STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525502	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Baldwin Care Center	650 Birch St Baldwin, WI 54002

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43352 Based on observations, interview and record review the facility did not consult with the physician for changes in condition for R3. This occurred for 1 of 2 sampled residents (R) R3. R3 was admitted to the facility on [DATE] and has diagnoses that include heart failure, dementia, type 2 diabetes, major depressive disorder, hypertension and congestive heart failure. On 08/07/24 at 10:01 AM, Surveyor observed Licensed Practical Nurse (LPN) G complete a dressing change on R3's right leg. R3's leg was red and shiny in color; the wounds were weeping and open. R3 was complaining about the back of their calf hurting. After the bandages were applied, R3 and family member decided to go to urgent care to rule out a blood clot. R3 had doctor's orders that read, Weigh 2 times per week, Monday and Friday AM monitor weight call MD if goes up. On 7/01/24, R3 weighed 158.4 pounds. On 07/04/24, R3 weighed 168 pounds. On 7/23/24, R3 weighed 157.6 pounds. On 7/26/24, R3 weighed 164.2 pounds. On 08/02/24, R3 weighed 164.2 pounds. On 08/05/24, R3 weighed 166.8 pounds. On 08/07/24 at 12:13 PM, Surveyor interviewed Director of Nursing (DON) B and asked what the policy was for contacting the doctor for weight gain when a resident has congestive heart failure. DON B indicated if there is a 3 pound weight gain in 1 day or 5 pounds in 3 days. Surveyor then asked DON B for proof of doctor notification for R3's weight gain on 07/04/24 and 07/26/24. On 08/07/24 at 12:35 AM, DON B returned to the conference room and could not find any doctor notifications. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525502	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/08/2024
NAME OF PROVIDER OR SUPPLIER: Baldwin Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 650 Birch St, Baldwin, WI 54002	

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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 08/08/24 at 3:40 PM, Surveyor interviewed Nursing Home Administrator (NHA) A and asked if there was a system in place when there is a weight loss or gain. NHA A indicated that the system doesn't flag them. On 08/08/24, Surveyor requested discharge notes from 08/07/24 visit to urgent care. On the Medical Exchange Form, under diagnosis R3 was diagnosed as having cellulitis of the right lower extremity and put on an antibiotic.

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Baldwin Care Center	650 Birch St Baldwin, WI 54002

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48793 Based on observation, interview, and record review, the facility did not ensure that 1 of 3 residents (R) reviewed for pressure injuries (PI) (R4) received care consistent with professional standards of practice to prevent and promote healing of existing PIs. R4 did not have comprehensive weekly assessments of R4's pressure injuries. Physician was not notified when PI had increased size or changes in drainage. R4's pressure relief for ankle was not observed. R4 was not repositioned as instructed on the PI care plan. This is evidenced by: Guidelines from the National Pressure Injury Advisory Panel (NPIAP) 2016, Pressure Injury Prevention Points, accessed 07, March 2024, Prevention Points | National Pressure Ulcer Advisory Panel (npiap.com), states in part: Turn and reposition all individuals at risk for pressure injury, turn the individual into a 30-degree side-lying position and use your hand to determine if the sacrum is off the bed, ensure that the heels are free from the bed, use heel offloading devices for high-risk pressure injuries. Guidelines from the National Pressure Injury Advisory Panel (NPIAP) 2019, Pressure Injury Prevention Points, accessed 19, August 2024, Prevention Points | National Pressure Ulcer Advisory Panel (npiap.com), states in part: Assess the physical characteristics of the wound bed and the surrounding skin and soft tissue at each pressure injury assessment. The facility policy entitled, Skin Conditioning Monitoring, dated 06/15/23, states in part: .1. Head to toe skin assessment upon admission and weekly. 2. Risk assessment Braden scale upon admission, weekly x4, and ten quarterly, annually, and with significant change of condition. 3. Comprehensive skin risk data collection upon admission, quarterly, annually, and with significant change. 