STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525434	A. Building B. Wing	09/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hayward Health Services	10775 Nyman Ave Hayward, WI 54843

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 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51095 Based on observation, interview and record review, the facility failed to ensure standards of practice were followed for verification of gastrostomy placement before medication administration. The facility also failed to provide proper infection control measures by performing hand hygiene during medication administration and ensuring the enteral formula used to provide nutrition was changed every 24 hours for 1 of 1 resident (R) reviewed for tube feeding. (R34) This is evidenced by: Facility policy titled, Medication Administration 7.10 Enteral Tubes dated 05/23, states in part, - .8. Verify tube placement per facility protocol. -9. Check gastric content for residual feeding. Return residual volumes to the stomach. Report any residual above 100mL . R34 was admitted on [DATE] with diagnoses including in part, hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right dominant side, dysarthria ., dysphagia following nontraumatic intracerebral hemorrhage, encounter for attention to gastrostomy, apraxia, dysphagia oral phase. R34's Minimum Data Set (MDS) assessment, dated 07/08/24, identified on admission that R34 could not complete a Brief Interview for Mental Status (BIMS) for cognition deficiencies due to R34 being non-verbal in communication. Surveyor reviewed R34's care plan, dated 07/08/24: -R34 receives bolus tube feedings if R34 does not eat 75% of meals per day. On 09/10/24 at 10:31 AM, Surveyor observed Licensed Practical Nurse (LPN) D prepare R34's medications. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525434	A. Building B. Wing	09/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hayward Health Services	10775 Nyman Ave Hayward, WI 54843

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 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 09/10/24 at 10:34 AM, Surveyor observed LPN D don gloves. LPN D began flushing R34's G-tube with 30 cc of tap water. LPN D then administered medication via R34's G-tube. LPN D flushed R34's tube with another 30 cc of tap water. Surveyor did not observe LPN D check Gastric Residual Volume (GRV) prior to administration of flushes and medication. Surveyor interviewed Director of Nursing (DON) B and asked DON B what the expectation is for assessing GRV before flushing or administering medications via G-tube. DON B indicated that all staff are to assess GRV by pulling back syringe to check for gastric contents. Surveyor indicated to DON B that LPN D did not check GRV before flushing R34's G-tube and administering medications. DON B indicated that LPN D should have checked GRV. 48793 Example 2 Surveyor reviewed physician orders which include: .On 08/29/24, If resident did not eat 25-50% of all meals today give bolus feeding of Promote with Fiber 1.0 calorie total 360ml via PEG tube at bedtime for diet administer 60ml of water before and after each tube feeding . On 09/10/24 at 10:36 AM, Surveyor observed Promote with Fiber container sitting on R34's bedside table. Surveyor observed a label, dated 09/03/24, and about 100ml of fiber formula left in used promote fiber container. On 09/11/24 at 11:32 AM, Surveyor interviewed DON B and asked what the expectation is for changing formula feeding container for R34. DON B indicated formula that is used for tube feedings, once opened, should be discarded within 24 hours. Surveyor indicated to DON B that formula was observed sitting on R34's bedside dated 09/03/24. DON B indicated that R34's formula sitting on the bedside table should be properly disposed of and changed every 24 hours when in use.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525434	A. Building B. Wing	09/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hayward Health Services	10775 Nyman Ave Hayward, WI 54843

