STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525497	A. Building B. Wing	05/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Pines Post Acute and Memory Care	1625 E Main St Clintonville, WI 54929

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. 47248 Based on observation, staff interview, and record review, the facility did not ensure 1 resident (R) (R49) of 1 resident observed during catheter care received appropriate care and services to prevent urinary tract infections (UTIs). Staff did not ensure R49 received catheter care in a manner that decreased the risk for infection. Findings include: The facility's Catheter Care, Foley policy, last revised 3/2016, indicates: Purpose: To promote hygiene, comfort and decrease risk of infection for catheterized residents Procedure: .9. Using soap and water on a washcloth, clean the catheter insertion site in a downward motion (front to back). Clean the length of the Foley catheter (from resident toward bag). Changing sides of washcloth with each swipe. On 5/14/24, Surveyor reviewed R49's medical record. R49 had an activated healthcare decision maker and admission diagnoses of sepsis due to urinary tract infection and benign prostatic hyperplasia with lower urinary tract symptoms of retention of urine and indwelling catheter. R49's Minimum Data Set (MDS) assessment, dated 4/25/24, stated R49 had a Brief Interview for Mental Status (BIMS) score of 9 out 15 which indicated R49 had moderately impaired cognition. R49 was recently prescribed cefdinir (an antibiotic medication) 300 mg (milligrams) twice daily for 6 days for sepsis due to UTI with an end date of 4/24/24. On 5/14/24 at 10:15 AM, Surveyor observed Certified Nursing Assistant (CNA)-D perform catheter care for R49. Surveyor observed CNA-D use a washcloth to clean the length of the Foley catheter tubing starting at the drainage bag and going toward R49. When Surveyor stopped CNA-D from improperly cleaning R49's Foley catheter in a method that could prevent the spread of infection, CNA-D indicated CNA-D did not know the proper procedure to prevent the spread of infection was to clean the length of the Foley catheter from R49 toward the drainage bag. On 5/14/24 at 2:15 PM, Surveyor interviewed Director of Nursing (DON)-B who confirmed staff should start at the resident and clean in a downward motion toward the catheter drainage bag during catheter care. DON-B indicated nursing staff recently completed skills training and assessments for catheter care.

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

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50467 Based on observation, staff interview, and record review, the facility did not provide pharmaceutical services to ensure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals for 2 residents (R) (R35 and R12) of 5 residents observed during medication pass. On 5/14/24 at 8:45 AM, Surveyor observed Licensed Practical Nurse (LPN)-H administer an Advair Diskus inhaler (corticosteroid inhaler used for emphysema) to R35. An order for the inhaler indicated R35 should rinse R35's mouth with water and spit the water in a cup. LPN-H did not offer R35 water after administration of the inhaler or encourage R35 to rinse and spit. In addition, LPN-H crushed R35's enteric-coated ferrous (iron) sulfate tablet. On 5/14/24 at 8:55 AM, Surveyor observed LPN-H administer a Breo Ellipta (a corticosteroid inhaler used for asthma) inhaler to R12. An order for the inhaler indicated R12 should rinse and spit after use. LPN-H did not offer R12 water after administration of the inhaler or encourage R12 to rinse and spit. In addition, LPN-H provided R12 with 120 cc (cubic centimeters) of Med Pass 2.0 (a supplement to help promote weight gain). R12 did not have an order for Med Pass 2.0. Findings include: Patient information for Advair Diskus indicates: .Rinse your mouth with water after breathing the medication. Spit out the water. Do not swallow it. Ferrous sulfate (Feosol, Feratab) Copyright (C)2011-2024 GoodRx, Inc. states via its website: An enteric coating is a specific coating that not only protects the stomach but prevents medications from dissolving too early. This ensures they reach the small intestine for better absorption. Crushing, splitting, or chewing enteric-coated pills could result in irritation or a less effective treatment. Patient information for Breo Ellipta indicates: .Rinse your mouth with water after you have used the inhaler and spit the water out. Do not swallow the water. 