STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525465	A. Building B. Wing	02/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cedar Lake Health and Rehab Center	5595 Cty Rd Z West Bend, WI 53095

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32768 Based on staff interview and record review, the facility did not ensure the Ombudsman was notified of a hospital transfer for 1 resident (R) (R52) of 1 resident. R52 was transferred to the hospital on 12/31/24. The Ombudsman was not notified of R52's hospital transfer. Findings include: The facility's Transfer and Discharge policy, dated 7/2024, indicates: It is the policy of this facility to permit each resident to remain in the facility, and not initiate transfer or discharge for the resident from the facility, except in limited circumstances .24. The Social Services Director will send a monthly report of all discharges to the Ombudsman .Emergency Transfer/Discharges: .8. The Social Services Director or designee will provide copies of notices for emergency transfers to the Ombudsman, but they may be sent when practicable, such as in a list of residents on a monthly basis, as long as the list meets all requirements for content of such notices. From 2/17/25 to 2/19/25, Surveyor reviewed R52's medical record. R52 was admitted to the facility on [DATE] and had diagnoses including dementia, cognitive communication deficit, congestive heart failure (CHF), spinal stenosis, and abnormal gait. R52 had an activated Power of Attorney for Healthcare (POAHC). R52's medical record indicated R52 was transferred to the hospital on 12/31/24 due to a fall and elbow fracture. R52 was provided a written transfer notice, however, the facility did not notify the Ombudsman of R52's hospital transfer. Surveyor reviewed the December 2024 Ombudsman notifications and noted R52 was not on the monthly notification list. On 2/19/25 at 12:25 PM, Surveyor interviewed Social Worker (SW)-C who indicated if a resident transfers to the hospital and returns the same day, the facility does not notify the Ombudsman. SW-C indicated if a resident remains in the hospital overnight or is discharged , the facility notifies the Ombudsman.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49010 Based on staff and resident interview and record review, the facility did not ensure 2 residents (R) (R3 and R12) of 21 sampled residents who required assistance for activities of daily living (ADLs) were provided care in a timely manner. On multiple occasions from 1/1/25 to 2/19/25, staff did not answer R3 or R12's call lights or provide care in a timely manner. Findings include: The facility's Call Pendant and Indicator Lights policy, dated January 2025, indicates: The purpose of this policy is to ensure the facility is adequately equipped with a call pendant to allow residents to call for assistance .3. Each resident will be evaluated for unique needs and preferences to determine any special accommodations that may be needed in order for the resident to utilize the call system. 4. Special accommodations will be identified on the resident's person-centered plan of care and provided accordingly . 1. On 2/18/25, Surveyor reviewed R3's medical record. R3 was admitted to the facility on [DATE] and had diagnoses including cognitive communication deficit, urinary tract infection (UTI), viral intestinal infection, intervertebral disc degeneration, syncope and collapse, history of falls, and chronic nephritic syndrome. R3's Minimum Data Set (MDS) assessment, dated 2/15/25, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R3 had intact cognition. On 2/18/25 at 10:24 AM, Surveyor interviewed R3 who stated R3 often waits more than 30 minutes and up to an hour to go to the bathroom. R3 stated R3 cannot go to the bathroom independently and needs staff assistance. R3 indicated R3 is often incontinent due to the wait but does not want to wet R3's self. On 2/19/25, Surveyor reviewed a call light activity report for R3 from 1/1/25 to 2/19/25. The report indicated R3 had 117 call light response times that were over 20 minutes long. The 117 call lights response times included the following: ~20-29:59 minute response time = 59 instances ~30-39:59 minute response time = 29 instances ~40-49:59 minute response time = 8 instances ~50-59:59 minute response time = 9 instances ~60-89:59 minute response time = 10 instances ~90-120 minute response time = 2 instances (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2. On 2/17/25, Surveyor reviewed R12's medical record. R12 was admitted to the facility on [DATE] and had diagnoses including cognitive communication deficit, retention of urine, need for assistance with personal care, difficulty in walking, irritable bowel syndrome, history of falling, and anxiety. R12's MDS assessment, dated 2/15/25, had a BIMS score of 12 out of 15 which indicated R12 had moderately impaired cognition. On 2/17/25 at 12:00 PM, Surveyor interviewed R12 who stated R12 often waits more than 20 or 30 minutes for assistance to use the bathroom. R12 indicated R12 had to wait over 40 minutes that morning and was not happy about it. On 2/19/25, Surveyor reviewed a call light activity report for R12 from 1/30/25 to 2/19/25. The report indicated R12 had 55 call light response times that were over 20 minutes long. The 55 call lights response times included the following: ~20-29:59 minute response time = 23 instances ~30-39:59 minute response time = 14 instances ~40-49:59 minute response time = 11 instances ~50-59:59 minute response time = 2 instances ~60-89:59 minute response time = 4 instances ~90-120 minute response time = 1 instance. On 2/19/25 at 9:40 AM, Surveyor interviewed Registered Nurse Supervisor (RNS)-F who indicated 20 minutes or less is the goal for call light response times. RNS-F indicated there are times when staff forget to shut off the call light after they respond to residents. RNS-F indicated staff should answer a resident's call light in a timely manner and turn off the light once they've met the resident's needs. RNS-F indicated staff should communicate with residents if there will be a longer call light response time, ensure residents' safety, and try to meet residents' needs as soon as possible. On 2/19/25 at 9:50 AM, Surveyor interviewed Certified Nursing Assistant (CNA)-H who indicated call lights over 20 minutes are not acceptable. CNA-H indicated CNA-H tries to answer call lights within 15 to 20 minutes. CNA-H stated call light responses may have been longer the last few days due to staff having to don and doff personal protective equipment (PPE) for residents with COVID-19. On 2/19/25 at 10:02 AM, Surveyor interviewed Nursing Home Administrator (NHA)-A who indicated call lights should be answered in 20 minutes or less. NHA-A indicated some staff forget to deactivate call lights after they answer them. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 2/19/25 at 11:17 AM, Surveyor completed a follow-up interview with R3 who stated the average call light response time is close to an hour. R3 indicated R3 does not feel staff address R3's needs but forget to turn off the call light. R3 stated R3 is adamant that staff turn off the call light before they exit the bathroom and leave R3 on the toilet. R3 stated R3 does that to ensure R3 can use the call light again to signal when R3 is finished or in case R3 needs more help or has an emergency. R3 stated long call light response times negatively impact R3's life because R3 does not want to sit in a wet brief or wet clothes.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident's drug regimen must be free from unnecessary drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45942 Based on staff interview and record review, the facility did not ensure 2 residents (R) (R18 and R46) of 5 sampled residents were monitored for adverse reactions to high-risk medications. R18 was prescribed a fentanyl transdermal patch (an opioid medication) and oxycodone oral concentrate (an opioid medication) for pain. R18's plan of care did not contain monitoring interventions for adverse reactions to the high-risk medications. R46 was prescribed morphine (an opioid medication) and oxycodone (an opioid medication) for pain, spironolactone (a diuretic medication) for high blood pressure, and gabapentin (an anticonvulsant medication) for nerve pain. R46's plan of care did not contain monitoring interventions for adverse reactions to the high-risk medications. Findings include: Per the Federal Food and Drug Administration (FDA), opioid medications have a black box warning. A black box warning is the FDA's strongest safety warning given to medication. These medications have the potential for severe side effects. The facility's High Risk Medications policy, dated 7/2024, indicates: This facility recognizes that some medications are associated with greater risks of adverse consequences than other medications. These high-risk medications can include .opioids, diuretics .and any other medication that can bear a heightened risk. This policy addresses the facility's collaborative, systematic approach to managing high-risk medications for efficacy and safety .6) The resident's plan of care shall alert staff to monitor for adverse consequences of any high-risk medications given. 