

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525435	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/03/2025
NAME OF PROVIDER OR SUPPLIER Abbotsford Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 600 E Elm St Abbotsford, WI 54405	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 52382</p> <p>Based on observation, interview and record review, the facility did not develop and implement a person-centered care plan for each resident consistent with resident rights including services to attain or maintain the resident's highest or practicable physical, mental or psychosocial needs for 2 of 12 residents reviewed (R8, R195).</p> <p>R8 did not have an activity care plan including accommodations for vision and hearing deficits.</p> <p>R8 did not have preferences assessed for meal choices and interventions in place in care plan.</p> <p>R195 did not have a safe smoking care plan.</p> <p>Findings include:</p> <p>Example 1</p> <p>R8 was admitted to the facility on [DATE].</p> <p>Facility Policy titled Comprehensive Care Plans, last revised on 10/01/2022, states in part: Person-centered care means to focus on the resident as the locus of control and support the resident in making their own choices and having control over their daily lives. The policy also states in part: Resident's preferences will also be addressed in the plan of care.</p> <p>Minimum Data Set (MDS) assessment completed upon admission indicated hearing and vision as adequate.</p> <p>On 03/31/25 at 10:22 AM, Surveyor interviewed R8. R8 requested the surveyor speak louder as she had a hard time hearing. Surveyor noted R8 wearing glasses. R8 states she always wears them and still has a difficult time reading and seeing some things. R8 takes them off at bedtime. R8 states she loves to play bingo, however, when she does not sit close enough to the bingo caller, she has a difficult time playing independently and staff does not offer her assistance. This causes her to miss numbers and lessens her chances of winning.</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 03/31/25 at 10:25, AM R8 reports she can't eat some of the food they serve, and she is not offered alternatives. R8 states no one has talked with her about preferences. R8 stated she just eats what she can and what she likes from the foods given to her.</p> <p>On 04/01/25 at 10:33 AM, Surveyor noted no vision/hearing accommodations or eyeglasses listed in care plan.</p> <p>On 04/01/25 at 11:14 AM, Surveyor interviewed Registered Nurse (RN) I. RN I stated she completes the care plan based on the admission orders from the provider. RN I meets with residents after the assessment is already complete and reports the MDS does not get changed if there are discrepancies. RN I reports the nurses make any changes in the care plan.</p> <p>On 04/01/25 at 11:14 AM, Surveyor interviewed Activity Director (AD) N. AD N reports they call loudly for bingo players and hold the cards up to show around the room. AD N stated herself and sometimes a helper, will go around the room and help those with need for grasping assistance. When asked about activity care plans, AD N stated those are new to her and she has not done an activity care plan. AD N also stated RN I was currently doing them.</p> <p>On 04/01/25 at 11:16 AM, Surveyor interviewed RN R. RN R reports RN I initiates the care plans upon resident admission and the nurses update them as needed.</p> <p>On 04/01/25 at 11:20 AM, Surveyor interviewed RN I. RN I stated she does initiate the care plans upon resident admission. RN I then stated the activity care plans are completed by herself and AD N together.</p> <p>On 04/01/25 at 11:30 AM, Surveyor reviewed R8's care plan. Intervention in nutrition care plan reads in part provide food preferences as desired.</p> <p>On 04/01/25 at 2:21 PM, Surveyor interviewed Dietary Manager (DM) C in relation to preferences assessments upon admission. DM C reports that she completes them sometimes. DM C gave Surveyor a copy of a monthly suggestion form that residents can fill out each month with questions, suggestions, complaints, and compliments. Surveyor requested preference assessment for R8. DM C stated she would look to see if a preference assessment was completed and give to Surveyor if available.</p> <p>On 04/02/25 at 8:43 AM, no additional information was given to surveyor regarding preferences assessment and implementation. The facility failed to develop and implement a person-centered care to meet the resident's needs and preferences.