

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525406	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/16/2024
NAME OF PROVIDER OR SUPPLIER  Omro Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  500 Grant Ave Omro, WI 54963	

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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49563</b></p> <p>Based on observation, staff interview, and record review, the facility did not ensure 3 residents (R) (R6, R7, and R4) of 12 sampled residents were assessed as able to safely and accurately self-administer medication.</p> <p>On 10/16/24, Surveyor observed Licensed Practical Nurse (LPN)-D leave a cup with medication on R6's bedside table. R6 did not have a physician's order or an assessment that indicated R6 could self-administer medication.</p> <p>On 10/6/24, Surveyor observed Registered Nurse (RN)-E leave a cup with medication on R7's table for R7 to self-administer. R7 did not have a physician's order or an assessment that indicated R7 could self-administer medication.</p> <p>On 10/16/24, Surveyor observed RN-E leave cups with medication R4's table for R4 to self-administer. R4 did not have a physician's order or an assessment that indicated R4 could self-administer medication.</p> <p>Findings include:</p> <p>The facility's Administering Medications policy, dated 1/2024, indicates: To ensure safe and effective administration of medication in accordance with physician orders and state/federal regulations .Procedure: . 5. Medications may be self-administered by the resident or resident representative who have been assessed and determined to be safe and upon physician order.</p> <p>1. On 10/16/24, Surveyor reviewed R6's medical record. R6 was admitted to the facility on [DATE] with diagnoses including spinal cord dysfunction, paraplegia, diabetes, and malnutrition. R6's Minimum Data Set (MDS) assessment, dated 9/25/24, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R6 had intact cogitation. R6 was responsible for R6's healthcare decisions.</p> <p>On 10/16/24 at 12:00 PM, Surveyor observed LPN-D leave a medication cup with 10 milligrams (mg) of metoclopramide and 20 mg of baclofen on R6's bedside table.</p> <p>R6's medical record did not contain a self-administration of medication assessment or a physician's order to self-administer medication.</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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. On 10/16/24, Surveyor reviewed R7's medical record. R7 was admitted to the facility on [DATE] with diagnoses including diabetes, anemia, and renal failure. R7's MDS assessment, dated 9/8/24, had a BIMS score of 15 out of 15 which indicated R7 had intact cognition. R7 was responsible for R7's healthcare decisions.</p> <p>On 10/16/24 at 12:16 PM, Surveyor observed RN-E leave a medication cup with 25 mg of Hydralazine and 125 mg of vitamin D3 on R7's table for R7 to self-administer.</p> <p>R7's medical record did not contain a self-administration of medication assessment or a physician's order to self-administer medication.</p> <p>3. On 10/16/24, Surveyor reviewed R4's medical record. R4 was admitted to the facility on [DATE] with diagnoses including multiple fractures, coronary artery disease, heart failure, and cerebral vascular accident (stroke). R4's MDS assessment, dated 8/23/24, had a BIMS score of 15 out of 15 which indicated R4 had intact cognition. R4 was responsible for R4's healthcare decisions.</p> <p>On 10/16/24 at 12:18 PM, Surveyor observed RN-E leave medication cups with 325 mg of iron sulfate, 625 mg of Fiber-Lax, 1 mg of folic acid, and 10 milliliters (ml) of sucralfate on R4's table for R4 to self-administer.</p> <p>R4's medical record did not contain a self-administration of medication assessment or a physician's order to self-administer medication.</p> <p>On 10/16/24 at 1:32 PM, Surveyor interviewed Director of Nursing (DON)-B who verified R6, R7, and R4 were not assessed as able to safely and accurately self-administer medication and did not have a physician's order to do so.</p>

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50467</p> <p>Based on observation, staff and resident interview, and record review, the facility did not ensure 1 resident (R) (R3) of 4 sampled residents had a call light within reach.</p> <p>On 10/16/24, R3 was observed in R3's room without a call light within reach.</p> <p>Findings include:</p> <p>On 10/16/24, Surveyor requested the facility's call light policy which was not provided.</p> <p>On 10/16/24, Surveyor reviewed R3's medical record. R3 was admitted to the facility on [DATE] with diagnoses including spastic quadriplegic cerebral palsy, generalized anxiety disorder, unspecified behavioral and emotional disorders, unspecified intellectual disabilities, muscle wasting and atrophy, and cognitive communication deficit. R3's Minimum Data Set (MDS) assessment, dated 7/3/24, had a Brief Interview for Mental Status (BIMS) score of 14 out of 15 which indicated R3 had intact cognition.