

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525513	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Kinnic Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1663 E Division St River Falls, WI 54022	
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 0623</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44863</p> <p>Based on staff interview and record review, the facility did not provide written notification of transfer to the Office of State Long-Term Care Ombudsman for 2 of 2 residents (R5 and R46) reviewed for transfers. The facility failed to have a system in place to ensure notifying the State Long-Term Care Ombudsman of hospital transfers. This had the potential to affect all 46 residents that reside in the facility.</p> <p>Findings include:</p> <p>On 05/01/24, Surveyor requested Ombudsman notification for R5's hospitalization in 09/2023.</p> <p>On 05/01/24 at 12:23 PM, Surveyor interviewed Director of Nursing (DON) B. DON B stated the facility had not been providing the notification to the Ombudsman. DON B reported staff were unaware of this requirement.</p> <p>On 05/01/24 at 2:12 PM, Surveyor interviewed Social Services Director (SSD) G. SSD G confirmed the facility had not been providing notification to the Ombudsman as staff were not aware of this requirement. SSD G stated the facility was developing a plan to correct this.</p> <p>40181</p> <p>Example 2:</p> <p>R46 was admitted to the facility on [DATE] with diagnoses including, in part: type 2 diabetes mellitus, cellulitis of right lower limb, acute respiratory failure with hypoxia, and chronic kidney disease stage 3A.</p> <p>Nursing progress notes identified R46 had a change in condition overnight and was transferred to the local emergency roaignom on [DATE]. The notes indicated R46 was diagnosed with a GI bleed and was transferred to a different hospital.</p> <p>Surveyor reviewed documentation and identified the facility obtained verbal agreement from the resident for the transfer and bed hold at the time of transfer due to the emergency at the time of the transfer. Surveyor did not identify any notification of the transfer to the regional Ombudsman.</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
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F 0623 Level of Harm - Potential for minimal harm Residents Affected - Many	On 05/02/24 at 8:59 AM, Surveyor interviewed DON B, who confirmed the Ombudsman was not notified of R46's transfer to the emergency roaignom on [DATE].		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48793</p> <p>Based on observation, record review and interviews, the facility did not ensure that 2 of 4 sampled residents (R) who are unable to carry out activities of daily living received the necessary services of toileting and incontinence care to maintain good personal hygiene. (R16 and R29)</p> <p>Findings include:</p> <p>R16 was admitted to the facility on [DATE], with diagnoses including unspecified dementia, muscle weakness, atrial fibrillation, and transient ischemic attack.</p> <p>R16's minimum data set (MDS) assessment, completed on 04/08/24, confirmed R16 scored 09 during a brief interview for mental status (BIMS), indicating severely impaired cognition. R16 is incontinent of urine and frequently incontinent of bowel movements. R16 requires substantial maximal assistance from staff for personal hygiene, showering/bathing, toileting, transferring, dressing lower body, and putting on/taking off footwear.</p> <p>R16's care plan was initiated on 08/03/20, and included the following interventions:</p> <p>PERSONAL HYGIENE care plan:</p> <ul style="list-style-type: none"> -The resident requires the assistance of one. <p>TOILET USE care plan:</p> <ul style="list-style-type: none"> -The resident is dependent on the assistance of 2 with EZ-Stand for toilet use. -Toilet before and after meals and bedtimes as resident allows. <p>TRANSFER care plan:</p> <ul style="list-style-type: none"> -The resident requires the assistance of two with EZ-Stand. -Assistance of one for locomotion on the unit in Broda. <p>RESISTIVE TO CARES care plan:</p> <ul style="list-style-type: none"> -If resident resists ADLs, reassure resident, leave and return 5-10 minutes later and try again. -If the resident is resistant with staff, leave, and have another staff member reapproach. -The resident needs assistance with all decision-making. <p>FREQUENT BLADDER INCONTINENCE:</p> <ul style="list-style-type: none"> -The resident uses disposable briefs. Change as needed. <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Clean peri-area with each incontinence episode.