</p> <p>44863</p> <p>Example 2</p> <p>R195 was admitted to the facility on [DATE] with diagnoses including spina bifida, pressure ulcers, osteomyelitis, and history of catheter associated urinary tract infections</p> <p>The MDS completed on 03/09/25 confirmed R195 scored 15/15 on the BIMS assessment, indicating intact cognition. R195 requires staff assistance with all ADLs. The MDS assessment indicated R195 did not use tobacco.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R195's care plan included:</p> <p>- Tobacco Use Date Initiated: 03/25/2025, Resident will Adhere to the Tobacco/Smoking Policies of the Facility Date Initiated: 03/25/2025, Target Date: 06/01/2025.</p> <p>Surveyor noted R195's care plan did not indicate a safe smoking plan was in place including supervision requirements, safety measure requirements, and where smoking materials would be kept.</p> <p>On 03/31/25 at 4:00 PM, Surveyor observed R195 outside smoking without staff assistance. R195 was with another resident. Surveyor observed R195 drop his lighter on the ground and was unable to pick it up himself.</p> <p>On 04/01/25, Surveyor reviewed R195's record and noted a smoking safety assessment was completed on 03/25/25, indicating R195 was safe to smoke without supervision.</p> <p>On 04/01/25 at 1:35 PM, Surveyor interviewed Director of Nursing (DON) B. DON B reported R195 was known to smoke cigarettes upon admission; however, R195 did not have cigarettes when he was admitted to the facility. DON B stated R195 was hospitalized from 03/11/25-03/25/25, and he returned to the facility with cigarettes. DON B stated R195's smoking care plan, Must have been missed.</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 52382</p> <p>Based on observation, interview and record review, the facility did not ensure a resident with diabetic ulcers received necessary treatment and services to promote healing for 1 of 5 (R8) residents reviewed.</p> <p>-R8 did not receive active wound treatment orders for several days and the medical record did not have orders transcribed from wound clinic for nutritional supplements and protective boot to help promote wound healing and did not address recommendations from Registered Dietician (RD) to help promote wound healing.</p> <p>Findings include:</p> <p>R8 was admitted on [DATE]. Minimum Data Set (MDS), completed on 02/25/2025, confirmed R8 scored 9/15 during Brief interview for Mental Status (BIMS), indicating moderately impaired cognition.</p> <p>The facility policy titled Wound Management reads in part, Wound treatments will be provided in accordance with physician orders, including the cleansing method, type of dressing, and frequency of the dressing change. It also reads in part, In the absence or treatment orders, the licensed nurse will notify physician to obtain treatment orders.</p> <p>Diagnoses include:</p> <p>Chronic obstructive pulmonary disease (COPD), diabetes mellitus, anxiety, depression, peripheral vascular disease, congestive heart failure (CHF), coronary artery disease (CAD), hypertension, and multidrug-resistant organisms (MDRO).</p> <p>Orders include:</p> <p>Record review showed wound orders in place on 02/20/25 through 02/27/25 for lower left extremity (LLE) heel, top of foot, and ankle: Apply collagen to wound bed, apply Opticell over wounds. Cover with abdominal (ABD) pad, secure with kerlix and tape. Ok to Ace wrap lightly. These orders were present in treatment administration record (TAR) and were marked as completed.</p> <p>Record review showed orders from 03/01/25 through 3/19/25: (LLE)-Apply collagen to wound bed. Apply calcium alginate and cover wounds. Cover with ABD pad and secure with kerlix and tape. These orders were present in the TAR and marked as completed.</p> <p>Documentation states R8 had an appointment scheduled with the wound clinic on 03/19/25.</p> <p>(continued on next page)</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Orders given by wound clinic at 03/19/25 appointment: Wound culture obtained at appointment. (LLE)- Remove old dressing without moistening. Apply 1 inch rolled gauze moistened with didaksol 0.0125% moistened gauze onto wound bed. Cover with gauze, secure with rolled kerlix. Ace wrap from toes to knee. Change dressing twice daily until follow up. Once daily staff to wash foot with dressing change and apply lotion. Follow up in one week. Patient has x-ray scheduled for 03/27/25 at 12:30pm then will see wound clinic after. The appointment for 03/27/25 was rescheduled. Treatment remained in place until 03/28/25 and was marked complete. Order did not remain in place until follow up as ordered. No active wound treatment orders from 03/29/25 until after wound appointment on 04/01/25.