

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525443	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2025
NAME OF PROVIDER OR SUPPLIER Onalaska Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1600 Main St Onalaska, WI 54650	

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 0620</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Not require residents to give up Medicare or Medicaid benefits, or pay privately as a condition of admission; and must tell residents what care they do not provide.</p> <p>49353</p> <p>Based on policy review and interview, the facility failed to ensure facility's admission packet did not request or require residents to waive potential facility liability for losses of personal property. This failure had the potential to affect all 53 residents residing in the facility.</p> <p>This is evidenced by:</p> <p>Facility document titled, Personal Property Notice, stated in part:</p> <p>Residents of any [corporation name] facility may have in their possession whatever personal property they choose within reason and in keeping with space limitation, infection control concerns and safety issues for all residents and staff.</p> <p>HOWEVER, please be aware that [corporation name] is not responsible for the loss, damage or maintenance of any personal possessions or property.</p> <p>To avoid any potential problems regarding your personal property, we recommend that you not bring items of significant monetary or sentimental value, which may, through no fault of [corporation name] become lost or damaged.</p> <p>Staff cannot accept responsibility or possession of your personal property and at no time should you ask that they do.</p> <p>I acknowledge that I have read and understand this document and will be provided with a copy for my records.</p> <p>A signature line for resident, responsible party, and care center staff at bottom.</p> <p>On 01/29/25 at 1:14 PM, Surveyor interviewed Nursing Home Administrator (NHA) A regarding facility policy for loss of resident's personal belongings. Surveyor asked NHA A if there was a policy to outline the facility's responsibility for the loss or damage of high-value items. NHA A stated that residents are given the Personal Property Notice on admission and asked to sign acknowledging that the facility holds no responsibility if items are lost or damaged, but beyond that there is only a policy specific to dentures.</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 0620</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>NHA A stated they allow and encourage residents to bring personal items with them while residing in the facility, but as a rule the facility does not take responsibility for loss or damage of personal property unless proven to be the facility's fault. NHA A stated recognition that this kind of coverall policy asking residents to waive facility responsibility could have the potential to be problematic and would bring this concern to Quality Assurance Performance Improvement (QAPI) team for review.</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>31086</p> <p>Based on observation, interview and record review, the facility did not maintain a safe and sanitary environment in which food is prepared and distributed. This has the potential to affect all 53 residents who reside in the facility.</p> <p>Facility staff did not conduct appropriate hand hygiene and were observed touching ready to eat foods with contaminated gloved hands.</p> <p>This is evidenced by:</p> <p>Facility's policy Handwashing and Sanitizing with the recent effective date of 10/28/24 read in part, Handwashing/Sanitizing indications: .after removing gloves .Handwashing: Wet hands thoroughly with warm running water. Soap hands thoroughly, working up a lather. Wash all parts of hands for 20 seconds. Rinse hands thoroughly. Leave the water running. Dry hands with paper towels. Turn off faucet with dry paper towel .</p> <p>On 01/27/25 at 11:42 AM, Surveyor observed Dietary Aide (DA) E wash hands, apply gloves, touch the bread bag to take a piece of bread out and put in toaster, touching the toaster knobs. DA E continued with the same gloved hands and touched ladles to serve the resident meal plates for room trays. With the same gloved hands, DA E touched the toast and placed on a resident's meal plate that went into the transport cart.</p> <p>On 01/27/25 at 11:48 AM, Surveyor observed DA F wash hands and turn off faucet with clean hands, tapped fingers on the inside of the sink, dried hands, and applied gloves. DA F continued with placing meal plates into the transport cart.