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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                            | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>525551 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                             | (X3) DATE SURVEY COMPLETED<br><br>01/15/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Whispering Pines Nursing and Rehab, LLC |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>50 Wolverton Ave<br>Ripon, WI 54971 |  |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |
| <p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50479</p> <p>Based on staff and resident interview and record review, the facility failed to implement policies and procedures for ensuring the reporting of a reasonable suspicion of a crime in accordance with section 1150B of the Act for 1 resident (R) (R22) of 15 sampled residents.</p> <p>R22 reported to staff that a staff member stole R22's soda. The facility did not report the allegation of misappropriation to the State Agency (SA) or local law enforcement.</p> <p>Findings include:</p> <p>The facility's Policy and Procedure Vulnerable Adult Abuse and Neglect Prevention, dated 10/29/24, indicates: Any nursing home employee or volunteer who becomes aware of abuse, mistreatment, neglect, or misappropriation shall intervene to safeguard the resident and then immediately report to the Administrator or designee. The Administrator or designee will report .to the State Agency per state and federal requirements .13. Misappropriation of Property: (a) The intentional taking, misplacement, carrying away, using, transferring, concealing, or retaining possession of a resident's movable property without the vulnerable adult's consent .6. Reporting of Incidents: a. All allegations and or suspicions .must be reported to the Administrator immediately .b. The facility must report to the State Agency immediately, but .not later than 24 hours if the alleged violation involves .misappropriation of resident property .10. Reporting Reasonable Suspicion of a Crime (under the Elder Justice Act): 1. All employees of this facility have the following responsibilities and rights under federal law: If you reasonably suspect that a crime has occurred against a resident or person receiving care, you must report that suspicion to the police and State Survey Agency .</p> <p>From 1/13/25 to 1/15/25, Surveyor reviewed R22's medical record. R22 was admitted to the facility on [DATE] and had diagnoses including depression and surgical wound complications. R22's most recent Minimum Data Set (MDS)assessment, dated 11/27/24, indicated R22 had moderate cognitive impairment.</p> <p>On 1/13/25 at 10:43 AM, Surveyor interviewed R22 who indicated R22 suspected a staff stole soda from R22's personal supply which was kept in R22's room. R22 indicated approximately two week prior, R22 returned to R22's room from an activity and noticed R22's soda was gone. R22 had two bottles of soda left and suspected a staff member had stolen the soda. R22 reported the theft concern to Assistant Director of Nursing (ADON)-D who informed R22 that the allegation of theft was addressed with the accused staff member.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE     | (X6) DATE                             |
| FORM CMS-2567 (02/99)<br>Previous Versions Obsolete                   | Event ID: | Facility ID:<br>525551                |
|   |           | If continuation sheet<br>Page 1 of 11 |

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| <p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>On 1/14/25 at 9:41 AM, Surveyor interviewed ADON-D who confirmed R22 had accused a staff of stealing R22's soda. ADON-D confirmed R22 made the allegation in the preceding week, however, ADON-D was unsure of the exact date the concern was reported. ADON-D indicated R22's daughter typically brought R22 a 24-case of soda, however, R22 had reported soda missing from a six-pack and ADON-D did not think R22's report was credible. ADON-D indicated ADON-D informed Nursing Home Administrator (NHA)-A and Director of Nursing (DON)-B about the allegation of misappropriation on the same day the allegation was made. ADON-D indicated ADON-D, NHA-A, and DON-B discussed the allegation. ADON-D was unable to provide Surveyor with documentation related to the allegation of misappropriation and confirmed ADON-D did not report the allegation of misappropriation to the SA.