment, dated 04/13/24, documented R12 having functional limitation of range of motion to one side of the lower extremities and does not receive therapy services or restorative nursing services.</p> <p>On 05/29/24 at 2:00 PM, Surveyor asked NHA A for any information the facility would have on a restorative program for R12's limited ROM. NHA A replied, I'm sorry but we do not have a restorative program here.</p> <p>On 05/30/24 9:57 AM, Surveyor interviewed Licensed Practical Nurse (LPN) I regarding ADL decline. LPN I replied, We assess for changes for ADL and look for ways to help either maintain or improve a resident's ADL involvement if they are able to.</p> <p>On 05/30/24 at 10:23 AM, Surveyor interviewed CNA K about R12's limited ROM. Surveyor asked CNA K, What kind of things do you help this resident with regarding mobility/positioning? CNA K replied, Shower, changing resident, resident eats in bed which requires a lot of bed changes.</p> <p>47807</p> <p>Example 4</p> <p>Resident (R) 7 was admitted to the facility on [DATE] and has a diagnosis that includes Alzheimer's/dementia. R7 could not complete a BIMS due to not being able to understand or be understood.</p> <p>Review of MDS quarterly assessment, dated 04/04/24, documented R7 having functional limitations of range of motion to one side of the upper and lower extremities and is dependent on staff to provide activities of daily living. R7 does not receive therapy services or restorative nursing services.</p> <p>On 05/29/24 at 9:15 AM, Surveyor observed R7 in the activity room listening to a book being read. No restorative activities were being completed by R7 at this time.</p> <p>On 05/29/24 at 10:20 AM, Surveyor observed R7 being moved to a room for repositioning and care. R7 was wheeled from the activity room to their own room.</p> <p>On 05/29/24 at 12:27 PM, Surveyor interviewed contracted occupational therapy staff regarding restorative programs. Surveyor confirmed that R7 was not on any restorative plan that occupational therapy knew of.</p> <p>On 05/29/24 at 3:56 PM, Surveyor interviewed NHA A regarding R7's restorative plan. NHA A confirmed that R7 did not have any kind of restorative plan, and they were planning on looking into starting a restorative plan in the very near future.</p> <p>16692</p> <p>Example 5:</p> <p>R29 was admitted to the facility on [DATE] and has diagnoses that include morbid obesity, failure to thrive, post thrombotic syndrome with ulcer of bilateral lower extremity, pain in both knees, and abdominal hernia.</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R29's admission MDS, dated [DATE], indicated there are limits in range of motion in both upper extremities and lower extremities. These impairments affect both sides of R29's body.</p> <p>On 05/28-29/24, Surveyor reviewed R29's medical record and could not find information related to any exercises or programs that were being used to assist R29 in maintaining or increasing their range of motion.</p> <p>On 05/29/24 at 11:52 AM, Surveyor requested further information in relation to R29's range of motion program.</p> <p>On 05/29/24 at 4:58 PM, Surveyor interviewed NHA A asking about R29's restorative program. NHA A stated they did not find a range of motion program for R29. Currently there is not a restorative program.</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 and staff interview, the facility did not ensure food was stored and served under sanitary conditions. This practice had the potential to affect 32 residents.</p> <p>Foods opened without a date.</p> <p>Dry storage items found on the floor.</p> <p>Temperature documentation missing for temping foods.</p> <p>Temperature/Chlorine documentation for dishwasher missing.</p> <p>Findings:</p> <p>The FDA Food Code 2022 documents at 3-501.17 Ready-to-Eat, Time/Temperature Control for Safety Food, Date Marking: (A) Except when packaging food using a reduced oxygen packaging method as specified under S 3-502.12, and except as specified in (E) and (F) of this section, refrigerated, ready-to-eat, time/temperature control for safety food prepared and held in a food establishment for more than 24 hours shall be clearly marked to indicate the date or day by which the food shall be consumed on the premises, sold, or discarded when held at a temperature of 5 C (Celsius) (41 F) (Fahrenheit) or less for a maximum of 7 days. The day of preparation shall be counted as day 1.</p> <p>The FDA Food Code 2022 documents at 3-501.18 Ready-to-Eat, Time/Temperature Control for Safety Food, Disposition: (A) A food specified in 3-501.17 (A) or (B) shall be discarded if it: (1) Exceeds the temperature and time combination specified in 3-501.17 (A), except time that the product is frozen; (2) Is in a container or package that does not bear a date or day; or (3) Is inappropriately marked with a date or day that exceeds a temperature and time combination as specified in 3-501.17 (A).</p> <p>The FDA Food Code 2022 documents at 3-305.11 Food Storage.</p> <p>(A) Food shall be protected from contamination by storing the food:</p> <p>(1) In a clean, dry location.</p> <p>(2) Where it is not exposed to splash, dust, or other contamination; and</p> <p>(3) At least 15 cm (6 inches) above the floor.</p> <p>The FDA Food Code 2022 documents at 3-501.16 Time/temperature Control for Safety Food, hot and cold holding.