</p> <p>Order on 03/19/25 per wound clinic for R8 to have 4 ounces of house nutritional supplement twice daily for wound healing. The orders also read in part . Wear Prevalon boot to left foot at all times. Nutritional supplement order not entered until 04/02/25.</p> <p>On 03/24/25, wound clinic called facility with verbal orders for Doxycycline 100mg. Take 1 tab at bedtime for 10 days for staph infection. Orders entered to begin on 03/25/25.</p> <p>Surveyor noted R8's appointment on 03/27/25 was cancelled and rescheduled for 04/01/25 due to transportation issue.</p> <p>On 03/28/25, nutrition progress notes state, zinc supplement recommended to promote wound healing. R8's medical record shows no zinc supplement order in place. No documentation found to dispute recommendation.</p> <p>Orders given by wound clinic on 04/01/15 Santyl External Ointment 250 UNIT/GM (Collagenase) Apply to left foot wounds topically one time a day for wound care Remove old dressing, rinse with saline. Apply santyl to wound bed, about 2mm in thickness to wound only, do not apply to periwound. Cover with gauze and abd, secure with rolled gauze. If Santyl does not arrive call wound clinic and start wound care as follows until santyl is available. Remove old dressing, rinse with saline, apply didaksol 0.0125% moistened gauze, soak for 10 min. Apply idoflex clay cut to size with one side of mesh removed, apply unmeshed side to wound bed. Cover with ABD and secure with rolled gauze. Change dressing every other day and as needed.</p> <p>On 04/02/25 at 12:37 PM, Surveyor reviewed TAR. Order for Prevalon boot states it is to be worn at all times. The active order in R8's medical record is twice daily. It is being monitored on AM and PM shifts only. Documentations show the boot was on AM and PM shifts on only 9 of 31 days in March.</p> <p>On 04/02/25 at 8:58 AM, Surveyor observed air mattress on bed, with correct settings and in working order. Pressure relief cushion present on wheelchair. Prevalon boot was not on as ordered. Surveyor interviewed R8. R8 stated that she wears it in bed. No indication of refusal or risks/benefits found in care plan in relation to this.</p> <p>On 04/02/25 at 9:30 AM, Surveyor observed Registered Nurse (RN) S perform wound care on R8. Appropriate technique used. While observing, Surveyor interviewed RN S. RN S stated she believes R8 goes to the wound clinic weekly but would have to ask Director of Nursing (DON) B. RN S also stated when R8 returns from the wound clinic, the nurses confirm and enter any new orders. RN S stated that usually the facility receives a fax if no orders return in the envelope that goes with R8 to the appointment. If no orders received by either method, they are to reach out to the wound clinic for clarification.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 03/31/25 at 10:35 AM, Surveyor interviewed R8. R8 stated she had wounds on top of her left foot and ankle. R8 has a below knee amputation on the right. Surveyor asked how often dressings are done. R8 stated they were supposed to be changed once in the morning and once at night, but that staff had not been doing them. When asked the last time they were done, R8 reported about 2 days ago. Survey observed R8 did not have Prevalon boot on left foot as ordered. Date on dressing marked 03/28/25. Surveyor did not observe staff performing dressing change as ordered. No treatment present in the TAR.</p> <p>On 04/01/25 at 2:38 PM, Surveyor interviewed RN R. No new orders were sent back with resident from the wound clinic following appointment on this day. RN R will follow up with wound clinic as all they sent back was a few supplies for wound care. Surveyor informed RN R about wanting to observe wound treatment on 04/02/25.</p> <p>On 04/02/25 at 2:20 PM, Surveyor interviewed Nurse Supervisor (NS) T from wound clinic about R8's wounds and cause. Assessment of wounds on 04/01/25 showed slight worsening. The measurements were the same prior to and after debridement. There also showed no improvement.</p> <p>On 04/03/25 at 8:30 AM, Surveyor interviewed DON B. DON B addressed the gap from admission to first wound appointment. DON B stated R8 was going to the wound clinic once a month while residing at previous facility. DON B was unable to provide documentation to confirm monthly appointments while residing at previous facility.</p> <p>Surveyor asked DON B about the wound culture and results. DON B stated wound culture was obtained at appointment on 03/19/25. Wound culture results indicated moderate growth Staphylococcus aureus, which R8 was placed on doxycycline 100mg. Take 1 tab by mouth at bedtime for 10 days.