</p> <p>On 1/14/25 at 10:15 AM, Surveyor interviewed DON-B who confirmed R22 alleged that a staff took R22's soda. DON-B was unsure of the exact date R22 reported the theft but confirmed it was reported in the week preceding the interview. DON-B confirmed DON-B, NHA-A, and ADON-D discussed the allegation. DON-B was unable to provide Surveyor with documentation related to the allegation of misappropriation and confirmed the allegation of misappropriation was not reported to the SA.</p> <p>On 1/14/25 at 10:40 AM, Surveyor interviewed NHA-A who confirmed NHA-A, DON-B, and ADON-D discussed R22's allegation that a staff member took R22's soda. NHA-A confirmed NHA-A was made aware of the allegation in the week preceding the interview.</p> <p>On 1/15/25 at 2:28 PM, Surveyor again interviewed NHA-A who confirmed R22's report of missing soda was an allegation of misappropriation. NHA-A confirmed NHA-A did not report the allegation of misappropriation to the SA or local law enforcement.</p> |  |  |

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| <p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Respond appropriately to all alleged violations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50479</p> <p>Based on staff and resident interview and record review, the facility did not ensure an allegation of misappropriation was thoroughly investigated for 1 resident (R) (R22) of 15 sampled residents.</p> <p>R22 reported that staff stole R22's soda. The facility did not thoroughly investigate the allegation of misappropriation.</p> <p>Findings include:</p> <p>The facility's Policy and Procedure Vulnerable Adult Abuse and Neglect Prevention, dated 10/29/24, indicates: Any nursing home employee or volunteer who becomes aware of abuse, mistreatment, neglect, or misappropriation shall intervene to safeguard the resident and then immediately report to the Administrator or designee. The Administrator or designee will report .to the State Agency per state and federal requirements .4. Investigation: a. Upon receiving a complaint of alleged maltreatment, the Administrator must be notified immediately and they, the Director of Nursing, or assigned designee, will coordinate an investigation which will include completion of witness statements .</p> <p>From 1/13/25 to 1/15/25, Surveyor reviewed R22's medical record. R22 was admitted to the facility on [DATE] and had diagnoses including depression and surgical wound complications. R22's most recent Minimum Data Set (MDS) assessment, dated 11/27/24, indicated R22 had moderate cognitive impairment.</p> <p>On 1/13/25 at 10:43 AM, Surveyor interviewed R22 who indicated R22 suspected a staff stole soda from R22's personal supply which was kept in R22's room. R22 indicated approximately two weeks prior, R22 returned to R22's room from an activity and noticed R22's soda was gone. R22 had two bottles of soda left and suspected a staff member had stolen the soda. R22 had reported the allegation of theft to Assistant Director of Nursing (ADON)-D who informed R22 the allegation of theft was addressed with the accused staff.</p> <p>On 1/14/25 at 9:41 AM, Surveyor interviewed ADON-D who confirmed R22 alleged that a staff stole soda from R22's personal supply. ADON-D confirmed R22 reported the allegation in the preceding week, however, ADON-D was unsure the exact date the allegation was reported. ADON-D indicated R22's daughter typically brought R22 a 24-pack of soda, however, R22 reported soda missing from a six-pack so ADON-D did not find R22's report credible. ADON-D indicated ADON-D informed Nursing Home Administrator (NHA)-A and Director of Nursing (DON)-B about R22's allegation on the same day the allegation was made. ADON-D indicated ADON-D, NHA-A, and DON-B discussed R22's allegation. ADON-D was unable to provide Surveyor with documentation related to R22's allegation of misappropriation.</p> <p>On 1/14/25 at 10:15 AM, Surveyor interviewed DON-B who confirmed R22 accused a staff of stealing R22's soda. DON-B was unsure of the exact date the allegation was reported but confirmed it was in the week preceding the interview. DON-B confirmed DON-B, NHA-A, and ADON-D discussed R22's allegation. DON-B indicated DON-B and ADON-D planned to monitor R22's supply of soda in response to the allegation. DON-B was unable to provide Surveyor with documentation related to R22's allegation of misappropriation.</p> <p>(continued on next page)</p> |  |  |

