

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525558	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/23/2024
NAME OF PROVIDER OR SUPPLIER Burnett Medical Center		STREET ADDRESS, CITY, STATE, ZIP CODE 257 W St George Ave Grantsburg, WI 54840	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40181</p> <p>Based on observation, interview and record review, the facility did not ensure residents (R) were treated with respect and dignity and cared for in a manner to enhance their quality of life. Facility staff used clothing protector to wipe resident's face while assisting to eat. This affected 3 of 3 residents observed. (R17, R22, and R7)</p> <p>Findings include:</p> <p>Facility document titled Know Your Rights under Federal Nursing Home Regulations states in part, .You have the right to be treated with respect and dignity .</p> <p>Example 1:</p> <p>R17 was admitted to the facility on [DATE] with a diagnosis of unspecified dementia and stroke. R17's Minimum Data Set (MDS) assessment dated [DATE] identified R17 had moderate cognitive impairment and required assistance with eating.</p> <p>On 10/21/24 at 12:30 PM, Surveyor observed Registered Nurse (RN) D assist R17 to eat lunch in the dining room. During the observation, RN D used the clothing protector multiple times to wipe R17's mouth and face rather than a napkin.</p> <p>Example 2:</p> <p>R22 was admitted to the facility on [DATE] with a diagnosis of cerebral palsy. R22's MDS assessment dated [DATE] identified R22 was completely dependent on staff for eating.</p> <p>On 10/22/24 at 8:49 AM, Surveyor observed Licensed Practical Nurse (LPN) C assist R22 eat breakfast in the dining room. Surveyor observed LPN C use the clothing protector multiple times to wipe around R22's mouth and face while eating and drinking instead of a napkin. LPN C held the clothing protector over R22's nose and mouth several times when R22 coughed and then used the clothing protector to wipe R22's nose and mouth instead of a tissue or napkin. At 9:06 AM, Surveyor observed Certified Nursing Assistant (CNA) F sit beside R22 to help R22 finish drinking the beverages. CNA F used the clothing protector to wipe R22's mouth after each drink instead of a napkin.</p> <p>Example 3:</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525558	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/23/2024
NAME OF PROVIDER OR SUPPLIER Burnett Medical Center		STREET ADDRESS, CITY, STATE, ZIP CODE 257 W St George Ave Grantsburg, WI 54840	
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R7 was admitted to the facility on [DATE] with a diagnosis of stroke. R7's MDS assessment dated [DATE] identified R7 had moderate cognitive impairment, limited range of motion of one upper extremity, and required assistance from staff for eating.</p> <p>On 10/22/24 at 9:02 AM, Surveyor observed CNA F finish feeding breakfast to R7 in the dining room. CNA F asked R7 if they were done eating and then wiped R7's mouth and around R7's chin with the clothing protector instead of a napkin.</p> <p>On 10/22/24 at 12:55 PM, Surveyor interviewed Director of Nursing (DON) B and explained observations of staff using the clothing protectors to wipe residents' faces when assisting residents to eat. Surveyor asked DON B if this was an acceptable practice. DON B stated that was not respectful of resident's dignity. DON B stated the staff should use a napkin to wipe residents' faces. DON B stated education would be provided.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525558	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/23/2024
NAME OF PROVIDER OR SUPPLIER Burnett Medical Center		STREET ADDRESS, CITY, STATE, ZIP CODE 257 W St George Ave Grantsburg, WI 54840	
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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49353</p> <p>Based on interviews and record review, the facility did not investigate, resolve, and record resolution of grievance for 1 of 13 residents (R) R28.</p> <p>R28's Activated Power of Attorney (APOA) K reported a personal item missing and a grievance was not completed.</p> <p>Findings include:</p> <p>Facility policy titled: Grievance Policy with a most recent review date of 03/28/22 stated, in part: The facility grievance process will be overseen by Social Services and the DON, who will be responsible for receiving and tracking grievances through their conclusion, lead necessary investigations, communicate with residents throughout the process to resolution .facility will provide a mechanism for filing a grievance/complaint, will provide residents, resident representatives and others a planned, systematic mechanism for receiving and promptly acting upon issues expressed and provide an ongoing system for monitoring and trending grievances and complaints.</p> <p>R28 was admitted to the facility on [DATE] with a diagnosis of vascular dementia.</p> <p>R28's admission Minimum Data Set (MDS) dated [DATE] stated R28 is rarely/never understood, and no Brief Interview of Mental Status (BIMS) was completed.</p> <p>Surveyor requested to view facility's grievance log. No grievance log was provided.</p> <p>On 10/21/24 at 12:15 PM, Surveyor interviewed APOA K regarding resident rights. APOA K stated that shortly after admission he reported R28's blue luggage bag was missing. Surveyor asked APOA K if he remembered the date this was reported. APOA K stated no. Surveyor asked APOA K if he remembered who this was reported to. APOA K stated reporting it to numerous staff. APOA K stated that after reporting the missing item, he was told a couple times that they were looking for the item, but haven't been able to find it. Surveyor asked APOA K if the facility provided any written documentation for him fill out. APOA K stated no. Surveyor asked APOA K if he was provided any written documentation of investigation findings or offered a resolution to the grievance. APOA K stated no.</p> <p>On 10/22/24 at 2:23 PM, Surveyor interviewed Social Services Manager (SSM) H and Registered Nurse (RN) D regarding R28's missing item. RN D stated remembering APOA K stating that a blue bag was missing. RN D stated that staff attempted to find the item, but staff couldn't recall if the luggage was present on admission and that APOA K appeared to be showing some signs of dementia as well, so they figured the item was likely never brought in to begin with since no staff was able to find it.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525558	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/23/2024
