

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525454	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/18/2024
NAME OF PROVIDER OR SUPPLIER Oakwood Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 2512 New Pine Dr Altoona, WI 54720	

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** 44863</p> <p>Based on observation, interview and record review, the facility did not develop a person-centered care plan for 1 of 12 sampled residents (R35). The facility did not identify R35's individual choices and daily routines, which had the potential to negatively impact R35's quality of care and quality of life.</p> <p>During the comprehensive assessment, R35 indicated a desire to smoke. R35's comprehensive care plan did not address R35's preferences for smoking, which resulted in R35 complaining of not being able to smoke, feeling frustrated with staff, and expressing negative behaviors.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Smoking Policy read, .Any resident who is deemed safe to smoke, with to without supervision, will be allowed to smoke in designated smoking areas (weather permitting), at designated times, and in accordance with his/her care plan .</p> <p>Review of the facility's policy titled Comprehensive Care Plan read, .It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that include measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment . Person-centered 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 comprehensive care plan will be prepared by an interdisciplinary team, that includes, but is not limited to: e. The resident and the resident's representative, to the extent practicable.</p> <p>R35 was admitted to the facility on [DATE]. Diagnoses included dementia, anxiety, and depression.</p> <p>R35's Minimum Data Set (MDS) assessment, dated 11/07/24, indicated R35 scored 15/15 during Brief Interview for Mental Status (BIMS), indicating intact cognition.</p> <p>R35's care plan included a focus are for: Verbal/physical agitation/aggression with yelling out at staff and swearing at staff when educated on leaving the medication cart alone related to cognitive impairment, dated 07/01/24. Interventions included:</p> <p>-Administer medications per physician orders.</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>-May be verbally abusive.</p> <p>-Give R35 clean, concise explanation of anything about to occur.</p> <p>R35's smoking care plan identified R35 is at risk for smoking related injury related to impaired cognition, dated 10/08/24. Interventions included:</p> <p>-Assist to and from designated smoking area, remain with R35 while he is smoking.</p> <p>-Assure smoking material is extinguished prior to resident leaving smoking area.</p> <p>-Complete nicotine assessment per facility policy.</p> <p>-Observe resident for unsafe smoking behaviors or attempts to obtain smoking material from outside sources. Immediately inform facility management of concerns.</p> <p>-R35 is not to have cigarettes or smoking material on person.</p> <p>-Storage of smoking materials per facility policy.</p> <p>On 12/16/24 at 11:04 AM, Surveyor interviewed R35. R35 reported he does smoke cigarettes and he does not desire to quit or seek nicotine alternatives. R35 stated, I would like to go out to have a cigarette whenever I want, but I'm lucky if I go once a week. Someone has to go with me. There are certain staff that I ask but most of them give me tough time about it or pretend they don't know what I am talking about. R35 expressed this is frustrating for him and he feels staff don't listen to him. R35 reported staff are aware of his desire to smoke but was unable to report if his smoking preferences had been discussed with him, stating, They don't care. R35 reported he would be satisfied with designated smoking times and going out to smoke 3-4 times per day.</p> <p>During interviews with certified nursing assistants (CNAs), CNAs reported R35 requests smoking materials from licensed nursing staff, as his cigarettes are locked in the medication cart.</p> <p>On 12/16/24 at 11:53 AM, Surveyor interviewed Registered Nurse (RN) E. RN E stated R35's cigarettes are locked in the medication cart and R35 requests cigarettes from staff. RN E stated, He asks all the time to smoke, but he requires supervision, and we don't have the time to watch him. He is a smoker, but he only has one every couple of months.</p> <p>On 12/16/24 at 12:08 PM, Surveyor observed R35 ask another Surveyor if he could go outside to smoke. Surveyor told R35 she did not work at the facility and was not able to take him outside. This Surveyor observed R35 propel himself to his room and did not ask any other staff to take him outside to smoke. Surveyor asked R35 why he did not ask staff to take him outside to smoke. R35 raised his arm waving and pointing towards the hallway in an angry manner and did not respond to this Surveyor's question.