7) The resident's plan of care shall include interventions to minimize the risk of adverse consequences. 1. On 2/19/25, Surveyor reviewed R18's medical record. R18 was admitted to the facility on [DATE] and had diagnoses including vascular dementia, anxiety, and giant cell arteritis (GCA) with polymyalgia rheumatica (PMR) (GCA is blood vessel inflammation of the head/temporal region that causes head pain, scalp tenderness, and jaw pain. PMR is a condition that causes pain, stiffness, and inflammation in the muscles around the shoulders, neck, and hips). R18's Minimum Data Set (MDS) assessment, dated 1/16/25, had a Brief Interview for Mental Status (BIMS) score of 6 out of 15 which indicated R18 had severely impaired cognition. R18 received Hospice services and had an activated Power of Attorney (POA). R18's medical record indicated R18 was prescribed the following medications: ~Fentanyl transdermal (on skin) patch 72 hour 12 micrograms (mcg)/hour apply 12 mcg transdermally one time a day every 3 day(s) for pain ~Oxycodone oral concentrate 100 milligrams (mg)/5 milliliters (ml) give 0.5 ml every hour as needed (PRN) for severe pain/dyspnea (shortness of breath). (continued on next page)

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R18's medical record and plan of care did not contain monitoring interventions for adverse reactions to opioid use including sedation, dizziness, nausea, vomiting, constipation, and respiratory depression. 2. On 2/19/25, Surveyor reviewed R46's medical record. R46 was admitted to the facility on [DATE] and had diagnoses including osteoarthritis, neuropathy, and hypertension. R46's MDS assessment, dated 1/13/25, had a BIMS score of 14 out of 15 which indicated R46 had intact cognition. R46 received Hospice services and had an activated POA. R46's medical record indicated R46 was prescribed the following medications: ~Morphine sulfate oral solution 20 mg/5 ml give 1 ml by mouth every hour PRN for severe pain or dyspnea, 0. 5 ml for moderate pain or dyspnea, and 0.25 ml for mild pain or dyspnea ~Spironolactone oral tablet 25 mg give 1 tablet one time a day for diuretic ~Oxycodone oral tablet 5 mg give 2.5 mg by mouth every 4 hours PRN for severe pain ~Gabapentin oral capsule 100 mg give 1 capsule by mouth three times a day for neuropathy R46's plan of care indicated R46 had acute pain and contained interventions to encourage use of analgesics prior to physical therapy, evaluate for non-verbal indicators of pain, and evaluate vital signs. R46's plan of care also indicated R46 had hypertension and contained interventions to evaluate blood pressure. R46's medical record and plan of care did not contain monitoring for adverse reactions to opioid use including sedation, dizziness, nausea, vomiting, constipation, and respiratory depression; for adverse reactions to diuretic use including dehydration, headache, nausea, dizziness, and loss of appetite; and for anticonvulsant use including fatigue, tremors, rash, blurred vision, and weight gain. On 2/19/25 at 2:03 PM, Surveyor interviewed Nurse Manager (NM)-E who confirmed R18 and R46's care plans did not contain monitoring interventions for adverse reactions to the high-risk medications. On 2/19/25 at 2:07 PM, Surveyor interviewed Director of Nursing (DON)-B who indicated staff should monitor for adverse reactions to high-risk medications, however, the facility has a new electronic health record system and staff are still learning how to use it. DON-B indicated nurses had pharmacology classes and know the side effects of high-risk medications. DON-B indicated Medication Technicians know even more since they administer medication daily. When asked what the facility's policy indicates regarding high-risk medication monitoring, DON-B indicated DON-B was unsure.