NAME OF PROVIDER OR SUPPLIER Burnett Medical Center		STREET ADDRESS, CITY, STATE, ZIP CODE 257 W St George Ave Grantsburg, WI 54840	
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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>SSM H stated also remembering hearing about the missing item, but could not recall the outcome. Surveyor asked SSM H why this was not documented on the grievance log. SSM H stated only being in current role for about 3 months and it happened before that, but that this wouldn't be considered a grievance. Surveyor asked SSM H what would be considered a grievance. SSM H stated a grievance would be a complaint or concern voiced by a resident or resident representative. Surveyor asked SSM H if a missing item would be considered a complaint or concern. SSM H stated yes, but the current practice when a resident has a missing item it is reported to the unit nurse and a missing item form is completed. Unit staff keep the form on the unit, notify other staff to look for the item, and then once resolved by either finding it or reimbursing for the item, it is scanned into the resident's chart. Surveyor asked SSM H to see the missing item form for R28's bag. SSM H stated inability to find it. Surveyor asked SSM H if these missing item forms were reviewed by her to include on grievance log. SSM H stated no. Surveyor asked SSM H to see grievance log. SSM H stated no grievances had been filed since December 2023. SSM H stated the facility does not consider lost or missing items to be a grievance and are not included on the grievance log. Surveyor asked SSM H if this practice followed the facility grievance policy of reporting, documenting, investigating, and concluding a grievance or complaint from a resident. SSM H stated no and that she was currently in the process of improving the grievance procedure and policy. SSM H stated recognition of poor practice for grievance reporting and investigating and stated understanding how this practice negatively affects residents' rights.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525558	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/23/2024
NAME OF PROVIDER OR SUPPLIER Burnett Medical Center		STREET ADDRESS, CITY, STATE, ZIP CODE 257 W St George Ave Grantsburg, WI 54840	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49353</p> <p>Based on record review and interview, the facility did not develop a comprehensive care plan for 1 of 1 resident (R) R12 reviewed for indwelling catheter.</p> <p>R12 had an indwelling catheter in place. The facility did not develop a care plan to direct care for indwelling catheter.</p> <p>Findings include:</p> <p>R12 was admitted to the facility on [DATE] with pertinent diagnoses of syncope, orthostatic hypertension, atrial fibrillation, and repeated falls.</p> <p>R12's most recent quarterly Minimum Data Set (MDS) dated [DATE] stated a Brief Interview of Mental Status (BIMS) score of 15 indicating R12 is cognitively intact. R12 had no impairment to range of motion in upper and lower extremities and uses a mechanical wheelchair for ambulation. R12 did not have an indwelling catheter and is always continent.</p> <p>Surveyor reviewed R12's care plan. No indication of having an indwelling catheter was noted.</p> <p>Surveyor reviewed R12's nursing progress notes. No documentation of cares provided for catheter noted.</p> <p>Surveyor reviewed R12's urology clinic visit summaries and noted the following:</p> <p>-On 10/07/24 seen in urology clinic - 16french urinary catheter placed for urinary retention. Follow-up appointment scheduled for 11/07/24 for voiding trial. Please continue catheter cares until follow-up appointment.</p> <p>Surveyor reviewed R12's Interdisciplinary Team notes and noted the following:</p> <p>10/22/24 - has temporary foley cath due to incontinence, has appointment 10/23 for removal</p> <p>On 10/21/24 at 1:35 PM, Surveyor interviewed R12 about his indwelling catheter. R12 stated that it was placed approximately a month ago at the urology clinic. R12 stated having some retention issues and a procedure done, but couldn't remember specifics. R12 stated the catheter was temporary and is scheduled to have it removed on 10/23/24. Surveyor asked R12 who completed cares for the catheter. R12 stated nursing staff does it 3 or 4 times a day.</p> <p>On 10/22/24 at 10:43 AM, Surveyor interviewed Director of Nursing (DON) B regarding R12's care plan. DON B stated the nursing staff were aware of his catheter and were providing cares appropriately. Surveyor asked why this was not added to R12's care plan. DON B stated it must have been missed because it was only expected to be in for a short time. DON B did not provide any further explanation.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525558	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/23/2024
NAME OF PROVIDER OR SUPPLIER Burnett Medical Center		STREET ADDRESS, CITY, STATE, ZIP CODE 257 W St George Ave Grantsburg, WI 54840	
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49353</p> <p>Based on observation, interview and record review, the facility did not ensure care plans were revised and implemented to reflect changes in care for 2 of 5 residents (R) R12 and R22.</p> <p>R12 had a recent fall and care plan was updated with intervention to include 30 minute - 1 hour safety checks to be completed. This intervention was not completed.</p> <p>Facility did not follow fall care plan interventions for 15-minute checks for R22.</p> <p>Findings include:</p> <p>According to the Resident Assessment Instrument, The comprehensive care plan is an interdisciplinary communication tool. It must include measurable objectives and time frames and must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental and psychosocial well-being. The care plan should be revised on an ongoing basis to reflect changes in the resident and the care that the resident is receiving.</p> <p>Example 1</p> <p>R12 was admitted to the facility on [DATE] with pertinent diagnoses of syncope, orthostatic hypertension, atrial fibrillation, and repeated falls.</p> <p>R12's most recent quarterly Minimum Data Set (MDS) dated [DATE] stated a Brief Interview of Mental Status (BIMS) score of 15 indicating R12 is cognitively intact. R12 had no impairment to range of motion in upper and lower extremities and uses a mechanical wheelchair for ambulation.</p> <p>Surveyor reviewed R12's care plan initiated on 06/14/21 and revised on 10/06/24, which states in part:</p> <p>PROBLEM: Fall risk, found sitting on floor next to bed.</p> <p>GOAL: Resident will have no further falls.</p> <p>APPROACHES:</p> <ul style="list-style-type: none"> -Remind to ask for assist before transfer during the night. -Room check every 1/2 hour. -Encourage to lock wheelchair before transferring. <p>Surveyor reviewed R12's falls documentation:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525558	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/23/2024