</p> <p>On 12/16/24, Surveyor did not observe R35 go outside to have a cigarette.</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>On 12/17/25 at 9:45 AM, Surveyor interviewed RN F. RN F stated when R35 requests his cigarettes, the staff accommodate R35's request as soon as they can. Surveyor asked RN F if she could be more specific as to what that means, and RN F stated, They just get to him as soon as they can.</p> <p>On 12/17/24 at 12:30 PM, Surveyor interviewed [NAME] President of Success (VPS) C and Social Worker (SW) G. SW G reported R35 would go outside to smoke every 15 minutes if he was allowed. Surveyor asked VPS C if the facility had scheduled smoking times per the facility policy. VPS C stated when a resident requests to smoke staff will accommodate that time to smoke as best they can, and scheduled smoking times are only applied when there is a concern.</p> <p>On 12/17/24, Surveyor observed staff assist R35 outside to smoke, on one occasion.</p> <p>Surveyor noted on 07/01/24, R35's care plan was updated to reflect R35's behaviors of trying to get into the medication cart where his smoking materials are stored. There were no new interventions added to indicate R35's smoking preferences.</p> <p>Surveyor noted on 10/08/24, R35's care plan was updated to reflect R35's risk for a smoking related injury. There were no new interventions added to indicate R35's smoking preferences.</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51804</p> <p>Based on interview and record review, the facility did not ensure a resident with limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion for 1 of 2 residents (R28) reviewed.</p> <p>The facility did not implement R28's Range of Motion (ROM) developed plan of care.</p> <p>This is evidenced by:</p> <p>R28 was admitted to the facility on [DATE]. R28's diagnoses, that include but are not limited to, are hemiplegia affecting right dominant side, rheumatoid arthritis, and right shoulder contracture.</p> <p>R28's Minimum Data Set (MDS) annual assessment dated [DATE] and quarterly assessment dated [DATE] were reviewed. R28's Brief Interview of Mental Status (BIMS) score is 15 out of 15, indicating cognition is intact. R28 requires the assist of 1 staff member with transfers and bed mobility. R28's ROM is impaired on one side of upper extremity and both sides of lower extremities. R28 requires substantial/maximal assistance with activities of daily living (ADLs), bathing, and dressing upper extremities. R28 is dependent on staff for dressing lower extremities, toilet transfer, and toileting hygiene.</p> <p>Surveyor reviewed R28's care plan with revision date of 02/21/22, which documented nursing restorative program should include ROM exercises to include but not limited to yellow therapy band exercises, shoulder extensions, elbow flexions, and rowing 20 reps x 2 for upper body extremities and heel slides, ankle pumps for lower extremities.</p> <p>Surveyor reviewed R28's electronic medical record for evidence of care plan completion related to ROM exercises. No documentation was found in R28's electronic medical record regarding ROM exercise to either upper or lower extremities as outlined in plan of care were completed.</p> <p>Surveyor reviewed documentation of therapy's restorative plan for R28. R28's therapy's plan matches R28's current care plan.</p> <p>On 12/18/24 at 9:00 AM, Surveyor interviewed Certified Nursing Assistant (CNA) K regarding ROM exercises with R28. CNA K reported she does ROM with R28 during morning cares. Especially since they did away with restorative. Surveyor asked if there is enough staff to do the restorative. CNA K stated, It is easier right now when [R28] has COVID. I can do it while I am in there waiting. CNA K knows what needs to be done because it is on the care plan. CNA K stated she documents in computer. Surveyor could not find documentation of exercise completion. Surveyor asked for copy of documentation and did not receive a copy.</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 12/18/24 at 10:42 AM, Surveyor interviewed Nursing Home Administrator (NHA) A and Director of Nursing (DON) B about documentation of evidence ROM exercises were completed and assessed for needed changes to the plan. DON B stated, Restorative binder is only care plans, there is no documentation. NHA A indicated the facility had a change in leadership and in process realized there were holes in the restorative programs. They are working on changes. Surveyor asked for clarification on expectations for the ROM plan of care. DON B stated, That they be done and documented every day, daily.