

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525550	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2025
NAME OF PROVIDER OR SUPPLIER Markesan Resident Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1130 N Margaret Markesan, WI 53946	
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>45942</p> <p>Based on staff interview and record review, the facility did not implement policies and procedures that prohibit and prevent abuse for 3 of 8 facility and contracted staff reviewed for caregiver background checks.</p> <p>The facility did not ensure thorough and timely caregiver background checks were completed for Physical Therapist (PT)-C, Certified Nursing Assistant (CNA)-D, and CNA-E.</p> <p>Findings include:</p> <p>The facility's Abuse, Neglect and Exploitation policy, revised 12/2019 indicates: The objective of the abuse policy is to comply with the seven-step approach to abuse and neglect detection and prevention .screening, training, prevention, identification, investigation, protection, reporting, and response .A. Screening: .It is the policy of this facility to screen employees and volunteers prior to working with residents. Screening components include verification of references, certification and verification of licenses, and a criminal background check .The facility will not employ or otherwise engage individuals who have been found guilty of abuse, neglect, exploitation, misappropriation of property, or mistreatment by a court of law .As the license holder/legal representative, the facility will do the following: Have the employee or contractor complete a Background Information Disclosure (BID) form. The completed BID will be kept on file .A complete caregiver background check will consist of the following documents: A completed BID form .a response from the Department of Justice (DOJ) .a Response to Caregiver Background Check letter These three items are retained with the employee's records and are made available when requested by Department of Quality Assurance (DQA) staff for survey purposes. Other documentation must be obtained by the facility when information is needed to complete the background check, such as other state's conviction records .The facility will conduct repeat background checks at a minimum of four-year intervals or as needed per Wisconsin Chapter 13 requirements.</p> <p>On 2/11/25, Surveyor reviewed background check information for 8 facility and contracted staff, including PT-C, CNA-D, and CNA-E.</p> <p>PT-C was hired on 7/8/21. The facility provided an undated BID form for PT-C and did not provide proof that PT-C's BID form was completed prior to or on the date of PT-C's hire.</p> <p>CNA-D was hired on 10/8/00. The facility provided an undated BID form for CNA-D and did not provide proof that CNA-D's BID form was completed prior to or on the date of CNA-D's hire.</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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>CNA-E was hired on 11/30/20. CNA-E's BID form indicated CNA-E resided outside of Wisconsin from July 2022 to September 2022, however, the BID form did not indicate in which state CNA-E previously lived. The facility did not provide an out-of-state background check for CNA-E.</p> <p>On 2/11/25 at 12:59 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A who confirmed PT-C and CNA-D's BID forms were not dated and CNA-E's BID form indicated CNA-E lived outside of Wisconsin within the last three years. NHA-A indicated Human Resources (HR) staff should have reviewed PT-C and CNA-D's BID forms and obtained an out-of-state background check for CNA-E.</p> <p>On 2/12/25 at 10:55 AM, Surveyor interviewed NHA-A who stated PT-C and CNA-D's BID forms should have been dated the same day their background checks were completed. NHA-A indicated BID forms should be dated when signed by staff to ensure the BID form was checked within the last 4 years and coincides with the employee's current DOJ and Integrated Background Information System (IBIS) letters.</p>		

