STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525425	A. Building B. Wing	08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Dove Healthcare - Fennimore	1850 11th St Fennimore, WI 53809

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49436 Based on interview and record review, the facility failed to develop and/or implement policies and procedures for ensuring the reporting of a reasonable suspicion of a crime in accordance with section 1150B of the Act and to ensure that all alleged violations involving abuse, neglect, exploitation, or mistreatment, including injuries of unknown source are reported immediately to the administrator and appropriate agencies for 2 of 16 sampled residents (R31 and R35). R31 was noted to have bruising to his left hip measuring 11 cm by 7.5 cm of unknown source. The nurse did not report this injury of unknown source to the State Agency. R35 reported to a nurse that two CNAs requested that R35 have sex with them. This allegation of abuse was not reported to the State Agency or Law Enforcement. Evidenced by: (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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The facility policy titled Resident Abuse, Neglect, Misappropriate of Property, and Exploitation Prevention Program with last review date of October 2023, states, in part: The facility will do all that is within its control to protect its residents from abuse, neglect, misappropriation of resident property, and exploitation. Abuse and neglect prevention includes but is not limited to, the following seven key components: Screening, Training, Prevention, Identification, Investigation, Protection, Reporting/Response .Reporting/Response: [Facility] ensures all staff/covered individuals are trained, upon hire and at least annually, on reporting requirements which includes: What is to be reported - Any reasonable suspicion of a crime against a resident or individual receiving care form the facility, and all alleged violations of abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of property; Who is required to report - The facility and any covered individual, which means owner, operation, employee, manager, agent or contractor of the facility; To whom to report - To the Administrator, State Survey Agency, local law enforcement, and adult protective services; and When to report - If serious bodily injury, report immediately but not later than 2 hours after forming the suspicion and if no serious bodily injury report not later than 24 hours .All staff/covered individuals are required to immediately report all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property to the administrator .In addition, the facility must report alleged violations related to mistreatment, exploitation, neglect, or abuse, including injuries of unknown source and misappropriation of resident property and report the results of all investigations to the State Survey Agency, and other proper officials (e. g. local law enforcement and adult protective services) within the prescribed timeframe. Definitions: Alleged violation is a situation or occurrence that is observed or reported by staff, resident, relative, visitor, another health care provider, or others but not yet been investigated and, if verified could be noncompliance with the Federal requirements related to mistreatment, exploitation, neglect, or abuse, including injuries of unknown source . Injuries of unknown source an injury should be classified as an injury of unknown source when all of the following are met: the source of the injury was not observed by any person; and the source of the injury could not be explained by the resident; and the injury is suspicious because of the extent of the injury or the location of the injury . Mistreatment is defined as inappropriate treatment or exploitation of a resident. Sexual abuse is defined as non-consensual sexual contact of any type with a resident. Example 1 R31 was admitted to the facility on [DATE] with diagnoses that include neurocognitive disorder with Lewy bodies, Parkinson's disease, anemia, restlessness and agitation, and visual hallucinations. R31's Minimum Data Set (MDS) dated [DATE] indicates R31 has a Brief Interview for Mental Status (BIMS) of 9, indicating R31 has moderate cognitive impairment. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R31's Nurses Notes dates 6/14/24 states: Report from CNA (Certified Nursing Assistant) resident has bruising to left hip - etiology unknown. Outer area yellow in color 11 (cm) x 7.5 (cm), darker bruising - 7.2 (cm) x 4.5 (cm). Resident states only hurts some when touched. Sending fax to provider, will notify family in morning. On 7/23/24 at 3:36PM, Surveyor interviewed ADON J (Assistant Director of Nursing). ADON J indicated the facility abuse policy should have been followed and the nurse should have reported the bruise but did not. ADON J indicated the nurse should have notified the facility on-call nurse about a bruise of unknown etiology. On 7/23/24 at 3:51PM Surveyor interviewed DON B (Director of Nursing). DON B indicated the abuse policy should have been followed for a bruise of unknown etiology and was not. Example 2 R35 was admitted to the facility on [DATE] with diagnoses including Alzheimer's disease with early onset, bulimia, hyperlipidemia, personal history of non-Hodgkin's lymphoma and major depressive disorder. R35's Minimum Data Set (MDS) dated [DATE] indicates R35 has a Brief Interview for Mental Status (BIMS) of 4, indicating R35 had a severe cognitive impairment. R35's Nurses Notes for 4/15/24 at 22:15 (10:15PM) states: Resident approached me up front by nurses station as she was walking back to her room, as she has been sitting up here on the bench since about 1900 (7:00PM). She stated to me, that the two CNAs (Certified Nursing Assistant) upfront by the nurses station (CNA Names) approached her and requested that she have sex with them. I spoke to her and reassured her that there was a misunderstanding, and they did not request that from her. I apologized and informed her that she is safe and secure. I spoke with both CNAs about this, and they informed me that they asked the resident if she was ready to go back to her room for the night. On 7/25/24 at 8:57AM, Surveyor interviewed DON B (Director of Nursing). DON B indicated this is an allegation of abuse and she would have expected the nurse to follow the facility abuse policy. DON B indicated the nurse should have reported the incident immediately and the nurse did not report it.