

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525499	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/05/2025
NAME OF PROVIDER OR SUPPLIER Hammond Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 425 Davis St Hammond, WI 54015	

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 0659</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care by qualified persons according to each resident's written plan of care.</p> <p>48793</p> <p>Based on observation, interview and record review, the facility did not ensure prescription medications were administered by qualified staff to resident's (R) skin for 2 of 5 observations. (R24 and R26)</p> <p>Findings include:</p> <p>Surveyor reviewed facility policy titled, Medication Administration, stated in part:</p> <p>.-1. Medications are prepared only by licensed nursing, medical, pharmacy or other personnel authorized by state regulations to prepare medications .</p> <p>Surveyor reviewed R24's physician orders on 02/04/25 which state in part:</p> <p>-Ammonium Lactate External Lotion 12 % (Lactic acid), apply to both legs topically in the morning for dry skin.</p> <p>-Nystatin External Powder 100000 unit/GM, apply to skin infection area topically three times a day for Candida yeast infection.</p> <p>Surveyor reviewed R26's physician orders on 02/04/25 which state in part:</p> <p>-Lac-Hydrin External Cream 12 % (Lactic Acid (Ammonium Lactate), apply to Bilateral Legs topically one time a day for dry skin.</p> <p>On 02/04/25 at 8:13 AM, Surveyor observed Licensed Practical Nurse (LPN) D administer R24's medications. Surveyor observed R24's prescription cream and Nystatin powder sitting on R24's bedside dresser. LPN D indicated that R24 has prescription cream for R24's legs, but LPN D will need to check with Certified Nurse Assistant (CNA)s to see if CNAs applied prescription cream to R24's legs. LPN D took prescription medication bottles that were lying on bedside dresser and brought the prescriptions back to medication cart. LPN D stated, Prescription creams should be in medication cart locked. LPN D stated she has been off for a week and unsure why the creams are in R24's room. Surveyor asked LPN D what is the normal process for applying prescription creams to R24's legs. LPN D indicated that only nurses are supposed to apply prescription creams to R24's legs.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525499	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/05/2025
NAME OF PROVIDER OR SUPPLIER Hammond Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 425 Davis St Hammond, WI 54015	

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 0659</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 02/04/25 at 8:15 AM, Surveyor observed LPN D approach CNA E and asked CNA E if CNA E applied prescription medication to R24's legs this morning. CNA E indicated that CNA E applied R24's special creams after R24 received a bath this morning.</p> <p>On 02/04/25 at 8:16 AM, Surveyor observed LPN D approach Registered Nurse (RN) C and informed RN C that CNA E had applied prescription creams to R24 and R26. Surveyor asked RN C if CNAs are allowed to apply prescription creams. RN C indicated that CNAs are not allowed to apply prescription creams ever. RN C indicated that sometimes prescription medications will be left in resident rooms if there is a self-administer order put in the chart that they can self-administer the medication.</p> <p>On 02/04/25 at 11:18 AM, Surveyor interviewed Director of Nursing (DON) B and asked expectation for who administers and applies prescription topical medications for R24 and R26. DON B indicated that DON B already went into R26's room and took topical medications out of room. DON B indicated that CNAs are not to administer any medications under any circumstances and that education is already in effect.</p>