</p> <p>(A) .time/temperature control for safety food shall be maintained:</p> <p>(1) At 57 C (135 F) or above .or</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>(2) At 5 C (41 F) or less.</p> <p>Foods opened no date/Dry storage on floor:</p> <p>On 05/28/24 at 9:20 AM, Surveyor conducted an initial tour of the kitchen with [NAME] J. Surveyor found an open package of frozen chicken and fish fillets without a date opened. [NAME] J replied, I will throw that away. We are just so short staffed. Surveyor observed a gallon of milk opened and not dated in the refrigerator. [NAME] J replied, I will get rid of that.</p> <p>Surveyor observed a 50lb box of Idaho potatoes sitting on the floor in the dry storage as well as 'Quick Oats' in a five-gallon pail with about an inch of oats at the bottom of the pail.</p> <p>Temperature/Documentation missing:</p> <p>On 05/28/24 at 9:32 AM, Surveyor reviewed temperature logs for temping foods and noted missing temperatures on the PM shift on May 3, 7, 11, 23, 24, 25, 26. Surveyor asked [NAME] J for March and April. March log was missing supper food temperatures on March 17, 18, 30 and 31. April log was missing supper food temperature on the 31st.</p> <p>Surveyor noted missing temperature/chlorine Parts Per Million (PPM) in May on 1, 3, 6, 8, 12, 13, 15, 17, 19 and 20. Surveyor asked for March and April documentation. [NAME] J was unable to find where March documentation is kept. April log missing PM rinse and PPM for 3, 9, 20, 11, 17, 19, 22, 24, and 27.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47807</b></p> <p>Based on observation, interview and record review, the facility did not provide a safe, sanitary, and comfortable environment to help prevent the development and transmission of communicable diseases and infections. The facility did not ensure proper hand hygiene practices were followed during resident care and wound care observations. This occurred for 2 of 7 residents (R) 31 and R15.</p> <p>Findings include:</p> <p>Example 1:</p> <p>The facility policy, entitled, Infection Prevention and Control Program, revised in February of 2024, stated, The World Health Organization (WHO) guidelines for hand hygiene are followed for all employees state in part: Hand hygiene and medical glove use . the use of gloves does not replace the need for cleaning your hands. Hand hygiene must be performed when appropriate regardless of indications of glove use. Remove gloves to perform hand hygiene, when indication occurs while wearing gloves. Discard gloves after each task and clean your hands - gloves may carry germs .Examination gloves indicated in clinical situations .Indirect patient exposure: emptying emesis basin; handling/cleaning instrument; handling waste; cleaning up spills of bodily fluids .2 Before clean. Clean your hands immediately before accessing a critical site with infectious risk for the patient .b) Before dressing a wound with or without instrument.</p> <p>On 05/29/24 at 7:26 AM, Surveyor observed cares for R31 performed by Certified Nursing Assistant (CNA) H. During cares, CNA H performed peri care for R31 who was incontinent of bowel. After cleaning the resident's bowel movement (BM), CNA H used gloved hands to throw out the dirty brief, cloths, incontinence pads, and dirty linens in a plastic bag. CNA H then removed their gloves and put them in the trash bag. CNA H did not perform hand hygiene. CNA H proceeded to grab a clean brief and clean pad, put them on the resident, and completed cares. CNA H did not don new gloves and used bare hands for the rest of cares for R31.</p> <p>On 05/29/24 at 7:47 AM, Surveyor interviewed CNA H asking why they did not perform hand hygiene or don new gloves after touching dirty items. CNA H said they did not have more gloves for them to use in the room, and once they were started, they were too nervous and just continued with care. Surveyor then asked if they would normally have stopped and got the materials needed to perform cares. CNA H said yes, they normally would have stocked them before cares were started and today, they were just nervous.</p> <p>On 05/30/24 at 1:19 PM, Surveyor interviewed Director of Nursing (DON) B regarding hand hygiene during cares. DON B said they would expect staff to have stocked the needed items before performing cares and the use of gloves and hand hygiene throughout the entire cares process. DON B would have expected the CNA to use hand hygiene and then donned gloves after the handling of dirty items.</p> <p>46694</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 - Few</p>	<p>R15 was admitted on [DATE] with diagnoses of diabetes, osteomyelitis (bone infection that can result from fungi or bacteria), severe sepsis with shock (a serious medical condition that can occur when an infection in your body causes extremely low blood pressure and organ failure due to sepsis).</p> <p>On 05/30/24 at 7:14 AM, Surveyor observed DON B perform a dressing change on R15. DON B put on proper personal protective equipment (PPE) following hand hygiene with Alcohol Based Hand Rub (ABHR). DON B removed wound dressing then changed gloves without performing hand hygiene. DON B sprayed the wound with wound cleanser. DON B changed gloves but did not perform hand hygiene in between.</p> <p>Surveyor interviewed DON B and asked, What is the facility policy regarding hand hygiene with glove changes? DON B replied, You are making me nervous; I am supposed to perform hand hygiene. DON B then removed gloves and performed hand hygiene.</p>		