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51804</p> <p>Based on observation, interview and record review, the facility did not use a gait belt to promote safe transfer for 1 of 2 residents. (R9)</p> <p>This is evidenced by:</p> <p>Surveyor reviewed the facility's policy titled, NSG-Safe Resident Handling and Transfers. Policy: It is the policy of this facility to ensure that residents are handled and transferred safely to prevent or minimize risk for injury and provide and promote a safe, secure, and comfortable experience .in accordance with standards and guidelines.</p> <p>The following numbers of sections relate to the numbered section in the policy.</p> <ol style="list-style-type: none"> 1. The interdisciplinary team or designee will evaluate and assess each resident's individual mobility needs, taking into account other facts as well, such as weight and cognitive status. 2. The resident's mobility needs will be addressed on admission and reviewed quarterly, after a significant change in condition or based on direct care staff observations or recommendations. 4. Handling aids may include gait belts, transfer boards, and other devices. 11. Staff will be educated on the use of safe handling/transfer practices to include use of mechanical lift devices upon hire. <p>R9 was admitted to the facility on [DATE]. Current diagnoses include but not limited to anxiety disorders, (osteo)arthritis, a right artificial knee, abnormalities of gait and mobility, and generalized muscle weakness. R9's Minimum Data Set (MDS) assessment date is 11/22/24. R9's Brief Interview of Mental Status (BIMS) scored an 11 out of 15, indicating moderate cognitive impairment. R9 requires the assist of 1 staff member with transfers and change of position. R9 requires partial/moderate assist of staff to dress self, complete ADL, and roll in bed, or complete any position changes.</p> <p>R9's care plan dated 09/06/24 includes two related sections. One is the need for assistance with ADLs and self-care due to weakness and the second area planned is R9's risk for falls due to history of falls. The interventions outlined in these two areas include but are not limited to, assist of one staff when completion of ADLs, and when transferring or moving. R9 is to be encouraged to move slowly and have appropriate footwear on when transferring.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 12/17/24 at 10:27 AM, Surveyor observed Certified Nursing Assistant (CNA) K provide cares to R9. CNA K assisted R9 to a sitting position on the bed. CNA K raised bed and adjusted wheelchair so that the wheelchair was closer to bed on R9's left side. CNA K assisted R9 to stand. CNA K held R9's pant waist band to assist to stand. R9 pivoted into her wheelchair. R9 was assisted to the bathroom where R9 was kindly instructed to grab the handrail and again assisted to stand. CNA K's hands were on R9's back/under arm while assisting up and with stabilization. While R9 was standing and holding bar, CNA K pulled down R9's pants and brief. R9 finished pivoting to toilet and sat down onto the toilet. CNA K kindly instructed R9 again to grab hold of bar. CNA K assisted R9 to stand again using the grab bar. CNA K's hands were placed under R9's arms. While R9 was standing, CNA K provided appropriate toilet hygiene followed by hand hygiene. CNA K assisted R9 to pivot to sit in wheelchair. CNA K did not use a gait belt on R9 for the entire encounter.</p> <p>On 12/17/24 at 10:45 AM, Surveyor interviewed CNA K about gait belt use. CNA K indicated she does not use a gait belt normally with R9. CNA K stated, I wasn't told to. We use a gait belt when she walks? CNA K indicated she uses a gait belt when it is care planned. Surveyor's review of R9's care plan states transfer with assist of 1 (staff member), with no documentation to use or not use a gait belt.</p> <p>On 12/18/24 at 9:00 AM, Surveyor interviewed CNA K. CNA K indicated she should have used a gait belt for transfers without prompting. CNA K expressed she has now corrected her practice.</p> <p>12/18/24 at 9:05 AM, Surveyor interviewed Occupational Therapy (OT) L regarding transfers and gait belt use. OT L indicated assessments are completed as part of MDS process quarterly and annually. The outcome, including the transfer process, is documented in the care plan. OT L specified that the cna(s) and staff are to follow the care plan. A copy is posted in patient's room on inside door of closet. OT L expressed that gait belts are to be used with any assistive transfers, unless the resident signs risk benefit and declines the use of the gait belt.</p> <p>On 12/18/24 at 10:24 AM, Physical Therapy (PT) M brought paper copy of therapy recommended plan of care to Surveyors. During discussion with PT M, she indicated the expectation is that staff follow care plan and use gait belt with any transfer or assist.</p> <p>On 12/18/24 at 10:42 AM, Surveyor interviewed Director of Nursing (DON) B regarding transfers and gait belt use. DON B indicated that transfer assessment would be completed and found in the MDS and transferred into the care plan. Expectation is to use a gait belt with any transfer assist.