

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525457	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/11/2024
NAME OF PROVIDER OR SUPPLIER  Rennes Health and Rehab Center-East		STREET ADDRESS, CITY, STATE, ZIP CODE  701 Willow St Peshtigo, WI 54157	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40342</b></p> <p>Based on observation, staff interview, and record review, the facility did not provide pharmaceutical services to ensure the safe administration of drugs and biologicals for 3 residents (R) (R12, R45, and R21) of 14 sampled residents.</p> <p>On 12/10/24, staff administered R12's Spiriva inhaler (an inhaled medication used to treat breathing disorders). Following administration of the inhaler, R12 was not encouraged to rinse and spit per the physician's order.</p> <p>On 12/10/24, R45's Advair Diskus inhaler (an inhaled medication used to treat breathing disorders) was administered late by Licensed Practical Nurse (LPN)-C after being carried in LPN-C's pocket during the administration of other residents' medications.</p> <p>On 12/8/24, R21 was provided Tums (calcium carbonate) (an antacid used to treat heartburn, indigestion, and upset stomach) to self-administer. R21 did not have a physician's order for calcium carbonate.</p> <p>Findings include:</p> <p>The facility's Administering Medications policy, revised 11/6/17, indicates: Medications shall be administered in a safe and timely manner, and as prescribed .3. Medications must be administered in accordance with orders, including any required time frame .9. Medications may not be prepared in advance and must be administered within one hour of their prescribed time .Medications must be administered within current standards of practice .17. Residents may self-administer their own medications only if the Interdisciplinary Care Planning Team (IDT) has determined that they have the decision-making capacity to do so safely .</p> <p>The facility's Medication Pass Times policy, dated 9/25/18, indicates: Unless a certain time is specifically ordered by the prescriber or the medication needs to be administered at a specific time for therapeutic efficacy, the following time ranges will apply for the medication pass times listed below .AM medication should be administered between the hours of 6:00 AM and 10:00 AM.</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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>1. On 12/10/24, Surveyor reviewed R12's medical record. R12 was admitted to the facility on [DATE] and a diagnosis of vascular dementia. R12's Minimum Data Set (MDS) assessment, dated 11/17/24, stated R12's Brief Interview for Mental Status (BIMS) score was 6 out of 15 which indicated R12 had severe cognitive impairment. R12's medical record indicated R12's Power of Attorney for Healthcare (POAHC) was responsible for R12's healthcare decisions.</p> <p>R12's medical record contained a physician's order for Spiriva 18 mcg (micrograms) administer one puff via inhalation once a day and stated, .**Rinse mouth &amp; spit after each use**</p> <p>On 12/10/24 at 8:06 AM, Surveyor observed LPN-C prepare and administer R12's AM medication which included Spiriva. Following the administration of R12's Spiriva inhaler. LPN-C did not instruct R12 to rinse R12's mouth with water and spit out the water.</p> <p>On 12/10/24 at 10:57 AM, Surveyor interviewed LPN-C who verified LPN-C did not instruct R12 to rinse and spit following the administration of Spiriva. LPN-C indicated R12 usually didn't want to rinse. LPN-C was uncertain if education was provided to R12 regarding the need to rinse and spit after the use of Spiriva.</p> <p>(See interview under example 2)</p> <p>2. On 12/10/24, Surveyor reviewed R45's medical record. R45 was admitted to the facility on [DATE] and had diagnoses including chronic obstructive pulmonary disease (COPD) (a chronic inflammatory lung disease that causes obstructed airflow from the lungs). R45's MDS assessment, dated 11/5/24, stated R45's BIMS score was 6 out of 15 which indicated R45 had severe cognitive impairment. R45's medical record indicated R45's POAHC was responsible for R45's healthcare decisions.