7. Notify MD and obtain orders to treat skin breakdown and notify family/responsible party. Initiate new orders. 8. Document in nurse notes giving description of characteristics of area. Weekly assessment, measurement, and status of area to be documented weekly in nurses' notes until resolved. Document condition with treatment and or observation of area on treatment record. 9. Initiate appropriate measures to aid in prevention of skin breakdown (skin care for dry skin, turning/repositioning schedule while in bed and chair). Update plan of care as appropriate. 11. MD will be updated if area opens or deteriorated. Changes in medical interventions as needed will be obtained . (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R4 was admitted to the facility on [DATE] with diagnoses including, in part, two stage II PIs, one stage III PI, paraplegic, neurogenic bladder, anemia, coronary artery disease, heart failure, anxiety, and depression. R4's Minimum Data Set (MDS) assessment, dated 04/09/24, identified on admission that R4 had a Brief Interview for Mental Status (BIMS) score of 13. This indicated R4 had moderate cognitive impairment. The MDS assessment also identified R4 required total dependent assistance of two people for bed mobility, taking on and off footwear, rolling left to right, sit to lying, chair to bed, toileting, and for transfers. MDS also indicated that R4 was determined to be at risk for PIs and currently had two stage II PIs and one stage III PI. Surveyor reviewed R4's care plan: Initiated on 04/12/24: -Assess skin condition as appropriate. Treat as ordered. -Hospice doing wound care. Facility staff doing prn wound care. -Keep skin clean and dry, develop monitoring turning schedule, observe skin during cares. -Encourage/assist to assure position changes every two hours minimum. -Elevate heels off the surface of the mattress to reduce pressure on heels. Initiated on 05/16/24: -Air mattress on bed. Initiated on 06/05/24: -Apply barrier cream to peri rectal area. Surveyor reviewed Activities of Daily Living (ADL) sheet: -Turn about every 2 hours when in bed. -Bed mobility with 1-2 assist. -Transfer Hoyer with 2 assists. Surveyor reviewed admission assessment: -On 03/28/24, 3 pressure injuries to coccyx, right knee, and right ankle. (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Facility did not complete a complete PI assessment for R4 upon admission, to include physical characteristics of the wound bed and surrounding skin/soft tissue such as categorizing the stage of the PIs, size/surface area, tissue type, color, peri wound condition, wound edges, sinus tracts: i.e., undermining, exudate, or odor of the PIs. Surveyor reviewed Braden Scale for predicting pressure sore risk assessment: -On 03/29/24, resident scored 13 indicating that R4 was at moderate risk for pressure injuries. No other Braden scale assessments were completed. Surveyor reviewed comprehensive skin risk data collection sheet dated 03/29/24 which indicated, Resident is on hospice and is paraplegic and has 3 pressure injuries to coccyx, right knee, and right ankle. Surveyor did not observe any other skin risk data collection sheets since 3/29/24. Surveyor reviewed progress notes: -On 05/03/24 - Resident has open areas on coccyx, right knee, and right ankle. Receives application of dressings. -On 05/23/24 - Dressing changed to right outer ankle, foul smelling drainage present, area cleansed and patted dry. Silver alginate applied per instructions. Foam dressing applied with skin prep. The MD was not notified of the foul-smelling drainage. -On 06/26/24 - Left lower buttock necrotic eschar black and brown wound bed, unstageable 2 cm x 2.5 cm x . 5 cm. -On 06/27/24 - Left gluteal fold 2.5 cm x 2.5 cm x .5 cm. Surrounding skin discolored and scarred. Wound bed is 100% necrotic adherent brown, black tissue present. -On 07/24/24 - Left lower buttock becoming deeper and larger, 3 cm x 3.7 cm x 1.3 cm. Unstageable eschar necrotic brown and black slough. The MD was not notified of the deeper and larger condition of the PI. -On 07/24/24 - Stage 3 PI right lateral malleolus. Slough 100%, pale yellow, pallor noted, light serous non-odorous 1.9 cm x 1.5 cm x .3 cm. -On 07/24/24 - Stage 2 PI left mid buttock (left gluteal fold) .7 cm x .7 cm x .1 cm. -On 07/25/24 - Stage 3 PI right lateral malleolus. 