</p> <p>Surveyor asked about the dietician recommendations for zinc supplement and where those orders are located. DON B stated usually dietician enters her own orders. DON B also stated they meet as a team to discuss recommendations, and the dietician sends her an email. DON B was able to locate an email with zinc recommendation. DON B told Surveyor it had been missed during review and had not been addressed. DON B stated it was due to it being a random dietician instead of their usual one that made the recommendation. DON B did not provide date of the email from the dietician.</p> <p>Surveyor asked DON B about how the monitoring for Prevalon boot use was scheduled. DON B stated the nurses split the night shift and that is the reason it was only put in for 2 of 3 shifts for monitoring. DON B stated she would address the care plan and speak with resident regarding risks and benefits of only wearing the boot at night.</p> <p>Surveyor gave DON B the opportunity to provide any other documentation the facility may have related to R8's wounds and treatments. The facility did not provide any other documentation for Surveyor. The facility failed to ensure R8 received the treatment and services to promote wound healing.</p>		

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<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>30570</p> <p>Based on interview and record review, the facility did not designate a person to serve as the director of food and nutrition services who had completed the minimum qualification requirements for the position. This practice could potentially affect all 48 residents residing in the facility.</p> <p>The facility's Dietary Manager (DM) C is currently enrolled but has not finished the Nutrition & Food Service Professional Program. The facility does not have a full-time Registered Dietician at the facility.</p> <p>Findings include:</p> <p>Surveyor requested and received the facility policy titled Dietary Manager, which is not dated. The policy reads in part:</p> <p>Required Qualifications: Minimal Requirements include one of the following:</p> <ul style="list-style-type: none"> ~Certification as a dietary manager ~Certification as a food service manager ~Has an associates or higher degree in food service management or in hospitality, if the course of study includes food service or restaurant management, from an accredited institution of higher learning ~Has 2 or more years of experience in the position of director of food and nutrition services in a nursing facility setting and has completed and enrolled in a course of study in food safety management . <p>On 4/02/25 at 9:49 AM, Surveyor interviewed DM C about the qualifications she held that allowed them to assume the role of dietary manager. DM C stated she enrolled in the Nutrition & Food Service Professional Program in December 2023. DM C has not yet completed the program. DM C further expressed she was given a course extension until 9/01/25 due to not completing the program by end of 2024. Surveyor asked DM C if the facility has a full time Registered Dietician (RD) in the facility. DM C expressed the facility does not have a full-time Registered Dietician at the facility. The RD is in the building 1-2 days a week.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 52373</p> <p>Based on observations, interviews and record review, the facility did not prepare, store and distribute food in a sanitary manner. This has the potential to affect all 48 residents.</p> <p>Dietary Aide (DA) D was observed pulling a tray of clean drinking glasses and plastic mixing containers from the dishwasher, stacking them together while wet and placing them in the cupboard while dripping water on the floor and counter.</p> <p>Surveyor observed the kitchen's handwashing sink with heavy lime and dirt build up on facet handles, drain, and basin.</p> <p>Surveyor observed items stored in refrigerators and freezers used to store resident food brought in from outside sources, not dated or labeled with resident names or use by dates.</p> <p>Findings include:</p> <p>It is the policy of the facility to ensure dishes are washed and air dried to prevent contamination.</p> <p>Surveyor requested the facility policy regarding washing dishes. Dietary Manager (DM) C provided policy titled Sanitization which is dated ,d+[DATE]. Policy notes the expectations that dishes will be allowed to air dry as discussed with DM C. DM C provided training log titled Air Drying & Wet Nesting Education presented by DM C dated [DATE]. Document states that preventing the air drying of dishes creates conditions for microorganisms to grow. Proper air drying of dishes that pass through high temp dish machine prevents bacteria growth.