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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>48794</p> <p>Based on staff interview and record review, the facility did not ensure a written transfer notice was provided for 4 residents (R) (R188, R20, R25, and R2) of 4 residents reviewed for hospitalization . In addition, the facility did not ensure the Ombudsman was notified of hospital transfers for 3 (R20, R25, R2) of 4 residents.</p> <p>R188 was transferred to the hospital on 2/10/25. The facility did not provide R188 or R188's representative with a written transfer notice.</p> <p>R20 was transferred to the hospital on 1/10/25. The facility did not provide R20 or R20's representative with a written transfer notice and did not notify the Ombudsman of R20's transfer.</p> <p>R25 was transferred to the hospital on 11/9/24. The facility did not provide R25 or R25's representative with a written transfer notice and did not notify the Ombudsman of R25's transfer.</p> <p>R2 was transferred to the hospital on 10/28/24. The facility did not provide R2 or R2's representative with a written transfer notice and did not notify the Ombudsman of R2's transfer.</p> <p>Findings include:</p> <p>The facility did not provide a discharge/transfer notice policy.</p> <ol style="list-style-type: none"> From 2/10/25 to 2/12/25, Surveyor reviewed R188's medical record which indicated R188 was transferred to the hospital on 2/10/25 and admitted for pneumonia. R188's medical record did not indicate R188 or R188's representative received a written transfer notice. From 2/10/25 to 2/12/25, Surveyor reviewed R20's medical record which indicated R20 was transferred to the hospital on 1/12/25 and admitted for a bowel obstruction. R20's medical record did not indicate R20 or R20's representative received a written transfer notice. From 2/10/25 to 2/12/25, Surveyor reviewed R25's medical record which indicated R25 was transferred to the hospital on 11/9/24 for an unresponsive episode and low blood pressure. R25's medical record did not indicate R25 or R25's representative received a written transfer notice. R25's medical record indicated R25 had an activated Power of Attorney (POA). From 2/10/25 to 2/12/25, Surveyor reviewed R2's medical record which indicated R2 was transferred and admitted to the hospital on 10/28/24 for gastrointestinal symptoms and intravenous (IV) antibiotics. R2's medical record did not indicate R2 or R2's representative received a written transfer notice. R2's medical record indicated R2 had an activated POA. <p>On 2/12/25 at 9:00 AM and 11:11 AM, Surveyor interviewed Nursing Home Administrator (NHA)-A regarding discharge/transfer and Ombudsman notification. NHA-A indicated the facility made adjustments last year and the bed hold and transfer form the facility completes at the time of transfer meets the requirements. NHA-A indicated the facility does not notify the Ombudsman of hospital transfers.</p> <p>(continued on next page)</p>		

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 2/12/25 at 11:26 AM, Surveyor interviewed Director of Nursing (DON)-B who indicated a transfer form is sent in the folder with Emergency Medical Services (EMS) to the hospital if the form has been completed when the resident leaves the facility. If the form has not been completed when the resident leaves the facility, staff fax a copy of the form to the hospital. DON-B stated the facility does not give a copy of the form to the resident or their representative.</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45942</p> <p>Based on observation, staff interview, and record review, the facility did not ensure 1 resident (R) (R140) of 1 sampled resident received the appropriate care and services to prevent urinary tract infections (UTIs).</p> <p>On 2/11/25, R140's uncovered catheter drainage bag was observed on the floor next to R140's recliner.</p> <p>Findings include:</p> <p>The facility's Catheter Care and Drainage Bag Covers policy, revised 3/12/21, indicates: .1. Minimize the risk of catheter-associated urinary tract infections and related problems .It is the policy of the facility to cover catheter drainage bags at all times to provide privacy and dignity to the resident .</p> <p>From 2/10/25 to 2/12/25, Surveyor reviewed R140's medical record. R140 was admitted to the facility on [DATE] and had diagnoses including ischemic colitis, heart failure, and diabetes. R140's Minimum Data Set (MDS) assessment, dated 1/17/25, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R140 had intact cognition.</p> <p>On 2/11/25 at 1:43 PM, Surveyor observed R140's uncovered catheter bag on the floor of R140's room while R140 was sitting in a recliner.</p> <p>On 2/11/25 at 1:49 PM, Surveyor interviewed Registered Nurse (RN)-G who confirmed R140's uncovered catheter bag was on the floor. RN-G indicated the catheter bag should not be on the floor and should be covered with a privacy bag.</p> <p>On 2/11/25 at 1:51 PM, Surveyor interviewed Director of Nursing (DON)-B who indicated catheter bags should be covered with a privacy bag and not on the floor.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>48794</p> <p>Based on observation, staff interview, and record review, the facility did not ensure food was stored and prepared in a safe and sanitary manner. This practice had the potential to affect more than 4 of the 38 residents residing in the facility.