1.9 cm x 1.5 cm x .3 cm. -On 07/31/24 - Dressings changed to buttock areas and right outer ankle stage 3, use of pressure reduction/relieving devices in place, teaching resident how to reposition self, benefits of doing this. Resident continues to have open area to left gluteal crease with 70% necrotic tissue with 30% red/moist tissue at wound edges. (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-left lower Buttock: Necrotic tissue 4 cm x 3.8 cm x 1.4 cm (this is larger since last assessed 7/24/24) -Right lateral malleolus: Stage 3 slough pale yellow, pallor noted, no change, 1.5 cm x 1.3 cm x .4 cm. -Left mid buttock (left of gluteal fold/coccyx): Stage 2 granulation reddened area 1.2 cm x1 cm x .1 cm. -On 08/07/24, Left buttock unable to stage and coccyx unable to stage. Right outer ankle stage 3 worsening, current treatments calcium alginates, foam dressing, teaching resident how to self-reposition self, use of pressure relieving reduction devices, -Left lower Buttock: Necrotic tissue 4 cm x 4.5 cm x 1.5 cm. Stage 3 (larger than 7/31/24 assessment, MD not notified, no changes in treatment) -Right lateral malleolus: Stage 3 slough pale yellow, pallor noted, no change, 1.3 cm x 1.5 cm x 1.5 cm. -Left mid buttock (left of gluteal fold/coccyx): 4 cm x 3 cm x 0. 0.5 cm area of undermining present at 12 o'clock. (MD not notified of undermining of the PI) Surveyor notes that weekly comprehensive PI assessments were not being completed 3/28/24 - 7/24/24. Observations: On 08/07/24 at 7:20 AM, Surveyor observed R4 lying in bed sleeping supine with buttocks directly on bed. Surveyor observed R4's feet lying directly on the mattress with no elevation of heels. R4's feet were positioned outwards with R4's lateral malleolus ankle area touching the surface of the bed applying pressure directly to the ankles bilaterally. Surveyor did not observe Podus boots in place or any other device to prevent pressure from occurring to R4's ankles. On 08/07/24 at 9:15 AM, Surveyor observed R4 lying in bed at 30-degree angle with buttocks directly on bed. Surveyor observed R4's feet lying directly on the mattress with no elevation of heels. R4's feet were positioned outwards with R4's lateral malleolus ankle area touching the surface of the bed applying pressure directly to the ankles bilaterally. Surveyor did not observe Podus boots in place or any other device to prevent pressure from occurring to R4's ankles. The following occurred on 08/08/24 during a continuous observation from 6:38 AM-8:47 AM, for 2 hours and 9 minutes: Surveyor observed R4 lying in bed supine resting with feet lying directly on the mattress with no elevation of heels. R4's feet were positioned outwards with R4's lateral malleolus ankle area touching the surface of the bed applying pressure directly to the ankles bilaterally. Surveyor did not observe Podus boots in place or any other device to prevent pressure from occurring to R4's ankles. (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 08/07/24 at 1:56 PM, Surveyor interviewed LPN G and asked what interventions were put into place to prevent the PI or minimize the PI from getting worse. LPN G indicated that LPN G was unsure what interventions were put into place and would need to check. LPN G indicated that R4 has an air mattress in place and R4 is supposed to reposition every 2 hours as well. Surveyor indicated to LPN G that through observations R4's feet have been directly positioned on bed without heels being floated or ankles being propped with any devices to prevent pressure to the ankles. Surveyor indicated to LPN G that Surveyor observed that R4 is paraplegic and can't readjust or hold feet upright. R4's feet fall to the sides bilaterally and then direct pressure is being placed on the lateral sides of the ankles. Surveyor asked LPN G if staff utilize Podus boots or foam wedges or any devices to keep R4's ankles from falling to the side and causing continuous pressure. LPN G indicated to Surveyor that Podus boots are a good idea and that currently right now R4 does not have any devices to aid in relieving pressure to R4's right ankle besides repositioning every 2 hours if R4 does not refuse. LPN G shared that R4 has long standing PIs from when at home on hospice services. LPN G went on to say that R4 has nutritional deficiencies per resident's choice to eat foods of choice and for pleasure on hospice services. R4 does not get adequate protein for healing, due to R4's choices. R4 spends a lot of the day in his wheelchair, as this is his choice. If R4 is approached to reposition, R4 gets angry. LPN G stated