

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525462	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/26/2024
NAME OF PROVIDER OR SUPPLIER Maplewood of Sauk Prairie		STREET ADDRESS, CITY, STATE, ZIP CODE 245 Sycamore St Sauk City, WI 53583	

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 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>33865</p> <p>Based on observation, interviews, and staffing document review, the facility failed to ensure daily posted staffing requirements were in place to include the census, number of staff, and number of staff hours for 71 of 71 residents residing at the facility. This failure had the potential to affect the ability of residents and families to view the staffing information daily.</p> <p>Findings include:</p> <p>During an observation and interview on 9/24/24 at 3:46 PM, there was a book located at the nursing station that contained a staffing assignment sheet. The assignment sheet listed the name of the facility, the names of the staff, and the current date. The Director of Nursing (DON) stated this assignment sheet, located in the book was their posted staffing sheet. She stated she kept a tally of hours in her office but the sheet in the book was used as a live staffing assignment listing. The sheet contained the names of the staff working in the halls. She confirmed the sheets lacked the census, number of Certified Nurse Aides (CNAs), number of Licensed Practical Nurses (LPNs), number of Registered Nurses (RNs), and the number of working hours.</p> <p>During an interview on 9/25/24 at 9:24 AM, the DON stated they did not have a policy for the posted nurse staffing.</p> <p>During an interview on 9/25/24 at 11:52 AM, the Administrator confirmed they did not have a policy. He stated they had created a new sheet to include the required components and would post it in a more visible location.</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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(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>30347</p> <p>Based on observation, staff interview, and facility policy review, the facility failed to ensure kitchen staff properly air-dried plates prior to storage. This failure had the potential to increase the risk of foodborne illness and had the potential to affect 31 of 31 residents who resided on 2 of 4 hallways out of a total census of 71.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Manual Ware Washing, dated 10/13/14, revealed, Purpose: To ensure dishes are properly cleaned and sanitized during manual ware washing.</p> <p>III. Procedure: .7. Allow dishes to air dry .</p> <p>Example 1</p> <p>During an observation and interview on 9/23/24 at 9:40 AM of the kitchenette serving area located on the Oak hallway the Dietary Manager (DM) confirmed three plates were found to be wet. These plates had been placed in the cabinet for use. The DM stated, They were put away wet, they should have been left out to air dry longer.</p> <p>The Oak hallway had a census of 15.</p> <p>Example 2</p> <p>During an observation and interview on 9/23/24 at 9:51 AM of the kitchenette serving area located on the Evergreen hallway the Dietary Manager (DM) confirmed four plates were found to be wet. These plates had been placed in the cabinet for use. The DM stated, They should have been left out to air dry longer.</p> <p>The Evergreen hallway had a census of 16.</p>