

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 07/24/2024
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48794</p> <p>Based on staff and resident interview, and record review, the facility did not ensure 2 residents (R) (R9 and R434) of 4 sampled residents received the necessary care and services to prevent and/or monitor weight loss.</p> <p>R9 had an order to be weighed 3 times per week. R9's weights were not completed in accordance with the physician's order. In addition, R9 experienced a significant weight loss of 14.29% from 3/22/24 to 7/2/24.</p> <p>R434 was admitted to the facility on [DATE] and had an order for weights to be completed for the first 7 days after admission and one time a day every Monday, Wednesday, and Friday. R434's weights were not completed in accordance with the physician's order.</p> <p>Findings Include:</p> <p>The facility's Resident Height and Weight policy, with a revision date 7/7/23, indicates: A significant weight change is defined as a 5% weight change over 30 days, 7.5% weight change over 90 days, or a 10% weight change over 180 days .Upon admission and two days following, the nursing department staff will weigh the resident on the appropriate scale weekly for 4 weeks and then monthly unless otherwise ordered by the physician, recommended by the Dietitian, or the resident's medical condition requires .Weekly or monthly weights are recommended if any of the following are present .significant unplanned weight loss in 30, 90, or 180 days .gradual unplanned weight loss over multiple months .unstable congestive heart failure (CHF) or significant edema.</p> <p>1. From 7/22/24 through 7/24/24, Surveyor reviewed R9's medical record. R9 was admitted to the facility on [DATE] and had diagnoses including type 2 diabetes mellitus with diabetic polyneuropathy, abnormal weight loss, edema, unspecified dementia with psychotic disturbance, and unspecified protein-calorie malnutrition. R9's Minimum Data Set (MDS) assessment, dated 5/3/24, had a Brief Interview for Mental Status (BIMS) score of 11 out of 15 which indicated R9 had moderate cognitive impairment.</p> <p>R9's medical record indicated R9 weighed 199.5 pounds on 3/22/24 and 171 pounds on 7/2/24 which indicated R9 had a significant weight loss of 14.29% over a 14 week (102 day) period. R9 had a physician's order, dated 2/20/24, to be weighed on Monday and Friday which was revised on 6/6/24 to Tuesday, Thursday, and Saturday.</p> <p>R9's medical record contained the following weights:</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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>~ Week of 7/21/24 - 7/24/24: No weights recorded</p> <p>~ Week of 7/14/24 - 7/20/24: No weights recorded</p> <p>~ Week of 7/7/24 - 7/13/24: No weights recorded</p> <p>~ Week of 6/30/24 - 7/6/24: 7/2/24 - 171 pounds</p> <p>~ Week of 6/23/24 - 6/29/24: 6/28/24 - 167 pounds</p> <p>~ Week of 6/9/24 - 6/15/24: 6/15/24 - 164 pounds; 6/13/24 - 163 pounds</p> <p>~ Week of 4/21/24 - 4/27/24: No weights recorded</p> <p>~ Week of 4/7/24 - 4/13/24: 4/12/24 - 189 pounds</p> <p>~ Week of 3/24/24 - 3/30/24: 3/29/24 - 189.5 pounds</p> <p>~ Week of 3/17/24 - 3/23/24: 3/22/24 - 199.5 pounds; 3/22/24 - 199.5 pounds</p> <p>On 7/24/24, Surveyor reviewed R9's treatment administration record (TAR) which contained several entries for R9's weights coded 9 for See progress note. R9's progress notes did not contain documentation regarding R9's weights.</p> <p>On 7/24/24 at 11:34 AM, Surveyor interviewed Director of Nursing (DON)-B who stated staff should weigh newly admitted residents on the day of admission, 2 days after, weekly for 4 weeks, and then monthly. DON-B stated if a resident has certain medical issues, weights should be completed daily unless otherwise specified by the physician. DON-B stated R9 frequently refused weights which nurses should record in the TAR. DON-B stated code 9 in the TAR indicates the nurse should have entered a progress note with the rationale for why R9's weight was not obtained. DON-B acknowledged nursing staff did not consistently enter progress notes and put Per DON in progress notes. DON-B stated staff are supposed to give the weights to DON-B to enter so DON-B can ensure there are no discrepancies. DON-B stated if weights aren't turned in, DON-B is unaware they should have been completed. DON-B verified there were issues with the current process.