staff offer and encourage reposition, but honor R4's choice as he continues to receive comfort focused cares on hospice for end stage congestive heart failure. On 08/08/24 at 10:03 AM, Surveyor interviewed Director of Nursing (DON) B and asked when R4 was admitted what skin breakdown did R4 have. DON B indicated that R4 had air mattress in place, turning and repositioning every 2 hours, cushion applied to wheelchair, and encourage R4 to reposition often. Surveyor asked DON B when the air mattress was implemented. DON B indicated that R4 is on hospice and since hospice won't order an air mattress unless someone has skin breakdown the air mattress was not ordered until 05/16/24 but that it doesn't make sense because R4 was admitted with severe skin breakdown. DON B indicated that implementing air mattress in a timely fashion was missed when providing cares for R4. Surveyor asked DON B what interventions were put into place to prevent the PI from occurring or to minimize the PI from getting worse once facility observed R4's right ankle PI. DON B indicated that R4 had air mattress in place, turning and repositioning every 2 hours, foam applied to wheelchair foot pedals because sometimes R4 wants to sit in wheelchair more than R4 should, and encourage R4 to reposition often. DON B indicated that at first hospice was completing wound care Monday, Wednesday, and Friday. Hospice was doing the weekly assessments from 3/28 - 7/24/24. This is the reason for lack of assessments in the medical record. Currently the facility provides wound care Monday, Wednesday, and Friday. DON B indicated the facility staff are doing weekly PI assessments since 7/24/24. DON B indicated that staff should be completing weekly skin assessments and if any concerns or changes the physician should be notified immediately. (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Surveyor indicated to DON B through observations R4's feet have been directly positioned on bed without heels being floated or ankles being protected from pressure with any devices. Surveyor asked DON B if staff utilize Podus boots or foam wedges or any devices to keep R4's ankles from falling to the side and causing continuous pressure. DON B indicated that Podus boots are not being used for R4's feet bilaterally. DON B indicated currently there are not any other interventions than stated before. Surveyor asked DON B how often Braden scales are completed on residents. DON B indicated that Bradens are completed on admission, weekly, and then quarterly. Surveyor asked DON B if R4 had any Braden scales completed for R4's skin. DON B indicated R4 received a Braden skin assessment on admission. Surveyor requested the Braden Skin Assessment for R4.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40181 Based on observation, interview and record review, the facility did not ensure a medication error rate of 5% or less. During the medication administration task, Surveyor observed 2 errors out of 28 medication opportunities, resulting in an error rate of 7.14%. Staff administered 2 insulin injections without knowing if the insulin was expired. This affected 1 of 11 residents (R31) observed for medication administration. Findings include: Facility entitled, Insulin Administration, stated in part, .Steps in the Procedure .3. Remove insulin from storage point. 4. Check date medication was first opened. 5. Check expiration date . According to the American Diabetes Association, insulin products contained in vials or cartridges supplied by the manufacturers (opened or unopened) may be left unrefrigerated at a temperature between 59 and 86 degrees F for up to 28 days and continue to work. After 28 days the insulin should be discarded. On [DATE] at 7:26 AM, Surveyor observed Licensed Practical Nurse (LPN) J administer two insulin injections to R31. LPN J took two insulin pens out of R31's medication cupboard, Insulin Glargine and Insulin Novolog. LPN J verified the pens with the orders on R31's medication administration record. LPN J prepared both insulin pens per proper procedure and showed the pens to Surveyor. Surveyor noted neither pen was dated with date opened or discard date. Surveyor asked LPN J what the facility policy was for dating insulin pens when first opened. LPN J stated they were supposed to label the pens with the date opened, so they know when to discard the pens. LPN J then looked at the date dispensed on the medication labels and wrote a date opened on each insulin pen. LPN J then administered both insulin injections to R31. LPN J did not verify when the pens were opened or if they were beyond the discard date prior to administering the injections. On [DATE] at 12:13 PM, Surveyor interviewed Director of Nursing (DON) B and asked the facility policy for labeling insulin pens when opening for the first time. DON B stated the nurses should label all insulin pens with date opened when they take out a new pen, so they know when the pen should be discarded. DON B stated LPN J should have discarded the pens if the opened and discard dates were unknown.