</p> <p>-Monitor/document for signs and symptoms of urinary tract infection: burning, blood-tinged urine, cloudiness, no output, deepening of urine color, increased pulse, increased temp, urinary frequency, foul smelling urine, fever, chills, altered mental status, change in behaviors, and change in eating patterns.</p> <p>Surveyor reviewed progress notes that stated in part:</p> <p>07/05/23 Frequency of urination and increased agitation, test urine.</p> <p>07/10/23 positive urine culture, start Keflex antibiotics.</p> <p>09/20/23 Start Cipro 250mg 1 tab twice a day for 7 days with positive urine culture.</p> <p>Surveyor's observations are continuous from 05/01/24 at 7:34 AM until 05/01/24 at 3:16 PM:</p> <p>On 05/01/24 at 7:34 AM, Surveyor observed R16 sitting in R16's room in a wheelchair watching television. R16 called out for staff to assist R16. R16 stated out loud several times that R16 was ready to go to the dining room for breakfast. Surveyor did not observe any staff stop to take R16 to dining room.</p> <p>On 05/01/24 at 8:01 AM, Surveyor observed Certified Nurse Assistant (CNA) E wheel R16 to the dining room. Surveyor did not observe CNA E offer or ask if R16 needed to use the bathroom.</p> <p>On 05/01/24 at 8:52 AM, Surveyor observed Director of Nursing (DON) B wheel R16 down the hall out of the dining room to R16's room. DON B placed the call light in reach. Surveyor did not observe DON B offer or ask R16 if R16 needed to use the bathroom.</p> <p>On 05/01/24 at 9:07 AM, Surveyor observed CNA C enter R16's room and ask R16 if CNA C could take R16 to grab a weight on the scale. R16 refused and stated that R16 had just arrived in the room. CNA C indicated that CNA C would check back with R16 to grab weight later. Surveyor did not observe CNA C offer or ask R16 if R16 needed to use the bathroom.</p> <p>On 05/01/24 at 9:52 AM, Surveyor observed R16 yell out at CNA D and state, Please come here. CNA D was donning PPE for entering another room. CNA D indicated to R16 that CNA D would come back in and check on R16 when CNA D was done in another room. CNA D entered the other room to help assist another resident.</p> <p>On 05/01/24 at 10:01 AM, Surveyor observed CNA D walk out of the other resident room, drop trash bags in the soiled utility room, and then walk down the hallway away from R16's room. Surveyor did not observe CNA D go back in to follow up with R16's needs.</p> <p>On 05/01/24 at 10:09 AM, Surveyor observed CNA E enter R16's room and ask if R16 needed toileting. R16 indicated no R16 does not. CNA E asked R16 if she would let CNA E know when R16 was ready to toilet. R16 started talking about something else unrelated to using the bathroom and never answered CNA E about toileting. CNA E did not say anything more and exited R16's room.</p> <p>(continued on next page)</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 05/01/24 at 12:08 PM, Surveyor observed CNA D enter R16's room and took R16 in a wheelchair down the hallway to the dining room. Surveyor did not observe CNA D offer or ask R16 if R16 needed to use the bathroom.</p> <p>On 05/01/24 at 12:12 PM, Surveyor interviewed CNA D and asked if CNA D toileted R16 before taking to the dining room. CNA D indicated CNA D did not toilet R16. CNA D indicated CNA D asked to take R16 to the bathroom but R16 stated R16 did not have to go. CNA D indicated that sometimes R16 is resistant to care, so CNA D took R16 to the dining room instead of the bathroom.</p> <p>On 05/01/24 at 1:03 PM, Surveyor observed CNA D and CNA E enter R16's room with EZ-stand. CNA D asked R16 if CNA D and CNA E could toilet R16. R16 indicated no they could not. CNA D attempted to explain to R16 about being concerned that R16 was wet and sitting in urine for too long. R16 refused further, and CNA D and CNA E left room with EZ-Stand.</p> <p>On 05/01/24 at 1:05 PM, Surveyor interviewed CNA D and CNA E and asked if R16 had been toileted today. CNA D and CNA E indicated that R16 had not been to the bathroom since morning. Surveyor asked CNA D and CNA E what the process is for toileting and changing R16's brief as it has been since 7:30 AM when Surveyor observed R16 in a wheelchair and not toileted all day. CNA E indicated that CNA E always lets the charge nurse know of the refusal and then grabs another staff member to reattempt. CNA E indicated that CNA E would get another staff member to try asking R16 again in about an hour. Surveyor asked CNA E about R16's care plan which stated, Reattempt in 5-10 minutes and asked if CNA E followed the care plan specific to R16. CNA E indicated that usually CNA E follows R16's care plan but that CNA E would reattempt in an hour. CNA E told Registered Nurse (RN) F about R16's refusal.