</p> <p>On 01/28/25 at 11:40 AM, Surveyor observed DA F wash hands and turn faucet off with clean hands, not using a paper towel, and dried hands. Then DA F applied gloves, proceeded to prepare resident meal trays of drinks and set resident meal plates in the transport cart.</p> <p>On 01/28/25 at 11:43 AM, DA E washed hands, turned water off with elbow and dried hands. Then DA E applied gloves and started serving the resident meals. With gloved hands, DA E touched ladles and touched the bag with dinner rolls. With the contaminated gloved hands, DA E touched the ready to eat dinner roll and placed it on a resident's plate that was placed in the transport cart that was to be delivered to a resident eating in their room.</p> <p>On 01/28/25 at 11:45 AM, DA F returned from delivering the meal tray transport cart and washed hands, turned off faucet with clean hands, not using a paper towel, and dried hands. DA F touched pen to write on meals slips. DA F washed hands, turned off faucet with clean hands, dried hands and applied gloves. DA F proceeded to place plastic lids on drinks in meal transport cart.</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 01/29/25 at 9:15 AM, Surveyor interviewed Nutrition Services Director (NSD) G about proper hand washing. NSD G indicated hands should be washed, dried, and faucet turned off with a clean paper towel. Surveyor reviewed the above observations with NSD G concerning hand hygiene and touching ready to eat foods. NSD G indicated staff had training in a computer based healthcare training about proper hand hygiene and dietary trainings.</p>

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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>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47657</p> <p>Based on observation, interview and record review, the facility did not establish a system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents and staff.</p> <p>The facility did not ensure an adequate surveillance system was in place for tracking onset of illness date and resolution of illness symptoms resulting in an outbreak to be lifted prematurely or identify communicable diseases on the line list for R29 and R19.</p> <p>Staff did not practice proper hand hygiene during observation of cares for 4 of 9 residents (R) (R25, R28, R13, and R153).</p> <p>Enhanced barrier precautions were not in place for R14 or followed for R19</p> <p>Staff did not sanitize a mechanical lift during observation of transfers of 2 residents (R25 and R28) who are roommates.</p> <p>This is evidenced by:</p> <p>Facility policy titled Infection Prevention and Control Program Policy with revised day of 1/23/25, states in part: Purpose: to prevent infections in residents, employees, and other persons in contact with our residents. Surveillance: residents and healthcare personnel will be monitored for acquisition of infections.</p> <p>Example 1 - Surveillance</p> <p>Per CDC Guidelines for Prevention and control of Norovirus Gastroenteritis Outbreaks in Healthcare Settings (2011 states: during outbreaks, Place patients with norovirus gastroenteritis on contact precautions for a minimum of 48 hours after the resolution of symptoms to prevent further exposure of susceptible patients. Exclude ill personnel from work for a minimum of 48 hours after the resolution of symptoms.</p> <p>On 01/29/25 at 10:41 AM, Surveyor reviewed the facility's infection control line list for staff and residents and noted on 01/02/24 the facility recognized an outbreak of Norovirus on the 200 and 300 wings of the facility. The facility lifted the outbreak on 02/01/24.</p> <p>The facility line lists provided by facility continued to have residents and staff with symptoms of norovirus after 02/01/24 lifting of Norovirus outbreak.</p> <p>-R203 had an onset of nausea, vomiting and diarrhea on 01/27/24 and resolved on 02/03/24.</p> <p>-R204 had an onset of nausea and multiple loose stools on 02/04/24 with no resolution date of symptoms resolution noted.</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 - Many</p>	<p>-Certified Nursing Assistant (CNA) J had onset of nausea, vomiting and diarrhea on 01/30/24 with no resolution date of symptoms resolution noted.</p> <p>-CNA K had an onset of vomiting on 02/02/24 with no resolution date of symptoms resolution date.