1. On 5/14/24, Surveyor reviewed R35's medical record. R35 was admitted to the facility on [DATE] with diagnoses including stroke, anemia, dementia, aphasia, and asthma. R35's Minimum Data Set (MDS) assessment, dated 4/23/24, stated R35 had a Brief Interview for Mental Status (BIMS) score of 3 out of 15 which indicated R35 had severely impaired cognition. R35's medical record contained the following orders: ~ Advair Diskus Aerosol powder breath activated 250-50 mcg (micrograms)/dose 1 inhalation orally every 12 hours for mild persistent asthma, rinse mouth with water and spit back into cup after administration ~ Ferrous sulfate 325 (65 FE) mg give 1 tab by mouth once daily for supplement (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 5/14/24 at 8:55 AM, Surveyor observed LPN-H administer an Advair Diskus inhaler to R35. LPN-H did not offer R35 water to rinse R35's mouth as ordered. LPN-H also administered a crushed (per R35's request) enteric-coated ferrous sulfate tablet. On 5/15/24 at 10:03 AM, Surveyor interviewed LPN-H who verified the facility's stock supply of ferrous sulfate is enteric-coated. LPN-H also verified the medication should not be crushed. On 5/15/24 at 10:13 AM, Surveyor interviewed Assisted Director of Nursing (ADON)-E who confirmed enteric-coated ferrous sulfate should not be crushed and stated the facility will get a different form of the medication (liquid or chewable) if R35 cannot swallow the medication. 2. On 5/14/24, Surveyor reviewed R12's medical record. R12 was admitted to the facility on [DATE] with diagnoses including non-traumatic brain dysfunction, dementia, and asthma. R12's MDS assessment, dated 3/19/24, stated R12 had a BIMS score of 4 out of 15 which indicated R12 had severely impaired cognition. R12's medical record contained the following orders: ~ Breo Ellipta powder breath activated 100-25 mcg/dose 1 puff inhale orally once daily for emphysema. Rinse mouth with water and spit back into cup after use ~ House Supplement two times daily for a history of weight loss and low body mass index (BMI) (The order did not contain a dose or amount) On 5/14/24 at 8:45 AM, Surveyor observed LPN-H administer 120 cc of Med Pass 2.0 to R12. On 5/14/24 at 8:48 AM, Surveyor observed LPN-H administer R12's Breo Ellipta inhaler. LPN-H did not offer R12 water to rinse R12's mouth as ordered. On 5/15/24 at 11:03 AM, Surveyor interviewed Director of Nursing (DON)-B who indicated the House Supplement is made by dietary services and should be served between meals. DON-B verified Med Pass 2.0 is not the House Supplement.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42423 Based on observation, staff interview, and record review, the facility did not ensure 1 of 2 refrigerators in the medication storage room that contained vaccines and insulin maintained a temperature between 36 and 46 degrees. In addition, the facility did not ensure medications for 11 residents (R) (R23, R41, R11, R9, R12, R13, R32, R39, R7, R35, and R30) of 49 residents in 3 out of 3 medications carts were labeled and/or dated appropriately. Refrigerator temperature log sheets indicated temperatures were more than 46 degrees for a refrigerator in the medication storage room. During observations on [DATE], the thermometer in the refrigerator indicated the temperature was 52 degrees and 54 degrees. The refrigerator contained vaccines and insulin which should be stored between 36 and 46 degrees Fahrenheit (F) to preserve their integrity. Medication carts contained an insulin pen, inhalers, and eye drops which were not labeled or dated appropriately. Findings include: The facility's Medication Storage/Storage of Medications policy (Nursing Care Center Pharmacy Policy and Procedure Manual 2007) indicates: .11. Medications requiring refrigeration or temperature between 36 degrees and 46 degrees are kept in a refrigerator with a thermometer to allow temperature monitoring .the temperature of any refrigerator that stores vaccines should be monitored and recorded twice daily .12. Insulin products should be stored in refrigerator until opened. Note the date on the label for insulin vials and pens when first used. Storage information for Purified Protein Derivative (PPD) (for tuberculosis tests) indicates the storage temperature should be between 35 and 46 degrees F. In-use vials should be discarded after 30 days. Packaging information for insulin aspart, insulin lispro (Humalog), and insulin glargine indicates unopened vials are good until the expiration date when stored between 36 and 46 degrees F. Opened vials should be discarded after 28 days. Packaging information for Levemir indicates unopened vials are good until the expiration date when stored between 36 and 46 degrees F. Opened vials should be discarded after 42 days Packing information for Humulin R indicates unopened vials are good until the expiration date when stored between 36 and 46 degrees F. Opened vials should be discarded after 31 days. Packaging information for Spiriva Respimat indicates: .Three months after insertion of cartridge, throw away the Spiriva Respimat even if has not been used, or when the inhaler is locked, or when it expires, whichever comes first. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Packaging information for Breo Ellipta indicates: .Write the tray opened and discard dates on the inhaler label. The discard date is 6 weeks from the date you open the tray. Packaging information for fluticasone salmeterol (Advair HFA) indicates: .Do not use the inhaler after the expiration date, which is on the packaging it comes in. 1. On [DATE] at 12:55 PM, Surveyor reviewed medication refrigerator temperature logs. The [DATE] log contained 3 temperatures of 48 degrees which were not in the acceptable range of 36 to 46 degrees. On [DATE] at 1:02 PM, Surveyor observed the medication refrigerator in the medication storage room which contained PPD skin test vials, influenza vaccines, insulin, and contingency medications. Surveyor observed a temperature log on the front of the refrigerator for [DATE] which documented 6 out of 13 temperatures in excess of 46 degrees (48 degrees). Surveyor checked the medication refrigerator thermometer located inside the door which read 52 degrees. Following the observation, the thermometer was moved to the inside shelf. In addition, Surveyor noted the medication refrigerator temperature log contained only one temperature entry per day. Licensed Practical Nurse (LPN)-G (who was present during the observation) confirmed the temperature log should be filled out twice daily (day and night). On [DATE] at 1:12 PM, Surveyor interviewed Director of Nursing (DON)-B who indicated DON-B was not sure of the temperature range requirements for the medication refrigerator and stated the temperature should be checked once daily. On [DATE] at 2:44 PM, Surveyor rechecked the medication refrigerator thermometer which read 54 degrees. 2. On [DATE] at 10:37 AM, Surveyor observed 3 medication carts and noted 12 of 49 residents' medications were improperly labeled or expired. Medication Tech (MT)-F confirmed the items below were improperly labeled, not dated, or expired: ~ An open and undated Humalog KwikPen for R23 ~ An open and undated bottle of prednisolone one AC eye drops for R41 ~ An open bottle of Artificial Tears for R11 (dated [DATE]) ~ Open and undated albuterol inhalers for R9, R11, R12, R13, and R32 ~ An open bottle of Artificial Tears for R39 (dated [DATE]) ~ An open and undated Spiriva Respimat inhaler for R7 ~ An open and undated albuterol inhaler for R7 ~ An open and undated Breo Ellipta inhaler for R12 ~ An open albuterol inhaler for R35 (dated ,d+[DATE]) (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	~ Open and undated fluticasone salmeterol inhalers for R35 and R13 ~ An open and undated fluticasone salmeterol inhaler without a name (for R30) On [DATE] at 2:40 PM, Surveyor interviewed DON-B who confirmed the above medications should contain open/expiration dates and resident names and should be disposed of when beyond the open date timeframe guidelines. On [DATE] at 9:37 AM, Surveyor interviewed Pharmacist (PH)-I who indicated eye drops are considered expired 30 days after opening. PH-I indicated the facility should document their expectations for eye drop expiration in their policy. A policy regarding storage and labeling for eye drops was not provided upon Surveyor's request.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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** 42423 Based on staff interview and record review, the facility did not ensure safe food handling practices were implemented. This had the potential to affect multiple residents residing in the facility. Food cooling logs indicated food was cooled incorrectly on 6 occasions from December 2023 to April 2024. Findings include: On 5/13/24, Surveyor conducted an initial tour of the kitchen. Dietary Manager (DM)-J indicated the facility follows the Wisconsin Food Code. The Wisconsin Food Code documents at 3-501.14 Cooling: (A) Cooked time/temperature control for safety food shall be cooled: (1) Within 2 hours