

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 05/21/2025
NAME OF PROVIDER OR SUPPLIER Avina on Division		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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff and resident interview, and record review, the facility did not ensure a call light was within reach for 1 resident (R) (R17) of 15 sampled residents.</p> <p>On 5/20/25, R17's call light was out of reach and not accessible to R17.</p> <p>Findings include:</p> <p>The facility's Call Lights: Accessibility and Timely Response policy, dated 3/6/25, indicates staff will ensure the call light is within reach of the resident and secured as needed. The call system will be accessible to the resident while in their bed or other sleeping accommodations within the resident's room.</p> <p>On 5/20/25, Surveyor reviewed R17's medical record. R17 was admitted to the facility on [DATE] and had diagnoses including hemiplegia and hemiparesis following cerebral infarction affecting the right dominant side. R17's Minimum Data Set (MDS) assessment, dated 4/8/25, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R17 had intact cognition. The MDS assessment also indicated R17 had impairment on one side of the upper and lower extremities and required substantial/maximum assistance with rolling to the left and right sides and returning to lying on R17's back in bed.</p> <p>On 5/20/25 at 12:25 PM, Surveyor observed R17 in bed. Surveyor interviewed R17 who indicated R17 could not find the call light. R17 indicated R17 wanted to be repositioned and needed assistance. Surveyor observed a call light cord at the top of R17's bed on the left side under R17's pillow. When Surveyor informed R17 the call light was on the left side of R17's bed near the pillow, R17 attempted to reach the call light but could not. Surveyor informed R17 that Surveyor would ask staff to assist R17 with repositioning.</p> <p>On 5/20/25 at 12:33 PM, Surveyor notified Certified Nursing Assistant (CNA)-D that R17 required assistance with repositioning and could not reach the call light. CNA-D with the assistance of CNA-E entered R17's room. Surveyor observed CNA-E reach under R17's pillow, pull out the call light, and hand the call light to R17. CNA-E verified R17 could not reach the call light. CNA-D and CNA-E then repositioned R17.</p> <p>On 5/21/25 at 9:27 AM, Surveyor interviewed Director of Nursing (DON)-B who stated R17's call light should be within reach as indicated by the facility's call light policy.</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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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff and resident interview, and record review, the facility did not ensure the accurate administration of medication for 2 residents (R) (R8 and R11) of 15 sampled residents.</p> <p>On 5/19/25, Surveyor observed medication at R8's bedside hours after the morning medication pass. Staff did not return and check on R8 to ensure the medication was taken but documented the medication as administered. In addition, R8 did not have a quarterly self-administration of medication assessment.</p> <p>On 5/19/25, Surveyor observed Medication Technician (MT)-E prepare medication for R11 and leave the medication at the bedside. R11 had an order to self-administer medication but did not have a current self-administration of medication assessment.</p> <p>Findings include:</p> <p>The facility's Resident Self-Administration of Medication policy, dated 4/9/25, indicates: It is the policy of this facility to support each resident's right to self-administer medication. A resident may only self-administer medication after the facility's interdisciplinary team has determined which medications may be self-administered safely. 1. Resident is offered the opportunity to self-administer medications during the routine assessment by the facility's interdisciplinary team .4. The results of the interdisciplinary team assessment are recorded on the medication self-administration assessment form which is placed in the resident's medical record .14. The care plan must reflect resident self-administration and storage arrangements for such medications .</p> <p>The facility's Medication Administration policy, dated 1/9/25, indicates: .17. Administer medication as ordered in accordance with manufacturer specifications .18. Observe resident consumption of medication .20. Sign Medication Administration Record (MAR) after administered .22. Report and document any adverse side effects or refusals. 23. Correct any discrepancies and report to nurse manager .