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 47807 Based on observation and interview, the facility did not store, prepare, distribute and serve food in accordance with professional standards for food service safety. The facility did not adequately clean light fixtures that were placed above serving areas. The facility did not ensure staff used proper hand hygiene when distributing food. This has the ability to affect all 39 of 39 residents residing in the facility. Findings include: The facility policy entitled, Use of Plastic Gloves, dated 05/05/21 states, 3. REMEMBER GLOVES ARE JUST LIKE HANDS. THEY GET SOILED. ANYTIME YOU TOUCH A CONTAMINATED SURFACE, THE GLOVES MUST BE CHANGED . f. anytime you tough a contaminated surface. g. During food preparations, as often as necessary to remove soil and contamination and prevent cross contamination when changing tasks. 4. Wash hands after removing gloves. The facility policy entitled, General Food Preparation and Handling, dated 05/05/21 states, Food items will be prepared to conserve maximum nutritive value, develop and enhance flavor and free of injurious organisms and substances. Procedure: 1. The kitchen is kept neat and orderly, a. the kitchen and equipment are clean. On 08/06/24 at 12:14 PM, Surveyor observed Utility Aide (UA) I shuffling through meal tickets, with same gloved hands. UA I grabbed a side salad, removed the plastic and grabbed a clean plate. With the same contaminated gloved hands, grabbed a bun. UA I then used a knife to cut sandwich in half and used dirty gloved hands to grab half of sandwich to put on another plate. With the same dirty gloved hands UA I grabbed a bun out of package and put rib sandwich on another plate. UA I then went back to shuffling through meal tickets, removed gloves, washed hands and put on new gloves. UA I grabbed plate, bun, removed cover from steam table, dished up sandwich and grabbed new plate. This continued for the duration of dining affecting all who were eating in the first dining room. During observations, Surveyor noted a layer of dust on top of the light fixtures that reside above the serving area; dust was visible from 15 feet away. The light fixtures are located over open containers of food that were to be served to residents. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 08/06/24 at 12:23 PM, Surveyor observed Dietary Aide (DA) M serving food to residents. During food service, DA M would touch the meal tickets which were paper and then touch ready to eat buns with the same gloved hand without changing gloves and using hand hygiene practices. DA M would also touch all plates and bowls that were used to serve residents in the dining area. Surveyor observed DA M shuffling through meal tickets then, with same gloved hands, grabbing side salad and buns, grabbed a clean plate, and grabbed a different bun. At no time were the gloves changed. This continued for the duration of the service affecting all residents being served from the second dining area. During observations, Surveyor noted a layer of dust on top of the light fixtures that are above the serving area. Dust was visible from 15 feet away and was located over open containers of food that were to be served to residents. On 08/07/24 at 12:50 PM, Surveyor interviewed DA O regarding the dust on the light fixtures that was still there. DA O said that maintenance is in charge of cleaning them. DA O did step back and look at the lights and agreed there was a layer of dust on them indicating it had not been cleaned in a while. On 08/07/24 at 1:54 PM, Surveyor interviewed Dietary Manager (DM) L regarding expectations for hand hygiene and cleanliness in the serving areas. DM L said they would not expect there to be dust build up above an area that food was being served. DM L also said they have been working on a system where staff are not touching the papers while serving food. When asked about the location of the papers prior to getting to the serving areas, DM L stated those papers (individual dietary tickets) had been everywhere from the kitchen, printer area, and serving area and possibly other places.