

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525426	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/01/2025
NAME OF PROVIDER OR SUPPLIER Hillview Health Care Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 3501 Park Lane Dr LA Crosse, WI 54601	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews, record reviews, and facility policy reviews, the facility failed to follow infection control and prevention guidelines for environmental cleaning of floors in resident areas for 34 sampled residents. Findings include: Review of the Centers for Disease Control (CDC) Environmental Cleaning Procedures dated 03/19/24 revealed, spills of bodily fluids. Regardless of an area's risk level, spills or contamination from blood or body fluids (e.g., vomitus) must be cleaned and disinfected immediately using a two-step process. She said she expected staff to use detergent and then sanitize the floors after cleaning. Review of the Centers for Disease Control (CDC) Environmental Cleaning Procedures dated 03/19/24 revealed, spills of bodily fluids. Regardless of an area's risk level, spills or contamination from blood or body fluids (e.g., vomitus) must be cleaned and disinfected immediately using a two-step process. Confine the spill and wipe it up immediately with absorbent (paper) towels, cloths, or absorbent granules (if available) that are spread over the spill to solidify the blood or body fluid (all should then be disposed of as infectious waste). Clean thoroughly, using neutral detergent and a warm water solution. Disinfect by using a facility-approved intermediate-level disinfectant. Typically, chlorine-based disinfectants at [PHONE NUMBER]ppm free chlorine (1:100 or 1:10 dilution of 5% chlorine-bleach; depending on the size of the spill) are adequate for disinfecting spills (however, do not use chlorine-based disinfectants on urine spills). See Appendix E - Chlorine disinfectant solution preparation. Take care to allow the disinfectant to remain wet on the surface for the required contact time (e.g., 10 minutes), and then rinse the area with clean water to remove the disinfectant residue (if required). During an interview on 10/21/25 at 12:58 PM, Certified Nurse Aide (CNA) 1 stated that CNA staff are responsible for the daily cleaning of resident rooms. She stated the residents' rooms are cleaned once a week. CNA1 stated that when they mop the floors, they use only water and do not use any cleaning solution or disinfectant. If there were a bowel movement on the floor, she would use a peroxide wipe. She stated their Support System Manager was supposed to be getting something that disinfects without harming the floors. There have been people who have complained and were concerned. She said she felt there were contaminants on the floor since no disinfectant was used. She did say the mop head was changed after each use. During an interview on 10/21/25 at 1:27 PM, CNA2 stated that when they mop the residents' floors, they only use water. She said the floors were generally dirty, and water did not clean them. She felt it only spread the dirt and germs around the floor. During an interview on 10/21/25 at 2:15 PM, CNA3 said they mop the resident floors with only water and were told not to use cleaning products on the floors due to the warranty. She said they have been told the approved products were too expensive due to tariffs. But she felt water could not clean or disinfect. If there were a bowel movement, she would use the hydrogen wipes, but they were not supposed to; she felt it was morally wrong, and you can't just clean poop with water. She said she has voiced her concerns to management, and she felt she was told to quiet down about it. She said water just pushes dirt and grime around but did not clean. During an interview on 10/21/25 at 3:38 PM, the Supportive Systems Manager (SSM) said staff have been using only water to mop resident rooms. She said they have found a cleaning and disinfecting product that will be here tomorrow. When staff cleaned, they were to use a hydrogen wipe, then mop it with water. She said the facility had new floors and required a product with a low pH, but did not feel the floors necessarily needed to be disinfected. She spoke with the flooring manufacturer, who said you don't need to disinfect the flooring. During an interview on 10/21/25 at 4:15 PM, the Director of Nursing (DON) said it was not appropriate just to use water to clean the floors because it did not kill germs. She said she expected staff to use detergent and then sanitize the floors after cleaning.</p>		