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49436 Based on interview and record review, the facility failed to ensure that all alleged violations involving abuse, neglect, exploitation, or mistreatment, including injuries of unknown source are thoroughly investigated for 2 of 16 sampled residents (R31 and R35). R31 was noted to have bruising to his left hip measuring 11 cm by 7.5 cm of unknown source. The injury of unknown source was not investigated at the time it was noted. R35 reported to a nurse that two CNAs requested that R35 have sex with them. This allegation of abuse was not investigated. Evidenced by: The facility policy titled Resident Abuse, Neglect, Misappropriate of Property, and Exploitation Prevention Program with last review date of October 2023, states, in part: .The facility will do all that is within its control to protect its residents from abuse, neglect, misappropriation of resident property, and exploitation. Abuse and neglect prevention includes but is not limited to, the following seven key components: Screening, Training, Prevention, Identification, Investigation, Protection, Reporting/Response . Investigations: All of the following are promptly investigated per facility policies and practices .All resident accidents and incidents including: bruising, skin tears, lacerations, and abrasions; witnessed and un-witnessed falls; any other incident occurring to a resident; and injury of unknown source . any concern/grievance brought forward by or to facility staff related to resident care and/or safety .All investigations will be thorough, well-documented, and immediate to determine if mistreatment occurred and, if so, to what extent. A thorough investigation may include: identifying staff responsible for the investigation; collecting and preserving physical and documentary evidence that could be used in a criminal investigation; interviewing alleged victim(s) and witness(es); interviewing accused individual(s) (including staff, visitors, resident's relatives, etc.) allegedly responsible for mistreatment, or suspected of causing an injury of unknown source; interviewing other residents to determine if they have been abused or mistreated; interviewing staff who worked on the same shift as the accused to determine if they ever witnessed any mistreatment by the accused; interviewing staff who worked previous shifts to determine if they were aware of an injury or incident; observation of resident and staff behaviors during the investigation; environmental considerations; and involving other regulatory authorities who may assist . Definitions: Alleged violation is a situation or occurrence that is observed or reported by staff, resident, relative, visitor, another health care provider, or others but not yet been investigated and, if verified could be noncompliance with the Federal requirements related to mistreatment, exploitation, neglect, or abuse, including injuries of unknown source . Injuries of unknown source an injury should be classified as an injury of unknown source when all the following are met: the source of the injury was not observed by any person; and the source of the injury could not be explained by the resident; and the injury is suspicious because of the extent of the injury or the location of the injury . (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Mistreatment is defined as inappropriate treatment or exploitation of a resident. Sexual abuse is defined as non-consensual sexual contact of any type with a resident. Example 1 R31 was admitted to the facility on [DATE] with diagnoses that include neurocognitive disorder with Lewy bodies, Parkinson's disease, anemia, restlessness and agitation, and visual hallucinations. R31's Minimum Data Set (MDS) dated [DATE] indicates R31 has a Brief Interview for Mental Status (BIMS) of 9, indicating R31 has moderate cognitive impairment. R31's Nurses Notes dates 6/14/24 states: Report from CNA (Certified Nursing Assistant) resident has bruising to left hip - etiology unknown. Outer area yellow in color 11 (cm) x 7.5 (cm), darker bruising - 7.2 (cm) x 4.5 (cm). Resident states only [NAME] some when touched. Sending fax to provider, will notify family in morning. On 7/23/24 at 3:36 PM, Surveyor interviewed ADON J (Assistant Director of Nursing). ADON J indicated the facility abuse protocol should have been followed and the nurse should have reported the bruise, and an investigation should have been completed. ADON J indicated the nurse should have notified the facility on-call nurse about a bruise of unknown source. On 7/23/24 at 3:51 PM Surveyor interviewed DON B (Director of Nursing). DON B indicated the abuse policy should have been followed the nurse should have reported the bruise and an investigation should have been completed for a bruise of unknown source and was not. Example R35 was admitted to the facility on [DATE] with diagnoses including Alzheimer's disease with early onset, bulimia, hyperlipidemia, personal history of non-Hodgkin's lymphoma and major depressive disorder. R35's Minimum Data Set (MDS) dated [DATE] indicates R35 has a Brief Interview for Mental Status (BIMS) of 4, indicating R35 had a severe cognitive impairment. R35's Nurses Notes for 4/15/24 at 22:15 (10:15 PM) states: Resident approached me up front by nurses station as she was walking back to her room, as she has been sitting up here on the bench since about 1900 (7:00 PM). She stated to me, that the two CNAs (Certified Nursing Assistant) upfront by the nurses station (CNA Names) approached her and requested that she have sex with them. I spoke to her and reassured her that there was a misunderstanding, and they did not request hat from her. I apologized and informed her that she is safe and secure. I spoke with both CNAs about this, and they informed me that they asked the resident if she was ready to go back to her room for the night. On 7/25/24 at 8:57 AM, Surveyor interviewed DON B (Director of Nursing). DON B indicated this is an allegation of abuse and she would have expected the facility abuse protocol to be followed. DON B indicated the nurse should have reported the incident immediately and an investigation should have been completed.