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49010 Based on observation, staff interview, and record review, the facility did not ensure food was stored and prepared in a sanitary manner. This practice had the potential to affect all 59 residents residing in the facility. The dry storage area, coolers, and freezer contained multiple open, undated, unlabeled, and/or expired items. Documentation logs for the parts per million (PPM) of the sanitizing solution in the sanitizing buckets and 3-compartment sink were not completed. Staff did not appropriately test and maintain dishwasher temperatures. Staff did not maintain a sanitary dishwashing practice. Findings include: On [DATE], Director of Culinary Operations (DCO)-I verified the facility follows the Food and Drug Administration (FDA) Food Code as their standard of practice. Food Labeling/Storage: The 2022 FDA Food Code documents at ,d+[DATE].17 Ready-to-Eat, Time/Temperature Control for Safety Food, Date Marking: (A) Except when packaging food using a reduced oxygen packaging method as specified under S ,d+[DATE].12, and except as specified in (E) and (F) of this section, refrigerated, ready-to-eat, time/temperature control for safety food prepared and held in a food establishment for more than 24 hours shall be clearly marked to indicate the date or day by which the food shall be consumed on the premises, sold, or discarded when held at a temperature of 5 Celsius (C) (41 Fahrenheit (F)) or less for a maximum of 7 days. The day of preparation shall be counted as day 1. The 2022 FDA Food Code documents at ,d+[DATE].18 Ready-to-Eat, Time/Temperature Control for Safety Food, Disposition: (A) A food specified in ,d+[DATE].17(A) or (B) shall be discarded if it: (1) Exceeds the temperature and time combination specified in ,d+[DATE].17(A), except time that the product is frozen; (2) Is in a container or package that does not bear a date or day; or (3) Is inappropriately marked with a date or day that exceeds a temperature and time combination as specified in ,d+[DATE].17(A). (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	The facility's Food Service Safety policy, dated ,d+[DATE], indicates: It is the policy of this facility to procure food from sources approved or considered satisfactory by federal, state, and local authorities. Food will also be stored, prepared, distributed, and served in accordance with professional standards for food service safety .3. Facility staff shall inspect all food, food products, and beverages for safe transport and quality upon delivery/receipt and ensure timely proper storage .iv. Label, date, and monitor refrigerated food, including but not limited to leftovers, so it is used by its use-by date, or frozen (where applicable), or discarded. v. Keep foods covered or in tight containers . The facility's Cold and Dry Storage policy, dated ,d+[DATE], indicates: .8. All items are to be properly labeled and dated if removed from their original packaging. Perishable meats must contain a seven day use-by date . The facility's undated Labeling and Dating Cooler Items policy, dated [DATE], indicates: All items taken from the cooler need dates put on them unless they already have dates .Fresh fruit-five day expiration . Lettuce-five day expiration .Bread-open date .Juice concentrates-open date .If an item does not have a date and you plan to keep it, it must have an expiration date. During an initial kitchen tour that began at 9:45 AM on [DATE], Surveyor and DCO-I observed the following undated, open and/or expired items: Dry Storage: ~A plastic container of ground pretzels dated ,d+[DATE] (opened date per DCO-I) with no use-by date ~An unlabeled and undated container of bulk flour (per DCO-I) ~An unlabeled and undated container of bulk oatmeal (per DCO-I) Cooler: ~An unlabeled and undated pan of prepared potatoes (per DCO-I) ~Three containers of macaroni salad dated ,d+[DATE] (prepared date per DCO-I) with no use-by dates ~Three containers of creamy cucumber salad dated ,d+[DATE] (prepared date per DCO-I) with no use-by dates ~Two containers of pureed creamy cucumber salad dated ,d+[DATE] (prepared date per DCO-I) with no use-by dates ~An open bag of cheddar cheese squares dated ,d+[DATE] with no use-by date ~An open bag of Monterey [NAME] cheese squares dated ,d+[DATE] with no use-by date ~A container of chopped onions dated ,d+[DATE] (prepared date per DCO-I) with no use-by date ~A container of