

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525405	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/24/2025
NAME OF PROVIDER OR SUPPLIER Amethyst Health of Wausau		STREET ADDRESS, CITY, STATE, ZIP CODE 1010 E Wausau Ave Wausau, WI 54403	

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 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. (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

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not provide care and treatment consistent with professional standards of practice, for 1 of 3 sampled residents (R2). The facility did not complete comprehensive assessments after R2 was re-admitted to the facility, following a hospitalization, and removal of an indwelling catheter. According to the Wisconsin Nurse Practice Act, N6.03(1), A RN (Registered Nurse) shall utilize the nursing process in the execution of general nursing procedures in the maintenance of health, prevention of illness, or care of the ill. The nursing process consists of the steps of assessment, planning, intervention, and evaluation. This standard is met through performance of each of the following steps of the nursing process: (a). Assessment. Assessment is the systemic and continual collection and analysis of data about the health status of a patient culminating in the formulation of a nursing diagnosis. (b). Intervention. Intervention is the nursing action to implement the plan of care by directly administering care or by directing and supervising nurse acts delegated to LPNs (Licensed Practical Nurse) or less skilled assistants. (c). Evaluation. Evaluation is the determination of a patient's progress or lack of progress toward a goal or achievement which may lead to modification of the nursing diagnosis. The nurse conducting an assessment after removal of an indwelling catheter should evaluate the resident's ability to void and monitor for complications. R2 was admitted to the facility on [DATE], after hospitalization for a bladder stone causing a laceration to his bladder. Diagnoses included blood loss anemia requiring transfusion. R2 was admitted to the facility with an indwelling foley catheter. On 08/26/25, R2 was sent to the emergency room (ER) for blood in urine and clotted foley catheter. Catheter was replaced and irrigated. R2 returned to the facility on [DATE]. On 08/28/25, R2 was transferred to the ER for worsening blood in his urine, blood leaking around catheter, and spasms to penis. R2 was admitted to the hospital when bleeding continued after five hours of catheter irrigation, and urinalysis came back positive for urinary tract infection (UTI). On 09/11/25, R2 was re-admitted to the facility. R2's progress notes revealed R2's bladder stent and foley catheter were removed during hospitalization. R2 was to void using urinal. Surveyor reviewed R2's record and noted there was no documentation from 09/12/25-09/13/25. On 09/23/25 at 11:07 AM, Surveyor interviewed Director of Nursing (DON) B. Surveyor asked DON B to describe the process for documenting when a resident re-admits from the hospital. DON B stated documentation would be based on the resident's status change. Surveyor asked DON B if a resident transferred from the facility to the hospital with an indwelling catheter and then re-admitted to the facility without an indwelling catheter, what kind of assessments and how often would assessments be completed. DON B stated she would look. On 09/23/25 at 11:31 AM, Surveyor interviewed Regional Clinical (RC) C and DON B. RC C and DON B reported at the facility's last re-certification survey on 09/04/25, the facility identified a concern with nursing assessments and documentation. RC C and DON B reported they were in the process of creating new policies, procedures, templates, and checklists for documenting assessments upon admission, re-admission, and daily skilled assessments. RC C and DON B stated they did not have a performance improvement plan related to this. RC C stated, If you had come next week, we would have had it implemented. DON B acknowledged R2's documentation did not support R2 was assessed and monitored appropriately after his re-admission from the hospital. Interviews with DON B and RC C reported the facility did not have a current policy on comprehensive assessments and nurse documentation. DON B and RC C stated the facility was in the process of creating new policies and procedures related to assessments and documentation.</p>		

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<p>F 0945</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Include as part of its infection prevention and control program, mandatory training that includes written standards, policies, and procedures for the program.</p> <p>Based on interview and record review, the facility did not ensure required infection control training was completed for 2 out of 2 staff in Housekeeping (HSK). (HSK E and HSK D). This has the potential to affect all 33 residents. Housekeeping staff HSK E and HSK D were not provided the required infection control training since being hired. Findings include: Per State Operations Manual, appendix PP, 483.95 Infection control, states in part, .All facilities must develop, implement and permanently maintain an effective training program for all staff, which includes, training on the standards, policies, and procedures for the infection prevention and control program as described at S483.80(a)(2), that is appropriate and effective, and as determined by staff need. For the purposes of this training requirement, staff includes all facility staff (direct and indirect care functions), contracted staff, and volunteers (training topics as appropriate to role). Changes to the facility's resident population, community infection risk, national standards, staff turnover, the facility's physical environment, or facility assessment may necessitate ongoing revisions to the facility's training program for infection prevention and control. All training should support current scope and standards of practice through curricula which detail learning objectives, performance standards, evaluation criteria, and addresses potential risks to residents, staff, and volunteers if procedures are not followed. There should be a process in place to track staff participation in and understanding of the required training. On 09/24/25 at 10:00 AM, Surveyor interviewed HSK E, who stated she did not receive any training on infection control since she was hired on 01/29/25. On 09/24/25 at 10:25 AM, Surveyor interviewed HSK D, who stated she did not receive any training on infection control since she was hired on 08/21/25. On 09/24/25 at 11:00 AM, Surveyor interviewed Nursing Home Administrator (NHA) A regarding housekeeping staff infection control education. NHA A stated the facility currently does not have a policy for infection control training completed nor have they provided infection control training to HSK E and HSK D. NHA A stated the expectation would be that staff receive the required training on infection control, and the facility did not provide required training.</p>		