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F 0678 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the resident's advance directives. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49436 Based on interview and record review, the facility failed to ensure basic life support measures including cardiopulmonary resuscitation (CPR) were in place immediately, when needed, for a resident requiring emergency care for 1 of 2 residents (R35) reviewed during closed record review. R35 was a full code (wanted CPR). On [DATE], R35 stated she had chest pain rating at a ,d+[DATE] or , d+[DATE]. RN E (Registered Nurse) gave Tums and Tylenol which were not effective for R35's chest pain. R35's blood pressure was below R35's baseline. R35 continued to complain of chest pain. After 1 hour and 43 minutes from R35's initial complaint of chest pain, the facility called 911 for emergency medical services (EMS). The facility did not prepare to provide basic life support by failing to place R35 on a hard surface to initiate CPR, failing to have a crash cart in the room, and failing to provide supplemental oxygen. When EMS arrived, R35 was completely unresponsive to all stimuli, and was apneic (lack of breathing). RN E did not initiate basic life support, including CPR, when R35 presented with apnea. Upon arrival EMS initiated CPR. Resident was transported to hospital where she passed away. The facility's failure to provide basic life support, including cardiopulmonary resuscitation to a resident who wished to be full code created a finding of immediate jeopardy that began on [DATE]. Surveyors notified NHA A (Nursing Home Administrator), DON B (Director of Nursing), and VPCO D (Vice President of Clinical Operations) of the immediate jeopardy on [DATE] at 3:15 PM. The immediate jeopardy was removed on [DATE]; however, the deficient practice continues at a severity/scope of D (Potential for Harm/Isolated) as the facility continues to implement its action plan. This is evidenced by: Per Centers for Medicare and Medicaid Services (CMS) Cardiopulmonary resuscitation (CPR) memo , d+[DATE] revised [DATE], CPR refers to any medical intervention used to restore circulatory and/or respiratory function that has ceased. When addressing full-code residents: If a resident experiences a cardiac or respiratory arrest and the resident does not show obvious clinical signs of irreversible death (e.g., rigor mortis, dependent lividity, decapitation, transection, or decomposition,) facility staff must provide basic life support, including CPR, prior to the arrival of emergency medical services. (continued on next page)

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F 0678 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Facility policy titled, Code Status, implemented ,d+[DATE] and last reviewed ,d+[DATE], states in part: Purpose: To provide guidelines to staff with regards to determining and recording resident wishes related to code status and initiating cardiopulmonary resuscitation (CPR). Policy: It is the policy of this facility to properly identify and assess residents that are pulseless and unresponsive and provide timely and appropriate treatment. CPR will be initiated on all residents that have chosen CPR .When a cardiac arrest has been determined the following basic steps will be taken: .The facility staff is notified of the emergency by activating the emergency call light system/yelling for help by stating Code Blue. Verify the resident's code status .Designate someone to call 911. Staff begins CPR according to established standards of practice while designating someone to get AED (Automated External Defibrillator. A portable device that can be used to treat a person whose heart has suddenly stopped working.) and crash cart. Bare resident's chest and attach AED. Following the instructions as noted on the machine until EMS arrives. Other items that may be necessary to treat symptoms are available on the crash cart include ambu bag (a hand-held device commonly used to provide ventilation to a person who is not breathing or not breathing adequately), suction machine and supplemental oxygen. R35 was admitted to the facility on [DATE] with diagnoses including Alzheimer's disease with early onset, bulimia, hyperlipidemia, personal history of non-Hodgkin's lymphoma, and major depressive disorder. R35's Minimum Data Set (MDS) dated [DATE] indicates R35 has a Brief Interview for Mental Status (BIMS) of 4, indicating R35 had a severe cognitive impairment. R35 has an activated power of attorney (POA) which names her sister as the POA. R35's physician orders indicated that R35 chose to be a full code. R35's care plan states in part: .Focus: I am a Full code. Goal: My request will be honored during my stay at this facility. Interventions: Call 911 for transportation to the hospital. Initiate CPR in the absence of a pulse. Notify family and physician of changes in condition . R35's Weights and Vitals Summary Report indicates, in part, blood pressures on the following dates: [DATE] BP - ,d+[DATE] [DATE] BP - ,d+[DATE] [DATE] BP - ,d+[DATE] [DATE] BP - ,d+[DATE] Late entry Nurses Notes dated [DATE] at 20:30 (8:30PM), written by RN E (Registered Nurse) states: This writer went into the resident's room; resident is complaining of her chest hurting. Resident had family at the facility today visiting and everyone just left within the past few hours. Resident also complained of her stomach hurting. Asked if she ate anything unusual-she was not able to recall what she had to eat. Resident stated her pain is at a ,d+[DATE] or ,d+[DATE], with moaning and continuing to move her feet being unable to sit still at times because of pain. No pain in arm, neck, or jaw. (continued on next page)

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F 0678 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	8:35pm: Resident had a loose stool and sat back down on couch, I elevated her legs on a pillow, and she stated that she felt some better. We have standing physician orders in the facility for tums 500mg-2 chewable tabs po (by mouth) q (every) 4hrs (4 hours) for indigestion prn (as needed). I asked resident if she would like to try the two tums first and go from there; she voiced understanding and agreed to try this first. I then followed up at 9:00pm- resident states she feels some better, but she is still hurting. We have standing physician orders in the facility for Tylenol 650mg po q 4hrs for pain or fever. Not to exceed 4,000mg daily. Resident voiced understanding and agreed to try a 650mg acetaminophen for the pain. I stayed with resident and assessed her every ,d+[DATE] minutes for an hour to monitor her vitals and pain: 8:35pm: ,d+[DATE]-bp (blood pressure), 97.2-temp (temperature), 69-pulse, 96-O2 (oxygen saturation), rr-17 (respiratory rate) 8:40PM: ,d+[DATE]-bp, 96.4-temp, 72-pulse, 97-O2, rr-17 8:55pm: ,d+[DATE]-bp, 96.4-temp, 55-pulse, 98-o2, rr-17 9:10pm: ,d+[DATE]-bp, 96-temp, 62-pulse, 96-o2, rr-17 9:25pm: ,d+[DATE]-bp, 96.2-temp, 64-pulse, 96-o2, rr-18 9:40pm: ,d+[DATE]-bp, 97.1-temp, 73-pulse, 98-O2, rr-18 9:55pm: ,d+[DATE]-bp, 97.7-temp, 62-pulse, 97-O2, rr-17 I asked the resident to follow me down to the nurse's station if she was able to, and to sit on the bench, because I need to call (Sister's Name) and advise her of what is going on, and see what she wants to do, because resident needs to be seen at the hospital. Resident voiced understanding and agreed to follow me up to the nurse's station. She placed her shoes on but never made it up to the nurse's station; 2 minutes after leaving the resident's room, I was calling (Sister's Name) when I asked the CNAs (Certified Nursing Assistant) to check on resident and was notified that I needed to come to resident's room ASAP as she was not responsive. I tried to awake resident with a sternum rub, no response, Eyes-pupils were fixed and equally 4mm in size. Resident was breathing, her eyes were wide open, with BP of ,d+[DATE] pulse 44 then went to 22 right before rescue squad showed up, temp-97.7, O,d+[DATE] RR 22. Resident is a full code-notified rescue squad of this, printed off current med review list, and face sheet-handed this to rescue squad however they still left this behind in resident's room. 10:05pm: ,d+[DATE] (bp), 97.2-temp, 44-pulse went to 22, 100-o2, rr-17. 10:13am: [sic] As I continued to assess resident again, delegated to CNA to call (City Name) Rescue Squad and inform them that we have an emergency with resident not responding and vitals are faint and need their assistance asap. (continued on next page)