</p> <p>Facility policy titled Food brought in From Outside Sources dated [DATE]. Policy states, Food is to be labeled with the resident's name, name of the food item and the date of the preparation or purchase. Policy titled 'Refrigerators and Freezers dated [DATE] states, Designated employees will be responsible for ensuring food items in pantry, refrigerators and freezers are not expired or past perish dates. Policy titled Date marking for Food Safety states, The food shall be marked to indicate the date or day by which the food shall be consumed or discarded. Prepared foods that are delivered to the nursing home units shall be discarded within two hours, if not consumed. These items shall not be refrigerated as the time/temperature controls cannot be verified.</p> <p>It is the facility policy that food brought in from outside sources will be labeled with content of container if not marked on package, resident name and date brought in.</p> <p>Example 1</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On [DATE] at 9:40 AM, Surveyor observed DA D remove a tray of dishes from the dish machine. DA D immediately stacked drinking glasses together and walked them to the cupboards in the dining room for storage. Water dripped on the floor as DA D walked to the counter and while opening cupboard doors. DA D returned to dishwashing area, removed plastic mixing containers, stacked them together and walked them to a wire rack for storage.</p> <p>On [DATE] at 9:42 AM, Surveyor interviewed DA D and asked if DA D is usually responsible for washing dishes and putting them away. DA D responded that is correct. Surveyor asked DA D about observation. DA D stated that all dishes should be dry before being stacked and put away. DA D stated understanding of the potential for bacteria growth if items are stacked and stored while wet.</p> <p>On [DATE] at 9:44 AM, Surveyor interviewed Dietary Manager, (DM) C about observation. DM C indicated that her expectations for safe kitchen practices were not met. DM C stated that all kitchen staff are trained on safe dishwashing and storage standards of practice based on Wisconsin Food Code.</p> <p>Example 2</p> <p>On [DATE] at 9:21 AM, Surveyor interviewed DM C and asked about a facility policy regarding kitchen cleanliness. DM C referred back to policy titled Sanitization dated ,d+[DATE]. DM C noted section 14, which states Kitchen and dining room surfaces not in contact with food shall be cleaned on a regular schedule and frequently enough to prevent accumulation of grime. DM C provided document titled Monthly Cleaning Schedule [DATE]. DM C pointed to task for DA D titled Hand Sinks: Deep clean handles, inside and outside of sinks. Delime and scrub off built up sediment / hard water build up. DM C stated this task was added today, [DATE], and had not previously been on the kitchen's cleaning schedule.</p> <p>Surveyor observed DA D washing dishes after breakfast. DA D used a hand washing sink next to the high heat dishwasher. Faucet handles, drain and basin had heavy dirt, lime and hard water build up. Surveyor observed [NAME] F access and utilize a larger sink away from dishwashing equipment for hand washing.</p> <p>Surveyor interviewed DA D about observation. DA D stated that she does not know when the sink was last deep cleaned.</p> <p>Surveyor interviewed DM C about observation and accompanied her to sink for inspection. DM C stated that sink did not meet her expectations for cleanliness, and she would add the task to DA D's regular cleaning log.</p> <p>Example 3</p> <p>On [DATE] at 11:49 AM, Dietary Manager (DM) C showed Surveyor refrigerators and freezers used to store resident food brought in from outside facility. One was located near the dementia care unit and the other was located in a utility closet near 200 wing of resident rooms. Surveyor observed multiple examples of opened foods in the refrigerators and the freezers with no label identifying foods stored in containers, resident names or dates. One resident, R193, consistently labeled food with a name, but not a date. Surveyor observed sandwiches with no name or date, open ice cream lacking names and dates, Boost protein drinks lacking dates, and French dressing and mayonnaise opened without names or dates.