

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525467	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/06/2024
NAME OF PROVIDER OR SUPPLIER  Maryhill Manor		STREET ADDRESS, CITY, STATE, ZIP CODE  501 Madison Ave Niagara, WI 54151	

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 - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>47248</p> <p>Based on observation, staff interview, and record review, the facility did not ensure food was stored and prepared in a sanitary manner. The practice had the potential to affect all 45 residents residing in the facility.</p> <p>Staff did not monitor and document food cooling temperatures.</p> <p>Staff did not serve food in a manner that protected residents from cross-contamination.</p> <p>Staff did not perform appropriate hand hygiene and safe food handling practices when serving food.</p> <p>Findings include:</p> <p>On 11/5/24 Dietary Manager (DM)-D indicated the facility followed the Wisconsin Food Code.</p> <p>Food Cooling Logs:</p> <p>The 2022 Wisconsin Food Code documents at section 3-501.14 Cooling: (A) Cooked time/temperature control for safety food shall be cooled: (1) Within 2 hours from 57 Celsius (C) (135 Fahrenheit) (F) to 21 C (70 F); and (2) Within a total of 6 hours from 57 C (135 F) to 5 C (41 F) or less. (B) Time/temperature control for safety food shall be cooled within 4 hours to 5 C (41 F) or less.</p> <p>The 2022 Wisconsin Food Code documents at section 3-501.15 Cooling Methods: (A) Cooling shall be accomplished in accordance with the time and temperature criteria specified under S 3-501.14 by using one or more of the following methods based on the type of food being cooled: (1) Placing the food in shallow pans; (2) Separating the food into smaller or thinner portions; (3) Using rapid cooling equipment; (4) Stirring the food in a container placed in an ice water bath; (5) Using containers that facilitate heat transfer; (6) Adding ice as an ingredient; or (7) Other effective methods.</p> <p>During an initial kitchen tour that began on 11/4/24 at 9:13 AM, Surveyor observed the following previously cooked and cooled foods in the walk-in cooler and freezer:</p> <p>~ Several frozen bags labeled Ground Sausage dated 10/29/24</p> <p>~ One container labeled Pork dated 10/4/24</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 - Many</p>	<p>~ One container labeled Ground hamburger dated 10/3/24</p> <p>~ One steam table container labeled Chicken A La King dated 11/3/24</p> <p>~ Several small containers labeled Liquid diet vegetables dated 11/3/24</p> <p>~ One container labeled BLT salad dated 11/3/24</p> <p>~ One container labeled Plain Pork dated 11/4/24</p> <p>~ One container labeled Roast Beef dated 11/3/24</p> <p>~ Mechanically ground beef dated 10/30/24</p> <p>~ One unlabeled container of contents dated 10/29/24</p> <p>Surveyor interviewed DM-D who confirmed the foods listed above were pre-cooked for meals or leftovers from meals saved for future resident consumption. DM-D indicated the unlabeled container (dated 10/29/24) was leftover soup that would be used in beef stew for a future meal.</p> <p>During a continuous kitchen observation that began at 10:34 AM on 11/5/24, Surveyor also interviewed DM-D who confirmed staff did not document the food cooling process. DM-D indicated the facility did not have a process for documenting food cooling and did not have cooling logs for the foods listed above in the walk-in cooler and freezer.</p> <p>Cross-Contamination:</p> <p>The 2022 Wisconsin Food Code documents at 4-602.11 Equipment Food/Contact Surfaces and Utensils: (A) Equipment food/contact surfaces and utensils shall be cleaned .(5) At any time during the operation when contamination may have occurred.</p> <p>During a continuous kitchen observation that began at 10:34 AM on 11/5/24, Surveyor observed [NAME] (CK)-E scoop items from 2 containers in the steam table with the same scoop. CK-E did not clean the scoop between uses. Surveyor interviewed CK-E who verified one container was mashed potatoes and the other container was fortified mashed potatoes. Surveyor also observed CK-E leave the steam table during lunch service and observed CK-F take CK-E's place. Surveyor also observed CK-F scoop mashed potatoes and fortified mashed potatoes with the same scoop without cleaning the scoop between uses.</p> <p>On 11/5/24 at 1:47 PM, Surveyor interviewed DM-D who indicated one resident (R27) had a lactose intolerance that was indicated on their diet order. Surveyor reviewed the label of the fortified powder used in the mashed potatoes. The label indicated the powder contained milk. DM-D indicated DM-D was not aware the same scoop was used for both foods and verified there was a potential for cross-contamination of the potatoes for R27 who was lactose intolerant. (Surveyor reviewed R27's medical record which indicated R27 was ordered a lactose-free diet due to lactose intolerance.)</p> <p>Hand Hygiene:</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 - Many</p>	<p>The 2022 Wisconsin Food Code documents at 3-301.11: (B) Except when washing fruits and vegetables as specified under S 3-302.15 or as specified in (D) of this section, Food Employees may not contact exposed, ready to eat food with their bare hands and shall use suitable utensils such as deli tissue, spatulas, tongs, single-use gloves, or dispensing equipment .</p> <p>The 2022 Wisconsin Food Code documents at 3-304.15 Gloves, Use Limitation: (A) If used, single-use gloves shall be used for only one task such as working with ready to eat food or with raw animal food, used for no other purpose, and discarded when damaged or soiled, or when interruptions occur in the operation.