</p> <p>On 05/01/24 at 1:37 PM, Surveyor interviewed RN F and asked what the expectation is for checking and changing R16's incontinence brief. RN F indicated that staff need to reattempt and approach R16 as best as staff can to prevent skin breakdown.</p> <p>On 05/01/24 at 2:17 PM, Surveyor observed RN F and CNA E enter R16's room and attempt to toilet R16. R16 indicated she was not getting out of the wheelchair. RN F indicated that CNA E and RN F will reattempt when the daughter arrives as R16 does better when the daughter is present.</p> <p>On 05/01/24 at 3:16 PM, Surveyor observed RN F and CNA E enter R16's room and attempt to toilet R16. R16's daughter was present and assisted staff in helping toilet R16. R16's daughter used distracting techniques such as talking about family and activities and R16 was cooperative with care. CNA E took the brief off and Surveyor observed the brief to be soaked in urine. Surveyor observed some redness on R16's bottom.</p> <p>On 05/01/24 at 3:25 PM, Surveyor interviewed DON B and asked what expectation is for staff when toileting and repositioning. DON B indicated that all staff are to follow the individualized care plan for toileting and repositioning but for the most part, all residents are toileted and repositioned who need the assistance before and after meals and at bedtime. Surveyor asked DON B what the expectation is for staff attempting to toilet R16 when R16 refuses. DON B indicated that staff need to reattempt often and with other staff members. Surveyor indicated that R16 had not been changed or toilet from 7:30 AM-3:16 PM and that staff didn't attempt 5-10 minutes later with different staff members as the care plan states for R16. DON B indicated the expectation is that staff go back in shortly after within 10 minutes and attempt to toilet and reposition R16. DON B indicated that attempts need to continue until R16 is toileted and changed due to a history of urinary tract infections.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Surveyor reviewed R16's behavior monitoring from 04/19/24-05/02/24. Surveyor did not find documentation on 05/01/24 for the day shift on any behavior changes or resistance to care from R16.</p> <p>Example 2</p> <p>R29 was admitted to the facility on [DATE], with diagnoses including unspecified dementia, muscle weakness, dysphagia, and heart failure.</p> <p>R29's MDS assessment, completed on 02/03/24, confirmed R29 scored 12 during a BIMS, indicating moderate impaired cognition. R29 is incontinent of urine. R29 requires substantial maximal assistance from staff for personal hygiene, showering/bathing, toileting, transferring, dressing lower body, and putting on/taking off footwear.</p> <p>R29's care plan was initiated on 08/09/23, and included the following interventions:</p> <p>PERSONAL HYGIENE care plan:</p> <ul style="list-style-type: none"> -The resident requires the assistance of one. <p>TOILET USE care plan:</p> <ul style="list-style-type: none"> -The resident is dependent on the assistance of 2 with EZ-Stand for toilet use. -Toilet before and after meals and bedtimes as resident allows. <p>TRANSFER care plan:</p> <ul style="list-style-type: none"> -The resident requires the assistance of two with EZ-Stand. -Assistance of one for locomotion on the unit <p>Surveyor's observations are continuous from 05/01/24 at 7:20 AM until 05/01/24 at 11:16 AM:</p> <p>On 05/01/24 at 7:20 AM, Surveyor observed R29 sitting up in a wheelchair at the entry of the bedroom door halfway out in the hallway. R29 was observed sleeping in a wheelchair.</p> <p>On 05/01/24 at 7:27 AM, Surveyor observed CNA D take R29 to the dining room for breakfast. Surveyor did not observe CNA D offer or ask if R29 needed to use the bathroom.</p> <p>On 05/01/24 at 8:38 AM, Surveyor observed R29 try to self-propel in a wheelchair out of the dining room. Surveyor observed Social Services Director G ask R29 where R29 was going and R29 indicated R29 would like to sit in the television (TV) room. Surveyor did not observe Social Services Director G offer or ask if R29 needed to use the bathroom before heading to the television room.