NAME OF PROVIDER OR SUPPLIER Burnett Medical Center		STREET ADDRESS, CITY, STATE, ZIP CODE 257 W St George Ave Grantsburg, WI 54840	
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-On 2/19/24 had a fall: Interventions: Educate resident on using call light for assistance to stand/transfer.</p> <p>-On 04/23/24 had a fall: Interventions: Monitor.</p> <p>-On 05/24/24 had a fall: Interventions: Check on resident during the night. Offer assistance to the bathroom once during the night.</p> <p>-On 09/14/24 had a fall: Interventions: Use a sensitive call light on outer side of bed.</p> <p>-On 09/23/24 had a fall: Interventions: Room checks every 30 minutes - 1 hour. Encourage to use call light. Offer assistance before leaving room.</p> <p>-On 09/24/24 had a fall: Interventions: Remind and encourage resident to use call light for standby assist before transferring. Room checks every 30 minutes - 1 hour during the night.</p> <p>Surveyor found no documentation or verification that 30 minute - 1 hours checks were completed.</p> <p>On 10/22/24 at 12:23 PM, Surveyor interviewed DON B and asked if DON B could provide Surveyor with R12's 30 minute - 1 hour documentation from previous falls. DON B indicated that the old DON did not actually have these interventions charted for R12's falls. DON B indicated that staff did not document this information anywhere and DON B is starting the documentation process now.</p> <p>48793</p> <p>Example 2</p> <p>R22 was admitted to the facility on [DATE] with diagnoses including in part, spinal stenosis cervical region, repeated falls, other specified paralytic syndromes, and unspecified osteoarthritis.</p> <p>R22's Minimum Data Set (MDS) assessment, dated 08/14/24, identified R22 had a Brief Interview for Mental Status (BIMS) score of 15. This indicated R22 has intact cognition. The MDS assessment also identified R22 required substantial to maximal assistance of two people for transfers, bed mobility, chair to bed, and toileting.</p> <p>Surveyor reviewed R22's fall care plan initiated on 12/11/23 and revised on 08/27/24 stated, in part:</p> <p>-Maintain a clear pathway.</p> <p>-Keep bed locked and low position.</p> <p>-Keep needed items in reach.</p> <p>-Avoid repositioning furniture.</p> <p>-Room checks hourly.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525558	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/23/2024
NAME OF PROVIDER OR SUPPLIER Burnett Medical Center		STREET ADDRESS, CITY, STATE, ZIP CODE 257 W St George Ave Grantsburg, WI 54840	

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Call light in reach .</p> <p>Surveyor reviewed R22's nurse progress notes that indicate R22 had a fall dated:</p> <p>-On 01/08/24 had a fall: Interventions: To ring the bell on the supper/meal table to ask for help.</p> <p>-On 01/14/24 had a fall: Interventions: 15-minute checks and encourage to use recliner control appropriately.</p> <p>-On 01/18/24 had a fall: Interventions: 2 assists with ambulation. Staff may have to not give privacy completely to prevent falls on toilet.</p> <p>-On 01/25/24 had a fall: Interventions: Monitor for fatigue when assisting ambulation. Two assists with walking to meals.</p> <p>-On 07/04/24 had a fall: Interventions: Neuro's every shift, Vital signs, 15-minute checks, encourage to stay put until caregiver comes, and monitor for pain.</p> <p>Surveyor found no documentation or verification that 15-minute checks were completed.</p> <p>On 10/22/24 at 12:23 PM, Surveyor interviewed DON B and asked if DON B could provide Surveyor with evidence of R22's 15-minute checks to prevent falls. DON B indicated the old DON did not actually have these interventions charted for R22's falls. DON B indicated that even though staff were checking on R22 every 15-minutes, there is no evidence in the charting that it was completed.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525558	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/23/2024
NAME OF PROVIDER OR SUPPLIER Burnett Medical Center		STREET ADDRESS, CITY, STATE, ZIP CODE 257 W St George Ave Grantsburg, WI 54840	
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 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49353</p> <p>Based on interview and record review, facility did not ensure pharmacy recommendation reports were acknowledged by a physician for 1 of 5 residents, (R) R12, reviewed.</p> <p>R12 had a pharmacy recommendation that was not acknowledged or acted upon by a physician.</p> <p>Findings include:</p> <p>R12 was admitted to the facility on [DATE] with pertinent diagnoses of syncope, orthostatic hypertension, atrial fibrillation, mood disorder, and repeated falls.</p> <p>Surveyor reviewed R12's orders and noted the following:</p> <p>Quetiapine fumarate (Seroquel) 200mg tab; give 1 tab by mouth at bedtime for insomnia. Start date: 02/04/22.</p> <p>Surveyor reviewed R12's Monthly Medication Review (MMR) reports and noted the following:</p> <p>06/19/24 - recommend lowering Seroquel dose. Still continues pending from 01/21/23 no response from provider.</p> <p>On 10/22/24 at 10:42 AM, Surveyor asked Registered Nurse (RN) D for documentation of provider response for the MMR recommendation on 06/19/24. RN D stated not having one, that the provider is from the Veteran Affairs (VA) hospital and they take forever to respond. Surveyor asked whose responsibility it is to follow-up on pharmacy recommendations. RN D stated the Director of Nursing (DON).</p> <p>On 10/22/24 at 10:45 AM, Surveyor interviewed DON B regarding MMR recommendation for R12. Surveyor asked DON B for documentation of physician follow-up for R12's pharmacist recommendation on 06/19/24. DON B stated not having it. Surveyor asked why this wasn't followed-up on. DON B stated the VA often takes a long time responding even if they repeatedly request a response. DON B stated being unable to provide an appropriate response as to why this was not addressed and stated being new in the DON role while trying to get all of the facility's processes in order, including pharmacist's recommendations.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525558	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/23/2024