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F 0678 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	10:20pm-Called resident's sister-(Sister Name) to inform her that resident is complaining of ,d+[DATE] , d+[DATE] chest pain and is showing signs of bradycardia (slow heart rate), and that resident has agreed to be sent out to the hospital to be evaluated and assessed. Resident stated that she wants her sister by her side as she trusts her with any decisions that are needed to be made on her behalf . Of note, according to National Heart, Lung, and Blood Institute from National Institute of Health (nhlbi.nih. gov), warning signs of cardiac arrest include belly pain, nausea, and chest pain. Of note, according to National Institute of Health, fixed pupils in cardiac arrest are a result of inadequate blood supply to the brain (pubmed.ncbi.mln.[NAME].gov). EMS report dated [DATE], states in part: . unit notified: [DATE] 22:13:41 (10:13PM) .arrived at Pt (patient): [DATE] 22:23:13 (10:23PM) Respirations 22:26:10 Apneic .Patient Care Report Narrative: (City Name) EMS paged to (Facility Name) for a patient that was breathing but not responsive. Crew responded to scene without delay. Once crew arrived on scene, they were met by a nursing home staff that pointed crew in the direction of the patients room. Once crew made it to patient side it was asked right away what the patients code status was. Patient was laying supine (laying face upward) on a couch completely unresponsive to all stimuli. Patient was immediately hooked up to vital monitor including a 4 lead (a machine that uses four electrodes to record the heart's electrical activity) while feeling for a pulse on the patient. While doing all this crew asked for a medical history on patient and all the nursing home staff stated was Alzheimer's but also stated patient had chest pain an hour before we called and another staff worker also stated, patient said they had bad chest pain and passed out. No pulses were palpable and 4 lead revealed asystole (no heartbeat) and with patient being a full code CPR was started immediately .Every 2 minutes rhythm was assessed as well as a pulse check. Patient remained in asystole while on scene . Of note, asystole is a type of cardiac arrest, which is when the heart stops beating entirely. This can cause someone to become unresponsive, not breathing or only gasping breaths (gasping breaths are not life sustaining) (American Heart Association, www.heart.org). Hospital records from the Emergency Department (ED) dated [DATE] at 10:54PM, states in part: .Chief Complaint: Cardiac Arrest .presented to ED today via EMS from (Facility Name) with ongoing CPR. Reported that patient was having chest pain .(facility) Staff then noted she became unresponsive, EMS (Emergency Medical Services) was called, reported they felt a weak pulse and patient was breathing, but quickly became pulseless. CPR started; airway was placed by EMS . On [DATE] at 8:14AM, Surveyor interviewed EMS H. EMS H indicated it took 10 minutes from the time the facility called 911 until EMS arrived at R35's side. Upon arrival to R35, she did not have a pulse and was apneic (lack of voluntary breathing). Surveyor asked EMS H about the hospital record stating felt a weak pulse and patient was breathing; Surveyor asked EMS H was the resident breathing upon your arrival. EMS H stated no, the resident was apneic, unresponsive, with no pulse. EMS H stated he would have expected facility staff to be performing CPR on R35 upon their arrival. EMS initiated CPR immediately. EMS H indicated the crew was not prepared to find R35 pulseless based on the call they received which was unresponsive but breathing. (continued on next page)

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F 0678 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	On [DATE] at 10:03AM, Surveyor interviewed CNA F (Certified Nursing Assistant). CNA F indicated she worked the evening shift on [DATE]. CNA F stated she worked on a different unit than R35. CNA F stated RN E was the nurse for the unit CNA F was working and was also the nurse for R35. CNA F indicated she needed RN E around 9:30PM on [DATE] because of a resident issue. CNA F indicated it took RN E about 15 minutes to come to the unit because RN E was dealing with R35. CNA F indicated at the end of her shift and after she had given report to the oncoming CNA, she left the unit and was walking by the nurse's station. CNA F saw RN E sitting at the nurse's station. CNA F saw another CNA from R35's unit coming up to the nurse's station to request RN E to come to R35's room because R35 was unresponsive. CNA F indicated the other nurse on duty called 911 and CNA F went down to assist with getting the room ready for EMS. CNA F indicated when she saw R35, R35 was laying on her couch, completely unresponsive, mouth agape. CNA F indicated staff attempted to obtain vital signs by using a blood pressure cuff and a pulse oximeter (device used to measure pulse and oxygen levels) and neither device could pick up a reading. CNA F indicated she was instructed to wait for EMS and direct EMS where to go when they arrived. CNA F indicated she waited for EMS at the front by the nurse's station and told them where to go. CNA F indicated after EMS had arrived, RN E instructed her to bring the crash cart and the other nurse told her where the crash cart was located. It should be noted despite R35 having recent known chest pain and being unresponsive with bradycardia, the facility did not provide basic life support including placing R35 on a hard surface to initiate CPR, did not have a crash cart in the room, and was not providing supplemental oxygen. On [DATE] at 11:20AM, Surveyors interviewed DON B (Director of Nursing) and VPCO D (Vice President of Clinical Operations). DON B indicated if a resident complains of chest pain, the nurse should immediately notify the physician. DON B indicated an hour is too long to wait before notifying a physician or sending a resident out if they are complaining of chest pain. DON B indicated EMS can take up to 20 minutes to arrive to facility and RN E should have had the crash cart ready while waiting for EMS. DON B stated she could not speak to RN E's actions but obviously that is an unacceptable way to handle the situation and she should have started CPR. VPCO D indicated as soon as R35 was unresponsive they should have initiated CPR. VPCO D indicated she was not familiar with RN E since RN E was no longer working at the facility. VPCO D did agree there were inconsistencies with RN E's nurse's notes. VPCO D indicated a nurse consultant had completed an investigation on the event because it raised concerns about notifying a physician when there is a change in condition. VPCO D was not sure when the consultant completed the investigation. VPCO D shared a copy of the investigation report with the surveyors. The investigation report titled Investigation of Circumstances Surrounding Medical Transfer [DATE] is not dated or signed by the person completing the report. The report states, in part: .had clinical indications of a significant change in condition that RN E did not respond to adequately delaying the resident's [R35] discharge from the facility .issue with RN E's ability to make appropriate nursing decisions involving recognition of basic changes in resident condition . On [DATE] at 10:20AM, Surveyor called RN E to obtain an interview. Surveyor left a message on the voicemail but was unable to interview RN E. (continued on next page)

