STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525412	A. Building B. Wing	07/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Birch Hill Health Services	1475 Birch Hill Lane Shawano, WI 54166

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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. Based on interview and record review, the facility did not ensure the security and privacy of medical information for 1 resident (R) (R7) of 3 sampled residents. R7's care plan was posted in R1's room. Family Member (FM)-C observed the care plan and informed staff. Findings include: The facility's Resident Rights document indicates: .Privacy: Residents have the right .to confidentiality concerning their personal and medical information . The facility's Health Insurance Portability and Accountability Act (HIPAA) document indicates: .HIPAA-Prohibited Activities: .Leaving resident information accessible to people who have no right to see it . On 7/1/26 at 10:26 AM and 7/2/26 at 10:54 AM, Surveyor interviewed FM-C who stated R7's care plan was posted inside the door of R1's closet. FM-C did not recall the date they observed the care plan but verified they saw R7's name and care plan content. FM-C stated R1's care plan had been posted, but then went missing and R7's care plan was posted instead. FM-C informed Director of Nursing (DON)-B when they left the facility that day. When FM-C returned the next day, R1's care plan was posted and R7's care plan was removed. On 7/1/26 at 4:03 PM, Surveyor interviewed DON-B who verified FM-C told them another resident's care plan was posted in R1's room. When DON-B went to look at the care plan, it had been removed and replaced with R1's care plan. DON-B stated R1 changed rooms in the same hallway a couple times and indicated staff knew how to care for R1. DON-B verified a care plan should be in the right room for the right resident.

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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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility did not maintain an infection prevention and control program designed to prevent the transmission of communicable disease and infection for 1 resident (R) (R3) of 3 sampled residents. R3 was on contact precautions. Multiple staff provided care for R3 without donning the appropriate personal protective equipment (PPE). Findings include: The facility's Transmission Based (Isolation) Precautions policy, revised 3/2026, indicates: .9. Initiation of Transmission-Based Precautions (TBP) (isolation precautions): a. Nursing staff may place residents with suspected or confirmed infectious diarrhea, influenza, or symptoms consistent with a communicable disease on TBP/isolation empirically while awaiting confirmation. b. The physicians of the resident requiring TBP will be notified of the need for TBP and any other pertinent clinical information .c. The TBP will be the least restrictive possible for the resident under the circumstances. Duration will depend on the infectious agent or organism involved. d. Signage that includes instructions for use of specific personal protective equipment (PPE) will be placed in a conspicuous location outside the resident's room, wing, or facility-wide. Additionally, either the Centers for Disease Control and Prevention (CDC) category of TBP (e.g., contact, droplet, or airborne) or instructions to see the nurse before entering will be included in the signage. d. The facility will have PPE readily available near the entrance of the resident's room and will don appropriate PPE before or upon entry into the environment of a resident on TBP .10. Contact Precautions: a. Healthcare personnel caring for residents on contact precautions wear a gown and gloves for all interactions that may involve contact with the resident or potentially contaminated areas in the resident's environment. b. Donning PPE upon room entry and discarding before exiting the room is done to contain pathogens, especially those that have been implicated in transmission through environmental contamination (e.g.,VRE, C. difficile, noroviruses .). c. Residents experiencing .fecal incontinence or diarrhea .should be placed on contact precautions even before a specific organism has been identified . R3 was readmitted to the facility on [DATE] and had diagnoses including congestive heart failure and anxiety. A Minimum Data Set (MDS) assessment, dated 4/7/26, stated R3 had a Brief Interview for Mental Status (BIMS) score of 14 out of 15, indicating intact cognition. R3's Certified Nursing Assistant (CNA) task completion record indicated R3 had ongoing diarrhea with loose, watery stools on 14 of 18 days since 6/14/26. There was missing documentation for two days. The facility's June and July 2026 infection control line lists included the following information: Directions: When a staff member or resident has any of the listed symptoms put them on this list .Any resident being added to this list should be placed on droplet and contact precautions immediately . Surveyor noted R3 was added to the list on 6/14/26 for diarrhea. The list did not contain a last symptom or wellness date as the symptoms were ongoing. On 7/1/26 at 8:41 AM, Surveyor observed a contact precautions sign near R3's door that indicated: STOP