</p> <p>Staff did not monitor and document food cooling temperatures.</p> <p>Staff did not follow safe reheating protocols for food meant for resident consumption.</p> <p>Findings include:</p> <p>On 2/10/25 at 8:50 AM, Surveyor began an initial kitchen tour with Dietary Manager (DM)-F who indicated the facility follows the Food and Drug Administration (FDA) Food Code.</p> <p>The 2022 FDA Food Code documents at 3-402.12 Records, Creation and Retention: Records must be maintained to verify that the critical limits required for food safety are being met. Records provide a check for both the operator and the regulator in determining that monitoring and corrective actions have taken place.</p> <p>Cooling Temperatures:</p> <p>The 2022 FDA Food Code documents at 3-501.14 Cooling: (A) Cooked time/temperature control for safety food shall be cooled: (1) Within 2 hours from 135 Fahrenheit (F) to 70 F; and (2) Within a total of 6 hours from 135 F to 41 F or less. (B) Time/temperature control for safety food shall be cooled within 4 hours to 41 degrees F or less if prepared from ingredients at ambient temperature, such as reconstituted foods and canned tuna.</p> <p>The 2022 FDA Food Code documents at 3-501.15 Cooling Methods: (A) Cooling shall be accomplished in accordance with the time and temperature criteria specified under S 3-501.14 by using one or more of the following methods based on the type of food being cooled: (1) Placing the food in shallow pans; (2) Separating the food into smaller or thinner portions; (3) Using rapid cooling equipment; (4) Stirring the food in a container placed in an ice water bath; (5) Using containers that facilitate heat transfer; (6) Adding ice as an ingredient; or (7) Other effective methods.</p> <p>The facility's Food Temperatures and Thermometer Protocol, dated August 2017, indicates: It is the policy of the facility to have thermometers available to take the internal temperature of food .Thermometers are available in the kitchen for checking food temperatures to maintain food safety .Stem thermometers will be used for foods that are cooked and cooled for later service. Temperatures will be monitored and recorded promptly.</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 - Some</p>	<p>During an initial tour of the kitchen that began at 8:50 AM on 2/10/25 at 8:50 AM, Surveyor and DM-F observed pre-cooked eggs, beef patties, and French toast in the cooler and two tubs with plastic bags of previously cooked meat in the freezer. DM-F confirmed the items were for resident consumption and were previously prepared and cooked in the kitchen. DM-F indicated the facility does not use cooling logs.</p> <p>Microwave Reheating/Food Safety Temperatures:</p> <p>The 2022 FDA Food Code documents at 3-403.11 Reheating for Hot Holding: (A) Except as specified under (B) and (C) and (E) of this section, time/temperature control for safety food that is cooked, cooled, and reheated for hot holding shall be reheated so that all parts of the food reach a temperature of at least 74 degrees Celsius (C) (165 degrees Fahrenheit (F)) for 15 seconds. (B) Except as specified under (C) of this section, time/temperature control for safety food reheated in a microwave oven for hot holding shall be reheated so that all parts of the food reach a temperature of at least 74 degrees C (165 degrees F) and the food is rotated or stirred, covered, and allowed to stand covered for 2 minutes after reheating.</p> <p>The facility's Food Temperatures and Thermometer Protocol, dated August 2017, indicates: It is the policy of the facility to have thermometers available to take the internal temperature of food .Thermometers are available in the kitchen for checking food temperatures to maintain food safety .Foods that are heated in the microwave are only heated for immediate service and will be heated to palatable temperatures.</p> <p>During an observation of lunch on 2/10/25 at 11:48 AM, Surveyor observed [NAME] (CK)-H pour beef broth in a bowl, cover the bowl, and heat the broth in the microwave for 50 seconds. CK-H then temped the broth with a thermometer that read 131 degrees F. CK-H then heated the broth for an additional 30 seconds and temped the broth with a thermometer that read 164 degrees F.</p> <p>On 2/10/25 at 11:48 AM, Surveyor interviewed CK-H who stated reheated food should reach a minimum temperature of 135 degrees F. CK-H acknowledged CK-H was not aware the temperature for reheated food should be 165 degrees.</p> <p>On 2/11/25 at 12:58 PM, Surveyor interviewed DM-F who acknowledged the reheating protocol concern and stated it was a misunderstanding on the facility's part as they were not aware the internal temperature needs to reach 165 degrees F.</p>		