STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525482	A. Building B. Wing	06/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Burlington Health and Rehabilitation Center	677 E State St Burlington, WI 53105

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, interview, and review of facility policy, the facility failed to ensure staff donned (put on) the appropriate personal protective equipment (PPE) when providing a pressure ulcer dressing change for one Resident (R) 6 out of three reviewed for enhanced barrier precautions (EBP). This had the potential for cross contamination and risk for infection. Findings include: Review of the facility policy titled, Enhanced Barrier Precautions, last revised 02/05/25, revealed, It is the guideline of this facility to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms. Enhanced Barrier Precautions (EBP) refers to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and gloves use during high contact resident care activities . an order for enhanced barrier precautions will be obtained for residents with any of the following: wounds such as pressure ulcers . Implementation of enhanced barrier precautions . h. Wound care: any skin opening requiring a dressing . Review of the R6's Profile, located in the electronic medical record (EMR) under the Profile tab, revealed the resident was initially admitted to the facility on [DATE] and most recently on 02/28/25 with diagnoses of paraplegia, stage 4 pressure ulcer (full thickness tissue loss with exposed bone, tendon, or muscle, slough or eschar may be present on some parts of the wound bed), above the right knee amputation, and heart failure. Review of R6's quarterly Minimum Data Set (MDS), with an assessment reference date (ARD) of 05/28/25, revealed a Brief Interview for Mental Status (BIMS) score of 15 out of 15, indicating the resident was cognitively intact. Review of R6's current physician's Order, located in the EMR under the Orders tab, revealed an order to cleanse the ischium (lower and back part of the hip bone) with 1/4 strength Dakin's solution, Santyl wet to dry packed lightly into wound and cover with a foam border dressing, change twice a day and as needed (PRN). (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

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an observation and interview on 06/25/25 at 11:15 AM of R6's dressing change with Certified Nursing Assistant (CNA)5 and Licensed Practical Nurse (LPN)1, LPN 1 completed the treatment to R6's stage 4 pressure ulcer to his ischium as ordered. However, neither CNA5 nor LPN1 wore a gown during the dressing change. LPN1 confirmed she nor the CNA had a gown on during the dressing change. LPN1 further confirmed there was a bin outside of the resident's door with PPE and a sign on top of the bin indicating the resident was on EBP and gloves and gown were required during high contact care activities. During an interview on 06/25/25 at 2:30 PM, the Director of Nursing (DON)/Infection Preventionist (IP) revealed it was the expectation for staff to follow EBP and to wear a gown during a dressing change to any pressure ulcer.