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48793 Based on observation, interview and record review, the facility did not establish an Infection Control Program under which it investigates, controls, and prevents infections in the facility, and a system for recording incidents identified under the facility's Infection Control Program, including corrective action in a timely manner, for both residents and staff. This has the potential to affect all 39 residents in the facility. -The facility did not have a tracking program in place for the early detection of infected and exposed residents (R) and staff for COVID-19 and Norovirus during an outbreak. -Certified Nursing Assistant (CNA) did not perform hand hygiene during water pass that affected all residents. -Observations were made of the facility not implementing Enhanced Barrier Precautions (EBP) for 2 sampled residents on EBP. -CNAs were observed not wiping down Hoyer lifts after leaving an EBP room for R34 and R16. This is evidenced by: Example 1: Surveyor reviewed Infection Control (IC) surveillance logs and found the facility identified the facility had an outbreak of Norovirus January and February 2024. Surveyor could not distinguish when outbreak began and when outbreak ended. Surveillance logs were observed missing information identifying when precautions were implemented, any testing, last well date, when symptoms ended, when precautions ended, and if provider was notified. Surveyor reviewed IC surveillance logs and found the facility identified the facility had an outbreak of COVID-19 in September, October, and November 2023 that affected staff and residents. Surveyor could not distinguish when outbreak began and when outbreak ended. Surveillance logs were observed missing information identifying where infected staff last worked, when precautions were implemented, any testing, last well date, when symptoms ended, when precautions ended, and if provider was notified. Surveyor reviewed IC August 2023- July 2024 data line lists for residents and staff. Surveyor noted that all line lists from August 2023-July 2024 were inconsistent and missing data. Surveyor reviewed and noted line lists were missing the infection site, pathogen, signs and symptoms, residents', or staff's location, last well date, any summary and analysis of the number of residents and staff who developed infections. Line lists had incomplete data. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525502	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/08/2024
NAME OF PROVIDER OR SUPPLIER Baldwin Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 650 Birch St Baldwin, WI 54002	

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 08/08/24 at 8:37 AM, Surveyor interviewed Director of Nursing (DON) B and asked about infection surveillance logs dating back to last survey 08/23 and if DON B could provide line lists for residents monthly. DON B indicated that DON B was confused and unsure what line lists Surveyor is asking for. Surveyor explained to DON B that Surveyor was requesting monthly logs of infections residents acquire and what criteria is utilized to diagnosis appropriate antibiotic usage. DON B indicated that DON B uses the NSHN for this data. DON B indicated that DON B would gather documentation for Surveyor soon. On 08/08/24 at 10:01 AM, DON B provided infection control logs for residents monthly from August 2023-July 2024. Surveyor reviewed infection control logs and observed line list to be missing data. Surveyor interviewed DON B and asked that DON B provide any other documentation pertaining to the norovirus outbreak in January 2024, and the COVID-19 outbreak from September 2023 to November 2023 with information regarding isolation start and stop dates, interventions put into place to prevent the spread of the viruses, and any summary on when the facility deemed the outbreaks to begin and end. Surveyor requested information explaining the location where staff worked during the outbreak that became exposed or infected. DON B indicated to Surveyor that DON B does not have that information and DON B didn't realize it needed to be documented. Example 2: The facility policy entitled, Hand hygiene, dated 03/2023, states in part: .