pureed sugar cookies dated ,d+[DATE] (prepared date per DCO-I) with no use-by date (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	~A container of pureed oatmeal raisin dated ,d+[DATE] (prepared date per DCO-I) with no use-by date ~A bowl of pureed bread dated [DATE] (prepared date per DCO-I) with no use-by date. (The container was covered with plastic wrap, however, part of the wrap was peeled back which left the pureed bread open to air.) ~A container of stroganoff dated ,d+[DATE] (prepared date per DCO-I) with no use-by date ~Two containers of chocolate frosting dated ,d+[DATE] (prepared date per DCO-I) with no use-by dates ~A container of tomato paste dated ,d+[DATE] (opened date per DCO-I) with no use-by date ~A container of blueberry filling dated ,d+[DATE] (opened date per DCO-I) with no use-by date ~A container of cherries dated ,d+[DATE] (opened date per DCO-I) with no use-by date ~Five bags of shredded cheese: mozzarella dated ,d+[DATE], cheddar dated ,d+[DATE], Parmesan dated , d+[DATE], two cheese blends dated ,d+[DATE] (all dates were opened dates per DCO-I) with no use-by dates Freezer: ~Eleven unlabeled bags (hamburger patties per DCO-I) dated ,d+[DATE] (opened date per DCO-I) with no use-by dates ~Numerous unlabeled and undated portioned cups (ice cream per DCO-I) ~A pan of frozen sliders dated [DATE] with no use-by date ~An unlabeled bag (breakfast sausage per DCO-I) dated ,d+[DATE] (opened date per DCO-I) with no use-by date ~An unlabeled bag (Italian sausage per DCO-I) dated ,d+[DATE] (opened date per DCO-I) with no use-by date ~Eight unlabeled bags (chicken breasts per DCO-I) dated ,d+[DATE] (opened date per DCO-I) with no use-by dates ~A pan of frozen pizza dated ,d+[DATE] with no use-by date ~An open, unlabeled, and undated package of food items (french fries per DCO-I) ~A bag of crumbled cooked sausage dated ,d+[DATE] (opened date per DCO-I) with no use-by date ~An open bag of pepperoni dated ,d+[DATE] (opened date per DCO-I) with no use-by date (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	~Three loaves of lemon blueberry bread dated ,d+[DATE] (prepared date per DCO-I) with no use-by dates ~A package of unidentified food (most likely diced ham per DCO-I) dated ,d+[DATE] (opened date per DCO-I) with no use-by date Unit Kitchen Storage: ~Eight unlabeled portioned cups (Jell-O per Dietary Aide (DA)-J) dated ,d+[DATE] with no use-by dates ~Twelve unlabeled portioned cups (Jell-O per DA-J) dated ,d+[DATE] (most likely the use-by date per DA-J) ~Four unlabeled bags of food (hamburger patties per DA-J) dated ,d+[DATE] (opened date per DA-J) with no use- by dates ~One unlabeled bag of food (breakfast sausage links per DJ-A) dated ,d+[DATE] (opened date per DJ-A) with no use-by date ~One metal container of portioned items labeled sausage ,d+[DATE]. The items in the container included: eight containers of pureed bacon, two containers of ground bacon, six containers of pureed sausage, one container of chicken, and 3 unlabeled and unidentified items (each was a different color) with no expiration dates ~Five unlabeled and undated containers of portioned items (ice cream per DA-J) On [DATE] at 9:45 AM, Surveyor toured the kitchen and coolers with DCO-I who indicated opened and pre-made food should contain open or made dates and use-by dates. DCO-I indicated staff should be aware of and date food items appropriately. DCO-I was unsure when the bulk flour and oatmeal were opened. DCO-I thought the items were good for 30 days but there was no way to tell when they were opened. DCO-I was unsure of the facility's policy regarding bulk flour and oatmeal. When asked how would staff know if items are still good if they are not dated, DCO-I was unsure. On [DATE] at 12:20 PM, Surveyor interviewed DA-J in the unit kitchen. DA-J did not know what the unlabeled and undated food items were and did not know when they were made or should be used by. DA-J was not familiar with the facility's food storage policies but indicated food should be labeled and dated. Sanitizing Solution: The 2022 FDA Food Code documents at ,d+[DATE].114 Manual and Mechanical Warewashing Equipment, Chemical Sanitization-Temperature, pH, Concentration, and Hardness: A chemical sanitizer used in a sanitizing solution for a manual or mechanical operation at contact times specified under ,d+[DATE].11(C) shall meet the criteria specified under ,d+[DATE].11 Sanitizers, Criteria, shall be used in accordance with the EPA-registered label use instructions. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	The 2022 FDA Food Code documents at ,d+[DATE].116 Warewashing Equipment, Determining Chemical Sanitizer Concentration: Concentration of the sanitizing solution shall be accurately determined by using a test kit or other device. Ecolab Oasis 146 Multi-Quat Sanitizer data sheet indicate the sanitizing solution should be tested for effectiveness by measuring the PPM dilution range. The Hydrion Quat test strips are the appropriate testing strips. The sanitizer solution temperature needs to be tested and within ,d+[DATE] degrees Fahrenheit . The effective PPM range is ,d+[DATE] PPM. Surveyor requested the facility's policy for testing the sanitizing solution. A policy was not provided. During an initial kitchen tour on that began at 9:45 AM on [DATE], Surveyor observed sanitizer buckets, a sink filled with sanitizing solution, and a large container of Oasis 146 Multi-Quat Sanitizer. Surveyor requested to see sanitization logs for the 3-compartment sink and sanitizing buckets. DCO-I stated the facility did not have sanitization testing logs. DCO-I indicated kitchen staff test the sanitizer, but do not log or record the PPM. On [DATE] at 12:31 PM, Surveyor interviewed [NAME] (CK)-K who indicated CK-K knew how to test the sanitizing solution and used an Ecolab chlorine test strip. CK-K was not aware that the chlorine test strip was not the appropriate test strip for the sanitizing solution. In addition, CK-K did not test the temperature of the solution and was not aware CK-K needed to do so. On [DATE] at 12:35 PM, Surveyor interviewed Assistant [NAME] (AC)-L who had just prepared a bucket of sanitizing solution. When Surveyor asked AC-L to test the sanitizing solution, AC-L used an Ecolab sink and surface cleaner test strip. AC-L was not aware the sink and surface cleaner test strip was not the appropriate test strip for the sanitizing solution. In addition, AC-L did not test the temperature of the solution and was not aware AC-L needed to do so. On [DATE] at 3:03 PM, Surveyor interviewed DCO-I and Assistant Director of Dining (ADD)-M who confirmed the facility did not have a policy for testing the sanitizing solution and did not keep a log for testing. ADD-M was aware the appropriate sanitizing test strips were the Hydrion Quat test strips and indicated the facility had the appropriate test strips. ADD-M indicated ADD-M needed to review the process with kitchen staff. Dishwasher Temperatures: (continued on next page)

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	525465	A. Building B. Wing	02/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cedar Lake Health and Rehab Center	5595 Cty Rd Z West Bend, WI 53095

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	The 2022 FDA Food Code documents at ,d+[DATE].13 Temperature Measuring Devices, Manual Warewashing: Water temperature is critical to sanitization in warewashing operations. This is particularly true if the sanitizer being used is hot water. The effectiveness of cleaners and chemical sanitizers is also determined by the temperature of the water used. A temperature measuring device is essential to monitor manual warewashing and ensure sanitization. Effective mechanical hot water sanitization occurs when the surface temperatures of utensils passing through the warewashing machine meet or exceed the required 71 C (160 F). Parameters such as water temperature, rinse pressure, and time determine whether the appropriate surface temperature is achieved. Although the Food Code requires integral temperature measuring devices and a pressure gauge for hot water mechanical warewashers, the measurements displayed by these devices may not always be sufficient to determine that the surface temperatures of utensils are reaching 71 C (160 F). The regular use of irreversible registering temperature indicators provides a simple method to verify that the hot water mechanical sanitizing operation is effective in achieving a utensil surface temperature of 71 C (160 F). The 2022 FDA Food Code documents at ,d+[DATE].112 Mechanical Warewashing Equipment, Hot Water Sanitization Temperatures: The temperature of hot water delivered from a warewasher sanitizing rinse manifold must be maintained according to