NAME OF PROVIDER OR SUPPLIER Burnett Medical Center		STREET ADDRESS, CITY, STATE, ZIP CODE 257 W St George Ave Grantsburg, WI 54840	
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 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49353</p> <p>Based on interview and record review, the facility did not ensure each resident's drug regimen was free from unnecessary drugs for 1 of 2 residents (R25) reviewed for antibiotic use without adequate indication for its use.</p> <p>R25 was ordered and administered cefuroxime avetil (antibiotic) for Urinary Tract Infection (UTI). No documented symptoms to indicate antibiotic. No laboratory results indicating necessity for prescribed antibiotic.</p> <p>Findings include:</p> <p>Facility policy entitled: Antimicrobial Stewardship Program with a most recent reviewed date of 06/23/22 states in part: All prescribers at [NAME] Medical Center are expected to prescribe antimicrobial therapy according to the following key principles: dosage, route, frequency and diagnosis of prescribed antimicrobials will be appropriate for the individual, as well as the site and type of infection.</p> <p>According to Loeb criteria, the criteria used by facility to assess and monitor infections, the minimum set of signs and symptoms which indicate an infection is likely and may indicate need for antibiotics related to Urinary Tract Infection (UTI) without a catheter include: acute dysuria (pain with urination) OR a temperature greater than 37.9 degrees Celsius AND one or more of the following new or worsening symptoms: urgency, suprapubic pain, urinary incontinence, frequency, gross hematuria, costovertebral angle tenderness (discomfort over kidneys).</p> <p>R25 was admitted to the facility on [DATE] with pertinent diagnoses including chronic obstructive pulmonary disorder (COPD), heart failure, atrial fibrillation, diabetes mellitus, and hospice care.</p> <p>R25's most recent quarterly Minimum Data Set (MDS) dated [DATE] stated a Brief Interview of Mental Status (BIMS) score of 13 indicating cognition is intact. R25 is occasionally incontinent of bladder and bowel.</p> <p>Surveyor reviewed R25's care plan initiated 04/16/24 and most recent review on 07/16/24 and noted the following:</p> <p>PROBLEM: Prompted toileting plan for urinary/bowel incontinence.</p> <p>GOALS: Will reduce incontinency to 1-2 times per day by 90 days.</p> <p>APPROACHES: Encourage fluids during the day. Limit in evenings. Use incontinent pads daily. Check skin for signs of redness, breakdown and tell charge nurse. Take or prompt to bathroom every 2 hours and as needed. Offer urinal.</p> <p>Surveyor reviewed R25's orders and noted the following:</p> <p>10/21/24 - obtain clean catch urine sample for UA/UC (urinalysis and urine culture)</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525558	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/23/2024
NAME OF PROVIDER OR SUPPLIER Burnett Medical Center		STREET ADDRESS, CITY, STATE, ZIP CODE 257 W St George Ave Grantsburg, WI 54840	
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 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>10/21/24 - start cefuroxime avetil 500mg tab; 1 tab by once daily for 7 days for UTI. First dose administered 10/21/24 at 6:00 PM.</p> <p>Surveyor reviewed R25's nursing progress notes and noted, in part, the following:</p> <p>10/21/24 10:35 AM: resident has been alert and oriented so far this shift. Urine continues to be thick and cloud. Temperature 97.8. Also noted some weight gain with no shortness of breath. Hospice here, and has updated their provider. We will be obtaining a UA/UC.</p> <p>10/21/24 11:20 AM: Hospice came back with an order for a UA/UC and will start an antibiotic. Care plan updated. Sister and resident in agreement.</p> <p>Surveyor noted no urinalysis results received prior to starting antibiotic. No symptoms present to indicate use of antibiotics for UTI.</p> <p>10/21/24 4:06 PM: Lab called with critical glucose +4. Results reported to Hospice nurse, she will report to her doctor. Patient is on antibiotics. Awaiting culture results.</p> <p>Surveyor noted no urinalysis or culture and sensitivity results available as of last day of survey on 10/23/24 to confirm appropriate indication of use for the antibiotic used.</p> <p>Surveyor noted no documented fever or other urinary assessment or urinary symptoms to indicate likely infection.</p> <p>Surveyor reviewed facility's infection surveillance log. R25 is not listed for monitoring for UTI.</p> <p>On 10/23/24 at 9:03 AM, Surveyor interviewed Infection Preventionist (IP) J via phone. IP J was not available onsite during survey but was able to complete a short phone interview. Surveyor asked IP J the facility's policy on prescribing antibiotics. IP J stated the facility uses Loeb criteria for monitoring infections and determining appropriateness of antibiotic use. Surveyor asked IP J if antibiotics would typically be prescribed prior to receiving urine analysis and culture results. IP J stated no that the expectation would be to wait until at least receiving the urinalysis results and potentially start antibiotic until culture results are received.</p> <p>Surveyor asked IP J if physicians are expected to follow facility policy on prescribing antibiotics when Loeb criteria does indicate treatment. IP J stated yes, but the physicians sometimes prescribe the antibiotic anyway. Surveyor asked IP J what happens when the provider does this. IP J stated they attempt to re-educate the provider on current evidence-based practice on waiting for urinalysis results before prescribing antibiotics, but the provider will do what they feel is in the best interest of the resident's health and care, which includes starting antibiotics before receiving lab results.</p> <p>IP J stated recognition that this is in conflict with the facility's policy on prescribing antibiotics and is continually trying to improve this process as it may have a negative outcome on resident safety and health with misuse of antibiotics.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525558	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/23/2024