from 135 degrees Fahrenheit (F) to 70 degrees F; and (2) Within a total of 6 hours from 135 degrees F to 41 degrees F or less. A facility-provided [NAME] Cooling Food document contained the following directions: Cool food from 135 degrees to 70 degrees F in 2 hours or less. Corrective Action: If the food is more than 70 degrees F at 2 hours, reheat to 165 degrees F and start over or discard. Reheating can only be done one time. If it has been more than 2 hours, the food must be discarded. If 70 degrees F or less in 2 hours, continue to cool to 41 degrees F in a total of 6 hours. Corrective Action: If total cooling time exceeds 6 hours the food must be discarded. The document contained date, food, start time, start temp, 2 hours (less than 70), 4 hours, 8 hours (less than 41), corrective action and initial columns. The document did not contain a column for 6 hours. On 5/13/24, Surveyor reviewed the facility's food cooling logs which contained the following information: ~ 12/24/23 - An entry for roast contained a start time of 12:00 PM with a start temperature of 191 degrees F. The 2 hour cooling temperature was 201 degrees. The 4 hour cooling temperature was 78 degrees. The 8 hour cooling temperature was 38 degrees. The corrective action column contained the word No. ~ 1/4/24 - An entry for meat sauce contained a start time of 7:50 AM with a start temperature of 191 degrees. The 2 hour cooling temperature was 71 degrees. The corrective action column contained the word No. ~ 2/7/24 - An entry for lasagna contained a start time of 10:00 AM with a start temperature of 199 degrees. The 2 hour cooling temperature was 78 degrees. The corrective action column contained the word No. ~ 2/13/24 - An entry for chicken noodle contained a start time of 6:45 AM with a start temperature of 181 degrees. The 2 hour cooling temperature was 79 degrees. The corrective action column contained the word No. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	~ 2/22/24 - An entry for lasagna contained a start time of 12:20 PM with a start temperature of 150 degrees. No further entries were completed. ~ 4/4/24 - An entry for [NAME] contained a start time of 10:00 AM with a start temperature of 201 degrees. The two hour cooling temperature was 71 degrees. No corrective action was documented. On 5/14/24 at 9:45 AM, Surveyor interviewed DM-J who confirmed cooked food should be cooled to a temperature of 70 degrees within 2 hours and cooled to 41 degrees over a period of 6 hours. Surveyor reviewed the above cooling log entries with DM-J who indicated kitchen staff should be re-educated on the food cooling process. On 5/14/24 at 12:33 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A who indicated the facility uses the [NAME] Cooling Food document as their policy/procedure for cooling food and follows the Wisconsin Food Code. Surveyor reviewed the above food cooling entries with NHA-A who indicated education was initiated for kitchen staff on proper cooling methods.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 47248 Based on observation, staff interview, and record review, the facility did not maintain an infection prevention and control program designed to reduce the transmission of disease and infection for 1 resident (R) (R16) of 1 resident during the provision of wound care. R16 was on Enhanced Barrier Precautions (EBP). During an observation of wound care on 5/13/24, Licensed Practical Nurse (LPN)-C did not don the appropriate personal protective equipment (PPE) and did not perform appropriate hand hygiene. Findings include: The facility's IPCP (Infection Prevention Control Program) Standards and Transmission-Based Precautions policy, last revised 3/2024, indicates: Transmission-based precautions are the second tier of basic infection control and used in addition to standard precautions for patients who are or may be infected or colonized with certain infectious agents for which additional precautions are needed to prevent infection transmission . 