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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51095 Based on observation, interview and record review, the facility did not ensure a medication error rate of 5% or less. During the medication administration task, Surveyor observed 2 errors out of 35 medication opportunities, resulting in an error rate of 5.71%. This affected 2 out of 6 residents (R) (R34 and R240) observed for medication administration. Licensed Practical Nurse (LPN) D did not follow physician orders for R34's heparin injection and administered heparin via incorrect route. R34 did not receive 2 units of insulin per sliding scale per physicians' orders. Findings include: The facility's policy entitled Medication Administration - subcutaneous, dated 01/23 states in part, Equipment . Safety syringe and sterile safety needle of appropriate gauge .13. Hold needle with bevel side up and insert needle at a 45-degree angle to the skin surface. Example 1 Surveyor reviewed R240's physician orders, dated 09/06/24, which state in part: - Heparin Sodium 50,000/10ml (5,000/ml) Inject 1ml subcutaneous every 12 hours. On 09/10/24 at 9:23 AM, Surveyor observed LPN D draw Heparin 50,000/10ml (5,000/ml) 1 ml from a multi-dose vial into a [NAME] point 1 inch syringe. LPN D called for Director of Nursing (DON) B to verify dose. DON B verified Heparin dose observing the syringe to have a 1 needle on the tip of the syringe. Surveyor heard DON B state to LPN D, Remember to only go halfway in because we don't have any smaller needles. LPN D stated to DON B, I know I never go all the way in, only about halfway. Surveyor observed LPN D administer the Heparin 1ml at a 90-degree angle submersing the whole 1 needle directly into R240's abdomen. Surveyor did not observe LPN D administer the Heparin 1ml subcutaneously at a 45-degree angle as ordered. On 09/10/24 at 3:22 PM, Surveyor interviewed DON B and asked DON B about the specifications of the [NAME] Point syringes and was it appropriate for LPN D to administer the full 1 needle into R240's abdomen. DON B indicated the facility only has the [NAME] point 1 needles at this time. DON B indicated that DON B usually only goes into R240's abdomen 1/4- 1/2 deep. DON B indicated that LPN D should not have given the Heparin injection into R240's abdomen the full 1. DON B indicated that would not be considered a subcutaneous injection. Example 2 Surveyor reviewed R34's physician orders which state in part: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525434	A. Building B. Wing	09/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hayward Health Services	10775 Nyman Ave Hayward, WI 54843

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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- Insulin Glargine Subcutaneous Solution 100 unit/ml, inject 25 unit subcutaneously in the morning and inject 20 unit subcutaneously in the evening dated 08/05/24. -Insulin Aspart Injection Solution 100 unit/ml, inject as per sliding scale: if 151 - 200 = 2 units; 201 - 250 = 3 units; 251 - 300 = 5 units; 301 - 350 = 7 units; 351 - 400 = 10 units >400 give 12 units and call MD and recheck BS in 2 hours., subcutaneously as needed dated 07/01/24. On 09/10/24 at 10:28 AM, Surveyor observed LPN D administer Insulin Glargine 25 units subcutaneously to R34. Surveyor did not observe LPN D administer R34's sliding scale insulin. R34's blood sugar result was 151 when checked. R34 should have received 2 units of Insulin Aspart per the sliding scale orders. On 09/10/24 at 1:55 PM, Surveyor interviewed LPN D and asked why LPN D did not give R34's sliding scale insulin during medication administration. LPN D looked in R34's Electronic Health Record (EHR) and LPN D indicated that LPN D was unaware that R34 had a sliding scale. LPN D indicated that since the sliding scale is as needed LPN D didn't think that R34 needed the sliding scale insulin. On 09/10/24 at 2:51 PM, Surveyor interviewed DON B and asked why LPN D did not give R34's sliding scale insulin during medication administration. DON B indicated that LPN D should have given the sliding scale insulin but the order in the EHR was not entered into the system the right way. DON B indicated that the sliding scale was not linked to the scheduled insulin given throughout the day for R34. DON B indicated that the order was transcribed incorrectly in the EHR. DON B indicated the order is entered correctly now.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525434	A. Building B. Wing	09/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hayward Health Services	10775 Nyman Ave Hayward, WI 54843