NAME OF PROVIDER OR SUPPLIER Burnett Medical Center		STREET ADDRESS, CITY, STATE, ZIP CODE 257 W St George Ave Grantsburg, WI 54840	
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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>48793</p> <p>Based on observation, record review and interview, the facility did not ensure a medication error rate of 5% or less for 2 of 8 residents (R), R12 and R15, observed for medication pass. The facility had 26 opportunities and 3 medication errors resulting in an 11.54% error rate.</p> <p>Registered Nurse (RN) D administered insulin medication without checking the expiration date and without holding the insulin injection in the abdomen for at least 10 seconds for R12.</p> <p>Licensed Practical Nurse (LPN) C administered Morphine sulfate oral medication without checking the expiration date for R15.</p> <p>This is evidenced by:</p> <p>According to the Food and Drug Administration (FDA), insulin pens should be discarded 28 days after opening the pen to ensure effectiveness of the medication.</p> <p>Surveyor reviewed policy titled, Administering oral medications dated on September 4, 2024, stated in part:</p> <p>-Steps in the procedure:</p> <p>-#7. Check expiration date on the medication .</p> <p>Surveyor reviewed policy titled, Subcutaneous Injections dated on March 2011, which stated in part:</p> <p>-Steps in the procedure: 11. After needle enters the site, grasp the lower end of syringe barrel with nondominant hand. Move dominant hand to end of plunger. Avoid moving the syringe.</p> <p>-#12. Slowly inject medication .</p> <p>Example 1</p> <p>On 10/22/24 at 11:45 AM, Surveyor observed RN D administer unlabeled Novolog insulin pen 3 units into R12's right lower abdomen. RN D prepped R12's skin and then injected the Novolog 3 units into R12's abdomen and pulled back right away. Surveyor observed Novolog insulin dribble down R12's abdomen. Surveyor did not observe RN D hold Novolog insulin pen in for 5-10 seconds.</p> <p>On 10/22/24 at 11:48 PM, Surveyor interviewed RN D and asked how long RN D is supposed to hold Novolog insulin once administered in R12's abdomen subcutaneous (SUB-Q) . RN D indicated that since it's not over 50 units that there was no need to hold the Novolog insulin pen SUB-Q in R12's abdomen as it was only 3 units.</p> <p>Example 2</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525558	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/23/2024
NAME OF PROVIDER OR SUPPLIER Burnett Medical Center		STREET ADDRESS, CITY, STATE, ZIP CODE 257 W St George Ave Grantsburg, WI 54840	
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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/22/24 at 11:52 AM, Surveyor observed LPN C prep and administer Morphine Sulfate oral 0.25ml to R15. Surveyor did not observe an open date label on bottle and observed pharmacy label covering the manufacturing expiration date. Surveyor interviewed LPN C and asked what the common practice is for administering medications and checking expiration dates. LPN C indicated that expiration dates should be checked for all medications before administering medications to residents. LPN C indicated the Morphine Sulfate oral concentration for R15 does not have an open label date and the pharmacy label is covering the manufacturing label. LPN C indicated that LPN C probably should have checked the expiration date before administering to R15.</p> <p>On 10/22/24 at 12:20 PM, Surveyor interviewed Director of Nursing (DON) B and asked what expectation is for labeling open medications for individual resident use. DON B indicated that all medications that are opened should have a label with open date so staff know when medications expire. Surveyor requested labeling and storage policy along with expired medications. DON B indicated that if medication is found with no expiration date or open date then staff need to dispose of the medication and prepare a new medication and apply the open dates. Surveyor asked DON B what expectation is for injecting insulin SUB-Q and how long to hold pen into SUB-Q area. DON B indicated that when insulin is given the pen should be held SUB-Q for at least 10 seconds so that all the medication is delivered accurately.</p> <p>On 10/22/24 at 2:56 PM, Surveyor interviewed DON B who gathered the medication labeling storage policy. DON B indicated that DON B did not have an expiration of medication policy. DON B indicated that DON B did not have an insulin administration policy that specifies how long to hold subcutaneous injection into abdomen but expectation again is hold insulin while injecting for at least 10 seconds.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525558	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/23/2024
NAME OF PROVIDER OR SUPPLIER Burnett Medical Center		STREET ADDRESS, CITY, STATE, ZIP CODE 257 W St George Ave Grantsburg, WI 54840	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48793</p> <p>Based on observation, record review and interview, the facility did not ensure drugs and biologicals were labeled in accordance with currently accepted professional principles and did not ensure medication was labeled to determine the expiration date of opened medications for 7 of 13 residents (R) (R2, R12, R25, R3, R20, R14, and R18).</p> <p>Findings include:</p> <p>According to the Food and Drug Administration (FDA), insulin pens should be discarded 28 days after opening the pen to ensure effectiveness of the medication.</p> <p>Surveyor reviewed policy titled, Medication Labeling and Storage dated [DATE], which stated in part:</p> <p>-Medication Storage: #2: The nursing staff is responsible for maintaining medication storage and preparation areas in clean, safe, and sanitary manner.</p> <p>-Medication Labeling: #1: Labeling of medications and biologicals dispensed by the pharmacy is consistent with applicable federal and state requirements and currently accepted pharmaceutical practices.</p> <p>-#2: The medication label includes, at a minimum: d. expiration date, when applicable .</p> <p>Surveyor reviewed policy titled, Administering oral medications dated September 4, 2024, which stated in part:</p> <p>-Steps in the procedure:</p> <p>-#7. Check expiration date on the medication .</p> <p>Surveyor reviewed an open medication need date chart titled, These medications need date when open/expiration stickers dated November 2022, stated in part:</p> <p>-All Insulin pens (expires once opened 28-56 days depending on insulins).</p> <p>-Morphine oral solution (expires 90 days).</p> <p>-Ophthalmic drops (expires 28 days) .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525558	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/23/2024