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Surveyor also observed banana pudding, fruit cups and sandwiches prepared by the facility, but not eaten during mealtimes, stored in the refrigerators and freezers used for foods brought in from outside the facility. R193 had written his name on the food prepared for him by the facility during scheduled mealtimes, but did not label the contents of the container nor the date stored.</p> <p>During the observation, Surveyor interviewed DM C and asked if observed labeling met expectations. DM C stated that expectations were not met satisfactorily. Surveyor asked DM C what concerns exist for outdated food. DM C responded expired foods can cause food borne illness that can spread to other residents. Surveyor asked DM C how often the refrigerators and freezers are checked and expired foods discarded. DM C stated that refrigerators are cleaned monthly and expired foods are discarded.</p>

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NAME OF PROVIDER OR SUPPLIER Abbotsford Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 600 E Elm St Abbotsford, WI 54405	

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 - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 16692</p> <p>Based on observation, interview and record review, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of infections for 2 of 4 sampled residents (R96 and R20).</p> <p>*Observations of 1 of 2 residents with a catheter, the catheter bag was positioned in a manner that allowed it to drag across the floor as the resident moved about in their wheelchair.</p> <p>*During 1 of 3 dressing change observed clean dressing was contaminated as it touched the floor.</p> <p>This is evidenced by:</p> <p>Example 1</p> <p>The facility Policy entitled Catheter Care, no date, does not address the positioning of the catheter bag.</p> <p>R96 was admitted to the facility in March 2025 and has diagnoses that include urinary retention, and benign prostatic hyperplasia.</p> <p>On 03/31/25 at 2:00 PM, Surveyor observed R96 in the hallway sitting in wheelchair with the catheter urine collection bag on the lowest part of the wheelchair cross bars. The catheter bag rested on the carpeted flooring and dragged on the floor as R96 moves about the area.</p> <p>On 04/01/25 at 11:47 AM, Surveyor observed R96 in dining room sitting in wheelchair with the catheter urine collection bag on the lowest part of the wheelchair cross bars. The catheter bag rested on the flooring and dragged on the floor as R96 moved about the area.</p> <p>On 04/02/25 at 12:15 PM, Surveyor observed R96 sitting at the dining room table with catheter bag on lowest part of the wheelchair crossbars. The catheter bag rested on the flooring and was dragging on the floor as the resident moved about.</p> <p>On 04/03/25 at 11:48 AM, Surveyor interviewed Registered Nurse (RN) I who is the facility infection preventionist. RN I stated the floor is always considered to be a dirty surface. When asked about how catheter bags should be kept, RN I responded, Catheter bags should be kept below the level of the bladder - and up off the floor. When told about the above observations, RN I agreed the catheter bag should be kept up off of the floor, to help in preventing infection.</p> <p>46694</p> <p>Example 2</p> <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R20 was admitted to the facility on [DATE] and has refused to complete a brief interview of mental status (BIMS) assessment to indicate cognitive ability. R20 has several pressure injuries to the left lower extremity and is receiving hospice services.</p> <p>On 04/01/25 at 10:19 AM, during a dressing change procedure, Surveyor noted the gauze used to place between toes of R20 was touching the floor and was lying directly under RN G's foot. Surveyor also noted the measuring tool that was used to measure the medial aspect of left ankle was touching the floor, hanging off the clipboard that staff was writing the measurements on. Surveyor asked RN G about the observations. RN G indicated she should not have used any of the items that touched the floor for R20's dressing change.</p> <p>On 04/01/25 at 12:23 PM, Surveyor informed Director of Nursing (DON) B of the observation of gauze and measurement tool touching the floor. DON B replied, I would expect them to not use something that touched the floor during the dressing change.</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46694</p> <p>Based on observation, staff interview and record review, the facility did not provide a safe functional, sanitary and comfortable environment for all 48 residents.</p> <p>Frayed carpet found on three units in the hallways.