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F 0678 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	On [DATE] at 11:24AM, Surveyor interviewed MD G (Medical Doctor). MD G was the primary physician for R35. MD G indicated R35 should have notified a physician immediately upon R35's complaint of chest pain. Surveyor asked MD G what a physician's response would be if a nurse calls and states a resident is complaining of new onset of ,d+[DATE] or ,d+[DATE] chest pain with a blood pressure of ,d+[DATE]. MD G indicated a physician would have ordered the resident to be seen. MD G agreed CPR should have been started because R35 was a full code. On [DATE] at 8:30PM, R35 complained of significant chest pain. RN E gave tums and Tylenol which were not effective. RN E monitored R35's vital signs for 1 hour and 43 minutes during which time R35's blood pressure remained abnormally low. RN E did not notify a physician. RN E did not provide basic life support when R35 became unresponsive and did not initiate CPR when RN E was apneic. The failure to ensure R35, a resident who had chosen to be full code, received basic life support when R35 presented with a change of condition created a reasonable likelihood for serious harm, thus leading to a finding of immediate jeopardy. The facility removed the jeopardy on [DATE] when the facility completed the following: 1) RN E no longer employed at the center 2) Reeducation to nursing staff on CPR and competencies completed on [DATE] or prior to the start of their first shift 3) All residents at center records reviewed for care planning regards to code status 4) Education to staff provided by DON and VPCO on: 5) Immediate provider notification in acute change of condition 6) AMDA guidelines (American Medical Directors Association) 7) Location of crash cart and AED with emphasis on immediately bringing to patient bedside for immediate access if needed. 8) Detailed protocols and procedures for CPR 9) Automated external defibrillator use including policy review 10) Code sample procedures and drills 11) Adult basic life support including detailed assessment documentation 12) CPR drills completed on random shifts x 1 shift/week x 6 weeks then bimonthly x 2 months (random shifts) note work 12 hours shifts 13) Ad hoc QAPI (Quality Assurance and Performance Improvement) meeting conducted to review current policies and procedures including CPR 14) All residents at center reviewed for valid code status (continued on next page)

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F 0678 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	On [DATE], facility held an ad hoc QAPI meeting and reviewed policy on CPR as well as events. CPR drills will be completed on random shifts once a week x 6 weeks then bimonthly x 2 months or until further reviewed by QAPI for substantial compliance. CPR drills will include randomized situations to provide various critical thinking scenarios.

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36253 Based on interview and record review the facility did not ensure that residents who use psychotropic drugs receive gradual dose reductions, unless clinically contraindicated, in an effort to discontinue these drugs for 1 of 5 residents reviewed for unnecessary medications (R22). R22 was taking a psychotropic medication, and a Gradual Dose Reduction (GDR) was not attempted due to family preference. Findings include. The facility's policy titled, Psychotropic Medication Evaluation and Utilization states, Psychotropic medications and other medications with black box warnings are specifically identified as requiring additional monitoring or have additional regulatory requirements. These medications require more in-depth review and medical provider involvement at particular times due to the potential for limited effect and higher potential for significant side effects .All psychotropic medications require individualized monitoring, which may include sleep studies, targeted behavior monitoring and or routine quarterly assessment. R22 was admitted to the facility on [DATE] and has diagnoses of dementia and depression. She takes Cymbalta (Duloxetine), 120 mg by mouth one time a day for depression. Additionally, R22's orders include scheduled and as needed (PRN) Lorazepam for anxiety and depression. On 7/11/24, the facility's consultant pharmacist recommended a GDR of duloxetine, stating, Would she (R22) benefit from trying a dose reduction of the Cymbalta (duloxetine) at this time to try to find the lowest effective dose? At this time, the pharmacist recommended a decrease from 120 mg daily to 90 mg daily. The form left by the pharmacist, dated 7/11/24, was not initialed or signed by the doctor, indicating whether he (the doctor) would attempt the GDR or if it was contraindicated and the reasoning for the contraindication. The facility made the following notes for R22: *7/11/24 at 12:50 PM: Consultant pharmacist recommendation: Chart reviewed .Discussed with nursing the possibility of reducing the Cymbalta dose. Recommendation for Cymbalta GDR. *7/17/24 at 1:50 PM: Resident seen today by MD (R22's physician) on rounds .discussed that POA (Power of Attorney) is not ready to decrease duloxetine at this time. MD states this is progression and has no new orders/suggestions at this time. *7/17/24 at 2:32 PM: Pharmacy recommendation to decrease duloxetine, POA does not want decrease at this time . (continued on next page)

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	*7/18/24 at 10:57 PM: Put fax on MD board asking to decrease duloxetine to 90mg 1 time/day due to resident's POA agreeing to pharmacy recommendation but not until August rounds when MD will have next visit with resident. Asked MD to change order at that time. A physician progress note, dated 7/17/24, states, She does continue on high dose duloxetine, but the family is not willing to have that reduced at this time. Later in the note, the physician writes, Dementia with behaviors, which include paranoia, mood disturbance. No change in medications today. She often will respond to redirecting and lorazepam has been generally helpful. On 7/24/24 at 3:24 PM, Surveyor interviewed RN I (Registered Nurse) who stated that R22 does not display behaviors indicative of depression. RN I stated that she has known R22 since she (RN I) was a little girl. According to RN I, R22 has fear, which Lorazepam has helped with. RN I stated that R22 was put on Cymbalta a long time ago, before she came to the facility due to psychotic behaviors. RN I stated the doctor tried to reduce the dose a while ago and the POA said, No. RN I stated that R22 has been yelling a lot recently and she (RN I) asked the doctor if this has to do with discontinuing a different antipsychotic and he said, No. Additionally, RN I stated the doctor had told her months earlier that he thought she (R22) was overmedicated. It should be noted that RN I wrote the 7/18/24 note regarding the fax to the MD. On 7/25/24 at 10:29 AM, Surveyor interviewed DON B (Director of Nursing) regarding the GDR request for the Duloxetine. DON B stated that there was not a point to wait until August to put a GDR in place. DON B stated R22's doctor, who is also the facility's medical director, just goes along with what the family wants. DON B also stated that there should be a response from the doctor whenever there is a GDR recommendation by the consultant pharmacist. When asked if the family should be making pharmacy decisions as it pertains to psychotropic medications for R22, DON B stated, No. The facility pharmacist recommended a GDR of duloxetine, but this was declined due to family preference with no other indication for why the medication should not be reduced or contraindication noted for its continued use at the current dose.