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 40181 Based on observation, interview and record review, the facility did not maintain an infection prevention and control program to help prevent the development and transmission of communicable diseases and infections. Staff did not perform hand hygiene when changing gloves during resident cares and procedures for 3 of 4 resident (R) care observations (R29, R240, and R34). Staff did not wear proper personal protective equipment (PPE) when caring for a resident on Enhanced Barrier Precautions. (R34) Findings include: Facility policy and procedure entitled, Hand Hygiene, dated 11/02/22, stated in part: .2. Hand hygiene is indicated and will be performed .Between resident contacts, after handling contaminated objects, before applying and after removing PPE, including gloves, before preparing or handling medications, and after assistance with personal body functions (elimination, hair grooming, smoking, etc.) . 6. a. The use of gloves does not replace hand hygiene. If your task requires gloves, perform hand hygiene prior to donning gloves, and immediately after removing gloves . Example 1 On 09/10/24 at 7:55 AM, Surveyor observed Registered Nurse (RN) C provide wound care for R29. Surveyor noted a sign on the outside of R29's door that stated Contact Precautions. RN C used hand sanitizer and donned a gown and gloves before entering the room. After preparing supplies at the bedside, RN C assisted R29 to roll to the left side. RN C pulled down R29's pants and unfastened the brief to expose R29's bottom. RN C removed the old border foam dressing and packing from the wound on R29's right buttocks. RN C removed gloves, threw them in a plastic bag at the bedside, and put on a new pair of gloves. RN C did not wash hands or use hand sanitizer before putting on the clean gloves. RN C wet a gauze pad with saline and washed the wound area. RN C wet a sterile cotton swab and cleansed inside the wound. RN C used a cotton swab to pick up a gauze strip and packed the strip into the wound. RN C covered the wound packing with a border foam dressing. RN C removed gloves and threw them in the plastic bag. RN C put on clean gloves. RN C did not wash hands or use hand sanitizer before putting on the clean gloves. RN C assisted R29 to roll back onto back. RN C replaced the tape that was securing R29's Foley catheter per R29's request for comfort. RN C assisted R29 to fasten incontinent brief and pull up pants. RN C removed the gloves and put on clean gloves without using hand sanitizer or washing hands. RN C put away dressing supplies and disposed of trash. RN C removed gown and gloves in R29's room and washed hands with soap and water. Immediately following observation, Surveyor interviewed RN C and asked what the facility infection control practice was when changing gloves during wound care procedures. RN stated they probably should have washed hands or used hand sanitizer, but they forgot to do this today. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525434	A. Building B. Wing	09/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hayward Health Services	10775 Nyman Ave Hayward, WI 54843

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 09/11/24 at 9:51 AM, Surveyor interviewed Director of Nursing (DON) B and explained the observation of RN C providing wound care for R29. Surveyor stated RN C did not perform hand hygiene when changing gloves during the procedure. Surveyor asked DON B if RN C followed the proper procedure for infection control and hand hygiene. DON B stated RN C should have washed hands or used hand sanitizer each time they changed gloves. 48793 Example 2 On 09/10/24 at 9:31 AM, Surveyor observed Certified Nursing Assistant (CNA) E enter R240's room and did not sanitize hands. Surveyor observed CNA E have a black wrist brace on right wrist. CNA E touched EZ Stand lift to hook lift sling to machine and tucked sling behind R240. CNA E transferred R240 into bed. CNA E grabbed R240's legs and feet to swing unto bed with bare hands. CNA E then grabbed chuck underneath R240 and boosted R240 up in bed. CNA E covered R240 with blankets and lowered the bed to the floor. Surveyor observed CNA E walk to the sink and wash the tips of CNA E's fingers on the right hand and then dry hands and walked out. CNA E entered with EZ-stand into R13's room without performing proper hand hygiene. CNA E started placing sling underneath R13 and then transferred R13 to the bathroom. CNA E pulled R13's pants down and then exited R13's room applying hand sanitizer to the tips of CNA E's fingers on both hands. Surveyor did not observe full hand hygiene to sanitize CNA E's full hands. On 09/10/24 at 10:01 AM, Surveyor observed CNA F and CNA E enter R240's room. CNA F and CNA E sanitized hands, gloved, then began dressing R240's footwear to transfer out of bed to the toilet. CNA F and CNA E transferred R240 to the bathroom. Surveyor observed CNA E doff gloves and use sanitizer to sanitize tips of fingers on the right hand and then CNA E exited R240's room. Surveyor did not observe CNA E perform adequate hand hygiene. On 09/10/24 at 10:41 AM, Surveyor interviewed CNA E and asked CNA E about CNA E's right wrist brace and hand hygiene practices. CNA E indicated that CNA E injured wrist at work and tries CNA E's best to perform hand hygiene. CNA E indicated it is tough to find gloves that cover the brace completely and for now CNA E tries to sanitize the tips of the right fingers and sometimes washes hands with brace on. CNA E indicated that CNA E was going to try and find longer gloves to cover the brace. Surveyor indicated to CNA E that Surveyor observed CNA E not perform hand hygiene when entering R240 and R13's rooms. CNA E indicated that CNA E should have at least sanitized in between rooms. On 09/10/24 at 11:32 AM, Surveyor interviewed DON B and asked what the expectation is for CNA E wearing wrist brace and infection control practices. DON B indicated that CNA E should be wearing gloves over wrist when providing cares and sanitizing and washing hands thoroughly. Surveyor indicated to DON B that Surveyor observed CNA E did not sanitize hands between resident rooms, and only washed fingertips of the right hand. DON B indicated that CNA E should have washed hands or sanitized hands before/after providing care to residents and entering and exiting residents' rooms. 51095 Example 3 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525434	A. Building B. Wing	09/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hayward Health Services	10775 Nyman Ave Hayward, WI 54843