</p> <p>R3's pain care plan, dated 6/30/24, contained interventions to assist R3 to meet needs, maintain safety, and keep R3's call light within reach.</p> <p>On 10/16/24 at 10:45 AM, Surveyor observed R3 in a wheelchair in the middle of R3's room. Surveyor noted R3's call light was on the bed. When Surveyor asked if R3 could reach the call light, R3 stated, No. When Surveyor asked how R3 would get help if needed, R3 responded, I just call out.</p> <p>On 10/16/24 at 10:48 AM, Surveyor interviewed Certified Nursing Assistant (CNA)-C regarding R3's call light. CNA-C saw the call light on R3's bed and placed the call light in R3's lap.</p> <p>On 10/16/24 at 1:32 PM, Surveyor interviewed Director of Nursing (DON)-B who indicated a call light should be on the resident's person or near them.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49563</p> <p>Based on staff interview and record review, the facility did not provide pharmaceutical services to ensure an allergy was conveyed prior to a medication order for 1 resident (R) (R1) of 12 sampled residents.</p> <p>R1 had an allergy to Zofran which was documented in R1's hospital discharge summary and the facility's admission orders. R1 was administered Zofran on 9/6/24 and 9/7/24.</p> <p>Findings include:</p> <p>The facility's Administering Medications policy, dated 1/2024, indicates: To ensure safe and effective administration of medication in accordance with physician orders and state/federal regulations .Procedure: 4. Medications shall be administered per provider's written/verbal orders upon verification of the right medication, dose, route, time, and positive verification of the resident's identity when no contraindications are identified, and the medication is labeled according to accepted standards.</p> <p>On 10/16/24, Surveyor reviewed R1's medical record. R1 was admitted to the facility on [DATE] with diagnoses including cerebrovascular accident (stroke), neuropathic pain, and dysphagia. R1's Minimum Data Set (MDS) assessment, dated 6/11/24, stated R1's Brief Interview for Mental Status (BIMS) score was 0 out of 15 which indicated R1 had severe cognitive impairment. R1 had a guardian for healthcare decisions.</p> <p>R1's medical record and a hospital discharge summary, dated 6/7/24, indicated R1 was allergic to Zofran with side effects of headache and dizziness. On 9/6/24, a nurse notified Medical Doctor (MD)-F that R1 had nausea. MD-F ordered Zofran and was not informed by the nurse that R1 had an allergy to Zofran. R1 was provided a dose of Zofran on 9/6/24 and 9/7/24.</p> <p>On 10/16/24 at 11:15 AM, Surveyor interviewed Registered Nurse (RN)-E who indicated medication orders should be reviewed for allergies when staff are on the phone with the MD. RN-E indicated if an order was given and a concern was identified, RN-E would call the MD back to clarify the order. RN-E indicated allergies are listed in red at the top of the medication page and said RN-E hoped the pharmacy would catch the order prior to providing the medication.</p> <p>On 10/16/24 at 11:25 AM, Surveyor interviewed Licensed Practical Nurse (LPN)-D who indicated nurses should provide the MD with a list of residents' allergies when they receive telephone orders.</p> <p>On 10/16/24 at 11:31 AM, Surveyor interviewed Director of Nursing (DON)-B who indicated nurses should verify a resident is not allergic to a medication when they receive a medication order. DON-B verified the facility's medical record system should alert nurses to allergies when a medication order is entered.</p> <p>(continued on next page)</p>		

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F 0755  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	On 10/16/24 at 12:27 PM, Surveyor interviewed MD-F who did not recall the telephone conversation with the nurse who reported R1's nausea. MD-F indicated if MD-F was aware of the allergy, MD-F would have prescribed a different medication.		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>49563</p> <p>Based on observation, staff interview, and record review, the facility did not ensure all drugs and biologicals were stored in accordance with the facility's policy when 1 of 2 medication carts was observed unlocked and unattended during medication pass. This practice had the potential to affect more than 4 of the 31 residents residing in the facility.</p> <p>On 10/16/24, the 100 wing medication cart was left unlocked and unattended during medication administration for 3 residents (R) (R6, R7, and R4).</p> <p>Findings include:</p> <p>The facility's Administering Medications policy, dated 1/2024, indicates: To ensure safe and effective administration of medication in accordance with physician orders and state/federal regulations .Procedure: . 