| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 525468 | A. Building<br>B. Wing | 12/03/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| St Croix Health Center | 1445 N Fourth St<br>New Richmond, WI 54017 |

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) |
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| F 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.<br><br>Based on observation, interview and record review, the facility did not distribute and serve food in accordance with professional standards for food service safety which had the potential to affect all 38 residents.Food Server (FS) H did not cover facial hair while temping and serving food.Findings include:Facility policy titled Dress Policy from New Horizon's Food Handbook dated December 2021, reads in part. Hair restraints while handling food including facial hair covers in accordance with state and health department regulations.On 12/01/2025 at 12:07 PM, Surveyor observed FS H temping and serving food with a hat on, beard net on, and full mustache uncovered and exposed.On 12/02/2025 at 8:15 AM, Surveyor observed FS H serving breakfast with mustache exposed and uncovered. On 12/02/2025 at 10:02 AM, Surveyor interviewed [NAME] J in the main kitchen. [NAME] J stated that as long as hair is up and covered, kitchen staff can wear a hat or hairnet. [NAME] J also stated facial hair must be covered. On 12/03/2025 at 7:48 AM, Surveyor interviewed Dietary Manager (DM) I. DM I stated kitchen staff must wear either a hair net or hat depending on length of hair. DM I stated facial hair must be covered. DM I stated the beard restraint should also cover a mustache. DM I acknowledged the improper use of hair restraints and plans to reeducate all kitchen staff. |

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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| F 0868<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | Have the Quality Assessment and Assurance group have the required members and meet at least quarterly<br><br>Based on interview and record review the facility did not ensure the Quality Assessment and Assurance (QAA) committee required the Medical Director (MD) to attend the Quality Assurance Process Improvement meetings each quarter. This has the potential to affect all 38 residents. This is evidenced by:On 12/03/25 at 2:36 PM, Surveyor interviewed Director of Nursing (DON) B about Quality Assurance Process Improvement (QAPI) meetings and who should be in attendance at these meetings. DON B stated the Medical Director (MD) has not attended the last two meetings on 11/20/25 and 08/21/25. The meeting information is sent to MD to review and if additional information is to be added. Nursing Home Administrator A (NHA) is in contact with the clinic for a new MD and physician. The current physician is leaving, and MD is retiring and NHA A is hoping the new physician will also be the MD. On 12/03/25 at 3:05 PM, Surveyor interviewed NHA A asking if MD attended QAPI meetings and if formal negotiations have occurred to contract a new Medical Director. NHA A stated MD did not attend the meetings. NHA A stated the clinic is reorganizing and waiting to hear the clinic's decision for physician and MD. The facility does not have evidence of the medical director being simultaneously involved in the QAPI meeting nor has there been an acceptable alternative in attendance at the QAPI meetings. |

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| F 0605<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not ensure 2 of 6 residents reviewed were free from unnecessary medications in relation to excessive duration.R2 was prescribed Lorazepam 2MG/ML Concentrate (0.25 ml / 0.5mg) by mouth every 2 hours as needed without a required end date.R27 was prescribed Lorazepam 0.5mg by mouth every 6 hours as needed for anxiety without a required end date.<br><br>Findings include:<br><br>Example 1<br><br>R2 was admitted to the facility on [DATE].<br><br>Pertinent diagnoses include bipolar disorder, unspecified, and unspecified dementia, unspecified severity, with other behavioral disturbance. R2 is on Hospice<br><br>Pertinent medication order includes:<br><br>Lorazepam 2MG/ML Concentrate<br><br>Dose: (0.25 ml / 0.5mg) by mouth every 2 hours as needed<br><br>For: Anxiety, Restlessness, Insomnia (Trouble Sleeping)<br><br>Administration Instructions: no stop date, indefinitely<br><br>Surveyor noted the facility did not have a policy or procedure for as-needed psychotropic medications.<br><br>On 12/03/25 at 7:43 AM, Surveyor interviewed Licensed Practical Nurse (LPN) F. LPN F stated when getting orders from Hospice, typically the charge nurse or unit coordinator will enter them. If not available, the floor nurse enters in the orders. LPN F stated as needed psychotropics are only good for 14 days unless the provider orders it for longer. LPN F stated orders could be marked indefinite if that is how the provider ordered it. LPN F stated LPN F was not told any different.<br><br>On 12/03/25 at 7:51 AM, Surveyor interviewed Charge Nurse (CN). CN G stated if staff receive an as-needed order for a psychotropic that does not specify an end date, it would be good for 14 days. CN G stated the order would then be reviewed and renewed as necessary. CN G said providers may order it for longer such as 30, 60, or 90 days, and sometimes longer. CN G stated providers have ordered as-needed psychotropic medications indefinitely instead of having an actual end date. CN G stated she believed that to be appropriate and was never told otherwise.<br><br>On 12/03/25 at 8:47 AM, Surveyor interviewed Nursing Home Administrator (NHA) A and Director of Nursing (DON) B. NHA A and DON B both stated PRN psychotropics should have an end date of 14 days and then it should be reviewed. DON B stated she understood why a provider would order a Hospice patient Lorazepam with indefinite in place of end date, but the order should have an actual end date, and that an indefinite time was not appropriate.<br>(continued on next page) |

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| F 0605<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Example 2<br><br>R27 was admitted to the facility on [DATE] with a diagnosis of Alzheimer's disease and other specified anxiety disorders.<br><br>On 05/16/25, R27 was prescribed Lorazepam 0.5mg by mouth every 6 hours as needed for anxiety without a required end date.<br><br>On 12/03/2025 at 7:57 AM, Surveyor reviewed record which indicated R27 had received as needed Lorazepam: May 2025 6x June 2025 7x July 2025 10x August 2025 8x September 2025 4x October 2025 1x November 2025 = 0 December 2x on 12/02/25 |