the equipment manufacturer's specifications and temperature limits specified in this section to ensure surfaces of multi-use utensils such as kitchenware and tableware accumulate enough heat to destroy pathogens that may remain on such surfaces after cleaning. The surface temperature must reach at least 160 degrees F as measured by an irreversible registering temperature measuring device to affect sanitization. When the sanitizing rinse temperature exceeds 194 degrees F at the manifold, the water becomes volatile and begins to vaporize reducing its ability to convey sufficient heat to utensil surfaces. The lower temperature limits of 165 degrees F for a stationary rack single temperature machine, and 180 degrees F for other machines are based on the sanitizing rinse contact time required to achieve the 160 degree F utensil surface temperature. The 2022 FDA Food Code documents at ,d+[DATE].13 Temperature Measuring Devices, Manual and Mechanical Warewashing: (B) In hot water mechanical warewashing operations, an irreversible registering temperature indicator shall be provided and readily accessible for measuring the utensil surface temperature. The facility's Primary Dish Machine Operation Instructions policy, dated ,d+[DATE], indicates: Sensor tags are sent through the machine three times per week to ensure the machine is functioning properly. Monday/Wednesday/Friday send a temperature sensor tab strip through the machine and record on the monthly temperature log sheet. During an initial kitchen tour that began at 9:45 AM on [DATE], Surveyor and DCO-I noted the dishwasher temperature did not reach the appropriate wash temperature. The three wash temperatures observed were 148 degrees F, 142 degrees F, and 144 degrees F. On [DATE] at 12:43 PM, Surveyor and DCO-I noted the dishwashing rinse temperature was 170 degrees F. On [DATE], Surveyor and DCO-I observed the dishwashing surface temperature log which did not contain sensor tags. DCO-I indicated staff are instructed to obtain dishwasher surface temperatures three times per week, however, staff throw away the sensors after use. DCO-I verified the log did not indicate whether or not the surface temperatures obtained were appropriate. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On [DATE] at 2:53 PM, Surveyor interviewed AC-L and ADD-M who confirmed staff do not keep sensor tags. AC-L and ADD-M indicated there was no way to verify if the sensor tags reached the required temperature for safe dishwashing. On [DATE] at 3:03 PM, Surveyor interviewed DCO-I and ADD-M who confirmed temperature gauges on the outside of the dishwasher are not always reliable for temperature control and verified surface temperatures should be obtained and documented to ensure proper sanitization of dishes and silverware. Unsanitary Dishwashing: The 2022 FDA Food Code documents at ,d+[DATE].14 When to Wash: Food employees shall clean their hands and exposed portions of their arms as specified under S ,d+[DATE].12 immediately before engaging in food preparation including working with exposed food, clean equipment and utensils, and unwrapped single-service and single-use articles, and: .(E) After handling soiled equipment or utensils .(H) Before putting on gloves to initiate a task that involves working with food, and (I) After engaging in other activities that contaminate the hands. During an initial kitchen tour that began at 9:45 AM on [DATE], Surveyor and DCO-I observed the dishwashing area. DA-N was in the dirty dish area and another staff was in the clean dish area. Surveyor and DCO-I observed DA-N (who was processing dirty dishes) walk to the clean dish area and touch clean dishes and dish racks twice within 3 minutes without removing gloves, changing gloves, or performing hand hygiene. Immediately following the observation, Surveyor interviewed DA-N who confirmed DA-N did not complete hand hygiene and should not have touched clean dishes and dish racks. DA-N indicated DA-N forgot to complete hand hygiene but knows DA-N should do so. On [DATE] at 3:03 PM, Surveyor interviewed DCO-I and ADD-M who confirmed staff are trained on appropriate dishwashing techniques including proper hand hygiene and infection control practices. DCO-I indicated staff should not contaminate clean dishes or the clean dish area and should perform appropriate sanitary dish washing techniques and hand hygiene.