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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. 36253 Based on observation, interview and record review, the facility did not store, prepare, distribute, and serve food in accordance with professional standards for food service safety. This has the potential to affect all 31 residents. The facility did not know what PPM (Parts Per Million) to use for their low temperature, sanitizing dishwasher and had no record that the three compartment sink sanitizing agent was being monitored. Food items with no dating or past the use by dates Findings include. Example 1 The facility's policy titled, Dishwasher Temperature, states, For low temperature dishwashers (chemical sanitization) the wash temperature shall be 120 F. The sanitizing solution shall be 50 PPM (parts per million) hydro chlorite (chlorine) on dish surface and final rinse. Chemical solutions shall be maintained at the correct concentration, based on periodic testing, at least once per shift, and for the effective contact time according to manufacturer's guidelines. Results of concentration checks shall be recorded. The facility uses a low temperature, sanitizing dishwasher that is leased and serviced by an outside vendor. On 7/25/24 at 9:30 AM, Surveyor observed staff using the dishwasher in the main kitchen. Next to the dishwasher was a sheet titled Low-temperature dishwasher chart. This sheet is used to track the temperature and PPM of the dishwasher each shift (3x daily). The bottom of the sheet indicates the temperature shall be no less than 120 degrees Fahrenheit and the PPM should be between 50 and 100 PPM. No record of the temperature or PPM was gathered on 4 days in July as seen on the wall (July 16, 17, 20 and 21). Surveyor then went to the three-compartment sink in the kitchen, which is used to clean pots and pans. There was no visible record of the monitoring of the three-compartment sink's sanitizing agent. A large sign above the three-compartment sink, created by the company that services the facility's mechanical dishwasher, states the PPM of the dishwasher should be 50-75 PPM and the three compartment sink PPM should be 200. Surveyor then, along with DM K (Dietary Manager), used a test strip to test the sanitizing agent in the three-compartment sink. The color on the test strip turned blue, which appeared to be much higher than the 200-400 PPM color chart (dark green indicates 400 PPM) that was affixed to the test strip case. DM K agreed the sanitizer appeared to be too concentrated. When asked if the three-compartment sink is monitored, DM K stated it is sometimes tested , but there is no record of the testing. When asked if the PPM of the dishwasher should be 50-100 or 50-75, DM K stated she was unsure but would be in contact with the service company. Surveyor asked for copies of May, June, and July dishwashing records for the facility's low temperature, sanitizing dishwasher. The records indicated 50 times in which the PPM of the dishwasher exceeded 75 PPM. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Example 2 On 7/22/24 at 11:04 AM Surveyor, along with DM K, observed: *In the dry storage area: 4 bags of unopened frosted flakes and a bag of unopened brown sugar with no open, received or use by dates *In the refrigerator: a bag of lettuce with a use by date of 7/20/24 *In the refrigerator: a tuna salad sandwich, dated as prepared on 7/19/24 with no use or consume by date On 7/24/24 at 11:14 AM, DM K stated to Surveyor that they commonly prepare tuna salad sandwiches for a resident in the building who really likes them, and staff are supposed to throw them out, if not consumed, in a few days. DM K removed the sandwich from the refrigerator.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. 49436 Based on observation, interview, and record review, the facility has not established an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. This has the potential to affect all 31 residents (R) in the facility. The facility's policies have not been updated annually. The facility did not track infection control rates by infection type. The facility did not have a staff infection control line list prior to June 2024. The facility did not maintain an accurate staff infection control line list. The facility allowed staff to return to work before the recommended time frame for illness. The facility did not maintain an accurate resident line list. The facility did not place residents into isolation precautions timely. Staff did not complete hand hygiene per standards of practice. This is evidenced by: The facility policy titled Infection Control Program with a last reviewed date of March 2024, states in part: It is the policy of (Facility Name) to maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection .The facility will prevent the spread of infection by: 1) Determining what a resident needs to prevent the spread of infection and taking special precautions; 2) Prohibiting employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease . (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	The facility policy titled Infection Surveillance with a last review date of September 2023, states in part: Purpose: To assure the Infection Preventionist with the Quality Assurance Performance Improvement Committee guides the facility in both process and outcome surveillance .1. Process surveillance to monitor the practices that directly relate to resident care is accomplished in the following manner: a. Auditing staff performance with proper hand hygiene .2. Outcome Surveillance is accomplished in the following manner and is completed for both residents and staff. A. Infections or potential infections related to residents are identified and reported through the nurse charting system, verbal communication and review of antibiotics use. B. Staff illnesses are tracked in nursing through the documentation system all other departments provide a verbal or written report to the Director of Nurses. C. Action is taken related to the data collected this may include reporting to the local or state health agencies as prescribed. D. The Director of Nurse or designee completes this information to standard written definitions of infection. (Appendix A) E. the facility tracks existing cases of infections both old and new. F. Documentation of the surveillance data will be completed by the designated Infection Preventionist reviewed by the Quality Assurance Performance Improvement Committee. G. Documentation will be completed on a line listing form tracking symptoms that may be representative of potential infective processes. This information is evaluated by the Director of Nurses or designee on an ongoing basis. DON B (Director of Nursing) is the facility's