</p> <p>On 05/01/24 at 8:59 AM, Surveyor observed CNA C wheel R29 out of the TV room to weigh R29 on the scale and returned R29 back to TV room. Surveyor did not observe CNA C offer or ask if R29 needed to use the bathroom before or after weighing R29.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 05/01/24 at 9:05 AM, Surveyor interviewed CNA C and asked if CNA C toileted R29 when CNA C took R29 out of TV room. CNA C indicated that CNA C only took R29 out of the TV room to obtain a weight.</p> <p>On 05/01/24 at 9:16 AM, Surveyor observed Activities Director H offer an audiobook to R29 in TV room.</p> <p>On 05/01/24 at 11:16 AM, Surveyor observed CNA C enter R29's room. CNA C indicated CNA C would be toileting R29. CNA C grabbed the EZ-stand lift and brought it into R29's room. Surveyor observed a strong urine smell in R29's room. CNA C took R29 into the bathroom and pulled R29's pants down. Surveyor observed R29's brief to be soaked with urine. CNA C took the soiled brief out, threw it in the garbage, and changed it to a new brief. CNA C offered for R29 to sit on the toilet for a minute. CNA D entered R29's room and asked if CNA C needed assistance with the transfer. CNA C indicated yes. CNA D elevated R29 from the toilet and CNA C completed peri care. CNA C pulled the new brief and pants up and then placed R29 in a wheelchair.</p> <p>On 05/01/24 at 11:26 AM, Surveyor interviewed CNA D and CNA C and asked if R29 was on a toileting schedule or had been toileted since 7:20 AM. CNA D indicated that R29 is not on a set toileting schedule but will let staff know when she has to go. CNA D stated R29 had not been toileted since R29 got up for the morning. CNA D indicated that sometimes R29 is confused so staff automatically toilet R29 every two hours. CNA C indicated that all residents who need help to the bathroom who are not on a toileting schedule automatically get checked or toileted and then changed as needed every two hours. CNA D and CNA C confirmed that R29 has not been toileted or checked since getting up in the morning before 7:20 AM.</p> <p>Surveyor reviewed behavior monitoring from 04/19/24-05/02/2024. Surveyor did not find documentation on 05/01/24 for the day shift on any behavior changes or resistance to care from R29.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>16692</p> <p>Based on interview and record review, the facility did not ensure each resident receives necessary respiratory care and services that is in accordance with professional standards of practice for 1 of 1 resident (R) reviewed for respiratory care. (R9)</p> <p>The facility has no system in place to replace R9's continuous positive airway pressure (CPAP) equipment according to manufacturer's recommendations.</p> <p>This is evidenced by:</p> <p>The facility policy, entitled CPAP/BiPAP Cleaning, dated 2023, states: Follow manufacturer instructions for the frequency of cleaning/replacing filters and servicing the machine.</p> <p>The user guide for ResMed AirSense10 states: Caring for you device Check the air filter and replace it at least every 6 months. Design Life air tubing: 6 months</p> <p>R9 utilizes a CPAP mask ResMed Quattro. The manufacturer's website resmed.com recommends replacement of the mask cushion every month, replacement of the mask frame system every 3 months, and replacement of the headgear every 6 months.</p> <p>R9 was admitted to the facility in 2017 and has diagnoses that include obstructive sleep apnea, insomnia, muscle weakness, and hypertension.</p> <p>R9's medical record reveals physician orders, dated 03/06/2021, state apply CPAP at bedtime and remove every morning, Pressure: eleven, full face mask with cushion for obstructive sleep apnea (OSA). Wash CPAP mask with mild soap and water daily. Rinse thoroughly and let air dry. Empty water in the humidifier daily then fill with fresh distilled water once daily.</p> <p>Physician's orders, dated 11/06/22, state: CPAP: Wash the following equipment on the CPAP with mild soap and water then rinse with tap water and let air dry: Headgear, Humidifier, and Hose once weekly in the afternoon every Sun for OSA.</p> <p>On 05/01/24 at 11:00 AM, Surveyor interviewed R9 and their significant other. They expressed a concern over the CPAP supplies not being ordered or replaced in an awfully long period of time.