</p> <p>On 01/29/25 at 11:24 AM, Surveyor interviewed Director of Nursing (DON) B and Infection Preventionist (IP) H regarding the facility's surveillance of the Norovirus outbreak and how to determine when to lift an outbreak in the facility. DON B and IP H confirmed the illness should have been monitored for last date and time of last symptom to be able to determine when to lift the outbreak and should have considered both residents and staff onsets and resolutions of symptoms before lifting outbreak.</p> <p>Example 2</p> <p>R29 was admitted to the facility on [DATE] with pertinent diagnoses of congestive heart failure, stage 2 pressure injury, and chronic kidney disease stage 3.</p> <p>R29's admission Minimum Data Set (MDS) dated [DATE] noted pressure ulcer/pressure injury present requiring wound care and application of ointment/medications to area other than feet.</p> <p>R29's physician orders:</p> <p>Vancomycin HCl 125mg cap 1 cap PO four times a day x14 days FOR Clostridioides difficile Infection FIRST DATE: 12/6/24 through 12/19/24</p> <p>Vancomycin HCl 125mg cap 1 cap PO twice a day x7 days FOR Clostridioides difficile Infection FIRST DATE: 12/20/24 through 12/26/24</p> <p>Vancomycin HCl 125mg cap 1 cap PO daily x7 days FOR Clostridioides difficile Infection FIRST DATE: 12/27/24 through 1/2/25</p> <p>Vancomycin HCl 125mg cap 1 cap PO every other day FOR Clostridioides difficile Infection FIRST DATE: 1/3/25 through 1/10/25</p> <p>Vancomycin HCl 125mg capsule 1 cap PO every three days FOR Clostridioides difficile Infection FIRST DATE: 1/11/25 through 1/25/25</p> <p>Surveyor reviewed R29's electronic medical record noted:</p> <p>12/05/24 - stool sample resulted positive for Clostridioides difficile toxin; results acknowledged by provider</p> <p>On 01/29/25, Surveyor reviewed facility's infection surveillance logs. On 11/16/24, R29 was added to the surveillance log with symptoms of diarrhea, lab confirmation positive for Clostridioides difficile (C. diff), treatment with Vancomycin (antibiotic), initiation of transmission-based precautions (TBP) of contact precautions on 11/16/24 and discontinued on 11/26/24, and symptoms resolved on 11/28/24. R29 was not documented at any time on the facility's surveillance log in December 2024 or January 2025 for the c. diff infection.</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 - Many</p>	<p>On 01/29/25 at 2:09 PM, Surveyor interviewed IP H regarding the facility's infection surveillance logs. Surveyor asked IP H why R29's TBP precautions were discontinued on 11/26/24. IP H stated that R29 had been on antibiotic treatment and symptoms were intermittent, so TBP was no longer necessary. Surveyor asked IP H is she was aware that another stool sample collected on 12/05/24 resulted positive for c. diff and the provider began another antibiotic treatment course. IP H stated yes, she was aware of the antibiotic treatment but thought it was just a taper dose from the prior infection. IP H stated not being aware of a second positive c. diff result and that this should have been documented on the surveillance log. IP H stated recognition of the potential harm this could have for R29 and the other residents in the facility by not monitoring and tracking the infection for efficacy and potential outbreaks.</p> <p>Example 3</p> <p>R19 was admitted to the facility on [DATE] with pertinent diagnoses of herpes zoster (also known as shingles).</p> <p>R19's admission Minimum Data Set (MDS) completed on 12/30/24 noted skin conditions present requiring application of ointments/medications to area other than feet.</p> <p>R19's physician orders:</p> <p>Valacyclovir 1 gram tab take 1 tab PO daily for 4 doses for herpes zoster START DATE: 12/20/24</p> <p>Surveyor reviewed R19's hospital discharge notes and noted the following:</p> <p>12/19/24: ISOLATION FOR INFECTION AFTER DISCHARGE: He has Herpes Zoster (Shingles) which requires contact precautions.</p> <p>On 01/29/25, Surveyor reviewed the facility's infection surveillance logs. R19 was not documented at any time on the facility's infection surveillance log for herpes zoster infection during the month of December 2024.</p> <p>On 01/29/25 at 2:09 PM, Surveyor interviewed IP H regarding infection surveillance. IP H stated being aware of R19's herpes zoster infection on admission. Surveyor asked IP H why R19 was not added to the infection surveillance log. IP H stated she must have missed it. IP H stated recognition that this infection had the potential to cause harm to other residents and that it should have been properly documented and tracked on the surveillance log to monitor for treatment efficacy and potential outbreak concerns.