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| <p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>On 1/14/25 at 10:40 AM, Surveyor interviewed NHA-A who confirmed NHA-A, DON-B, and ADON-D discussed R22's allegation that a staff stole R22's soda. NHA-A confirmed NHA-A was made aware of the allegation in the week preceding the interview. NHA-A confirmed NHA-A and DON-B did not investigate R22's missing soda because NHA-A, DON-B, and ADON-D did not find R22's allegation credible.</p> <p>On 1/15/25 at 2:28 PM, Surveyor again interviewed NHA-A who confirmed R22's report of missing soda was an allegation of theft. NHA-A indicated NHA-A had begun an investigation into R22's allegation on the afternoon of 1/14/25. NHA-A indicated NHA-A did not expect R22's allegation to be substantiated during the investigation.</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43361</p> <p>Based on staff interview and record review, the facility did not ensure the Ombudsman was notified of transfers and discharges for 5 residents (R) (R29, R26, R2, R16, and R13) of 5 sampled residents.</p> <p>R29 was discharged home on 11/22/24. The facility did not notify the Ombudsman of R29's discharge.</p> <p>R26 was discharged home on 12/23/24. The facility did not notify the Ombudsman of R26's discharge.</p> <p>R2 was transferred to the hospital on 7/11/24. The facility did not notify the Ombudsman of R2's transfer.</p> <p>R16 was transferred to the hospital on 5/28/24. The facility did not notify the Ombudsman of R16's transfer.</p> <p>R13 was transferred to the hospital on 10/14/24 and 12/28/24. The facility did not notify the Ombudsman of R13's transfers.</p> <p>Findings include:</p> <p>The facility did not provide a policy related to notifying the Ombudsman of transfers and discharges.</p> <ol style="list-style-type: none"> <li>1. From 1/13/25 to 1/15/25, Surveyor reviewed R29's medical record. R29 was admitted to the facility on [DATE] following an exacerbation of congestive heart failure (CHF). R29 discharged home on 11/22/24.</li> <li>2. From 1/13/25 to 1/15/25, Surveyor reviewed R26's medical record. R26 was admitted to the facility on [DATE] following a hospitalization for sepsis. R26 was discharged home on 12/23/24.</li> <li>3. From 1/13/25 to 1/15/25, Surveyor reviewed R2's medical record. R2 was admitted to facility on 3/1/24 and had diagnoses including diabetes, anemia, and depression. R2 was transferred to the hospital on 7/11/24 for a positive blood culture.</li> <li>4. From 1/13/25 to 1/15/25, Surveyor reviewed R16's medical record. R16 was admitted to the facility on [DATE] and had diagnoses including peripheral vascular disease (PVD) and diabetes. R16 was transferred to the hospital for evaluation of a foot wound on 5/28/24.</li> <li>5. From 1/13/25 to 1/15/25, Surveyor reviewed R13's medical record. R13 was admitted to the facility on [DATE] and had diagnoses including dementia, diabetes type 2, and hypertensive heart disease. R13 was transferred to the hospital on 10/14/24 and 12/28/24.</li> </ol> <p>Surveyor reviewed the facility's November and December 2024 Ombudsman notifications for transfers and discharges and noted the transfers and discharges were faxed to the Ombudsman on 1/13/25.</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 1/14/25, Nursing Home Administrator (NHA)-A provided Surveyor with copies of 4 months of Ombudsman notifications. Surveyor noted the fax cover sheet was sent on 1/13/25. NHA-A indicated staff were attempting to locate proof the notifications were sent monthly.</p> <p>On 1/15/25 at 10:56 AM, Surveyor interviewed Social Worker (SW)-H and showed SW-H the fax cover sheet and copies of the last 4 months of Ombudsman notifications that indicated they were sent on 1/13/25. SW-H indicated SW-H sends the notifications monthly via fax but does not save copies of the faxes so SW-H resent them. SW-H indicated SW-H was on leave for a period of time in the fall and NHA-A was going to send the notifications in SW-H's absence.</p> <p>On 1/16/25 at 12:10 PM, Surveyor interviewed Ombudsman (OMB)-I who confirmed OMB-I received faxes of the facility's last 4 months of transfers and discharges on 1/13/25. OMB-I indicated OMB-I tells facilities they need to keep the documents to prove they were sent. OMB-I indicated OMB-I covers 8 counties and could not recall if OMB-I received the monthly notifications from the facility.</p> |