</p> <p>During a continuous kitchen observation that began at 10:34 AM on 11/5/24, Surveyor observed CK-E serve lunch from the steam table. Surveyor observed CK-E touch food scoops, meal tickets, plates, and food covers with gloved hands. With the same gloved hands, Surveyor observed CK-E put dinner rolls and buttered bread on residents' plates. Surveyor observed CK-E continue to use the same gloved hands without completing hand hygiene or glove changes.</p> <p>During a continuous kitchen observation that began at 10:34 AM on 11/5/24, Surveyor observed CK-F serve lunch from the steam table. Surveyor observed CK-F touch food scoops, meal tickets, plates, and food covers with gloved hands. With the same gloved hands, Surveyor observed CK-F put dinner rolls and buttered bread on residents' plates. Surveyor observed CK-F continue to use the same gloved hands without completing hand hygiene or glove changes throughout the meal service. CK-F then left the steam table to obtain an item from a drawer. With the same gloved hands, CK-F returned to the steam table and resumed meal service. CK-F continued to touch food scoops, meal tickets, plates, and food covers, and put dinner rolls and buttered bread on residents' plates. With the same gloved hands, CK-F cut a resident's vegetables into bite-sized pieces by holding the vegetables with gloved hands. With the same gloved hands, CK-F then continued lunch service at the steam table.</p> <p>On 11/5/24 at 1:47 PM, Surveyor interviewed DM-D who indicated all cooks and dietary aides were trained on appropriate hand hygiene while serving at the steam table and during food prep. DM-D confirmed the facility's policy indicated food should only be touched with a single-use glove or tongs. DM-D also confirmed appropriate hand hygiene was not followed during lunch service at the steam table.</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49010</p> <p>Based on staff interview and record review, the facility did not ensure vaccinations were administered for 1 resident (R) (R3) of 5 sampled residents.</p> <p>R3 was not offered the PCV20(R) vaccine.</p> <p>Findings include:</p> <p>Abbreviations (www.cdc.gov):</p> <p>PCV13: 13-valent pneumococcal conjugate vaccine (Pevnar13(R))</p> <p>PCV15: 15-valent pneumococcal conjugate vaccine (Vaxneuvance(R))</p> <p>PCV20: 20-valent pneumococcal conjugate vaccine (Pevnar 20(R))</p> <p>PPSV23: 23-valent pneumococcal polysaccharide vaccine (Pneumovax23(R))</p> <p>The Centers for Disease Control and Prevention (CDC) recommendations for pneumococcal vaccinations indicate: For adults [AGE] years or older who have only received PPSV23, the CDC recommends: Give 1 dose of PCV15 or PCV20. The PCV15 or PCV20 dose should be administered at least 1 year after the most recent PPSV23 vaccination. Regardless of if PCV15 or PCV20 is given, an additional dose of PPSV23 is not recommended since they already received it. For those who have received PCV13 and 1 dose of PPSV23, the CDC recommends you give 1 dose of PCV20 at least 5 years after the last pneumococcal vaccine. For adults [AGE] years or older who have received PCV13, give 1 dose of PCV20 or PPSV23 at least 1 year after PCV13. Regardless of vaccine used, their vaccines are then complete.</p> <p>The facility's Pneumococcal Vaccine (series) policy, with a revision date of 7/26/24, indicates: It is our policy to offer residents and staff immunization against pneumococcal disease in accordance with current CDC guidelines and recommendations .Pneumococcal Vaccine schedules for adults aged &gt;[AGE] years: Vaccine received previously at any age: Both PCV13 and PPSV23 (any order), and the PPSV23 was administered at age &gt;[AGE] years. Schedule option A (PVC 20 available). Together with the patient, vaccine providers may choose to administer a single dose of PCV20 to adults age 65 or older who already have received PCV13 at any age and PPSV23 at age 65 or older. The interval should be greater than 5 years since the last PCV13 or PPSV23 dose.</p> <p>On 11/5/24, Surveyor reviewed R3's medical record. R3 was admitted to the facility on [DATE] and had diagnoses including cerebrovascular disease, dementia, and epilepsy. R3's Minimum Data Set (MDS) assessment, dated 10/3/24, had a Brief Interview for Mental Status (BIMS) score of 4 out of 15 which indicated R3 had severely impaired cognition. R3 had an activated Power of Attorney for Healthcare (POHCA).</p> <p>R3's medical record indicated R3 received a PCV13 vaccine on 9/16/16 and a PPSV23 vaccine on 8/16/19. Based on the facility's policy and the CDC's guidelines, R3 was due to be offered the PCV20 vaccine on or after 8/16/24.</p> <p>(continued on next page)</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 11/5/24 at 12:17 PM, Surveyor interviewed Infection Preventionist (IP)-C who indicated IP-C did not offer the PCV20 vaccine to R3 and didn't realize IP-C should do so. IP-C indicated IP-C mistakenly interpreted the CDC recommendations on when to offer the PCV20 vaccine and who was responsible to offer it. IP-C stated IP-C thought the discussion was between the resident and their physician.</p> <p>On 11/6/24 at 11:30 AM, Surveyor interviewed IP-C who indicated IP-C contacted R3's POAHC who indicated they wanted R3 to receive the PCV20 vaccine if R3's physician was agreeable.</p> <p>On 11/6/24 at 11:30 AM, Surveyor interviewed Nursing Home Administrator (NHA)-A who stated NHA-A expects staff to offer vaccines per CDC recommendations and the facility's policy.</p>		