</p> <p>Example 4 - Hand hygiene</p> <p>Policy and procedure titled: Handwashing and Sanitizing with effective date of 10/28/24, states in part: Handwashing/Sanitizing: Indications: Always wash/sanitize hands before doing cares on residents, after cares, between residents, .after removing gloves and before leaving a room.</p> <p>On 01/28/25 at 7:48 AM, Surveyor observed CNA D conduct morning cares on R28. CNA D washed hands donned a clean pair of gloves and washed R28's face. CNA D then proceeded to:</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 - Many</p>	<p>-Open closet to get basin with supplies, remove gloves, take out a key from pocket to unlock a cabinet to retrieve a tube of cream for R28's peri area.</p> <p>-Without conducting hand hygiene, don a clean pair of gloves, remove supplies from basin, pick up garbage bin and move it closer to bedside.</p> <p>-Open a clean incontinent product and unfasten and remove the contaminated incontinent product that had urine and feces. Then use a wet washcloth and cleanser, complete incontinence care and remove gloves.</p> <p>-Without conducting hand hygiene, don a clean pair of gloves, place peri cream on R28's coccyx, position clean incontinent product, fasten in place and remove gloves.</p> <p>-Without conducting hand hygiene, roll R28 back and forth to place a dress and a transfer sling under R28.</p> <p>On 01/28/25 at 8:23 AM, Surveyor observed CNA D after completing cares on R28, without conducting hand hygiene, don a clean pair of gloves and conduct morning cares on roommate R25 which included incontinence care. CNA D proceeded to do the following:</p> <p>-Wet washcloths and washed face.</p> <p>-Picked up and placed garbage bin near bed.</p> <p>-Removed gloves and without conducting hand hygiene donned new pair of gloves and raised bed height for cares.</p> <p>-Removed R25's incontinent product and stated that R25's pad is wet. With same contaminated gloves, picked up and opened clean incontinent product.</p> <p>-Rolled resident to right side, to complete incontinent care and apply barrier cream to R25's buttocks.</p> <p>-Without removing contaminated gloves and conducting hand hygiene, rolled R25 towards left side to position and fasten clean incontinent product and transfer sling for transfer.</p> <p>-Without conducting hand hygiene, removed dirty gloves and placed new pair of gloves, began to wash R25's upper body, arms and hands with bath wipes, disposed used wipes in garbage, dried with towel, touched the supplies in R25's basin looking for baby powder, applied baby powder under R25's breast, dressed R25 in clean pants and placed in linen bag,</p> <p>On 01/28/25 at 8:52 AM, Surveyor interviewed CNA D regarding facility expectation of when to conduct hand hygiene. CNA D stated the expectation would be to conduct hand hygiene by using sanitizer or washing hands before and after conducting cares and in-between gloves changes. Surveyor asked CNA D the facility expectation of conducting hand hygiene between resident cares. CNA D stated the expectation would be to conduct hand hygiene after competing cares on R28, before starting cares on R25. CNA D confirmed Surveyor's observation of no hand hygiene conducted during R25's cares, after removing gloves and between cares of R25 and R28.</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 - Many</p>	<p>On 01/28/25 at 12:43 PM, Surveyor interviewed Nursing Home Administrator (NHA) A regarding observation and expectation of no hand hygiene conducted after removing gloves during resident care and between residents during morning cares. NHA A stated expectation would be to conduct hand hygiene after removing gloves.</p> <p>On 01/28/25 at 1:00 PM, Surveyor interviewed DON B regarding observation of no hand hygiene after removing gloves during resident care, including between cares of R25 and R28. DON B stated expectation would be to conduct hand hygiene after removing gloves.</p> <p>Example 5</p> <p>R13 was admitted to the facility on [DATE] with a diagnosis of Parkinson's (a movement disorder that affects the nervous system and worsens over time) and age-related osteoporosis (a disease that weakens your bones and makes them more likely to break).</p> <p>R13 had a restorative program that included pulley with weights to upper extremities three times per week.</p> <p>R153 was admitted to the facility on [DATE] with diagnoses of muscle spasm, and osteoarthritis (occurs when the smooth, slippery cartilage that coats the endings of bones begins to deteriorate at a joint).