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide and implement an infection prevention and control program.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility did not maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment to prevent the development and transmission of communicable diseases and infections for 2 of 13 residents (R) (R7, R24)Staff did not change gloves or perform hand hygiene during observation of incontinence cares for R7 and R24.Staff utilized contaminated high touch environmental surfaces to conduct resident cares for R7 and R24. Findings:<br><br>The facility policy titled Hand Hygiene updated on 05/20/25 states: Purpose: Appropriate hand hygiene is essential in preventing transmission of infectious agent. To cleanse hands to prevent the spread of potentially deadly infections, to provide a clean and healthy environment for residents, staff, and visitors. To reduce the risk to the healthcare provider of colonization or infections acquired from a resident. Hand hygiene continues to be the primary means of preventing the transmission of infection. Hand hygiene (e.g. hand washing and/or Alcohol Based Hand Rub (ABHR) consistent with accepted standards of practice such as the use of ABHR instead of soap and water in all clinical situations except: in part: A. Hands are visibly soiled (e.g. blood, body fluids).<br><br>Example 1<br><br>R24 was admitted to the facility on [DATE] and has diagnoses that include Parkinson's and dementia.<br><br>On 12/02/2025 at 6:50 AM, Surveyor observed Certified Nursing Assistant (CNA) C conduct morning cares on R24 while sitting on toilet. R24 had been incontinent of urine prior to sitting on toilet and had small bowel movement while sitting on toilet. CNA C, with gloved hands, cleansed R24's rectal area with wet wipes and utilizing wet washcloths that were placed in and utilized from bottom of R24's bathroom sink and body soap cleansed front and back peri areas. CNA C then proceeded, without removing contaminated gloves and conducting hand hygiene, to pull up R24's clean pants, hooked up R24 into mechanical lift and worked controls and lift to position R24 into wheelchair before removing gloves and conducting hand hygiene.<br><br>On 12/02/25 at 8:07 AM, Surveyor interviewed CNA C regarding expectation of changing gloves and conducting hand hygiene. CNA C stated the expectation would be to change gloves and conduct hand hygiene when going from dirty to clean areas.<br><br>Example 2<br><br>On 12/02/2025 at 7:24 AM, Surveyor observed CNA D and CNA E assist R7 with personal cares. CNA B sanitized hands and applied gloves. CNA D placed a clean washcloth in bottom of sink. CNA D removed R7's blankets, raised bed, gathered clothes, and removed R7's socks. CNA D removed gloves, applied soap to hands, wrung out washcloth and set the washcloth to the side. CNA D washed hands for less than 20 seconds and turned faucet off with clean hands, dried hands, and applied gloves. CNA D wet a clean washcloth and applied hand soap to the washcloth. CNA D removed R7's brief and cleaned buttocks with the soaped washcloth. CNA D dried R7's buttocks and placed a clean brief. CNA D went to bathroom and took the wet washcloth that was set aside from being in the bathroom sink and is contaminated. CNA D wet the washcloth and applied hand soap to the washcloth. CNA D used the contaminated washcloth to wash R7's groin and penis. CNA D did not use another washcloth to rinse the washed areas. CNA D removed gloves and washed hands for less than<br>(continued on next page) |

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | 20 seconds, turned faucet off with clean hands and applied gloves. CNA D wet a clean washcloth and applied hand soap to the washcloth. CNA E entered room, sanitized hands and applied gloves. CNA E applied R7's socks and pants. CNA E removed gloves and applied clean gloves without hand hygiene. CNA D assisted R7 to sit at side of bed and removed t-shirt. Washed R7's underarms with the soaped washcloth and dried, applied clean t-shirt and shirt. CNA D applied gait belt to R7. CNA D and CNA E assisted R7 to stand and pivot to wheelchair. R7 then was transferred to toilet. CNA E removed gloves and applied clean gloves with no hand hygiene. CNA E brought linen bag and garbage to utility room and returned to R7's room and sanitized hands and applied gloves. CNA D and CNA E assisted R7 to stand from the toilet. CNA E used a wet wipe and cleansed penis. CNA E used a clean wipe to cleanse stool from R7's buttocks. CNA E removed gloves. CNA D and CNA E assisted to pull up R7's brief and pants and transferred R7 to wheelchair. CNA D removed gloves and washed hands for less than 20 seconds, turned faucet off with clean hands, and dried hands. CNA E without completing hand hygiene after providing peri care started to fold and hang up R7's clean clothes.<br><br>On 12/03/25 at 10:13 AM, Surveyor interviewed CNA D about proper hand hygiene. CNA D stated they get training yearly on infection control and hand washing. CNA D stated proper hand washing should be about 20 seconds and use a paper towel to turn faucet off and then dry hands. CNA D stated had washed hands more than needed and probably did not wash as long. Surveyor asked when removing gloves should hand hygiene of hand sanitizer or washing of hands be completed before applying clean gloves. CNA D stated it depends on what was touched prior. CNA D stated the facility does have peri wash but usually uses the hand soap in the resident's bathroom to wash the resident and will fold the washcloth to rinse the soap from the resident. CNA D stated CNA D did put the washcloth in the sink and probably should not put the washcloth directly in the sink for infection control. On 12/03/25 at 10:54 AM, Surveyor interviewed DON B about observation of cares and expectations. DON B stated the hand soap should not be used for cares and would expect the areas be rinsed. Facility does have peri wash products to use or resident's own soap. The facility does not use a no rinse soap. The washcloth should not be placed in the sink for infection control purpose. Hand hygiene should be completed with every glove change and proper technique. DON B stated staff were recently educated and audited for proper hand hygiene. |