</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** 49353</p> <p>Based on observation, interview and record review, the facility did not establish an Infection Control Program under which it investigates, controls, and prevents infections in the facility, or a system for recording incidents identified under the facility's Infection Control Program, including corrective action in a timely manner, for both residents and staff. This has the potential to affect all 39 residents in the facility.</p> <p>The facility did not have an adequate surveillance in place for tracking and monitoring infection and communicable disease for staff and residents.</p> <p>The facility did not ensure proper fitting N95 mask for staff with facial hair of a full beard.</p> <p>Facility staff did not dispose of contaminated Personal Protective Equipment (PPE) before exiting COVID positive rooms.</p> <p>The facility did not initiate Enhanced Barrier Precautions (EBP) upon R91's admission to the facility with an indwelling urinary catheter.</p> <p>R35 was placed on contact precautions after having one incident of vomiting.</p> <p>Staff did not practice proper hand hygiene during cares for R4.</p> <p>This is evidenced by:</p> <p>Example 1</p> <p>Facility policy titled, Infection Surveillance, with a most recent reviewed date of 03/08/23 stated in part: Its purpose is to identify infections and to monitor adherence to recommended infection prevention and control practices in order to reduce infections and prevent the spread of infections . Infection surveillance refers to an ongoing systematic collection, analysis, interpretations, and dissemination of infection-related data .6. The facility will collect data to properly identify possible communicable diseases or infections before they spread by identifying: a. Data to be collected, including how often and the type of data to be documented, including: i. summary and analysis of the number of residents (and staff, if applicable) who developed infections; ii. Observations of staff including the identification of ineffective practices, if any; and iii. The identification of unusual or unexpected outcomes, infection trends and patterns .9. Resident infections will be tracked .</p> <p>Surveyor reviewed the facility's infection control program. The facility did not utilize a data collection tool for surveillance for early detection of symptomatic residents and staff that will identify, track, and monitor for possible communicable disease and outbreaks.</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>Surveyor reviewed the facility's monthly infection control logs from 12/23 - 12/24. The infection control logs were not completely filled out to include symptom date of onset and resolution, map identifying trends and patterns, start or end date of cautionary measures, diagnostic results including organism, summary of analysis of infections, all residents being monitored for infection, and observations of staff.</p> <p>On 12/18/24 at 10:00 AM, Surveyor interviewed Director of Nursing (DON) B regarding infection surveillance. DON B stated that new leadership took over a couple of months ago and recognized that the facility's infection surveillance was not being logged and monitored appropriately. DON B stated that prior to 11/24, no procedure had been in place for consistent documentation of infection surveillance. DON B stated she has been involved in extensive training in how to properly log and monitor infection surveillance data and has since been attempting to fix the process of tracking and monitoring infections for staff and residents. DON B stated there is currently no written process of improvement plan in place but is actively working to correct this issue as it has the potential for harm for all the residents and staff.</p> <p>44863</p> <p>Example 2</p> <p>On 12/17/24, Surveyor reviewed R35's progress notes and noted the following:</p> <p>On 10/04/24, R35 had a single episode of vomiting and was placed on TBP.</p> <p>From 10/05/24-10/09/24, progress notes indicated R35 had no further vomiting and no other signs of illness. Two rapid Covid tests determined R35 was negative for the virus.</p> <p>On 10/27/24, R35's progress notes indicated he was removed from TBP.</p> <p>On 12/17/24, Surveyor reviewed the facility's surveillance and infection line list. Surveyor noted the facility was not in outbreak status for gastrointestinal related infections during the month of October.</p> <p>On 12/17/24 at 9:13 AM, Surveyor interviewed R35. R35 was not able to recall if he was placed on precautions and did not have concerns related to being isolated to his room.</p> <p>Surveyor interviewed nursing staff; however, staff were not able to recall the duration of R35's precautions.