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F 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50988 Based on staff interview and record review, the facility did not ensure a COVID-19 vaccine was administered for 2 residents (R) (R52 and R18) of 5 sampled residents. R52 and R18 were not administered a COVID-19 vaccine that R52 and R18's activated [NAME] of Attorney for Healthcare (POAHC) signed consent for. Findings include: The Centers for Disease Control and Prevention (CDC) guidelines at https://www.dcd.gov/mmwr/volumes/73/wr/mm7337e2.htm indicate: COVID-19 vaccination provides additional protection against severe COVID-19-associated illness and death. Since September 2023, 2023-2024 Formula monovalent XBB.1-strain COVID-19 vaccines have been recommended for use in the United States for all persons aged >6 months. However, SARS-CoV-2 continues to evolve, and since winter 2023-2024, Omicron JN.1 lineage strains of SARS-CoV-2, including the JN.1 strain and the KP.2 strain, have been widely circulating in the United States. Further, COVID-19 vaccine effectiveness is known to wane. On June 27, 2024, the Advisory Committee on Immunization Practices (ACIP) recommended 2024-2025 COVID-19 vaccination with a Food and Drug Administration (FDA)-approved or authorized vaccine for all persons aged >6 months. On August 22, 2024, the FDA approved the 2024-2025 COVID-19 vaccines by Moderna and Pfizer-BioNTech (based on the KP.2 strain) for use in persons aged >[AGE] years and authorized these vaccines for use in children aged 6 months-[AGE] years under Emergency Use Authorization (EUA). 1. On 2/18/25, Surveyor reviewed R52's medical record. R52 was admitted to the facility on [DATE] and had diagnoses including Alzheimer's disease, congestive heart failure (CHF), and cerebral vascular accident (CVA) (otherwise known as stroke). R52's Minimum Data Set (MDS) assessment, dated 1/7/25, had a Brief Interview for Mental Status (BIMS) score of 9 out of 15 which indicated R52 had moderate cognitive impairment. R52 had an activated Power of Attorney for Healthcare (POACH). R52's medical record indicated R52 received a COVID-19 vaccine on 1/12/21. R52's medical record did not indicate R52 was offered or administered an updated COVID-19 vaccine. 2. On 2/18/25, Surveyor reviewed R18's medical record. R18 was admitted to the facility on [DATE] and had diagnoses including dementia, diabetes, and CVA. R18's MDS assessment, dated 1/6/25, had a BIMS score of 13 out of 15 which indicated R18 had intact cognition. R18 had an activated POAHC. R18's medical record indicated R18 received a COVID-19 vaccine on 3/12/21. R18's medical record did not indicate R18 was offered or administered an updated COVID-19 vaccine. (continued on next page)

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F 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 2/19/25 at 9:29 AM, Surveyor interviewed Infection Preventionist (IP)-D who indicated the facility sent COVID-19 vaccination consent forms to R52 and R18's POAHC. The consent forms were reviewed and indicated R52 and R18's POAHC signed consent for R52 and R18 to receive a COVID-19 vaccine. R52's consent form was signed and dated 11/28/24. R18's consent form was signed and dated 10/10/24. IP-D verified R52 and R18 did not receive updated COVID-19 vaccines. IP-D indicated the facility is implementing a new tracking system for when residents' vaccines are due and/or have been administered.