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| <p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43361</p> <p>Based on observation, staff and resident interview, and record review, the facility did not ensure proper surgical wound treatment was provided for 1 Resident (R) (R131) of 1 resident.</p> <p>R131 had a right below-the-knee amputation (BKA). R131's wound dressing was not changed per the physician's order. In addition, a weekly in-house wound assessment was not completed for R131's surgical wound.</p> <p>Findings include:</p> <p>The facility's Dressing Change, Sterile policy, dated 2/24/23, indicates: Medical record documentation and follow up as applicable. 1. The date and time the dressing was changed.</p> <p>The facility's Pressure Injury Prevention and Wound Care Management policy, revised 3/4/24, indicates: It is the policy of this facility that each resident receives the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being in accordance with the comprehensive assessment and plan of care .7. Skin impairments, including .surgical wounds .should be assessed and documented weekly by the wound nurse or designee using the (electronic) weekly wound assessment.</p> <p>From 1/13/25 to 1/15/25, Surveyor reviewed R131's medical record. R131 was admitted to the facility on [DATE], received dialysis services, and had diagnoses including below-the-knee amputation of the right leg (RBKA) and kidney failure. R131's Minimum Data Set (MDS) assessment, dated 1/6/25, had a Brief Interview for Mental Status (BIMS) score of 13 out of 15 which indicated R131 was not cognitively impaired.</p> <p>A hospital discharge summary indicated: Wound care dressing changes: Change right BKA stump incision with Xeroform gauze, fluff sponges, 4 x 4s, Kerlix, and ace wrap every other day.</p> <p>A treatment order, dated 1/7/25, indicated: RBKA, cleanse with wound wash, apply Xeroform, then gauze fluff, wrap with Kerlix, then ace every day shift every other day for wound care</p> <p>R131's medical record did not contain a weekly wound assessment for R131's surgical wound although R131 had been at the facility for over a week.</p> <p>On 1/14/25, Surveyor reviewed R131's Treatment Administration Record (TAR) and noted R131's dressing change was initiated as completed on 1/7/25, 1/9/25, and 1/11/25. The TAR indicated R131's treatment was not completed on 1/13/25.</p> <p>On 1/14/25 at 10:57 AM, Surveyor interviewed R131 who indicated R131's dressing change was not completed on 1/13/25. R131 indicated R131 had dialysis on 1/13/25 and was headed to a follow-up appointment that afternoon for R131's RBKA.</p> <p>(continued on next page)</p> |  |  |

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| <p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>On 1/14/25 at 11:41 AM, Surveyor interviewed Licensed Practical Nurse (LPN)-G who confirmed LPN-G worked the AM shift on 1/13/25 and did not complete R131's wound treatment because R131 had not yet returned from dialysis. LPN-G indicated LPN-G passed along in report that R131's wound dressing needed to be completed.</p> <p>On 1/14/25 at 1:57 PM, Surveyor interviewed Director of Nursing (DON)-B who confirmed R131's wound treatment should have been completed on 1/13/25.</p> <p>On 1/15/25 at 11:08 AM, Surveyor interviewed Assistant Director of Nursing (ADON)-D who was also the facility's wound nurse. ADON-D confirmed R131 did not have an in-house wound assessment since admission. ADON-D indicated ADON-D tries to complete an assessment as close to admission as possible (within 24-48 hours to get a baseline of the wound). Surveyor informed ADON-D that R131's wound dressing was not changed on 1/13/25. Surveyor noted R131's dressing was changed on Tuesday (1/7/25)/Thursday (1/9/25)/Saturday (1/11/25) during R131's first week of admission but the week of 1/13/25, R131's dressing changes fell on dialysis days. ADON-D indicated R131's dressing should have been changed either before or after dialysis and initialed on R131's TAR.</p> |  |  |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 51043</p> <p>Based on observation, staff interview, and record review, the facility did not establish and maintain an infection prevention and control program designed to help prevent the development and transmission of communicable disease and infection for 2 residents (R) (R283 and R131) of 3 sampled residents.</p> <p>R283 was on contact precautions. During observations on 1/13/25 and 1/14/25, staff did not wear appropriate personal protective equipment (PPE) when they entered R283's room.