#8. It is necessary to wash your hands at the following times: -before and after gloving or changing gloves. -After handling soiled equipment or utensils . On 08/06/24 from 1:34 PM to 2:02 PM, Surveyor observed continuous observation of Utility Aide (UA) I enter rooms 1-29 without changing gloves in between passing water pitchers. UA I applied gloves without performing hand hygiene. UA I took new water pitcher into each room and brought used water pitcher out of every room. Surveyor did not observe UA I take gloves off, wash hands, or sanitize hands between delivering new water pitchers and touching old water pitchers, placing the water pitchers on cart, then entering more rooms. Surveyor observed UA I continue to other side of the building to deliver water pitchers to rest of rooms in the facility with the same gloves on. On 08/06/24 at 2:03 PM, Surveyor interviewed UA I and asked what UA I's process is for hand hygiene between delivering new water pitchers and taking residents' old water pitchers out of rooms. UA I indicated that normally UA I enters residents' rooms with gloves on, takes the paper off the straws, and then takes residents' old pitchers out, places on the water pitcher cart, and then goes to the next resident and so on. Surveyor asked if UA I changes gloves in between delivering water pitchers between residents. UA I indicated that UA I should be. Surveyor asked if UA I changed gloves and performed hand hygiene in between clean and dirty during water pass. UA I indicated no, UA I did not change gloves and used same pair of gloves for every resident in rooms 1-29. 40181 Example 3 (continued on next page)

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NAME OF PROVIDER OR SUPPLIER: Baldwin Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 650 Birch St Baldwin, WI 54002	

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	According to CDC guidance entitled, Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs), last updated 07/12/22, .EBP may be indicated (when Contact Precautions do not otherwise apply) for residents with any of the following: Wounds or indwelling medical devices .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 wounds and/or indwelling medical devices regardless of MDRO colonization as well as for residents with MDRO infection or colonization . R15 was admitted to the facility on [DATE] with the following diagnoses, in part, multiple rib fractures right side, acute embolism and thrombosis, chronic peripheral venous insufficiency, and lymphedema. R15 had chronic venous stasis wounds on both lower legs. R15 was re-hospitalized on [DATE] for a ruptured appendix and had an abdominal drain tube in place at the time of the survey. On 08/06/24 at 9:32 AM, Surveyor observed an EBP sign on the outside of the door to R15's room. On 08/07/24 at 2:09 PM, Surveyor observed Registered Nurse (RN) K enter R15's room to assess the drainage tube dressing site. RN K used hand sanitizer and obtained a gauze dressing from R15's medication cupboard prior to entering the room. R15 requested assistance to use the bathroom prior to RN K changing drainage tube dressing. RN K washed hands in bathroom and put on clean gloves. RN K assisted R15 to stand and pivot transfer to the toilet and assisted to pull down pants and brief before sitting down on the toilet. RN K assisted R15 to stand, pull up pants and fasten brief and pivot to wheelchair after R15 was finished using the toilet. RN removed gloves, washed hands with soap and water in the bathroom, and put on clean gloves. RN K lifted R15's shirt, pulled down the side of the pants waistband and unfastened the side of the brief to visualize the dressing over the drain tubing on R15's abdomen. RN K observed the dressing was clean, dry, and intact with no signs of drainage, no redness or tenderness noted around edges of dressing. RN K stated the dressing did not need to be changed. RN K re-fastened the brief and adjusted R15's clothing. RN K removed the gloves and used hand sanitizer. RN K did not wear a gown prior to assisting R15 with any of the high-contact cares. Following the observation, Surveyor asked RN K if R15 was on EBP. RN K said R15 was on EBP because of the drain tube and chronic wounds on the lower legs. Surveyor asked if RN K should have put a gown on in addition to the gloves prior to assisting R15 with high-contact cares. RN K said they should have put a gown on prior to providing cares. On 08/08/24 at 8:38 AM, Surveyor