

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525441	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/26/2024
NAME OF PROVIDER OR SUPPLIER  Manitowoc Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  2021 S Alverno Rd Manitowoc, WI 54220	

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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49010</p> <p>Based on observation, staff interview, and record review, the facility did not provide appropriate care and services to prevent urinary tract infections (UTIs) for 2 residents (R) (R13 and R14) of 10 sampled residents.</p> <p>On 11/26/24, R13 and R14's catheter drainage bags were observed on the floor.</p> <p>Findings include:</p> <p>The facility's Catheter Care Policy, dated 6/2024, indicates: It is the policy of this facility to ensure that residents with indwelling catheters receive appropriate catheter care and maintain their dignity and privacy when indwelling catheters are in use .2. Privacy bags will be available and catheter drainage bags will be covered at all times while in use .(The policy does not address positioning/placement of tubing or drainage bags.)</p> <p>The facility's Urinary Catheter Relias training indicates: .Urinary catheters often lead to infections and complications .as many as 50-70% of urinary catheter-related infections can be prevented. You are in a position to prevent infections and complications caused by urinary catheters. By providing proper catheter care and understanding how infections and complications can develop, you can take steps to prevent them . Regular catheter care is important to prevent infection and other complications. Microbes, which cause infection, can enter the body through: .Portions of the equipment that touch a non-sterile surface, such as the floor .Follow your organization's policy on catheter care. Here are the steps to follow to provide basic catheter care: .11. Position and secure the drainage bag. The bed frame is a good place to hang the bag while the person is in bed .Do not place it on the floor. Once a bag touches the floor, it is contaminated. Place a bag cover over the bag to preserve the person's privacy .</p> <p>1. On 11/26/24, Surveyor reviewed R13's medical record. R13 was admitted to the facility on [DATE] and had diagnoses including obstructive uropathy. R13's Minimum Data Set (MDS) assessment, dated 10/2/24, had a Brief Interview for Mental Status (BIMS) score of 10 out of 15 which indicated R13 had moderately impaired cognition.</p> <p>On 11/26/24 at 10:24 AM, Surveyor observed R13 in bed and noted R13's uncovered catheter drainage bag was visible and in contact with the floor.</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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 11/26/24 at 10:49 AM, Surveyor observed R13 in bed and noted R13's uncovered catheter drainage bag was visible and in contact with the floor.</p> <p>On 11/26/24 at 11:58 AM, Surveyor interviewed Certified Nursing Assistant (CNA)-E who indicated R13's catheter bag should be hung from R13's bed and should not be on the floor.</p> <p>On 11/26/24 at 11:58 AM, Surveyor interviewed CNA-F who indicated R13's catheter bag should be hung from R13's bed and should not be on the floor. CNA-F also indicated the drainage bag should be covered with a privacy bag.</p> <p>2. On 11/26/24, Surveyor reviewed R14's medical record. R14 was admitted to the facility on [DATE] and had diagnoses including neurogenic bladder. R14's MDS assessment, dated 11/15/24, had a BIMS score of 00 out of 15 which indicated R14 had severely impaired cognition.</p> <p>On 11/26/24 at 11:04 AM, Surveyor observed R14 in bed and noted R14's catheter drainage bag was visible from the hallway and in contact with the floor.</p> <p>On 11/26/24 at 11:06 AM, Surveyor interviewed CNA-H who verified R14's catheter bag was touching the floor and indicated catheter bags should not touch the floor. CNA-H removed R14's catheter bag from the floor, adjusted the privacy bag, and hung the catheter bag from R14's bed.</p> <p>On 11/26/24 at 11:33 AM, Surveyor interviewed Assistant Director of Nursing (ADON)-C who verified catheter bags should not be on the floor due to infection control issues. ADON-C also stated all catheter bags should be covered with a privacy bag per the facility's policy and procedure.</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>49010</p> <p>Based on observation, staff interview, and record review, the facility did not follow a prescribed individualized diet to ensure nutritional needs were met for 1 resident (R) (R11) of 8 sampled residents.</p> <p>During the 11/26/24 lunch meal, staff did not follow R11's consistent carbohydrate (CCHO) diet order.</p> <p>Findings include:</p> <p>The facility's Menu Parameters Standardized Diets policy, revised 3/24/20, indicates: Menus must meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council of the National Academy of Sciences .The intent of this regulation is to assure that the meals served meet the nutritional needs of the resident in accordance with the recommended daily allowances (RDAs) of the Food and Nutrition Board of the National Research Council of the National Academy of Sciences. This regulation also assures that there is a prepared menu by which nutritionally adequate meals have been planned for the resident and followed.</p> <p>During the lunch meal on 11/26/24, Surveyor noted R11 received a serving of pork with gravy, a serving of mashed potatoes, a serving of mixed vegetables, a full piece of peanut butter pie, a dinner roll, and 2 eight-ounce (oz) glasses of chocolate milk.</p> <p>R11's meal ticket indicated R11 had a consistent carbohydrate (CCHO) diet order with regular texture and thin liquids. R11's lunch meal on 11/26/24 was listed as: 1 each roast pork, 1/2 cup mashed potatoes, 1/2 cup Caribbean vegetable blend, 0.5 slice peanut butter pie, 4 oz no sugar added Mighty Shake, and 8 oz Lo Cal Fruit Punch.