NAME OF PROVIDER OR SUPPLIER Burnett Medical Center		STREET ADDRESS, CITY, STATE, ZIP CODE 257 W St George Ave Grantsburg, WI 54840	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 10/22/24 at 8:05 AM, Surveyor observed south hall's medication cart with Registered Nurse (RN) D. Surveyor observed 2 orange glucose tab containers located in the first drawer labeled use for R2 with labels covering the expiration dates on bottles. Surveyor observed 2 Humalog insulin pens for use for R12 and R25 with no open date label. Surveyor observed pharmacy label covering both insulin pens' manufacturing expiration date. Surveyor observed Timolol drops opened with no open date with labeled use for R3. Surveyor interviewed RN D and asked if Timolol drops were used this morning as ordered and how RN D would know when certain medications are expired or had been opened. RN D indicated that all medications that are opened should be labeled with open date. RN D indicated that RN D did give the Timolol drops. RN D viewed the bottle and noted the pharmacy label was covering the manufacturing expiration label but regardless all medications should have an opened date on the bottle so RN D does not administer expired medications on accident.</p> <p>Surveyor observed a bottle of Levetiracetam labeled for use for R20 with no open date label, and pharmacy label covering the manufacturing expiration date. RN D indicated that all medications except orange glucose tabs for R2 have been opened and used for all other residents. RN D indicated all opened medications are supposed to be labeled with the open date to make sure medications aren't expired.</p> <p>On 10/22/24 at 11:58 AM, Surveyor observed north hall's medication cart with Licensed Practical Nurse (LPN) C. Surveyor observed 2 Lantus insulin pens labeled for use for R14 and R18 with no open date label. Surveyor observed pharmacy label covering both pens' manufacturing expiration date. Surveyor observed Tresiba Insulin pen labeled for use for R2 with no open date label. Surveyor observed the pharmacy label covering both pens' manufacturing expiration dates. Surveyor observed 2 Admelog insulin pens labeled for use for R2 with no open date label. Surveyor observed the pharmacy labels covering both pens' manufacturing expiration dates.</p> <p>On 10/22/24 at 11:59 AM, Surveyor interviewed LPN C and asked if all insulin pens observed for R14, R18, and R2 were opened and used recently. LPN C indicated that all pens for R14, R18, and R2 have been used and should have open dates but do not. LPN C indicated that since R14, R18, and R2 use the insulin pens so much that LPN C feels like the insulin pens are used before they even expire, so administering to R14, R18, and R2 should be ok.</p> <p>On 10/22/24 at 12:18 PM, Surveyor toured med storage room with Director of Nursing (DON) B. Surveyor observed Lorazepam 2mg/ml oral concentration bottle labeled for use for R25 with no open date label. Surveyor observed the pharmacy label covering the Lorazepam bottle's manufacturing expiration date.</p> <p>On 10/22/24 at 12:20 PM, Surveyor interviewed DON B and asked what expectation is for labeling open medications for individual resident use. DON B indicated that all medications that are opened should have a label with open date so staff know when medications expire. DON B indicated the Lorazepam bottle has been used for R25, which is located in the med storage refrigeration room, but does not have an open date label located on the Lorazepam bottle. DON B indicated this Lorazepam bottle should be discarded and a new one opened with an open date label before administering.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525558	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/23/2024
NAME OF PROVIDER OR SUPPLIER Burnett Medical Center		STREET ADDRESS, CITY, STATE, ZIP CODE 257 W St George Ave Grantsburg, WI 54840	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49353</p> <p>Based on observation, interview and record review, the facility did not maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment to help prevent the development and transmission of communicable diseases and infections. The facility did not keep a complete surveillance line list which affects all residents (R), did not perform hand hygiene with glove changes during wound cares for 1 of 2 residents (R4), touched medications to be administer with bare hands for 2 of 8 (R6, R7) observations, and did not dispose of PPE properly when caring for residents on enhanced barrier precaution for 2 of 5 residents (R1, R17). This had the potential to affect all residents in the facility.</p> <p>Findings include:</p> <p>Example 1</p> <p>Facility policy titled: Infection Prevention and Control Program, with a last revised date of 05/14/24, states in part: .Active Surveillance: Conducting surveillance activities that include infection detection, data collection and analysis, monitoring, and evaluation of interventions .monitoring patients, residents, and healthcare workers for acquisition of infections.</p> <p>On 10/22/24, Surveyor reviewed the facility's infection surveillance log for staff and residents and noted the following:</p> <p>The dates included on the log were 01/01/24-10/10/24. No documentation was provided for the dates of 10/11/24-10/21/24 and 10/21/23-12/31/23 for the surveyor to review for a complete year of documentation.</p> <p>All residents listed do not include the date symptoms resolved.</p> <p>All residents listed do not include the date isolation precautions were implemented and discontinued.</p> <p>All residents listed do not include the start and end date of antibiotic, if applicable.</p> <p>On 10/21/24, R12's record review indicated being prescribed an antibiotic for Urinary Tract Infection (UTI). This is not documented on the infection surveillance log.</p> <p>On 10/21/24, R25's record review indicated being prescribed an antibiotic for UTI. This is not documented on the infection surveillance log.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525558	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/23/2024