</p> <p>R131 was on enhanced barrier precautions (EBP). During an observation on 1/14/25, staff did not wear appropriate PPE when providing care for R131.</p> <p>Findings include:</p> <p>The facility's Policy and Procedure Isolation Precautions, revised 5/8/24, indicates: Contact Precautions: 1. Implemented for residents suspected or confirmed to be infected with a communicable disease/infection that can be transmitted by direct contact with the resident or indirect contact with environmental surfaces/equipment in the resident's environment .3. Prior to entering the isolation room, the following steps are required: a. Perform hand hygiene and apply gloves and gown prior to entering room; .c. Remove gloves and perform hand hygiene before leaving room (do not use alcohol-based hand gels for isolation due to suspected or confirmed Clostridium difficile and Norovirus); d. Adequately clean/disinfect items with an approved solution prior to removing the item from the room and before use on another resident. 4. Whenever possible, use disposable or dedicated resident-care items/equipment to avoid sharing among residents . Enhanced Barrier Precautions (EBP): 1. Expands the use of PPE beyond situations in which exposure to blood and body fluids is anticipated, refers to the use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of multidrug-resistant organisms (MDROs) to staffs' hands and clothing. Examples of high-contact resident care activities requiring gown and glove use for EBP include: dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use of a device, central line, urinary catheter, feeding tube, tracheostomy, wound care, any skin opening requiring a dressing. 2. Gown and gloves would not be required for resident care activities other than those listed above, unless otherwise necessary for adherence to standard precautions. Residents are not restricted to their rooms or limited from participation in group activities.</p> <p>1. On 1/13/25, Surveyor reviewed R283's medical record. R283 was admitted to the facility on [DATE] and had diagnoses including chronic kidney disease, weakness, and enterocolitis (inflammation in intestine) due to Clostridium difficile (a bacteria that can cause symptoms ranging from diarrhea to life-threatening inflammation of the colon). R283 was newly admitted and did not have a completed Minimum Data Set (MDS) assessment.</p> <p>(continued on next page)</p> |  |  |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>525551   | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                             | (X3) DATE SURVEY COMPLETED<br><br>01/15/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Whispering Pines Nursing and Rehab, LLC  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>50 Wolverton Ave<br>Ripon, WI 54971 |  |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |  |  |
| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>An Emergency Department (ED) to hospital admission document, dated 1/5/25, indicated R283 was positive for Clostridium difficile (C. diff) on 10/28/24 and was a C. diff carrier. A hospital discharge note, dated 1/5/25, indicated R283 was admitted to the hospital on a tapered dose of vancomycin (an antibiotic used to treat bacterial infections) for C. diff and (at discharge to the facility) should continue the tapered vancomycin dose of 125 milligrams (mg) twice daily for 7 days, then 125 mg daily for 7 days, then 125 mg every other day for 7 days for C. diff infection.</p> <p>A care plan, initiated 1/9/25, indicated R283 was incontinent of bowel and had chronic C. diff. The care plan indicated R283 was on antibiotic therapy and contact precautions and indicated the facility would provide PPE as needed.</p> <p>On 1/13/25 at 8:32 AM, Surveyor observed a contact precautions sign on R283's door. A cart containing PPE, including gowns, gloves, and masks, was located outside the room and next to the door.</p> <p>On 1/13/25 at 12:03 PM, Surveyor observed therapy staff take R283 into R283's room without donning the appropriate PPE as indicated on the contact precautions sign on R283's door.</p> <p>On 1/13/25 at 12:17 PM, Surveyor observed a staff deliver R283's meal tray without donning PPE prior to entering R283's room.