</p> <p>On 11/26/24 at 12:29 PM, Surveyor interviewed Dietary Aide (DA)-L who indicated DA-L had worked as a Dietary Aide for a couple of months and was not familiar with CCHO diets. DA-L indicated a CCHO diet was not part of DA-L's training. DA-L was not aware that R11 should not have been served a dinner roll, or a full piece of pie according to R11's meal ticket.</p> <p>On 11/26/24 at 1:02 PM, Surveyor interviewed Assistant Director of Nursing (ADON)-C who indicated ADON-C would consult with Dietary Management regarding questions about R11's diet.</p> <p>On 11/26/24 at 1:22 PM, Surveyor interviewed Culinary Director (CD)-M and Registered Dietitian (RD) N. CD-M indicated DA-L received training related to CCHO diets and should know how to serve them. CD-M confirmed staff should follow individualized meal tickets when serving food to all residents. RD-N indicated R11 should have received a smaller dessert portion and confirmed staff should follow R11's meal ticket and heed R11's CCHO diet.</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>Provide and implement an infection prevention and control program.</p> <p>50467</p> <p>Based on observation, staff interview, and record review, the facility did not maintain an infection prevention and control program designed to prevent the transmission of communicable disease and infection for 1 resident (R) (R8) of 14 residents observed during the provision of care. In addition, dietary staff touched items in the kitchen without completing hand hygiene.</p> <p>R8 was on enhanced barrier precautions (EBP) which required staff to wear personal protective equipment (PPE) during high-contact care. On 11/26/24, staff transferred R8 without wearing PPE.</p> <p>On 11/26/24, Dietary Aide (DA)-L lifted a garbage can lid with gloved hands. DA-L then wrapped food and touched items in the kitchen without completing hand hygiene.</p> <p>Findings include:</p> <p>The facility's Enhanced Barrier Precautions Policy and Procedure, revised 6/26/24, indicates: The implementation of EBP will reduce transmission of resistant organisms by employing targeted gown and glove use during high-contact resident care activities .Nursing home residents with wounds and indwelling medical devices are especially at risk of acquisition and colonization for multidrug-resistant organisms (MDROs). The use of gown and gloves for high-contact resident care activities is indicated, when contact precautions do not otherwise apply, for nursing home residents with wounds and/or indwelling medical devices regardless of MDRO colonization as well as residents with MDRO infection colonization .</p> <p>The facility's Handwashing/Hand Hygiene policy, dated 6/15/24, indicates: .7. Use an alcohol-based hand rub .or soap and water for the following: .P. Before and after assisting a resident with meals .8. Hand hygiene is the final step after removing and disposing of personal protective equipment (PPE). 9. The use of gloves does not replace hand washing/hand hygiene .Applying and Removing Gloves: 1. Perform hand hygiene before applying non-sterile gloves .Perform hand hygiene after removal of gloves.</p> <p>The facility's Hand Hygiene Flow Chart indicates: When to wash hands: after handling raw food; after cleaning; after taking out the garbage; after touching anything that may contaminate your hands .</p> <p>The facility's Hand Hygiene and Glove Use policy, dated 5/1/19, indicates: .2. When gloves are used, hand washing must occur .prior to putting on gloves and whenever glove are changed. Gloves must be changed as often as hands need to be washed .Gloves may be used for one task only.</p> <p>1. On 11/26/24, Surveyor reviewed R8's medical record. R8 had diagnoses including Alzheimer's disease, dementia, type 2 diabetes mellitus, and had a pressure ulcer on the right heel. R8's Minimum Data Set (MDS) assessment, dated 11/6/24, had a Brief Interview for Mental Status (BIMS) score of 2 out of 15 which indicated R8 had severely impaired cognition.</p> <p>An Order Summary Report indicated R8 required EBP related to pressure injuries with a start date of 10/31/24.</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>On 11/26/24 at 10:52 AM, Surveyor observed Certified Nursing Assistant (CNA)-E and CNA-F transfer R8 from wheelchair to bed. CNA-E and CNA-F did not wear PPE during the transfer. When Surveyor asked CNA-E if R8 was on EBP, CNA-E indicated R8 had no concerns but staff had not yet removed the PPE cart from outside R8's room.</p> <p>On 11/26/24 at 12:20 PM, Surveyor interviewed Registered Nurse (RN)-G who confirmed R8 had a pressure injury on the right heel. RN-G indicated staff only had to wear PPE for EBP during wound care and when they obtained a urinalysis.</p> <p>On 11/26/24 at 12:24 PM, Surveyor interviewed Assisted Director of Nursing (ADON)-C who confirmed staff should wear PPE for residents on EBP during high-contact cares such as transfers, personal cares, and bed changes.</p> <p>2. On 11/26/24 at 1:29 PM, Surveyor observed DA-L lift a garage can lid with gloved hands. Without removing gloves and completing hand hygiene, DA-L went to another area in the kitchen to package food. When Surveyor asked if DA-L should have performed hand hygiene, DA-L did not answer. DA-L touched additional items in the kitchen with the same gloved hands. When Surveyor asked again if DA-L should change gloves and perform hand hygiene, DA-L removed gloves and performed hand hygiene. When Surveyor asked when hand hygiene should be performed, DA-L indicated hand hygiene should be performed prior to serving and touching clean dishes.</p> <p>On 11/26/24 at 1:22 PM, Surveyor interviewed Culinary Director (CD)-M and Registered Dietician (RD)-N who indicated hand hygiene and glove changes should be done per the facility's policy. CD-M confirmed Dietary Aides received training related to proper hand hygiene and glove changes.</p>