</p> <p>On 01/29/25 at 10:44 AM, Surveyor entered R13's room. CNA I already had gloves on her hands and was assisting R13 with restorative cares to upper body with the use of weights on R13's wrist and pulley. After the 5 minutes of pulley exercises, CNA I removed her gloves and did not perform hand hygiene. Surveyor observed CNA I finish restorative cares with R13.</p> <p>CNA I then put on gloves without performing hand hygiene and began to clean the equipment used by R13. Then R13's roommate, R153, asked CNA I if she (R153) could get her nails clipped. CNA I replied to R153, Yes. CNA I then removed her gloves and did not perform any hand hygiene, left this resident's room, walked to the nurses' station and opened a drawer in the nurses' station taking out a pair of fingernail clippers. CNA I then walked back into the resident's room and no hand hygiene was performed. CNA I then clipped R153's fingernails. When CNA I had finished with R153, CNA I exited the room without performing any hand hygiene and returned the nail clippers to the nurses' station. Surveyor then watched CNA I go on to the next resident for restorative care.</p> <p>On 01/29/25 at 10:50 AM, Surveyor interviewed CNA I regarding observation made. Surveyor asked CNA I, When would you be expected to perform hand hygiene? CNA I replied, Before going into the room and when leaving the room and definitely before I clipped the roommate's fingernails.</p> <p>On 01/29/25 at 10:55 AM, Surveyor interviewed DON B about what the expectation would be regarding this observation as it relates to hand hygiene. DON B replied, Hand hygiene should be performed before entering a resident's room, prior to putting on gloves and after removing gloves.</p> <p>49353</p> <p>Example 6 - Enhanced Barrier Precautions</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 - Many</p>	<p>Facility policy titled, Policy and Procedure: Enhanced Barrier Precautions, with a reviewed date of 01/23/25 stated in part:</p> <p>PURPOSE: To provide an effective system for the prevention, identification, and control of MDROs.</p> <p>1. Enhanced Barrier Precautions</p> <p>a. The use of a 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 for residents with MDRO infection or colonization.</p> <p>b. Examples of high-contact resident care activities requiring gown and glove use for enhanced barrier precautions include:</p> <p>i. Dressing</p> <p>ii. Bathing/showering</p> <p>iii. Transferring</p> <p>iv. Providing hygiene</p> <p>v. Changing linens</p> <p>vi. Changing briefs or assisting with toileting</p> <p>vii. Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator</p> <p>viii. Wound care: any chronic skin opening requiring a dressing</p> <p>R14 was admitted to the facility on [DATE] with pertinent diagnoses of stage 3 pressure ulcer of sacral region, lymphoid leukemia, and polyneuropathy.</p> <p>R14's most recent MDS noted a Brief Interview for Mental Status (BIMS) score of 15 out of 15 indicating cognition is intact. R14 is noted to have occasional incontinence of bowel and bladder, has 1 stage 3 pressure ulcer/pressure injury present on admission and receives wound care.</p> <p>R14's care plan initiated on 11/15/24 noted:</p> <p>Problem: Tissue integrity impairment</p> <p>-REVISED: 11/25/24: EBP precautions for pressure injury</p> <p>R14's orders:</p> <p>1/21/25: Stage 3 coccyx- gently cleanse with soap & water, pat dry apply skin prep to peri-wound for protection, cover with duoderm .</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 - Many</p>	<p>During survey period of 01/27/25 - 01/30/25, Surveyor observed no signage outside of R14's room to indicate use of enhanced barrier precautions (EBP). No EBP personal protective equipment (PPE), such as gowns, were observed inside or readily available for use in R14's room.</p> <p>On 01/29/25 at 12:57 PM, Surveyor interviewed DON B regarding EBP. Surveyor asked DON B how staff and visitors are made aware of a resident being on EBP. DON B stated that an EBP sign would be posted outside of the resident's door and nursing staff would be updated through the resident's care plan. Surveyor asked DON B when EBP would be initiated. DON B stated some examples would include having a catheter, non-healing wound, or other medical indwelling device. Surveyor asked DON B if R14 should have EBP in place. DON B stated that she thought R14's wounds were healed and EBP was not needed. DON B then reviewed R14's current orders and noted that wound care and dressing changes were still being completed. DON B stated that R14's EBP should still be in place and recognized the increased risk for infection that still exists. DON B stated that she would immediately reimplement EBP for R14 and inform nursing staff.