</p> <p>2. From 7/22/24 through 7/24/24, Surveyor reviewed R434's medical record. R434 was admitted to the facility on [DATE] with diagnoses including fracture of lower end of left femur, anemia, morbid obesity due to excessive calories, type 2 diabetes, and dyskinesia of esophagus. R434's MDS assessment, dated 7/22/24, had a BIMS score of 15 out of 15 which indicated R434 had intact cognition.</p> <p>A Nurse Practitioner (NP) note, dated 7/19/24, indicated R434 struggled with fluid overload and edema during and post hospitalization . The note also stated R434's home weight was approximately 211 pounds.</p> <p>R434 had a physician's order, dated 7/19/24, for weights one time a day for 7 days and one time a day Monday, Wednesday, and Friday for CHF. R434's initial admit weight on 7/18/24 was 230.5 pounds. No additional weights were recorded in R434's medical record.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 7/22/24 at 11:28 AM, Surveyor interviewed R434 who stated R434 did not have a bowel movement in over a week and had a history of edema. R434 denied having been weighed since the day R434 was admitted .</p> <p>On 7/24/24 at 11:34 AM, Surveyor interviewed DON-B who stated residents should be weighed on the day of admission, 2 days after, weekly for 4 weeks, and then monthly. DON-B stated if a resident has certain medical issues, such as CHF, weights should be completed daily unless otherwise specified by the physician. DON-B stated R434 should have been weighed daily per the physician's order. DON-B acknowledged R434 should have been weighed multiple times following R434's initial weight.</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40342</p> <p>Based on observation, staff interview, and record review, the facility did not ensure staff performed proper hand hygiene for 1 resident (R) (R2) of 3 residents observed during the provision of care.</p> <p>Registered Nurse (RN)-C did not perform appropriate hand hygiene during care for R2 on 7/22/24.</p> <p>Findings include:</p> <p>The facility's Hand Hygiene policy, with a revision date of 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 .2. The use of gloves does not replace hand hygiene. 3. Hand hygiene is always the final step after removing and disposing of personal protective equipment (PPE). In addition, the policy indicates staff should perform hand hygiene under the following conditions: Before applying gloves and after removing gloves; After handling items potentially contaminated with blood, body fluids, or secretions; Before moving from a contaminated body site to a clean body site during resident care.</p> <p>On 7/22/24, Surveyor reviewed R2's medical record. R2 was admitted to the facility on [DATE] with diagnoses including chronic obstructive pulmonary disease. R2 had open areas on both buttocks from moisture-associated skin damage (MASD) which put R2 at high risk for infection and required enhanced barrier precautions (EBP) to prevent unintended transfer of infectious disease.</p> <p>On 7/22/24 at 1:21 PM, Surveyor observed RN-C provide wound care to the open areas on R2's buttocks. Surveyor observed RN-C remove the old dressing from R2's right buttock (there was not a dressing on the left buttock). Without changing gloves and cleansing hands, RN-C cleansed both buttocks with a wipe and removed RN-C's gloves. RN-C then applied new gloves, put zinc paste on the open areas on R2's left and right buttocks, and removed an absorbent pad soiled with blood. Without changing gloves and cleansing hands, RN-C applied clean dressings to R2's left and right buttocks, secured both dressings with tape, and gathered used supplies including R2's old dressing. RN-C then covered R2 with a blanket and put the used supplies in the garbage. RN-C repositioned R2 with the help of Director of Nursing (DON)-B and then removed RN-C's PPE and cleansed hands.</p> <p>On 7/22/24 at 1:42 PM, Surveyor interviewed RN-C who verified RN-C should have changed gloves and completed hand hygiene between glove changes when done with dirty before going to clean. RN-C verified RN-C missed hand hygiene opportunities in the above observation.</p> <p>On 7/24/24 at 10:36 AM, Surveyor interviewed DON-B who verified staff should change gloves between dirty and clean tasks and complete hand hygiene in between glove changes.</p>		