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Surveyor reviewed facility policy titled, Enhanced Barrier Precautions (EBP), dated 3/35/2024 reviewed/revised on 08/08/2024, which stated in part: .It is the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms (MDROs): Enhanced Barrier Precautions (EBP) refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and gloves use during high contact resident care activities. -4. High-contact resident care activities include: .g. Device care or use . feeding tubes . On 09/10/24 at 10:34 AM, Surveyor observed Licensed Practical Nurse (LPN) D enter R34's EBP room without donning personal protective equipment (PPE) for EBP. LPN D then applied gloves and injected insulin and removed gloves. On 09/10/24 at 10:39 AM, Surveyor observed LPN D take R34's blood pressure without practicing hand hygiene or donning PPE. On 09/10/24 at 10:41 AM, Surveyor observed LPN D don gloves, and then flush and administer medication into R34's G-tube. Surveyor did not observe LPN D perform hand hygiene or don PPE before flushing and administering medications through R34's G-tube. On 09/10/24 at 10:44 AM, Surveyor observed LPN D perform G-tube site care without changing gloves or performing hand hygiene. LPN D removed soiled gauze dressing from G-tube site, wiped R34's skin area surrounding g-tube with alcohol pad several times, then sprayed wound cleanser on gauze and wiped skin area again. LPN D placed new split gauze at G-tube site and removed gloves. Surveyor did not observe LPN D perform hand hygiene or don PPE before or during G-tube care. On 09/10/24 at 10:48 AM, Surveyor observed LPN D perform a second blood pressure to R34 without donning any PPE. On 09/10/24 at 10:51 AM, Surveyor observed LPN D exit R34's room and go to the medication cart to prep R34's oral medications. Surveyor did not observe LPN D perform hand hygiene. On 09/10/24 at 12:40 PM, Surveyor interviewed LPN D and asked what R34 is on EBP for. LPN D indicated that R34 is on EBP for tube feeding. LPN D indicated to Surveyor that LPN D did not wear PPE like LPN D should have. Surveyor asked LPN D what the expectation is for hand hygiene when administering medications via R34's G-tube. LPN D indicated that LPN D should wear gloves and perform hand hygiene before and after donning and doffing gloves. On 09/10/24 at 2:51 PM, Surveyor interviewed DON B and asked DON B what the expectation was for hand hygiene during medication administration and wearing PPE during cares for R34's G-tube. DON B indicated that nurses should wash or sanitize hands between medication administration of G-tube and don PPE when performing cares of R34's G-tube.