interviewed DON B and reviewed the observation of RN K providing cares for R15 without a gown on. Surveyor asked DON B what guidance they follow for EBP. DON B stated they follow Centers for Disease Control (CDC) guidance for EBP. DON B stated RN K should have worn a gown and gloves to assist R15 with toileting. Example 4 R11 was admitted to the facility on [DATE], and has diagnoses that include dementia, hypertension, bladder neck obstruction, and atrial fibrillation. On the outside of R11's door was a sign that read in part, Enhanced Barrier Precauitions providers and staff must also wear gloves and a gown for the following high contact resident care activities device care of use: urinary catheters. (continued on next page)

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NAME OF PROVIDER OR SUPPLIER Baldwin Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 650 Birch St Baldwin, WI 54002	

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 08/07/24 at 11:19 AM, Surveyor observed CNA C went into R11's room. Surveyor heard what sounded like a graduate being set on the floor so Surveyor entered the room, CNA C had graduate on the floor, no barrier down and no personal protective equipment (PPE) on. CNA C was in the middle of emptying the catheter bag. Surveyor observed CNA C then get a wipe and wiped the port before closing it and putting the catheter bag away. CNA C then took the graduate with urine in it and dumped the urine in the toilet. On 08/07/24 at about 3:30 PM, Surveyor interviewed CNA C and asked how CNA C knows when a resident is on precautions. CNA C indicated usually there is a sign on the door and a bin outside the room. Surveyor asked CNA C about R11 and if CNA C knew R11 was on enhanced barrier precautions (EBP). CNA C indicated they did not know and asked Surveyor where the gowns are then. CNA C then went to another resident's room and asked a visitor where the PPE was kept. On 08/08/24 at 8:37 AM, Surveyor interviewed RN D and asked how they know if a resident is on EBP. RN D indicated there is a sign on the outside of the door and PPE in cart in the bathroom. Surveyor then asked RN D if a CNA is emptying a catheter should they be wearing PPE. RN D indicated yes. On 08/08/24 at 9:02 AM, Surveyor interviewed CNA E and asked how CNA E knows if a resident is on EBP. CNA E indicated there is a sign on the door and PPE in a 3 drawer bin in the bathroom. Surveyor asked CNA E if a resident is on EBP and you were to go empty the resident's catheter should you wear PPE. CNA E indicated yes. On 08/08/24 at 9:11 AM, Surveyor interviewed RN F, who is also the care coordinator, if a CNA goes in a room to empty a catheter bag and the resident is on EBP should the CNA wear PPE. RN F indicated yes. On 08/08/24 at 10:00 AM, Surveyor interviewed DON B and asked what guidelines they follow for EBP. DON B indicated they follow CDC guidelines. Example 5 Facility policy entitled, Cleaning Communal Equipment, states in part, Policy: Use Sanitary equipment on all residents. Purpose: To prevent the spread of infection from resident to resident. Communal Equipment: .Lift equipment .Action: .Disinfects equipment (non-porous) between each resident using Germicidal/Disinfectant Wipes per manufacturer recommendations . On 08/06/24 at 10:08 AM, Surveyor observed CNA C transfer R34 using a mechanical lift with the assistance of another staff member. At 10:14 AM, Surveyor observed CNA C bring the mechanical lift out of R34's room and bring it into R16's room to assist R16 with a transfer using the mechanical lift. CNA C did not wipe the mechanical lift with a Germicidal/Disinfectant wipe between use. At 10:21 AM, Surveyor observed CNA C bring the lift out of R16's room and place it in a closet in the hallway. CNA C did not wipe the lift with a Germicidal/Disinfectant wipe prior to leaving it in the closet. On 08/08/24 at 8:38 AM, Surveyor interviewed DON B and asked what the facility policy is for disinfecting mechanical lifts between resident use. DON B stated the facility policy stated staff should disinfect the mechanical lifts after each use. Surveyor explained the observation of CNA C using a mechanical lift without disinfecting it between residents. DON B stated CNA C did not follow the facility policy and education would be provided. (continued on next page)

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Baldwin Care Center	650 Birch St Baldwin, WI 54002

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