</p> <p>1. On 5/19/25, Surveyor reviewed R8's medical record. R8 was admitted to the facility on [DATE] and had diagnoses including chronic kidney disease, asthma, hypertension, anxiety, and depression. R8's Minimum Data Set (MDS) assessment, dated 5/8/25, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R8 had intact cognition.</p> <p>On 5/19/25 at 12:18 PM, Surveyor interviewed R8 and noted a container of pudding that contained pills on R8's bedside table. Surveyor counted 14 pills visible on top of the pudding and noted other pills that appeared to have melted/disintegrated and others that were under the top of the pudding. Surveyor also noted a box of Effervescent antacid medication and a container of pain relief medication with an expiration date of 1/2023 on the bedside table.</p> <p>R8 indicated a nurse left the pills in the pudding earlier that morning around breakfast time and had not been back to check if R8 took the medication. R8 indicated the box of Effervescent antacid medication and container of pain relief medication were from home and the facility knew R8 had them. R8 indicated R8 had not taken any of R8's medications that morning and was not going to.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/19/25 at 4:13 PM, Surveyor observed R8's room and noted the container of pudding and pills was still on R8's bedside table. Surveyor counted 14 pills on top of the pudding and noted others that appeared to have melted/disintegrated and/or were under the pudding. Surveyor also noted the Effervescent antacid medication and container of pain relief medication with an expiration date of 1/2023 were still on the bedside table.</p> <p>R8's medical record contained the following physician's order: Okay to leave medications within reach at bedside table. Nurse to recheck in an hour to ensure medications are taken. If (R8) is not taking medications, please document. (Start date: 2/3/25).</p> <p>R8's medical record did not contain a self-administration of medication assessment. R8 also did not have a care plan that indicated R8 could self-administer medication or store medication at the bedside.</p> <p>Surveyor reviewed R8's MAR and noted 18 medications (not including medications that would not have been in pudding, i.e., insulin) were signed out as administered during the AM medication pass despite the fact some of the medications were refused by R8 and not taken.</p> <p>On 5/20/25 at 7:33 AM, Surveyor interviewed Licensed Practical Nurse (LPN)-J who indicated staff who administer medication for R8 are supposed to go back and check if R8 took the medication.</p> <p>On 5/21/25 at 11:15 AM, Surveyor interviewed Director of Nursing (DON)-B who indicated residents must have orders for all medication. DON-B indicated R8 should have had a self-administration of medication assessment to determine if R8 was capable to self-administer medication. DON-B indicated R8 should not self-administer medication without an assessment. DON-B indicated staff are required to go back after leaving medication at the bedside to check if the resident took the medication and should document accordingly. DON-B indicated staff should return within an hour to check on the resident.</p> <p>On 5/22/25 at 2:40 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A who indicated nursing staff are aware of and should follow the facility's medication administration and storage policies. NHA-A also indicated staff should follow standards of practice for medication and medication orders.</p> <p>2. On 5/19/25 at 11:25 AM, Surveyor observed MT-E prepare medication for R11 and leave the medication at R11's bedside.</p> <p>On 5/20/25, Surveyor reviewed R11's medical record. R11 had diagnoses including debility, cardiorespiratory conditions, urinary tract infection, neurogenic bladder, end stage renal disease, hypertension, diabetes mellitus, and anxiety disorder. R11's MDS assessment, dated 5/12/25, had a BIMS score of 15 out of 15 which indicated R11 had intact cognition.</p> <p>R11's plan of care indicated R11 had a physician's order for unsupervised self-administration of all medications and staff could leave the medication at the bedside. The care plan contained an intervention to assess R11's ability to safely self-administer medication on admission/readmission, quarterly, and with changes in condition.</p> <p>R11's MAR indicated R11 had an order (dated 2/16/23) to keep medication at the bedside.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R11's medical record contained self-administration of medication assessments dated 2/17/23 and 12/23/24.</p> <p>On 5/20/25 at 12:45 PM, Surveyor interviewed DON-B who confirmed residents with a self-administration of medication order should have an assessment completed quarterly or with a change in condition. DON-B indicated if medication is left at the bedside for a resident to self-administer, staff who prepared the medication should check back to ensure the resident took the medication.