</p> <p>Spots on carpet on all four units throughout the building.</p> <p>Bathroom floor with stains in room [ROOM NUMBER].</p> <p>Sections of walls with punctures, black marks, and missing paint.</p> <p>Findings:</p> <p>On 04/03/2025 at 8:30 AM, Surveyor noted frayed carpet on 100 hallway between rooms [ROOM NUMBERS]. There was a circular metal in the floor that is 6 inches in diameter with frayed carpet around it. Frayed carpet noted in sitting room outside of the dining room along the seam that is 3 feet from the wall with windows. This frayed carpet runs the full length of the room. On the 200 hallway outside of room [ROOM NUMBER], there is a circular metal in the middle of the hallway that has frayed carpet around it. On the 300 hallway carpet is frayed around 6-inch metal circle between room [ROOM NUMBER] and 311. There is a 5.5-inch metal circle outside of room [ROOM NUMBER] with frayed carpet. There is a seam that travels across hallway from room [ROOM NUMBER] to room [ROOM NUMBER] with frayed carpet.</p> <p>There are spots on the carpet on the 100 hallway from the lobby door to room [ROOM NUMBER]. There are 18 dark spots in the carpeting with the largest being 19 X 24 inches outside of room [ROOM NUMBER]. From the lobby door to room [ROOM NUMBER] there are 25 white colored spots on the carpet with the largest being 2.5 X 3.5 inches outside of room [ROOM NUMBER]. There was one large white spot on the carpet outside of room [ROOM NUMBER] that measured 6 X 6.5 inches. On the 200 hallway there were 15 white spots on the carpeting from room [ROOM NUMBER] to 215 with the largest being 22 X 44 inches outside of room [ROOM NUMBER]. On the intersection of the 300 and 400 hallway there was a white spot that measured 7 x 22 inches and one dark spot that measured 6 x 8 inches. Several interviews of staff were not able to tell Surveyor what the spots may be. The housekeeping staff stated the white spots may come from a strong cleaner. Surveyor interviewed Registered Nurse (RN) G and Director of Nursing (DON) B and neither of them could tell Surveyor what caused the spots. DON B indicated these spots have been there as long as she has worked here. Review of the facility staff list indicated that DON B's hire date was 11/28/2022.</p> <p>(continued on next page)</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 04/03/25 at 10:34 AM, Surveyor interviewed Maintenance Director (MD) H about the spots on the floor. Surveyor asked MD H what can you tell me about the dark and white spots on the floors. MD H indicated that he would be speculating on his part, but housekeeping shampoos the carpets. The carpet could have been treated wrong. The facility had a meeting about replacing the flooring where it is carpeted. Surveyor asked MD H if these could be removed and he indicated probably not. Surveyor asked MD H, Is there a cleaning schedule for the carpets? MD H replied, I have been here 6 months and they have probably shampooed the carpet maybe 4-5 times. Surveyor asked MD H, How about the flooring in the bathroom in room [ROOM NUMBER]? MD H replied, That is not a good deal. The floor in the bathroom in room [ROOM NUMBER] has a brown stain that covers the entire floor.</p> <p>In room [ROOM NUMBER], the wall in the bathroom near the light switch has unfinished sheetrock, which measures 24.5 x 30 inches and around the soap dispenser is 1 inch wide all the way around the dispenser.</p> <p>There is a section of the wall between the shower/toilet room and Hoyer storage alcove under the handrail, which measures 100.5 x 22 inches and has 14 puncture marks in it.</p> <p>There is a puncture mark in the wall under the handrail under an outlet between room [ROOM NUMBER] and room [ROOM NUMBER].</p> <p>A sheetrock wall in the blue room between the two entrance doors from hallway has several black marks. The largest black mark measures 11 x 0.75 inches. On the same wall, is a 0.5 x 0.75 inch section with missing paint and a hairline crack in the paint, which measures 40 inches long. Surveyor showed MD H these wall issues and asked about the punctures in the walls. MD H indicated the punctures may be from a wheelchair or a cart. Surveyor asked about the sheetrock in bathroom [ROOM NUMBER] and blue room. MD H replied, I am a one man show here and there are things that I'd like to do.</p> <p>On 04/03/25 at 11:42 AM, Surveyor interviewed DON B about the issues with flooring and sheetrock. DON B indicated these issues were brought to corporate's attention and that maybe I could find some bids. DON B was unable to find any documentation.</p>		