</p> <p>On 12/18/24 at 9:37 AM, Surveyor interviewed [NAME] President of Success (VPS) C and DON B. VPS C and DON B reviewed R35's record and agreed R35 was placed on contact precautions for an undetermined amount of time and exceeded the 48-hour recommended time for gastrointestinal symptoms. VPS C and DON B acknowledged the facility's surveillance data was not completed accurately.</p> <p>VPS C stated R35 would not have been involuntarily secluded to his room during this time, as the facility policy is to encourage residents on TBP to isolate or wear appropriate PPE. However, a resident has the right to leave their room if they choose to do so.</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>31086</p> <p>Example 3</p> <p>The facility's policy titled, COVID-19 Prevention, Response and Reporting, dated 05/18/23, documented, in part. 15. HCP (Healthcare Personnel) who enter the room of a resident with suspected or confirmed SARS-CoV-2 infection should adhere to transmission-based precautions and use a NIOSH-approved particulate respirator with N95 filters or higher, gown, gloves, and eye protection.</p> <p>R16 has current diagnoses of COVID-19 as of 12/14/24, Alzheimer's disease, type 2 diabetes mellitus, anxiety disorders, and major depression disorder. Surveyor observed at the entrance of R16's room a sign from the Centers for Disease Control and Prevention (CDC) stating, Stop droplet Precautions, Everyone must: Clean their hands, including before entering and when leaving the room. Make sure their eyes, nose and mouth are fully covered before entry. Remove face protection before room exit. Surveyor observed outside of R16's door a bin with PPE supplies of gowns, gloves, N95 masks and surgical masks.</p> <p>On 12/16/24 at 10:06 AM, Surveyor observed Certified Nursing Assistant (CNA) D apply PPE of a gown, gloves, goggles, and N95 mask and entered R16's room to assist with a Hoyer lift transfer. Surveyor observed CNA D having a full beard with the facial hair being over an inch long and the N95 not having a tight seal to CNA D's facial skin. At 10:12 AM, CNA D exited R16's room wearing the contaminated PPE of the gown, gloves, and N95 mask. In the hallway CNA D removed the contaminated PPE and brought the contaminated PPE across the hall to R31's room and placed the contaminated PPE into R31's garbage can. R31 is not COVID positive and is not on any precautions.</p> <p>R28 has current diagnoses of COVID-19 as of 12/12/24 and hemiplegia affecting right dominant side, cerebrovascular disease, and major depression. Surveyor observed at the entrance of R28's room a sign from the CDC stating, Stop droplet Precautions, Everyone must: Clean their hands, including before entering and when leaving the room. Make sure their eyes, nose and mouth are fully covered before entry. Remove face protection before room exit. Surveyor observed outside of R28's door a bin with PPE supplies of gowns, gloves, N95 masks and surgical masks.</p> <p>On 12/16/24 at 12:44 PM, Surveyor observed CNA D apply PPE of gloves, gown, and applied N95 and entered R28's room to deliver R28's meal tray. Surveyor observed CNA D's N95 mask not having a tight seal on CNA D's facial skin. CNA D exited R28's room wearing the contaminated PPE. CNA D removed the contaminated PPE in the hallway. CNA D brought the contaminated PPE across the hall and disposed of the contaminated PPE into R191's garbage can. R191 is not COVID-19 positive and is not on precautions.</p> <p>R15 has current diagnoses of COVID-19 as of 12/13/24, dementia, anxiety, and chronic kidney disease. Surveyor observed at the entrance of R15's room a sign from the CDC stating, Stop droplet Precautions, Everyone must: Clean their hands, including before entering and when leaving the room. Make sure their eyes, nose and mouth are fully covered before entry. Remove face protection before room exit. Surveyor observed outside of R15's door a bin with PPE supplies of gowns, gloves, N95 masks and surgical masks.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Oakwood Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 2512 New Pine Dr Altoona, WI 54720	
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 12/16/24 at 12:51 PM, Surveyor observed CNA D bring R15's meal tray into R15's room. CNA D wore PPE of a surgical mask. CNA D did not apply the required COVID-19 PPE of a gown, gloves, eye protection, and an N95 mask.