Infection Preventionist. Example 1: On 7/23/24 at 8:34AM, Surveyor interviewed DON B (Director of Nursing) and VPCO D (Vice President of Clinical Operations). They indicated infection control policies and procedures should be reviewed annually. Surveyor informed them some of the infection control policies and procedures were beyond the one-year review timeframe. They stated they would look for updated ones. DON B provided Surveyor with updated infection control policies and procedures for the following items: Infection Disease Surveillance, Infection Control Program, and Antimicrobial Stewardship Procedure. The following facility Infection Prevention and Control policies have not been reviewed annually: COVID 19 response plan last reviewed date of May 2023 Isolation precaution guidance last reviewed date of January 2023 Prevention and control of influenza last reviewed date of June 2023 Resident Immunization Program last reviewed date of June 2023 Influenza, Pneumococcal Immunizations, Tetanus and TB testing last reviewed date of June 2023 Example 2: On 7/22/24 at 11:30AM, Surveyor requested infection control rates for the past year. DON B provided monthly infection control rates as a total percentage of all infections each month. The monthly rates are not broken down by infection type each month. Example 3: (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 7/22/24 at 11:30AM, Surveyor requested staff line lists for the past 3 months. DON B provided a staff line list for the month of June. On 7/23/24 at 8:34AM, DON B indicated she was still working on the staff line list for July and there was no staff line list prior to June 2024. DON B indicated things had not been done prior to her taking the infection preventionist role at the end of June 2024. Example 4: Surveyor reviewed June 2024 staff line list. The line list was missing Date Last Worked for 3 staff members and one staff member was missing the Well Date. On 7/23/24 at 8:34AM, DON B indicated the staff line list should be filled in completely and it was not. Example 5: Surveyor reviewed June 2024 staff line list. The line list indicated 4 staff with gastrointestinal symptoms (vomiting or diarrhea) returned to work too early. On 7/23/24 at 8:34AM, Surveyor interviewed DON B. DON B reviewed the staff line list for June. DON B indicated the staff should have stayed out for at least 48 hours after last symptoms and agreed there were staff that returned to work too early following their illness. Example 6: Surveyor reviewed resident line list for the months of April, May, June, and July. The resident infection control line list were missing the following items: -Symptoms for 2 residents -Date Well for 6 residents -MD updated date for 11 residents -Monitoring/Care plan updates for 8 residents -Diagnostic (Labs/cultures/x-ray) for 3 residents -Treatment End date for 1 resident On 7/23/24 at 8:34AM, Surveyor interviewed DON B. DON B indicated there were items missing on the resident line list. DON B indicated the line list should be filled in completely and it was not. Example 7: Surveyor reviewed resident line list for the months of April, May, June, and July. 2 residents were placed on droplet/contact precautions the day after their symptoms had started. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 7/23/24 at 8:34AM, Surveyor interviewed DON B. DON B indicated residents requiring precautions should be placed on precautions the day their symptoms start and there should not be a delay. 30992 Example 8: The facility policy, Hand Hygiene, dated 9/2009, states in part, as follows: Purpose: To provide guidance to the staff regarding proper hand washing/hand hygiene techniques. Indications for hand washing and hand antisepsis - Before: Having contact with residents; Putting on gloves; Caring for a for any invasive device, such as catheter; Handling food; Administering medications. Right After: .Having contact with resident items, such as dressings, dirty laundry, dishes, or trash; Taking off gloves. The CDC (Centers for Disease Control and Prevention) document titled, Hand Hygiene for Healthcare Workers, indicates recommendations: Know when to clean your hands: Immediately before touching a patient, Before performing an aseptic task such as placing an indwelling device or handling invasive medical devices, Before moving from work on a soiled body site to a clean body site on the same patient, After touching a patient or patient's surroundings, After contact with blood, body fluids, or contaminated surfaces, Immediately after glove removal. The above information can also be found at: https://www.cdc.gov/clean-hands/hcp/clinical-safety/?CDC_AAref_Val=https://www.cdc.gov/handhygiene/providers/index.html with the page last reviewed on February 27, 2024. R8 was admitted to the facility 8/10/23. R8's diagnoses include, but are not limited to, Diabetes Mellitus Type 2. R8 has a Physician Order for Lantus Solostar Subcutaneous Solution Pen-Injector 100 units/ml (milliliter) (Insulin Glargine) Inject 28 units subcutaneously in the morning related to Type 2 Diabetes Mellitus with unspecified complications. On 7/25/24 at 7:25 AM, Surveyor observed LPN C (Licensed Practical Nurse) administer R8's morning medications during the Medication Pass. Surveyor observed LPN C preparing R8's Lantus Solostar Insulin Pen. Surveyor observed LPN C doff (remove) gloves, don (apply) new gloves, touch the laptop keyboard, use an alcohol pad to clean the tip of the insulin pen before applying the needle. On 7/25/24 at 7:30 AM, Surveyor spoke with LPN C. Surveyor asked LPN C, did you sanitize your hands in between glove changes. LPN C stated, No. Surveyor asked LPN C, should you have sanitized your hands in between glove changes. LPN C stated, Yes. Surveyor ask LPN C, after donning the second pair of gloves you touched the laptop keyboard and then used an alcohol pad to clean the tip of the insulin pen before applying the needle. Surveyor asked LPN C, should you have removed gloves, sanitized your hands after and donned clean gloves after touching the laptop keyboard and before using an alcohol pad to clean the tip of the insulin pen. LPN C stated, Yes. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 7/25/24 at 1:49 PM, Surveyor spoke with DON B (Director of Nursing). Surveyor asked DON B, when do you expect staff to wash their hands. DON B stated, A lot of times! DON B added, the 5 moments, in and out of a room, before and after touching things people/belongings, before and after glove use. Surveyor asked DON B, should staff wash/sanitize hands after removing gloves? DON B replied, Yes, absolutely. Surveyor shared observation that LPN C (Licensed Practical Nurse) did not sanitize/wash her hands in between glove changes. Surveyor asked DON B, would you have expected LPN C to sanitize/wash her hands in between glove changes. DON B stated, Yes. Surveyor asked DON B, should LPN C have removed her gloves, sanitize/wash hands, and donned new gloves after touching the laptop and before using alcohol to clean the alcohol pen. DON B stated, she expects that LPN C would use hand sanitizer and change her gloves before using alcohol to clean the tip of the insulin pen and then administer the insulin.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525425	A. Building B. Wing	08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Dove Healthcare - Fennimore	1850 11th St Fennimore, WI 53809