</p> <p>Example 7</p> <p>R19 was admitted to the facility on [DATE] with pertinent diagnoses of herpes zoster (also known as shingles), obstructive and reflux uropathy (blocked urinary flow), and retention of urine.</p> <p>R19's admission Minimum Data Set (MDS) completed on 12/30/24 noted a Brief Interview for Mental Status (BIMS) score of 6 indicating severe cognitive impairment, presence of indwelling catheter, and skin conditions present requiring application of ointments/medications to area other than feet.</p> <p>R19's physician orders:</p> <p>12/19/24: change indwelling foley catheter (16fr coude with 10 cc balloon) REASON FOR INDWELLING: acute urinary retention/obstruction daily as needed</p> <p>On 01/28/25 at 8:48 AM, Surveyor observed EBP sign outside of R19's door and disposable gowns located inside R19's room on the back of the resident's door. Surveyor observed CNA C complete hand hygiene and don gloves prior to starting cares with R19. CNA C did not don a gown. Surveyor observed CNA C assist R19 to the toilet and completed personal cares that included washing of face, body and peri area. CNA C then completed catheter care by disconnecting the urinary catheter tube and resting it on the toilet seat while emptying the urinary bag contents into a graduate container placed directly on the bathroom floor without first placing a barrier down between the graduate container and floor. CNA C disinfected the catheter connector with an alcohol wipe before connecting to the new tubing connector. CNA C then removed gloves, completed hand hygiene, and assisted R19 with putting his pants on. CNA C did not have gloves or gown on.</p> <p>On 01/28/25 at 9:17 AM, DON B knocked and entered R19's room. DON B reminded CNA C to complete hand hygiene in-between cares and handed her a gown to put on. DON B reminded CNA C that R19 was on EBP, and staff needed to wear a gown and gloves when providing direct cares. CNA C stated confusion of needing to wear the gown as her understanding was it was only necessary for MRSA (Methicillin-resistant Staphylococcus aureus) infections. DON B stated that was incorrect and R19 was on EBP for having an indwelling foley catheter and that when CNA C was finished with assisting R19 they would complete some additional training on EBP.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525443	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2025
NAME OF PROVIDER OR SUPPLIER Onalaska Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1600 Main St Onalaska, WI 54650	
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>On 01/29/25 at 12:57 PM, Surveyor interviewed DON B regarding observation of cares for R19. DON B stated that she was disappointed entering R19's room and seeing CNA C not wearing the proper personal protective equipment (PPE) required for EBP. DON B stated that she completes frequent audits and impromptu teaching with staff regarding infection control and EBP. DON B stated that follow-up education had already been completed with CNA C and additional education would be completed with the rest of the nursing staff as this is a vital step in preventing infection.</p> <p>Example 8 - Sanitization of lift</p> <p>Facility policy titled Equipment Cleaning last reviewed on 11/15/24, states Purpose: Maintain infection prevention techniques to help prevent the spread of illness. Under section titled Procedure 1. Shared equipment needs to be disinfected after each resident use with hydrogen peroxide wipes.</p> <p>On 01/28/25 at 8:11 AM, Surveyor observed CNA D transfer R28 from bed to chair after completing cares using a mechanical lift No sanitizing of lift prior to and after transfer was observed.</p> <p>On 01/28/25 at 8:46 AM, Surveyor observed CNA D transfer R25 from bed to chair after completing cares using a mechanical lift. No sanitizing of lift prior to and after transfer was observed.</p> <p>On 01/28/25 at 8:52 AM, Surveyor interviewed CNA D regarding expectation of when to sanitize mechanical lift. CNA D stated the expectation of cleansing lifts is after use and between residents. CNA D confirmed not sanitizing lift before or between roommates R25 and R28.</p> <p>On 01/28/25 at 1:00 PM, Surveyor interviewed DON B regarding observations of no sanitizing of mechanical lifts before and between R25 and R28's transfers. DON B stated the expectations would be to sanitize mechanical lifts between resident transfers.</p> <p>46694</p>		