

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525458	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/20/2024
NAME OF PROVIDER OR SUPPLIER Park View Home		STREET ADDRESS, CITY, STATE, ZIP CODE 220 Lockwood St Woodville, WI 54028	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>40181</p> <p>Based on observation, interview and record review, the facility did not prepare, distribute, and serve food in accordance with professional standards for food service safety. Staff touched ready-to-eat foods with bare hands and did not perform hand hygiene. This affected 5 of 21 residents (R) served meals from the 100-hall dining room. (R94, R32, R21, R35, and R31).</p> <p>Staff touched ready-to-eat biscuits with contaminated bare hands and served to residents on the 100-hall.</p> <p>Staff performed inadequate hand hygiene during breakfast service and clean up in the dining room on the 100-hall.</p> <p>Findings include:</p> <p>FDA Food Code 2022 states in part, 3-301.11 Preventing Contamination from Hands.</p> <p>In November 1999, the National Advisory Committee on Microbiological Criteria for Foods (NACMCF) concluded that bare hand contact with ready-to-eat foods can contribute to the transmission of foodborne illness and agreed that the transmission could be interrupted. The three interdependent critical factors in reducing foodborne illness transmitted through the fecal-oral route, identified by the NACMCF, include exclusion/restriction of ill food workers; proper handwashing; and no bare hand contact with ready-to-eat foods.</p> <p>Facility policy entitled, Bare Hand Contact with Food and Use of Plastic Gloves, states in part: Single-use gloves will be worn when handling food directly with hands to assure that bacteria are not transferred from the food handlers' hands to the food product being served. Bare hand contact with food is prohibited.</p> <p>Facility policy entitled, Hand Hygiene Policy and Procedure, states in part, .Procedure: 1. Hand washing with soap: a. Push up long sleeves. b. Wet hands with running water. c. Apply hand-washing agent and thoroughly disperse over hands. d. Vigorously rub hands together for 15-20 seconds generating friction on all surfaces including under fingernails. e. Rinse thoroughly with arms extended downward. f. Pat dry thoroughly with a paper towel to shut off the faucet.</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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 06/19/24 at 8:33 AM, Surveyor observed Dietary Aide (DA) C serve breakfast in the 100-hall dining room. Surveyor observed DA C pick up a biscuit with bare hands, cut it in half, and place on a plate. DA C ladled gravy over the biscuit and served it to R94. At 8:35 AM, Surveyor observed DA C wipe hands on the sides of uniform top and take two pieces of toast out of the toaster with bare hands. DA C held the toast in the palm of one hand to butter it. DA C placed the toast on a plate, held the pieces with one bare hand and cut the slices. DA C then served to the toast to R32. DA C picked up some dirty dishes from the table and placed them on the counter by the sink. DA C did not wash hands after handling dirty dishes. DA C wiped hands on the side of uniform top, reached into a bread bag with bare hands, and took out two pieces of bread. DA C placed the bread in the toaster. At 8:44 AM, DA C took the toast out of the toaster with bare hands and held the toast to put butter and jelly on it. DA C held the toast with one bare hand and cut the slices. DA C served the toast to R94.</p> <p>On 06/19/24 at 8:47 AM, Surveyor observed DA C take a cart and pick up dirty dishes from tables in the dining room. DA C rinsed the dishes in the sink and placed them in the dishwasher. DA C did not wash hands after handling dirty dishes. DA C then put food and beverage containers back in the refrigerator. DA C took a cloth out of a blue bucket and wiped counters and a cart. DA C placed the cloth back in the blue bucket. DA C did not wash hands. DA C placed two trays on the cart. DA C took bread out of a bag with bare hands and put it in the toaster. DA C took two plates out of the cupboard and placed on the counter. DA C took pitchers out of the refrigerator, poured milk and orange juice in cups, placed covers on the cups, and placed them on the trays. DA C picked up a biscuit with bare hands, cut it, placed it on the plate, ladled gravy over it, and placed it on a tray on the cart. DA C took toast out of the toaster with bare hands, held it to put butter and jelly on, cut it, and placed it on a plate. DA C wiped hands on shirt. DA C washed hands in the sink for 2 seconds, turned off the faucet with bare hands, and dried hands on a cloth towel that was lying on the counter. DA C took the cart with covered trays and served to R21 and R35 in their rooms.