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 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement a program that monitors antibiotic use. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49436 Based on interview and record review, the facility did not ensure they followed their antibiotic stewardship program that includes antibiotic use protocols and a system to monitor antibiotic use for 1 of 16 sampled residents (R6) and 1 of 1 supplemental residents (R32) reviewed for antibiotic stewardship. R6 was on an antibiotic for urinary tract infection without an appropriate indication. R32 was on an antibiotic for urinary tract infection without an appropriate indication. This is evidenced by: The facility policy titled Antimicrobial Stewardship Procedure with a last review date of March 2024, states in part: .Purpose: To ensure judicious use of antibiotics, optimize clinical outcomes while minimizing unintended consequences of antimicrobial use including toxicity, to prevent the development of pathogenic organisms (Clostridium Difficile), and the emergence of resistance .The facility has developed a systematic approach to the review of symptoms and communication of those symptoms to the physician utilizing resources that include but not limited to: The McGeer Criteria .Antibiotic treatment will be determined by the medical provider based on individual resident condition and clinical practice standards .True infections: growth of an infective organism in or on a suitable host, producing clinical signs and symptoms or a change in status (e.g., fever, delirium, cough, dysuria, purulent exudates) .The medical provider will base their decision for antibiotic/antimicrobial orders on the basic premise described above .The Infection Preventionist or designee reviews any antibiotic orders entered in the electronic medical record. This review will include but not be limited to: i. Obtaining further documentation for the necessity of the treatment plan will be obtained from the medical provider as necessary ii. Taking an antibiotic time out to review culture results and the responsiveness of the resident to the treatment plan iii. Communicating findings to the medical provider as necessary. Example 1 R6 was admitted to the facility on [DATE]. Surveyor reviewed the facility infection control line list for June 2024. R9 was listed on the line list for UTI (Urinary Tract Infection). The line list indicated positive UA (Urinalysis), contaminated UC (Urine Culture). R6's Physician Orders for June 2024 include Keflex oral capsule (antibiotic) 500mg by mouth three times a day for Positive UTI for one week, start date 6/17/24, stop date 6/24/24. R6's Urine Culture report dated 6/18/24 states Multiple bacterial morphotypes present. This may indicate a poorly collected specimen. Of note, due to a contaminated urine sample, the urine culture does not meet criteria as a true infection because there is not growth of an infective organism. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525425	A. Building B. Wing	08/01/2024

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	DON B (Director of Nursing) is currently the facility's Infection Preventionist. On 7/23/24 at 12:59PM Surveyor interviewed DON B. Surveyor asked DON B how the facility knows if the antibiotic would be effective since there is no culture and sensitivity indicating what antibiotic to use or if there was even a need to continue the antibiotic. DON B indicated R6 completed her antibiotic course without knowing if the pathogen was susceptible to the antibiotic. DON B indicated the antibiotic use does not follow their antibiotic stewardship program. Example 2 R32 was admitted to the facility on [DATE]. Surveyor reviewed the facility infection control line list for June 2024. R32 was listed on the line list for UTI (Urinary Tract Infection). The line list indicated positive UA (Urinalysis), contaminated UC (Urine Culture). R32's Physician Orders for June 2024 include Keflex oral capsule (antibiotic) 500mg by mouth three times a day for Positive UTI for 7 days, start date 6/17/24, stop date 6/24/24. R32's Urine Culture report dated 6/18/24 states Multiple bacterial morphotypes present. This may indicate a poorly collected specimen. Of note, due to a contaminated urine sample, the urine culture does not meet criteria as a true infection because there is not growth of an infective organism. On 7/23/24 at 12:59PM Surveyor interviewed DON B. Surveyor asked DON B how the facility knows if the antibiotic would be effective since there was no culture and sensitivity indicating what antibiotic to use or if there was even a need to continue to the antibiotic. DON B indicated R32 completed his antibiotic course without knowing if the pathogen was susceptible to the antibiotic. DON B indicated the antibiotic use does not follow their antibiotic stewardship program.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0947 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention. 36253 Based on interview and record review, the facility did not ensure 2 Certified Nursing Assistants (CNAs; CNA L and CNA M) of 5 CNA's employed by the facility received 12 hours per year of in-service training. This practice had the potential to affect multiple residents in the facility. CNA L was hired on 6/21/22 and did not have 12 hours of in-service training during the most recent anniversary of hire year. CNA M was hired on 3/3/22 and did not have 12 hours of in-service training during the most recent anniversary of hire year. Evidenced by: On 8/1/24, Surveyor reviewed documents that indicated the following: - CNA L received 10.8 of the required 12 hours of in-service training. - CNA M received 7.45 of the required 12 hours of in-service training. On 8/1/24 at 2:20 PM, Surveyor interviewed DON B (Director of Nursing) who stated that the facility had identified in February of 2024 that they had problems with finding and/or verifying the annual trainings of their staff members. When asked if both CNA L and CNA M should have had their 12 hours of annual training by now, DON B stated Yes.