</p> <p>On 12/18/24 at 8:07 AM, Surveyor interviewed CNA D about resident units CNA D worked on 12/16/24. CNA D indicated working all units and will work as transport and maintenance. Surveyor asked how often he is fit tested for the N95 and training for COVID-19 personal protective equipment. CNA D indicated training is completed in the computer system and receives fit testing for N[AGE] yearly. CNA D indicated he was fit tested with a beard and had passed but the beard was shorter at that time. CNA D indicated no current fit testing was completed with the length of his beard currently and it is now longer. Surveyor reviewed with CNA D of Surveyor's observation of exiting positive COVID-19 resident's room with contaminated PPE and disposing of the PPE in a non-COVID positive resident room and entering R15's room to delivery meal tray with only a surgical mask. CNA D indicated he did not know where the garbage was in the room and prior they had the garbage right outside of the resident's room. CNA D indicated the PPE should not have been disposed in another resident's room. CNA D indicated PPE should have been worn when delivering meal tray to a COVID positive resident's room.</p> <p>On 12/18/24 at 10: 42 AM, Surveyor interviewed DON B about proper personal protective equipment to be used in COVID-19 positive room, and when staff fit testing is to be completed. DON B indicated fit testing should be completed annually and if there are changes to their body size. Surveyor asked if appropriate for staff to wear N95 with facial hair that is a full beard. DON B indicated facial hair should be shaved to appropriately fit an N95. Surveyor reviewed with DON B of CNA D having large amount of facial hair. Surveyor reviewed with DON B the observation of CNA D exiting R16 and R28's rooms with PPE and disposing of the PPE across the hall into a resident room that is not COVID positive. Surveyor reviewed with DON B of CNA D entering R15's room with a surgical mask and no N95, gown, gloves, goggles to deliver a meal tray. DON B indicated PPE should be disposed of inside the resident's room before exiting and the appropriate PPE needs to be used to enter a COVID positive room.</p> <p>Example 4</p> <p>The facility's policy titled, Enhanced Barrier Precautions, dated 08/08/24, documented, in part. 1. Prompt recognition of need: .2. b. An order for enhanced barrier precautions .will be initiated for residents with any of the following: i .and/or indwelling medical devices (e.g., .urinary catheters .) .even if the resident is not known to be infected or colonized with a MDRO .3. a. Make gowns and gloves available immediately near or outside of the resident's room.</p> <p>R91 was admitted to the facility on [DATE] with diagnoses of enlarged prostate with lower urinary tract symptoms, acute cholecystitis, and retention of urine. R91 has an indwelling catheter for urinary retention. Review of R91's care plans did not document to use EBP related to R91's indwelling urinary catheter.</p> <p>On 12/16/24 at 10:31 AM, Surveyor observed R91 having a urinary catheter and no sign or bin of PPE at the entrance of R91's room for the use of EBP.</p> <p>On 12/18/24 at 10:45 AM, Surveyor interviewed DON B about R91 having an indwelling catheter and if EBP should be in place on admission. DON B indicated R91 should have been put on EBP at the time of admission and was not completed until 12/16/24.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525454	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/18/2024
NAME OF PROVIDER OR SUPPLIER Oakwood Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 2512 New Pine Dr Altoona, WI 54720	
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>51095</p> <p>Example 5</p> <p>On 12/17/24 at 8:15 AM, Surveyor observed a sign on R4's door indicating Transmission Based Precautions. R4 was admitted on [DATE] with multiple medical diagnoses, including hypertensive chronic kidney disease with stage 5 (or end stage) chronic kidney disease.</p> <p>On 12/17/24 at 8:16 AM, Surveyor observed personal cares for R4. CNA I donned gloves and using a wet washcloth, provided bathing cares for R4, including peri area cleaning where visible drainage and soiling was noted. CNA I did not remove/change gloves or perform hand hygiene throughout R4's cares. CNA I continued with same gloves by assisting Registered Nurse (RN) F with peri area treatment, holding skin folds, wiping, and touching skin area around R4's stoma opening while RN F replaced ostomy/stoma ring. CNA I continued providing cares with same contaminated gloves and without washing or sanitizing her hands, placing R4's oxygen tubing back in nose, brushing R4's hair, handled oxygen concentrator, moving motorized wheelchair, and transferring R4 via mechanical lift into wheelchair. After R4 was in her wheelchair and before leaving the room, CNA I then removed her gloves and washed her hands.</p> <p>On 12/17/24 at 8:47 AM, Surveyor interviewed CNA I about facility's infection control training and appropriate hand hygiene with R4's cares. CNA I admitted she did not change her gloves, wash or sanitize her hands and states she should have done so.</p> <p>On 12/17/24 at 1:47 PM, Surveyor interviewed Assistant Director of Nursing (ADON) H. ADON H reported hand hygiene education is provided monthly to CNAs. ADON H reported the expectation is that gloves are changed, and hand hygiene is to be performed after peri area or ostomy cares are performed.</p>		