</p> <p>R45's medical record contained a physician's order for Advair Diskus 250/50 mcg/dose (micrograms per dose) administer one puff via inhalation twice daily.</p> <p>On 12/10/24 at 8:35 AM, Surveyor observed LPN-C prepare R45's AM medications which included Advair and other oral medications. Surveyor observed LPN-C put R45's Advair inhaler in LPN-C's pocket prior to entering R45's room. Surveyor observed LPN-C enter R45's room and obtain R45's oxygen saturation level which was 89% (a normal reading is 90% or above). Surveyor observed LPN-C assist R45 with applying oxygen via nasal cannula. Surveyor observed LPN-C recheck R45's oxygen saturation level approximately two minutes later which was 96%. LPN-C did not administer R45's Advair inhaler prior to leaving R45's room. Surveyor observed LPN-C continue to pass medication to other residents.</p> <p>On 12/10/24 at 8:41 AM, Surveyor interviewed R45 who indicated nursing staff administers R45's inhaler every morning and stated, .but (gender) ain't been here yet.</p> <p>On 12/10/24 at 9:27 AM, Surveyor observed R45 walking in the hallway toward an activity area off the unit. Surveyor interviewed R45 who indicated R45 had not received Advair yet.</p> <p>On 12/10/24 at 9:48 AM, Surveyor observed LPN-C pass medications to residents in the opposite hall of R45's unit.</p> <p>On 12/10/24 at 10:06 AM, Surveyor interviewed R45 who verified R45 had not received Advair yet.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 12/10/24 at 10:06 AM and 10:26 AM, Surveyor noted LPN-C was still passing medication to other residents.</p> <p>On 12/10/24 at 10:57 AM, Surveyor observed LPN-C remove R45's inhaler from LPN-C's pocket along with an inhaler for another resident. LPN-C verified LPN-C did not administer R45's Advair inhaler with R45's AM medications. LPN-C stated, I'll go down and give it to (R45) now.</p> <p>On 12/10/24 at 11:02 AM, Surveyor observed LPN-C administer R45's Advair Diskus.</p> <p>On 12/10/24 at 2:53 PM, Surveyor interviewed Director of Nursing (DON)-B. Following a discussion of the above observations, DON-B verified LPN-C should have instructed R12 to rinse and spit following administration of R12's inhaler per R12's physician order. DON-B verified LPN-C should have administered R45's Advair Diskus inhaler timely and should not have put the inhaler in LPN-C's pocket due to the potential for LPN-C to accidentally leave the facility with inhaler(s) in LPN-C's pocket.</p> <p>51044</p> <p>3. On 12/9/24, Surveyor reviewed R21's medical record. R21 was admitted to the facility on [DATE] and had diagnoses including left hip fracture, COPD, anxiety, heart failure, and shortness of breath. R21's MDS assessment, dated 11/6/24, had a BIMS score of 15 out of 15 which indicated R21 was not cognitively impaired.</p> <p>R21 had a self-administration of medication assessment that indicated R21 could safely and accurately self-administer medication.</p> <p>On 12/9/24 at 9:00 AM, Surveyor observed a medication cup containing 1 Tums (calcium carbonate) tablet on R21's bedside table. Surveyor interviewed R21 who indicated Tums was given to R21 for an upset stomach on 12/8/24.</p> <p>Surveyor reviewed R21's physician orders and noted R21 did not have an order for calcium carbonate. R21's November and December Medication Administration Records (MARs) also did not contain orders for calcium carbonate. The facility's standing order for Tums (calcium carbonate 500 milligrams (mg) 1-2 mg tablets (by mouth) (every) 4 hours (as needed) for upset stomach) was not activated for R21.</p> <p>On 12/9/24 at 10:45 AM, Surveyor interviewed RN (Registered Nurse)-D who indicated RN-D administered R21's medications that morning. RN-D indicated RN-D did not give R21 Tums. RN-D indicated R21 was able to self-administer medication, however, R21 did not have an order for Tums.</p> <p>On 12/10/24 at 9:44 AM and at 2:44 PM, Surveyor observed a medication cup containing 1 Tums tablet on R21's bedside table.</p> <p>On 12/10/24 at 2:44 PM, Surveyor interviewed ADON (Assisted Director of Nursing)-E who verified R21 did not have an order for calcium carbonate. ADON-E stated ADON-E expects the nurse who distributed the medication to go back to R21's room, verify R21 took the medication, and document the medication in R21's MAR.