NAME OF PROVIDER OR SUPPLIER Burnett Medical Center		STREET ADDRESS, CITY, STATE, ZIP CODE 257 W St George Ave Grantsburg, WI 54840	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 10/23/24 at 10:03 AM, Surveyor interviewed the Minimum Data Set (MDS) Coordinator G, who was filling in for the Infection Preventionist (IP) being on vacation during the time of survey regarding the infection surveillance log. Surveyor asked MDS Coordinator G who was responsible for completing documentation on the infection surveillance log. MDS Coordinator G stated the IP. Surveyor asked why the infection surveillance log did not include the dates 10/11/24-10/21/24 and 10/21/23-12/31/24. MDS Coordinator G stated that there was no documentation for those dates. Surveyor asked MDS Coordinator why this was not documented. MDS Coordinator G stated the current IP started in January 2024 and began the documentation in 2024, so there was no data available for 2023. MDS Coordinator G stated IP has been on vacation as was to why there is no documentation for 10/11/24-10/21/24. Surveyor asked why laboratory data, isolation precaution dates, and symptom dates were not included on the surveillance log. MDS Coordinator G stated she did not know why. Surveyor asked MDS Coordinator G if she understood the importance of keeping accurate, complete, and ongoing surveillance of infections. MDS Coordinator G stated yes, that she recognizes this prevents potential outbreaks of infection and identifies potential areas of concern in infection control practices. MDS Coordinator G stated that she would speak with IP to improve this practice.</p> <p>47807</p> <p>Example 2</p> <p>Facility policy and procedure titled, Standard Precautions, dated 05/29/24, states in part, Purpose: To provide guidelines of interactions between patients or residents and healthcare providers to prevent the transmission of infectious agents associated with healthcare delivery . Personal protective Equipment (PPE): (PPE) is used to protect staff from contact with infectious agents and to prevent staff from carrying these infectious agents from patient to patient or resident to resident . Gowns: . Gowns are to be removed before leaving the patient or resident's environment</p> <p>On 10/22/24 at 7:17 AM Surveyor observed that R1 was on enhanced barrier precautions due to history of organisms in urine. A sign on R1's door includes enhanced barrier precautions and indicated that providers should wear gown and gloves during high-contact care activities with R1.</p> <p>On 10/22/24 at 8:10 AM, Surveyor observed Certified Nursing Assistant (CNA) I performing morning cares for R1. CNA I used hand hygiene and then donned gown and gloves. CNA I was getting R1 ready for breakfast. CNA I explained R1 was very independent and typically was not wet. They always put on the PPE as they are direct care staff, and it is just easier in the case they need to do direct care. CNA I left the room wearing their PPE and took off all PPE and put in the bottom bin of the PPE container that was located outside of R1's room. The PPE container did not have any labeling indicating which drawer held the clean gowns. Both drawers had gowns that were crumpled up; only one drawer had gowns that were also folded.</p> <p>On 10/22/24 at 9:46 AM, Surveyor interviewed CNA I. CNA I stated she was mistaken and that gowns should have gone into the bin designated for gowns in the room that is labeled gowns. CNA I then said they confirmed where gowns should go with the nurses. They plan to clean out the dirty gowns and make sure there are no more dirty gowns in the PPE storage bin that is located outside of R1's room.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525558	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/23/2024
NAME OF PROVIDER OR SUPPLIER Burnett Medical Center		STREET ADDRESS, CITY, STATE, ZIP CODE 257 W St George Ave Grantsburg, WI 54840	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 10/22/24 at 10:31 AM, Surveyor interviewed Director of Nursing (DON) B regarding appropriate usage of personal protective equipment. When asked what the expectations are for donning and doffing PPE, DON B said they would expect that staff don PPE outside of the room and then doff the PPE inside of the room. There should be bins in the room for the dirty PPE; staff should not be taking dirty gown and gloves outside of the room. DON B said we are currently working on infection control processes. Dirty gowns should never go into the enhanced barrier bins, and it is not our expectation to have the bottom drawer of PPE containers to be used for dirty gowns.</p> <p>48793</p> <p>Example 3</p> <p>Surveyor reviewed policy titled, Hand hygiene Policy and Procedure dated May 2022, which stated in part:</p> <ul style="list-style-type: none"> -Hand hygiene includes the use of either an alcohol-based antiseptic hand rub or washing with soap and water for routinely decontaminating hands in the following clinical situations: -Before having direct contact with patients or residents. -After contact with bodily fluids or excretion's, mucous membranes, non-intact skin, and wound dressings, even if hands are not visibly soiled. -After removing gloves. -After removing personal protective equipment. -When leaving an isolation area . <p>On 10/22/24 at 7:41 AM, Surveyor observed CNA E exit R12's room who is on EBP with CNA E's PPE on. CNA E walked down hallway with dirty linens and dropped them off in trash can in hallway. CNA E walked into R17's room with CNA E's PPE on. CNA E doffed contaminated PPE and placed in R17's linen bin. CNA E then walked to R17's sink and began to wash hands. CNA E exited R17's room.</p> <p>On 10/22/24 at 7:43 AM, Surveyor interviewed CNA E and asked what CNA E's process is for PPE doffing in EBP rooms. CNA E indicated that CNA E will usually doff PPE in the EBP room but R12 was not finished at the sink so CNA E just quickly went into R17's room. CNA E indicated that CNA E should not have exited R12's room without doffing PPE nor should CNA E go into another resident's room with contaminated PPE on.</p> <p>On 10/22/24 at 10:31 AM, Surveyor interviewed DON B regarding appropriate usage of personnel protective equipment (PPE). When asked what the expectations are for donning and doffing PPE, DON B said they would expect that staff don PPE outside of the room and then doff the PPE inside of the room. There should be bins in the room for the dirty PPE; staff should not be taking dirty gown and gloves outside of the room.</p> <p>Example 4</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525558	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/23/2024