</p> <p>On 1/14/25 at 9:38 AM, Surveyor observed Director of Therapy (DT)-C enter R283's room with a laptop on a cart without donning the appropriate PPE as indicated on the contact precautions sign on R283's door. Surveyor observed a PPE cart that contained masks and bleach wipes (the container indicated will kill C. diff for non-porous surfaces such as glucometers and hard surfaces) and observed a box of gloves on a railing above the PPE cart. Surveyor noted the PPE cart did not contain gowns.</p> <p>On 1/14/25 at 9:59 AM, Surveyor observed DT-C wash DT-C's hands with soap and water and leave R283's room. Surveyor interviewed DT-C who indicated since DT-C only observed R283 complete activities of daily living (ADL) cares and did not help with ADLs, DT-C did not have to wear PPE as indicated by the sign on R283's door. Surveyor observed DT-C bring the cart and laptop out of R283's room and noted DT-C did not wipe the cart after leaving R283's room.</p> <p>On 1/14/25 at 10:20 AM, Surveyor interviewed Assistant Director of Nursing (ADON)-D who verified R283 was on contact precautions due to chronic C. diff infection. ADON-D indicated chronic C. diff meant C. diff bacteria was always present and infectious in R283's gastrointestinal tract. ADON-D indicated staff only had to wear PPE if staff provided direct care to R283. ADON-D indicated staff who carried a tray into R283's room did not need to don PPE prior to entering the room.</p> <p>On 1/14/25 at 10:36 AM, Surveyor provided the facility's Isolation Precautions policy to ADON-D who reviewed the policy and acknowledged that contact precautions were not being followed correctly.</p> <p>43361</p> <p>2. From 1/13/25 to 1/15/25, Surveyor reviewed R131's medical record. R131 was admitted to the facility on [DATE] and had diagnoses including right below-the-knee amputation (RBKA) of the right leg and dependence on dialysis. R131's MDS assessment, dated 1/6/25, had a Brief Interview for Mental Status (BIMS) score of 13 out of 15 which indicated R131 had intact cognition.</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 - Few</p>                     | <p>During an initial tour of the facility on 1/13/25, Surveyor observed an EBP sign on R131's door that indicated: Everyone must: clean their hands, including before entering the room and when leaving the room. Providers and staff must also: Wear gloves and a gown for the following high-contact resident care activities: dressing, bathing/showering, transferring, changing linens, providing hygiene, changing briefs or assisting with toileting, device care or use: central line, urinary catheter, feeding tube, tracheostomy, wound care: Any skin opening requiring a dressing.</p> <p>R131's medical record contained a treatment order that indicated R131 was on EBP due to a right BKA and PPE should be worn during high-contact activities. The order indicated to ensure PPE was stocked and available every shift. Surveyor noted R131 was a two assist for toileting and transferring.</p> <p>On 1/14/25 at 11:19 AM, Surveyor observed Certified Nursing Assistant (CNA)-E and CNA-F enter R131's room to assist R131 off the toilet. CNA-E and CNA-F completed hand hygiene outside R131's room and donned gloves but did not don gowns. Surveyor observed CNA-E and CNA-F open R131's door as they finished assisting R131 and noted CNA-E and CNA-F were wearing gloves but not gowns.</p> <p>On 1/14/25 at 11:24 AM, Surveyor observed R131's surgical wound with Licensed Practical Nurse (LPN)-G who indicated to CNA-F and Surveyor that gowns should be worn because LPN-G would be accessing R131's surgical wound.</p> <p>On 1/15/25 at 9:47 AM, Surveyor interviewed CNA-E regarding EBP. When Surveyor indicated Surveyor observed CNA-E assist R131 off the toilet on 1/14/25 while wearing gloves but not a gown, CNA-E confirmed Surveyor's observation. When Surveyor asked if CNA-E had received EBP training, CNA-E indicated CNA-E had just completed online training last week and was told that CNA-E only needed to wear a gown if R131's leg was exposed or while dealing with R131's wound. CNA-E indicated R131's leg was not exposed during toileting so CNA-E did not need to wear a gown.</p> <p>On 1/15/25 at 11:05 AM, Surveyor interviewed ADON-D who indicated if a resident is on EBP, staff should wear PPE when completing high-contact cares. ADON-D indicated if a resident has a catheter, PPE should be worn when completing catheter care. If a resident has a wound, PPE should be worn during wound care. When Surveyor asked about toileting, ADON-D indicated toileting was a high-contact activity.</p> |  |  |