</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>Based on observation, staff interview, and record review, the facility did not ensure kitchen equipment and dishware used to serve residents were free from residue accumulation. This practice had the potential to affect all of the 33 residents residing in the facility.</p> <p>Kitchen equipment and dishware used to serve residents contained visible white residue that made it difficult to tell if the equipment and dishware were clean.</p> <p>Findings include:</p> <p>During an initial kitchen tour on 5/19/25 at 10:55 AM, Surveyor interviewed Dietary Manager (DM)-F who stated the facility follows the Federal Food Code.</p> <p>The 2022 FDA Food Code documents at 4-601.11 Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils: (A) Equipment food-contact surfaces and utensils shall be clean to sight and touch. (B) The food-contact surfaces of cooking equipment and pans shall be kept free of encrusted grease deposits and other soil accumulations.</p> <p>The 2022 FDA Food Code documents at 4-602.13 Nonfood-Contact Surfaces: Nonfood-contact surfaces of equipment shall be cleaned at a frequency necessary to preclude accumulation of soil residue.</p> <p>The 2022 FDA Food Code documents at 4-903.11 Equipment, Utensils, Linens, and Single-Service and Single-Use Articles: (a) Except as specified in (d) of this section, cleaned equipment and utensils, laundered linens, and single-service and single-use articles shall be stored: (1) in a clean, dry location; (2) where they are not exposed to splash, dust, or other contamination; and (3) at least 15 centimeters (cm) (6 inches) above the floor. (b) Clean equipment and utensils shall be stored as specified under (a) of this section and shall be stored: (1) in a self-draining position that allows air drying; and (2) covered or inverted.</p> <p>The facility's undated The Dining Experience: Staff Responsibilities policy indicates: The dining experience will enhance each individual's quality of life through person-centered dining providing nourishing, palatable, and attractive meals .2b. Providing an attractive, safe, functional, sanitary, home-like or restaurant-like dining environment (depending on the facility) that is roomy, comfortable with nice decor, contrasting colors, and appropriate furniture for patients/residents, staff and the public .</p> <p>During an initial kitchen tour that began on 5/19/25 at 10:55 AM, Surveyor observed an accumulation of white/gray residue on food prep equipment, including a food processor and pots and pans. The food processor contained so much white residue that the clear canister could not be seen through. Surveyor noted pots, pans, and shelves also contained white residue. DM-F indicated the food processor was clean, but confirmed the residue was hard to see through. DM-F indicated the residue was a hard water issue that the facility had been dealing with for at least two months. DM-F indicated DM-F heard the facility had not gotten salt for the water softener. DM-F indicated kitchen staff soaked the silverware in vinegar so it did not look dirty but they were unable to clean residents' plates, cups, bowls, pots, pans, and equipment.</p> <p>(continued on next page)</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>On 5/20/25 at 9:17 AM, Surveyor interviewed Dietary Aide (DA)-G who was washing dishes. DA-G indicated the residue on the cups, bowls, plates, pots, pans, and equipment made it hard to tell if the items were clean or dirty. DA-G indicated DA-G just rewashed two plates that contained so much residue that DA-G couldn't tell if the plates were clean. DA-G picked up a coffee pot and stated, Look at this coffee pot. It's disgusting. I wouldn't drink out of that. Surveyor noted the silver and black coffee pot was covered in white residue on the inside and outside. DA-G showed Surveyor a plate out of the dishwasher that was supposed to be clean but was covered in white residue. DA-G indicated it was embarrassing that residents ate on dishware that looked like that. DA-G indicated the residue had been there for a while and had occurred in the past. DA-G indicated DA-G heard the facility was out of water softener pellets and stated someone should get salt pellets if that was the issue.</p> <p>On 5/20/25 at 9:23 AM, Surveyor and DA-G took photos of a coffee pot, a plate, a rack of plastic cups used by residents at breakfast, a bowl, and insulated plate covers all of which were covered in white hard water residue and were supposed to be clean.