18. Medications will remain secured in a locked cabinet/cart unless in direct view of the individual administering the medication.</p> <p>The facility's Medication Storage policy, dated 2/2024, indicates: To ensure medications and biological are stored in a safe, secure storage and safe handling .General Guidelines: .7. Compartments containing medications should be locked when not in use. Trays or carts used to transport such items should not be left unattended.</p> <p>On 10/16/24 at 12:00 PM, Surveyor observed Licensed Practical Nurse (LPN)-D leave a medication cart unlocked and unattended in the hallway with the drawers exposed during medication pass for 3 of 12 residents.</p> <p>On 10/16/24 at 12:20 PM, Surveyor interviewed LPN-D who verified the medication cart should not be left open when unattended. LPN-D stated LPN-D usually locked the cart but forgot that day.</p> <p>On 10/16/24 at 1:32 PM, Surveyor interviewed Director of Nursing (DON)-B who confirmed medication carts should be locked when unattended.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>49563</p> <p>Based on observation, staff interview, and record review, the facility did not maintain an infection prevention and control program designed to help prevent the development and transmission of disease and infection for 6 residents (R) (R6, R8, R9, R10, R11, and R4) of 12 sampled residents observed during medication administration.</p> <p>On 10/16/24, Licensed Practical Nurse (LPN)-D did not complete hand hygiene during medication administration for R6, R8, R9, and R10.</p> <p>On 10/16/24, Registered Nurse (RN)-E did not sanitize the blood pressure cuff between use for R11 and R4.</p> <p>Findings include:</p> <p>The facility's Hand Hygiene policy, dated 1/16/23, indicates: To provide guidelines to staff for proper and appropriate hand washing and hygiene techniques that will aid in the prevention of the transmission of infections .Using Alcohol-Based Hand Gel: .c. Before preparing or handling medications; d. Before applying gloves and after removing gloves or other PPE.</p> <p>The Centers for Disease Control and Prevention (CDC) website's Guideline for Disinfection and Sterilization in Healthcare Facilities, dated 2008, indicates: .Medical equipment surfaces (e.g., blood pressure cuffs, stethoscopes, hemodialysis machines, and X-ray machines) can become contaminated with infectious agents and contribute to the spread of health-care-associated infections. For this reason, non-critical medical equipment surfaces should be disinfected with an Environmental Protection Agency (EPA)-registered low or intermediate-level disinfectant. Use of a disinfectant will provide antimicrobial activity that is likely to be achieved with minimal additional cost or work .4. Selection and Use of Low-Level Disinfectants for Noncritical Patient-Care Devices: .Disinfect non-critical medical devices (e.g., blood pressure cuff) with an EPA-registered hospital disinfectant using the label's safety precautions and use directions.</p> <p>On 10/16/24 at 12:00 PM, Surveyor observed LPN-D prepare medication for R6. LPN-D did not complete hand hygiene prior to medication preparation.</p> <p>On 10/16/24 at 12:10 PM, Surveyor observed LPN-D prepare medication for R8. LPN-D donned and doffed gloves during medication preparation but did not complete hand hygiene prior to glove application or after glove removal.</p> <p>On 10/16/24 at 12:15 PM, Surveyor observed LPN-D prepare medication for R9. LPN-D donned and doffed gloves during medication preparation but did not complete hand hygiene prior to glove application or after glove removal.</p> <p>On 10/16/24 at 12:20 PM, Surveyor observed LPN-D prepare medication for R10. LPN-D donned and doffed gloves during medication preparation but did not complete hand hygiene prior to glove application or after glove removal.</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 - Some</p>	<p>On 10/16/24 at 12:25 PM, Surveyor observed RN-E during medication administration. Surveyor noted RN-E took R11's blood pressure and did not sanitize the blood pressure cuff after use. RN-E then took R4's blood pressure with the same cuff and did not sanitize the cuff after use. Surveyor noted R4 was on evidence-based precautions (EBP) for infection and had an indwelling catheter.</p> <p>On 10/16/24 at 12:20 PM, Surveyor interviewed LPN-D who indicated LPN-D usually completed hand hygiene before and after glove application and before medication preparation. LPN-D indicated LPN-D was nervous and forgot to perform hand hygiene.</p> <p>On 10/16/24 at 1:32 PM, Surveyor interviewed Director of Nursing (DON)-B who indicated DON-B expects nursing staff to complete hand hygiene before and after medication preparation and before and after donning and doffing gloves per the facility's policy. DON-B also verified DON-B expects staff to sanitize equipment between residents if EBP are in place.</p>