CONTACT PRECAUTIONS EVERYONE MUST: Clean their hands, including before entering and when leaving the room. PROVIDERS AND STAFF MUST ALSO: Put on gloves before room entry. Discard gloves before room exit. Put on gown before room entry. Discard gown before room exit. Surveyor also observed a cart next to R3's room that contained PPE. On 7/1/26 at 8:44 AM, Surveyor observed CNA-D enter R3's room without donning a gown or completing hand hygiene. Surveyor was in the hallway near the door and could hear CNA-D speak with R3 about cares that would be provided. At 8:45 AM, Surveyor observed CNA-D near the exit of R3's room wearing gloves but not a gown. Surveyor interviewed CNA-D who stated they had checked on R3 who was on the toilet. CNA-D indicated they were aware of R3's contact precautions due to ongoing diarrhea and should have donned a gown prior to entering the room, however, CNA-D thought R3 only needed water. CNA-D verified they should have donned a gown to provide water since staff should apply PPE prior to any entry of R3's room. On 7/1/26 at 8:52 AM, Surveyor observed CNA-E deliver beverages to R3's room without wearing a gown or gloves. CNA-E then exited the room and did not (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	complete hand hygiene. CNA-E continued down the hall to other residents' rooms to deliver beverages On 7/1/26 at 8:52 AM, Surveyor observed Director of Nursing (DON)-B remove a tray from a food cart and deliver it to R3's room (as CNA-E was exiting). DON-B did not don a gown or gloves or complete hand hygiene prior to entering the room. On 7/1/26 at 8:53 AM, Surveyor interviewed DON-B who indicated they did not don a gown or gloves prior to entering R3's room because they did not touch R3. When asked if R3 was on contact precautions, DON-B indicated R3 should not be on contact precautions and removed the contact precautions sign. DON-B indicated R3 should only be on enhanced barrier precautions (EBP) for a catheter. When Surveyor informed DON-B that staff indicated R3 had active diarrhea, DON-B stated R3 did not have diarrhea. During the interview, Surveyor observed CNA-D exit R3's room. When DON-B asked CNA-D if R3 had diarrhea, CNA-D said yes. DON-B then put the contact precautions sign on top of a PPE cart and exited the area while stating they needed to determine why the physician had not done anything about R3's diarrhea. On 7/1/26 at 9:32 AM, Surveyor interviewed CNA-E who stated they were told they did not need to wear PPE to enter a resident's room to deliver drinks and that PPE was only needed for cares. CNA-E verified they did not check the sign outside R3's room prior to entry to the determine precautions in place for R3. CNA-E indicated if they had read the sign they would have donned PPE and completed hand hygiene prior to entering the room. On 7/1/26 at 12:50 PM, Surveyor interviewed Assistant Director of Nursing (ADON)-F who stated the process for putting a resident on contact precautions includes the following steps: An order is created and entered in the resident's Medication Administration Record (MAR), the physician is notified, and a sign and PPE cart are placed outside the resident's room. ADON-F indicated staff should also enter a progress note that indicates when precautions were started and when the physician was notified, and should update the resident's the care plan. ADON-F stated residents are not removed from contact precautions until they are symptom-free for 48 hours or 72 hours for respiratory precautions. ADON-F stated all staff have regular TBP training. On 7/1/26, Surveyor reviewed R3's care plan which contained an intervention (initiated 7/1/26 by DON-B) for contact precautions related to diarrhea due to laxative use. R3's Kardex (an abbreviated care plan used by nursing staff) also indicated they were on contact precautions. An order entered on 7/1/26 by DON-B indicated R3 started contact precautions on 7/1/26 at 2:00 PM due to diarrhea. R3's progress notes did not indicate contact precautions were initiated on 7/1/26 or that R3's physician was contacted regarding the precautions. On 7/1/26 at 3:38 PM, Surveyor interviewed DON-B who indicated residents should be symptom-free for 48 hours before they are removed from precautions for diarrhea. DON-B verified R3 was not symptom-free for 48 hours during any period between 6/14/26 and 7/1/26. DON-B indicated they entered a contact precautions order and updated R3's care plan and Kardex on 7/1/26; however, precautions should have been in place since 6/14/26 and R3's orders, care plan, and Kardex should have been updated on 6/14/26. DON-B indicated they should have created an E-interact note regarding R3's change in condition and entered a progress note that indicated R3 was placed on contact precautions and the physician was notified. DON-B indicated they should not have included wording on R3's care plan that they had diarrhea due to laxative use since it was not confirmed by the physician. DON-B indicated staff should check signage before entering a resident's room to ensure appropriate the PPE is used. DON-B indicated they should not have removed the sign from R3's room and it was re-posted. DON-B stated all staff have been trained on TBP and staff who entered R3's room should have worn the appropriate PPE.