NAME OF PROVIDER OR SUPPLIER Burnett Medical Center		STREET ADDRESS, CITY, STATE, ZIP CODE 257 W St George Ave Grantsburg, WI 54840	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Surveyor reviewed policy titled, Administering oral medications dated on September 04, 2024, which stated in part:</p> <p>-Steps in the procedure:</p> <p>-#1: Wash your hands .</p> <p>On 10/22/24 at 7:21 AM, Surveyor observed Licensed Practical Nurse (LPN) C prepping R6's medications for breakfast. Surveyor observed LPN C drop antacids on the top of medication cart. LPN C grabbed the antacids with bare hands and placed back into medication cup. LPN C administered the contaminated antacids to R6. Surveyor did not observe hand hygiene performed before or after prepping R6's medications.</p> <p>On 10/22/24 at 7:45 AM, Surveyor observed LPN C prepping R7's medications into cup. LPN C popped 3 pills into R7's medication cup but noticed there was a piece of paper from the backing of the pop packs in the medication cup. LPN C took bare index finger and stuck LPN C's finger into R7's medication cup that had all medications inside, to pull out the paper packaging inside medication cup. Surveyor did not observe LPN C perform hand hygiene or wear gloves to grab piece of packaging out of the medication cup. Surveyor observed LPN C administer the medication cup to R7.</p> <p>On 10/22/24 at 12:13 PM, Surveyor observed LPN C prepping R5's medications for lunch. Surveyor observed LPN C drop CO-Q10 medication on the top of medication cart. LPN C grabbed the CO-Q10 medication with gloved hands and placed back into medication cup. LPN C administered the CO-Q10 contaminated medication to R5. Surveyor did not observe hand hygiene performed before gloving or LPN C grab a new medication in place of the contaminated medication.</p> <p>On 10/22/24 at 12:15 PM, Surveyor interviewed LPN C and asked about hand hygiene during medication administration with bare hand touching of medications for R6 and R7's medications. Surveyor also asked about dropping medications on the med cart and placing them back in the medication cup. LPN C indicated that LPN C should not have picked the medications up off the medication cart with bare hands for R6 and should have gotten a new medication in place. LPN C indicated that LPN C should have prepped a new medication for R7's medication. LPN C indicated that when LPN C noticed the bubble wrap of the pill pack inside medication cup, LPN C just stuck finger into the medication cup to retrieve the bubble pack. LPN C indicated that LPN C should have put gloves on to retrieve the bubble pack piece out of medication cup.</p> <p>On 10/22/24 at 2:56 PM, Surveyor interviewed DON B and asked expectation for hand hygiene during medication administration. DON B indicated that expectation is washing hands before and after prepping medications and before and after entering residents' rooms. Surveyor indicated to DON B that Surveyor observed LPN C bare hand touch R7's medications. Surveyor indicated to DON B that Surveyor observed LPN C drop R6 and R5's medications on the medication cart and then LPN C picked the medications up and placed them back in medication cup and administered medications to R6 and R5. DON B indicated that expectation would be that LPN C dispose of dropped medications and prepare new medications to prevent infection.</p> <p>40181</p> <p>Example 5</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525558	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/23/2024
NAME OF PROVIDER OR SUPPLIER Burnett Medical Center		STREET ADDRESS, CITY, STATE, ZIP CODE 257 W St George Ave Grantsburg, WI 54840	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>R4 was admitted to the facility on [DATE] and had diagnoses including, in part, acute kidney failure, anemia, type 2 diabetes, and pressure ulcer of right heel.</p> <p>On 10/21/24 at 1:32 PM, Surveyor observed a sign on R4's door that said Enhanced Barrier Precautions (EBP). Surveyor observed a three-drawer bin outside R4's door with Personal Protective Equipment inside. Surveyor interviewed Registered Nurse (RN) D who stated R4 was on EBP for a chronic wound to the heel.</p> <p>On 10/22/24 at 11:23 AM, Surveyor observed LPN C and RN D provide wound care for R4's right heel pressure injury. Both LPN C and RN D used hand sanitizer and put on a gown and gloves prior to entering R4's room. LPN C placed the dressing supplies on a clean towel on a rolling table. LPN C took the boot off R4's foot. LPN C removed the gloves and put on clean gloves without washing hands or using hand sanitizer. RN D held R4's leg up while LPN C provided wound care. LPN C picked up the scissors from table and cut the old bandage and removed the dressing. Part of the bandage was adhered to the wound bed, so LPN C picked up a folded gauze pad, wet it with saline from a bottle and used it to moisten the bandage that was adhering to the wound. LPN C threw old bandage away, removed gloves, and put on clean gloves without washing hands or using hand sanitizer. LPN C picked up a folded gauze, wet it with the bottle of saline, and cleansed the wound bed. After cleansing the wound, LPN C removed gloves, washed hands with soap and water at the sink, and put on clean gloves. LPN C picked up a pre-cut piece of aquacel dressing, a folded gauze pad, and a roll gauze from the rolling table. LPN C placed the aquacel and gauze pad over the wound and wrapped R4's foot and heel with the roll gauze to hold the bandages in place. LPN C removed gloves and did not use hand sanitizer or wash hands. LPN C picked up pre-cut tape from the table and taped the roll gauze in place with bare hands. LPN C then picked up a marker from the table with bare hands and labeled the tape with date and initials. RN D pulled the tubigrip stocking down over the roll gauze dressing and put R4's boot back on. LPN C cleaned up the dressing supplies and put away in a container. LPN C and RN D both removed gowns and gloves, and washed hands prior to leaving room.</p> <p>On 10/22/24 at 12:53 PM, Surveyor interviewed DON B and explained the observation of LPN C changing gloves during wound care for R4 without sanitizing or washing hands between glove changes. DON B stated that was not an appropriate infection control practice. DON B stated LPN C was not following the facility policy and procedure for infection control and hand hygiene.</p>