

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525522	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/18/2024
NAME OF PROVIDER OR SUPPLIER Manor of Fond Du Lac		STREET ADDRESS, CITY, STATE, ZIP CODE 517 E Division St Fond Du Lac, WI 54935	

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 0814</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Dispose of garbage and refuse properly.</p> <p>32768</p> <p>Based on observation and staff interview, the facility did not ensure garbage and refuse were properly disposed of in outside garbage storage receptacles. This practice had the potential to affect all 32 residents residing in the facility.</p> <p>The facility's outside garbage receptacles were open on 11/18/24 and were routinely left open during the AM shift.</p> <p>Findings include:</p> <p>On 11/18/24 at 8:22 AM, Surveyor and Nursing Home Administrator (NHA)-A observed two garbage receptacles outside the facility and noted both receptacle lids were open. NHA-A indicated a neighbor of the facility had issues with garbage left outside and yelled at staff. NHA-A indicated NHA-A talked with the landlord and staff were trying to keep the receptacle lids closed. NHA-A indicated AM staff had issues closing the lids due to their height, and maintenance staff made sure the lids were closed in the evening. NHA-A verified the receptacle lids were left open during the day and closed in the evening.</p> <p>On 11/18/24 at 10:23 AM, Surveyor interviewed Anonymous Person (AP) who indicated the facility didn't close the garbage receptacle lids and it smelled awful during the summer. AP also stated the garbage receptacles were currently open. AP indicated AP has called the facility but staff don't answer the phone.</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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