STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525409	A. Building B. Wing	09/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pine View Care Center	400 County Rd R Black River Falls, WI 54615

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, staff interview and record review, the facility did not follow proper food handling practice to prevent foodborne illness. This had the potential to affect all 30 residents residing in the facility.Surveyor observed staff touch ready to eat foods with contaminated gloves.Findings:Facility policy titled, Dietary Department- Personal Hygiene and Cross Contamination Prevention, stated in part: 2. There will be no bare hand food contact with any ready-to-eat foods to help prevent the transfer of viruses, bacteria, or parasites from hands to food. Other pre-approved, alternative procedures for handling and serving ready-to-eat food will be utilized (i.e. use of tongs, serving spoons or forks, use of waxed paper squares, clean glove use, etc.).On 09/16/2025 at 7:39 AM, Surveyor observed [NAME] C wearing single use gloves while cooking. [NAME] C was observed touching multiple potentially contaminated surfaces with gloved hands. Surveyor observed [NAME] C touch the serving tabletop, aluminum foil box, ladle, spatula, microwave, and Robo coupe puree machine. [NAME] C then picked up a sausage link with contaminated gloved hand and stuck thermometer probe into the sausage. [NAME] C then put that sausage link back into the container. [NAME] C then used contaminated gloved hand to pull eggs out of container and put into the Robo coupe.On 09/16/2025 at 1:02 PM, Surveyor interviewed Director of Nursing (DON) B about the observation in the kitchen. Surveyor asked DON B, Was it appropriate to use a contaminated gloved hand to pick up a sausage link to temp it and pull eggs out of a container? DON B replied, No, he should have cleaned his hands and used a new pair of gloves before touching the food and used a utensil; that would have been appropriate.On 09/17/2025 at 10:08 AM, Surveyor interviewed Certified Food Manager (CFM) D about the observation in the kitchen. Surveyor asked CFM D, Was it appropriate to use a contaminated gloved hand to pick up a sausage link to temp it and pull eggs out of a container? CFM replied, No, he should have used tongs to touch the sausage link and a spoon or ladle to pull the eggs out of the container.

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