</p> <p>On 5/20/25 at 9:29 AM, Surveyor interviewed DA-H who indicated the white residue on the dishware, cups, and equipment was gross. DA-H stated DA-H would not use the facility's dishware and brought dishware from home. DA-H indicated the issue had been ongoing for a few months. DA-H indicated DA-H was told the facility did not have water softener pellets.</p> <p>On 5/20/25 at 10:17 AM, Surveyor interviewed Maintenance Director (MD)-I who confirmed there was a billing issue with the provider who delivered salt for the water softener which contributed to the hard water residue and build-up on the dishware and equipment. MD-I indicated MD-I spoke with the provider yesterday and worked out the billing issue which will put the facility back on a salt delivery schedule soon. MD-I indicated the issue had been occurring for one and a half to two months. When asked why the facility did not buy salt themselves or find another provider, MD-I indicated it was too much salt to purchase on their own and they were trying to work it out with the provider. MD-I indicated MD-I understood the dishware and equipment looked bad but stated they were clean from a sanitization standpoint. MD-I indicated that was the worst the residue had ever been.</p> <p>On 5/20/25 at 12:43 PM, Surveyor interviewed R10 who stated R10 did not know if the cups R10 drank out of were clean or not.</p> <p>On 5/21/25 at 12:03 PM, Surveyor interviewed R6 who indicated R6 did not like residue on R6's cups and dishware and stated R6 had dirty drinking glasses. R6 indicated R6 asked staff about the residue and was told it was the dishwasher and the cups were clean. R6 indicated R6 was skeptical and hoped the cups were clean. R6 felt the glasses were dirty and wanted dishes and cups that appeared clean.</p> <p>On 5/21/25 at 12:19 PM, Surveyor interviewed R3 who indicated R3 could not see but did not want to drink out of dirty cups. R3 hoped the facility provided clean cups.</p> <p>On 5/22/25 at 2:40 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A who indicated residents should have visibly clean dishes to eat and drink from and clean equipment to prepare food.</p>		

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Dispose of garbage and refuse properly.</p> <p>Based on observation, staff interview, and record review, the facility did not ensure garbage and refuse were properly disposed of in outside garbage receptacles. This practice had the potential to affect all of the 33 residents residing in the facility.</p> <p>The garbage containers outside the facility were not covered and contained loose/unbagged garbage.</p> <p>Findings include:</p> <p>The facility's Disposal of Garbage and Refuse policy, revised 12/2/24, indicates: .1. Garbage shall be disposed of in refuse containers with plastic liners and lids. 2. Garbage and refuse containers shall be durable, cleanable, and free from cracks or leaks and covered when not in use .7. Refuse containers and dumpsters outside the facility shall be designed and constructed to have tightly fitting lids, doors, or covers. Containers and dumpsters shall be kept covered when not being loaded .</p> <p>During an initial kitchen tour on 5/19/25 at 10:55 AM, Surveyor and Dietary Manager (DM)-F observed two approximately 8 feet long by 3 feet wide rolling containers positioned against the building outside the right side of the door. One container was full of bags of garbage and the second container was half full of bags of garbage. The second container also contained unbagged garbage and debris including food wrappers, food particles, unidentified matter, and paper coffee cups. Both of the rolling containers were not covered and Surveyor did not observe any lids with which the containers could be covered. DM-F thought either housekeeping or maintenance staff brought the garbage from the rolling containers to the dumpsters across the parking lot. When asked how often the rolling containers were emptied, DM-F thought they were emptied when they were full. DM-F indicated the garbage in the rolling containers was left uncovered.</p> <p>On 5/20/25 at 10:14 AM, Surveyor and Dietary Aide (DA)-H observed the two rolling containers outside the door. The container nearest the door was two-thirds full of bagged garbage. The second container had approximately 4 inches of loose garbage and debris on the bottom. DA-H indicated the rolling dumpsters are emptied daily by housekeeping staff. DA-H indicated the second container should not contain loose garbage and debris and should have bagged garbage only.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, staff interview, and record review, the facility did not maintain an infection prevention and control program designed to prevent the transmission of communicable disease and infection. This practice had the potential to affect more than 4 of the 33 residents residing in the facility.