</p> <p>On 06/19/24 at 9:11 AM, Surveyor observed DA C wiping tables in the 100-hall dining room with a cloth from a blue bucket. DA C picked up dirty dishes from the tables and placed them on the counter in the kitchen. DA C did not wash hands after wiping tables and handling dirty dishes. DA C then took a clean plate out of the cupboard, picked up a biscuit with bare hands, cut it, and placed it on the plate. DA C put gravy on the biscuit, poured milk and juice in cups and served the food to R31 in the 100 hall dining room. DA C picked up dirty dishes from a table and placed them on the counter. DA C did not wash hands after touching dirty dishes. DA C took a clean cup and filled with coffee. DA C opened a sugar packet and poured into the coffee cup. DA C stirred with a spoon and served the coffee to R31.</p> <p>On 06/19/24 at 9:22 AM, Surveyor interviewed DA C and asked their normal procedure for handling ready-to-eat foods such as biscuits or toast. DA C stated we use tongs to pick those up. Surveyor asked DA C if they did that today during breakfast service. DA C stated they did when first starting service, but when it got so busy they didn't use the tongs and just picked up the toast and biscuits with bare hands.</p> <p>On 06/19/24 at 9:25 AM, Surveyor observed DA C place dirty dishes from the tables on the counter. DA C did not wash hands after handling dirty dishes. DA C then began taking clean dishes out of the dishwasher and stacking them in the cupboard.</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 - Some</p>	<p>On 06/19/24 at 10:42 AM, Surveyor interviewed Dietary Manager (DM) E and described the above observations and interview with DA C. Surveyor asked DM E if DA C was following facility policy or FDA Food Code for safe handling of food. DM E stated DA C had been educated about hand hygiene and no bare hand touching of ready-to-eat foods, but DA C did not follow policy on the above observations. DM E stated they would expect staff to wash hands when moving from dirty tasks to clean tasks. DM E stated they would expect staff to use tongs to touch ready-to-eat foods.</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>40181</p> <p>Based on observation, interview and record review, the facility did not maintain an infection prevention and control program designed to help prevent the development and transmission of communicable diseases and infections. Staff did not perform hand hygiene between glove changes during wound care and during bathing observations for 2 of 2 observations. (R25 and R11)</p> <p>Findings include:</p> <p>Facility policy and procedure entitled, Hand Hygiene Policy and Procedure, states in part, .Hand hygiene must be performed .immediately after gloves are removed .</p> <p>On 06/18/24 at 9:25 AM, Registered Nurse (RN) D stated R25 had chronic Moisture Associated Skin Damage (MASD) to buttocks, and they would be doing wound care after a bath today.</p> <p>On 06/18/24 at 1:46 PM, Surveyor observed RN D perform wound care on R25's bottom after a bath. RN D used hand sanitizer and entered R25's room. RN D put on a gown and gloves and stated R25 was on enhanced barrier precautions due to chronic open wounds. RN D gathered supplies from the closet and placed on a waterproof barrier at the bedside. Two Certified Nursing Assistants (CNAs) lifted R25 to a standing position with a mechanical lift. RN D removed the old dressing from the back of R25's right upper thigh. RN D cleaned the area with wound cleanser and gauze and patted dry. RN D removed their gloves and put on clean gloves without using hand sanitizer or washing hands. RN D applied a new dressing to the back of the right thigh. RN D removed their gloves and put on clean gloves without washing hands or using hand sanitizer. RN D applied skin barrier powder to excoriated areas on buttocks and left thigh and then sprayed with skin barrier spray to create a crust over the excoriated areas.</p> <p>One of the CNAs informed RN D they had observed a new red area in a crease on the right side of R25's neck during bath. RN D removed old gloves and put on clean gloves without using hand sanitizer or washing hands. RN D then assessed the area on the right side of R25's neck and patted the area with a dry gauze. When the procedure was complete, RN D disposed of used supplies, removed gown and gloves, and washed hands.</p> <p>On 06/19/24 at 2:35 PM, Surveyor interviewed Director of Nursing (DON) B and reviewed the observation of RN D providing wound care to R25's bottom. Surveyor informed DON B that RN D did not perform hand hygiene after each glove change during the procedure. DON B stated RN D did not follow the facility policy. DON B stated RN D should have performed hand hygiene after each glove removal.</p> <p>49353</p> <p>Example 2:</p> <p>On 06/19/24 at 9:24 AM, Surveyor observed CNA F complete bathing cares for R11 in facility spa room. CNA F completed R11's bath and cares and removed gloves and did not complete hand hygiene. Then CNA F took a lotion bottle with R11's name written on it and applied the lotion into CNA F's bare hand and applied to R11's bare skin.</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 06/19/24 at 12:47 PM, Surveyor interviewed CNA F. Surveyor asked CNA F why hand hygiene or gloves were not used while applying lotion to R11. CNA F stated that R11 had just come out of tub, so they are clean, and gloves wouldn't be necessary. CNA F added that she had just given R11 the bath, so her hands were also considered clean to put the lotion on.</p>		