

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525540	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/11/2024
NAME OF PROVIDER OR SUPPLIER Villa Maria Health and Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 300 Villa Dr Hurley, WI 54534	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46694</p> <p>Based on observation, interview and record review, the facility failed to identify and eliminate all known and foreseeable accident hazards in the resident's environment. This had the potential to affect 1 of 3 residents (R), R26, reviewed for accidents.</p> <p>Findings:</p> <p>The facility policy titled, Waste Disposal, revised March 2024 stated in part: 1 c. Immediately after use, sharps shall be disposed of in closable, puncture resistant, disposable containers that are leak-proof on the sides and bottom and are labeled or color-coded.</p> <p>R26 was admitted to the facility on [DATE] with a brief interview of mental status (BIMS) score of 3 out of 15 which indicated severe cognitive impairment. R26 had diagnoses that included dementia and sleep disorder.</p> <p>On 12/09/24 at 10:17 AM, Surveyor observed R26 had a lab draw needle left on bed with a dry gauze pad next to her in the bed. This sharp needle has the potential to cause an injury or accident for R26.</p> <p>On 12/09/24 at 10:24 AM, Surveyor asked Certified Nursing Assistant (CNA) C about this needle. CNA C replied, I don't know if she was supposed to have lab work, but I will get the nurse for you.</p> <p>On 12/09/24 at 10:26 AM, Registered Nurse (RN) D entered the room. Surveyor asked about the needle lying on the bed. RN D replied, I don't know if [R26] had a lab. I know that I didn't draw her blood, but I will remove it. Surveyor asked RN D to find out who drew the lab.</p> <p>On 12/09/24 at 10:29 AM, RN D returned to inform Surveyor that Assistant Director of Nursing (ADON) E was here and drew blood I think about an hour ago. Surveyor asked RN D to find out what time the blood draw occurred. RN D replied, I will, sure.</p> <p>On 12/09/24 at 10:31 AM, RN D returned and informed Surveyor that at 9:40 AM the lab was drawn.</p> <p>On 12/10/24 at 10:35 AM, Surveyor asked ADON E about the needle found in the bed next to R26. ADON E replied, I cannot believe that I did that because I am very meticulous about those things.</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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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Surveyor asked ADON E to simulate a lab draw on a resident:</p> <p>I would verify the order.</p> <ol style="list-style-type: none"> 1) Hand hygiene 2) Explain procedure to resident and verify it is ok to do. 3) Put on gloves 4) Set up needle in needle protector device. 5) Pull tape onto left gloved hand. 6) Bevel up, venipuncture 7) Remove blood tube from needle protector device. 8) Recap with protector device. 9) Dispose of needle 10) Remove gloves and perform hand hygiene. <p>On 12/10/24 at 11:36 AM, Surveyor asked ADON E, Was that the needle you used to draw the resident's blood that morning, the one lying next to her? ADON replied, Yes.</p> <p>On 12/10/24 at 12:37 PM, Surveyor asked Director of Nursing (DON) B, What should [ADON E] have done with the needle after the blood draw to keep [R26] safe? DON B replied that ADON E should have disposed of the needle.</p>