</p> <p>On 05/02/24, Surveyor was unable to locate any information within R9's medical record as to when R9's CPAP supplies, including hose, mask, mask seal, headgear, air filter, or water chamber were last replaced.</p> <p>On 05/02/24 at 10:52 AM, Surveyor interviewed Licensed Practical Nurse (LPN) K about what type of CPAP mask and equipment R9 uses, LPN K looked at the medical record and then stated, Full face mask with cushion pressure 11.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Surveyor asked if LPN K could tell when R9's CPAP mask, hoses and supplies were last replaced. LPN K reviewed the medical record and stated LPN K didn't know if replacement was documented. LPN K reviewed the medical record back until 2021 and stated LPN K didn't see anything in there.</p> <p>LPN K went to R9's room and returned stating R9's mask is a Res Med Quaatro. LPN K stated there were no dates on the hose, mask, headgear, or water chamber to indicate when they were put into use. Surveyor asked how long it has been since R9's CPAP supplies have been in place. LPN K stated LPN K didn't know, and the record doesn't state.</p> <p>On 05/02/24 at 11:14 AM, Surveyor interviewed Director of Nursing (DON) B who stated a respiratory therapist from Lincare, who comes to the facility monthly and as needed, inspects supplies and decides when replacements are needed. DON B stated DON B would check with respiratory therapist and find out when supplies were last replaced.</p> <p>On 05/02/24 at 12:04 PM, Surveyor interviewed DON B who stated R9's machine is her own, so they don't look at it and don't review it. DON B stated they do not know when R9's CPAP supplies were last changed or replaced.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>40181</p> <p>Based on observation, interview and record review, the facility did not prepare, distribute, and serve food in accordance with professional standards for food service safety. Staff were observed not wearing covering over facial hair while preparing and serving food in the kitchen. This had the potential to affect all 46 residents in the facility.</p> <p>Findings include:</p> <p>According to the FDA Food Code 2022 documents at 2-402.11 Hair restraints: Effectiveness. (A) Except as provided in (B) of this section, food employees shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed food, clean equipment, utensils and linens and unwrapped single service and single use articles.</p> <p>Facility policy and procedure entitled Maintaining a Sanitary Tray Line: States, in part, .During tray assembly, staff shall: .Wear hair restraints (bonnets, caps, nets, to cover hair) when preparing or handling food .</p> <p>On 05/01/24 at 7:25 AM, Surveyor observed Dietary Manager (DM) I in food prep areas of the kitchen with a hair net on, but no net covering facial hair.</p> <p>On 05/01/24 at 11:19 AM, Surveyor observed Dietary Cook (DC) J take stainless steel containers of food and prepared the food for mechanically altered and pureed diets. DC J had a hair net on head covering all hair but did not have a net over facial hair while preparing the mechanically altered foods. Surveyor interviewed DC J asking why they were not wearing a net or covering over facial hair. DC J stated because the beard was freshly trimmed and tidy, it did not need to be covered. Surveyor asked if that was the facility policy in food prep areas. DC J was not sure but would cover the beard now.</p> <p>On 05/01/24 from 11:09 AM to 11:55 AM, Surveyor observed DM I walk back and forth multiple times in the kitchen while lunch was being prepared with no beard net covering facial hair.</p> <p>On 05/01/24 at 12:50 PM, Surveyor observed DM I at the steam table dishing up food to serve to residents in the dining room. Surveyor did not observe a beard net on DM I's face.</p> <p>On 05/01/24 at 1:08 PM, Surveyor interviewed DM I and asked what the facility policy and procedure for kitchen staff was if they had facial hair. DM I was not sure they had a specific policy about facial hair, but stated they instruct kitchen staff they need to shave or wear a beard net over facial hair when working in the kitchen. DM I stated he was aware DC J was not wearing a beard net over facial hair when working with food at lunch time today. DM I instructed DC J to either shave or wear a beard covering. Surveyor asked DM I if DM I wore a beard net while in the kitchen. DM I stated he did not think he needed to wear a beard covering because he was not working directly with food.</p>		