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 12/10/24 at 3:01 PM, Surveyor interviewed DON-B who indicated the facility had a standing order for calcium carbonate, however, the order was not activated for R21. DON-B indicated medication should be administered per physician orders and the nurse should have checked with R21 after the medication was dispensed to ensure R21 took the medication.</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45943</p> <p>Based on observation, staff interview, and record review, the facility did not establish and maintain an infection prevention and control program designed to prevent the development and transmission of communicable disease and infection for 1 resident (R) (R5) of 1 resident with a hemodialysis port.</p> <p>R5 had a permacath (a tunneled hemodialysis catheter, generally double lumen with a polyester cuff positioned 1 to 2 centimeters (cm) from the exit site) placed on 10/15/24. The facility did not implement enhanced barrier precautions (EBP) for R5.</p> <p>Finding include:</p> <p>The facility's Enhanced Barrier Precautions policy, dated 8/2022, indicates: 1. Enhanced barrier precautions (EBP) are used as an infection prevention and control intervention to reduce the spread of multi-drug resistant organisms (MDROs) to residents. 2. EBPs employ targeted gown and glove use during high-contact resident care activities when contact precautions do not otherwise apply a. Gloves and a gown are applied prior to performing the high-contact resident care activity .3. Examples of high-contact resident care activities requiring the use of gown and gloves for EBP include: .dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, wound care (any skin opening requiring a dressing) (EBP is primarily intended to apply to care that occurs within a resident's room where high-contact resident care activities, including transfers, are bundled together with other high-contact activity, such as part of morning or evening care. This extended contact with the resident and their environment increases the risk of MDROs spreading to staffs' hands and clothes .5. EBP is indicated .for residents with wounds and indwelling medical devices regardless of MDRO colonization. 6. EBP remains in place for the duration of the resident's stay or until resolution of the wound or discontinuation of the indwelling medical device that places them at increased risk .10 Signs are posted on the wall inside the resident room indicating the type of precautions and personal protective equipment (PPE) required. 11. PPE is available in resident rooms.</p> <p>On 12/10/24, Surveyor reviewed R5's medical record. R5 was admitted to the facility on [DATE] and had diagnoses including diabetes type 2, end stage renal disease on renal hemodialysis, and vascular dementia. R5's Minimum Data Set (MDS) assessment, dated 11/4/24, had a Brief Interview for Mental Status (BIMS) score of 1 out of 15 which indicated R5 had severely impaired cognition. R5 had an activated Power of Attorney for Healthcare (POAHC).</p> <p>R5 had a permcath placed on 10/15/24 because Interventional Radiology was unable to complete a fistulogram (a procedure to check the dialysis fistula or graft for problems) related to chronic central stenosis.</p> <p>On 12/10/14 at 12:46 PM, Surveyor interviewed Registered Nurse (RN)-D who indicated R5 had a non-functioning bulging hemodialysis fistula on the right upper arm and had a hemodialysis port with catheter lines that hung from it.</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 12/10/24 at 1:11 PM, Surveyor observed RN-D inspect R5's dialysis port. RN-D did not don PPE prior to moving R5's clothing to inspect the dialysis port. Surveyor noted the insertion site of the port was covered and the tails of the dialysis port were covered with a 4 x 4. Surveyor noted there was no EBP signage on or near R5's door and no PPE cart or disposal bin in or near R5's room. RN-D verified R5 was not on EBP and was not sure if R5 should be.</p> <p>On 12/10/24 at 2:00 PM, Surveyor interviewed Assistant Director of Nursing (ADON)-E who verified R5 had a dialysis access port and should be on EBP.</p>