1. Standard precautions are infection prevention practices that apply to the care of all residents, regardless of suspected or confirmed infection or colonization status. They are based on the principle that all blood, body fluids, secretions, and excretions (except sweat) may contain transmissible infectious agents. Standard precautions include: .b. Hand hygiene .3. EBP are used in conjunction with standard precautions and expand the use of PPE to gown and gloves during high-contact resident care activities that provide opportunities for indirect transfer of multi-drug resistant organisms (MDROs) to staffs' hands and clothing which can then be transferred to residents or from resident-to-resident (e.g., residents with wounds and indwelling medical devices are at especially high risk of both acquisition of and colonization with MDROs) .PPE: The use of gown and gloves for high-contact resident care activities is indicated, when contact precautions do not otherwise apply, for nursing home residents with .I. Wounds and/or indwelling medical devices regardless of known MDRO infection or colonization. Wounds include but are not limited to: chronic wounds, pressure injuries, diabetic foot ulcers, unhealed surgical wounds and venous stasis ulcers .C. Examples of high-contact resident care activities requiring gown and glove use for EBP include .wound care: any skin opening requiring a dressing. On 5/13/24, Surveyor reviewed R16's medical record. R16 had diagnoses including methicillin susceptible Staphylococcus aureus (MSSA) infection as the cause of diseases classified elsewhere, non-pressure chronic ulcer of left calf with fat layer exposed, local infection of the skin and subcutaneous tissue, and seborrheic dermatitis. R16's Minimum Data Set (MDS) assessment, dated 3/19/24, stated R16 had a Brief Interview for Mental Status (BIMS) score of 13 out of 15 which indicated R16 had intact cognition. R16's medical record contained the following: ~EBP: MDRO: MSSA/Pseudomonas/Aeruginosa/Chronic Wound ~Wound care to bilateral lower extremities: Cover superficial open area to back of left lower extremity with ABD pad (a highly absorbent dressing that provides padding and protection for large wounds) and wrap with Kerlix (woven gauze) until healed. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	~Cleanse bilateral lower extremities with mild soap and water daily. ~Apply ammonium lactate to dry areas of legs. ~Apply ABD pads to weeping areas and secure with Kerlix. On 5/13/24 at 9:11 AM, Surveyor interviewed R16 in R16's room. A sign next to R16's door indicated R16 was on EBP. R16 stated R16 had eczema and open areas on R16's bilateral lower extremities. R16 stated nursing staff provide daily wound care for R16's bilateral lower extremities. During the interview, LPN-C entered the room to perform wound care and placed a barrier and supplies on R16's bedside table. LPN-C filled a bucket with warm water and soap, cleansed hands, and donned 2 sets of gloves. LPN-C did not don a gown or any other PPE. LPN-C removed Kerlix from R16's right leg and washed the leg. LPN-C stated R16's right heel had an open area that wept and placed cream on the area. With the same gloved hands, LPN-C applied ammonium lactate on R16's right leg. LPN-C then removed the first set of gloves, placed an ABD pad on R16's right heel, and rolled R16's right leg in Kerlix. LPN-C then removed the second set gloves and dated/initialed a piece of tape to secure the Kerlix. LPN-C removed another roll of Kerlix from a drawer and put the Kerlix on R16's bedside table. LPN-C then cleansed hands and again donned two sets of gloves. LPN-C filled a bucket with warm water and soap, removed Kerlix from R16's left leg, and washed the leg. With the same gloved hands, LPN-C applied ammonium lactate to R16's left leg. LPN-C removed the first set of gloves and wrapped R16's left leg with Kerlix. LPN-C then removed the second set of gloves and exited R16's room to get more Kerlix. Without performing hand hygiene or donning gloves and a gown, LPN-C re-entered R16's room, donned gloves, and continued to wrap R16's left leg. LPN-C then removed gloves and dated/initialed a piece of tape to secure the Kerlix. On 5/13/24 at 9:49 AM, Surveyor interviewed LPN-C who verified R16 was on EBP and verified LPN-C should have worn a gown during wound care. LPN-C indicated LPN-C prefers to wear two sets of gloves during wound care so LPN-C can remove bandages and clean wounds, remove the first set of gloves, and then apply creams and not have to perform hand hygiene. LPN-C confirmed when LPN-C left R16's room to get more Kerlix, LPN-C did not perform hand hygiene before donning gloves and resuming wound care. On 5/14/24 at 2:15 PM, Surveyor interviewed Director of Nursing (DON)-B who confirmed LPN-C spoke with DON-B regarding wound care and was educated that donning two sets of gloves during wound care is not in accordance with the facility's infection control policy and procedure. DON-B indicated staff are expected to wear the appropriate PPE during high-contact cares for residents who are on EBP.