</p> <p>R17 was on contact precautions. On 5/19/25, Licensed Practical Nurse (LPN)-K twice entered R17's room and administered medication without wearing the appropriate personal protective equipment (PPE).</p> <p>On 5/19/25, Laundry Aide (LA)-C transported uncovered clean clothes in hallways and delivered them to residents' rooms.</p> <p>On 5/20/25, LA-C wheeled a cart of clean linens from the clean side of the laundry room through the dirty side and into the housekeeping closet. In addition, a soiled linen hamper was observed in the clean area of the laundry room.</p> <p>Findings include:</p> <p>The facility's Personal Protective Equipment (PPE) policy, revised 11/2024, indicates: PPE refers to a variety of barriers used alone or in combination to protect mucous membranes, skin, and clothing from contact with infectious agents. It includes gloves, gowns, face protection, and respiratory protection .1. All staff who have contact with residents and/or their environments must wear PPE as appropriate during resident care activities and at other times in which exposure to blood, body fluids, or potentially infectious material is likely. 2. PPE will be utilized as part of standard precautions regardless of a resident's suspected or confirmed infection status.</p> <p>The facility's Laundry policy, revised 1/21/25, indicates: The facility launders linens and clothing in accordance with current Centers for Disease Control and Prevention (CDC) guidelines to prevent transmission of pathogens .3. Soiled laundry shall be kept separate from clean laundry at all times .</p> <p>Per the CDC, the best practices for management of clean linen .Sort, package, transport, and store clean linens in a manner that prevents risk of contamination by dust, debris, soiled linens, or other soiled items. Clean Linen Storage- Designated areas: .Use separate rooms or designated areas for storing clean linens. Secure Storage: Store clean linen in closed carts or containers to prevent contamination. Separate Soiled and Clean Linen: Keep soiled linen separate from clean linen to prevent cross contamination.</p> <p>1. On 5/19/25 at 3:52 PM, Surveyor observed LPN-K prepare medication for R17 who had a contact precautions sign on R17's door. LPN-K entered R17's room without donning PPE. When Surveyor asked if LPN-K should be wearing PPE, LPN-K indicated yes, exited R17's room, and donned gloves. LPN-K then re-entered R17's room and administered R17's medication. Surveyor observed LPN-K lean against R17's bed rail when LPN-K administered the medication. At 4:06 PM, Surveyor observed LPN-K enter R17's room with gloved hands to administer a second medication. LPN-K again leaned against the bed rail while administering the medication. LPN-K did not wear a gown during the observation.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 5/20/25 at 12:45 PM, Surveyor interviewed Director of Nursing (DON)-B who indicated staff should follow posted signs and should wear a gown and gloves when entering the room of a resident on contact precautions.</p> <p>2. On 5/19/25 at 12:38 PM, Surveyor observed Laundry Aide (LA)-C carry laundry on hangers down a hallway in LA-C's hands. Surveyor interviewed LA-C who indicated the clothes in LA-C's hands were clean. When Surveyor asked if that was how LA-C usually transports clean clothing, LA-C indicated yes and confirmed LA-C walks laundry to residents' rooms. LA-C stated the facility has a cart, but it is too full and not many residents have laundry done at the facility. LA-C also indicated the cart does not fit through the door and the facility does not have a cover for it. LA-C indicated staff have never covered clothing or been told to cover clothing when transporting it from the laundry room to residents' rooms.</p> <p>On 5/20/25 at 12:45 PM, Surveyor interviewed DON-B who indicated clean clothing that is being transported from the laundry room should be covered when in the hallway.</p> <p>3. On 5/20/25 at 9:50 AM, Surveyor toured the laundry room and observed LA-C wheel a clean basket of towels through the dirty side past the washing machines and into the housekeeping/dirty clothes storage area. Surveyor interviewed LA-C who indicated dirty and clean clothes should be kept separate at all times. LA-C indicated there is no other way to get clean towels back to the housekeeping storage area except to go by the washing machines. LA-C indicated the cart was left in the housekeeping/dirty linen area for housekeeping staff to put away. Surveyor also observed a hamper that was labeled soiled linen in the clean side of the laundry room near the folding area.</p> <p>On 5/20/25 at 12:45 PM, Surveyor interviewed DON-B who indicated clean laundry should never cross back into the dirty area and dirty items should not be on the clean side.</p>		