STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525461	A. Building B. Wing	08/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pavilion at Glacier Valley	1900 American Eagle Dr Slinger, WI 53086

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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525461	A. Building B. Wing	08/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pavilion at Glacier Valley	1900 American Eagle Dr Slinger, WI 53086

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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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 2 residents (R) (R6 and R7) of 10 sampled residents. Staff did not ensure enhanced barrier precautions (EBP) were followed during high-contact cares for R6 and R7.Findings include:The facility's Infection Prevention and Control Policies and Procedures, revised 5/15/23, indicates: 1. Enhanced barrier precautions (EBP) expand the use of personal protective equipment (PPE) (gown and gloves) during high-contact resident care activities that provide opportunities for transfer of multidrug-resistant organisms (MDROs) to staffs' hands and clothing. A. EBP will be implemented for all residents with the following: .2. Wounds and/or indwelling medical devices (central line, urinary catheter, feeding tube, tracheostomy/ventilator) regardless of MDRO colonization status. B. EBP will be implemented during the following high-contact resident care activities: .3. Transferring; 4. Providing hygiene; .6. Changing briefs or assisting with toileting.1.On 8/8/25, Surveyor reviewed R6's medical record. R6 was admitted to the facility on [DATE] and had diagnoses including dementia, displaced fracture to shaft of left clavicle, wedge compression fracture of third lumbar vertebra, retention of urine, pain, weakness, and anxiety. On 8/8/25, Surveyor reviewed R6's August 2025 Treatment Record Administration (TAR) which indicated R6 was placed on EBP for chronic wounds on 6/27/25.On 8/8/25 at 9:39 AM, Surveyor observed Certified Nursing Assistant (CNA)-C assist R6 to the bathroom. Surveyor observed an EBP sign posted outside R6's room but did not observe a PPE cart near R6's room. CNA-C entered R6's room, donned gloves, put a gait belt around R6, and transferred R6 to the toilet. After CNA-C assisted R6 onto the toilet, CNA-C stepped outside the bathroom and Surveyor asked if R6 was on EBP. CNA-C indicated R6 was not on EBP. When Surveyor showed CNA-C the EBP sign outside R6's room, CNA-C stated there was no need for PPE and indicated there were no gowns in or near R6's room to put on. CNA-C indicated the sign meant extra precautions were needed.2. On 8/8/25, Surveyor reviewed R7's medical record. R7 was admitted to the facility on [DATE] and had diagnoses including traumatic subdural hemorrhage, urinary tract infection, local infection of the skin, neuromuscular dysfunction of bladder, pressure induced deep tissue damage of left heel, methicillin-resistant Staphylococcus aureus (MRSA) infection, and type 2 diabetes mellitus.On 8/8/25, Surveyor reviewed R7's August 2025 TAR which indicated R7 was placed on EBP for wounds, MDRO/MRSA to wound, and a Foley catheter on 2/5/25.On 8/8/25 at 10:16 AM, Surveyor observed CNA-E and Licensed Practical Nurse (LPN)-D in R7's room without PPE. Surveyor noted CNA-E and LPN-D were about to transfer R7 into bed. R7 had an indwelling catheter. Surveyor noted a sign outside R7's room that indicated R7 was on EBP and PPE should be worn during high-contact cares. After the transfer was completed, Surveyor interviewed CNA-E and LPN-D. When asked if R7 was on EBP, LPN-D was not sure. When asked if PPE should be worn while transferring a resident on EBP, LPN-D indicated R7 was on EBP due to scabs on R7's feet. When asked if PPE was needed because R7 had an indwelling catheter, LPN-D stated a gown was not needed. Surveyor did not observe any gowns in or near R7's room. On 8/8/25 at 12:27 PM, Surveyor interviewed Director of Nursing (DON)-B who confirmed PPE, including a gown and gloves, should be worn during high-contact cares for residents on EBP. DON-B verified transferring and toileting are considered high-contact cares and indicated residents on EBP should have bins near their rooms with PPE.