

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525559	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Odd Fellow Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1229 S Jackson St Green Bay, WI 54301	

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** 49563</p> <p>[NAME] 1/9/25</p> <p>Based on observation, staff interview, and record review, the facility did not ensure care plans were reviewed and revised for 3 residents (R) (R11, R5, and R3) of 13 sampled residents.</p> <p>R11, R5, and R3's care plans were not updated with interventions related to leaving Hoyer slings underneath R11, R5, and R3.</p> <p>Findings include:</p> <p>The facility's Lifting Machine, Using a Mechanical Policy, dated July 2017, indicates: The purpose of this procedure is to establish the general principles of safe lifting using a mechanical lifting device .Steps in procedure: .20. Carefully remove the sling from under the resident. Be mindful of the resident's position and balance, and skin .</p> <p>1. On 1/9/25, Surveyor reviewed R11's medical record. R11 was admitted to the facility on [DATE] and had diagnoses including Alzheimer's disease, history of left above the knee surgical amputation, osteomyelitis of left foot, and diabetes. R11's Minimum Data Set (MDS) assessment, dated 11/21/24, had a Brief Interview for Mental Status (BIMS) score of 10 out of 15 which indicated R11 had moderate cognitive impairment. R11 had an activated Power of Attorney for Healthcare (POAHC).</p> <p>R11 had a care plan for actual impairment to skin integrity related to fragile skin on bilateral buttock and hips.</p> <p>A Braden Scale assessment, dated 11/20/24, contained a score of 12 out of 23 which indicated R11 was at high risk for skin breakdown</p> <p>On 1/9/25 at 11:30 AM, Surveyor observed R11 in a Geri chair with a Hoyer lift sling underneath R11. R11 had a specialty mattress on R11's bed and cushion in R11's Geri chair.</p> <p>On 1/9/25 at 11:30 AM, Surveyor interviewed R11 who indicated the Hoyer sling was left under R11 in the Geri chair and removed when R11 was in bed. R11 denied any discomfort from the sling.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/9/25 at 1:46 PM, Surveyor interviewed Certified Nursing Assistant (CNA)-G who verified a Hoyer sling was left underneath R11 in the Geri chair. CNA-G indicated staffs' usual practice was to leave Hoyer slings underneath residents in Geri chairs and wheelchairs and remove the slings when residents transfer into bed.</p> <p>On 1/9/25 at 1:59 PM, Surveyor interviewed CNA-H who indicated Hoyer slings remain underneath residents while they are in Geri chairs and wheelchairs and are removed when residents are transferred into bed.</p> <p>2. On 1/9/25, Surveyor reviewed R5's medical record. R5 was admitted to the facility on [DATE]. R5 received Hospice services and had diagnoses including history of fracture of left femur. R5's MDS assessment, dated 12/16/24, had a BIMS score of 0 out of 15 which indicated R5 had severe cognitive impairment. R5 had an activated POAHC.</p> <p>R5 had a care plan for potential impairment to skin integrity related to immobility and was at risk for moisture-associated skin damage (MASD) due to frequent bladder incontinence.</p> <p>A Braden Scale assessment, dated 12/31/24, contained a score of 18 out of 23 which indicated R5 was at moderate risk for skin breakdown.</p> <p>On 1/9/25 at 2:05 PM, Surveyor observed R5 in a recliner with a Hoyer sling underneath R5. R5 had a pressure reduction mattress on R5's bed and a cushion in R5's wheelchair.</p> <p>On 1/9/25 at 2:05 PM, Surveyor interviewed R5 who indicated the Hoyer sling was left underneath R5 in the recliner and wheelchair. R5 indicated the sling did not cause irritation or discomfort.</p> <p>On 1/9/25 at 1:46 PM, Surveyor interviewed CNA-G who verified a Hoyer sling was left underneath R5. CNA-G indicated staffs' usual practice was to leave Hoyer slings underneath residents in Geri chairs and wheelchairs and remove the slings when residents transfer into bed.</p> <p>On 1/9/25 at 1:59 PM, Surveyor interviewed CNA-H who indicated Hoyer slings remain underneath residents in Geri chairs and wheelchairs and are removed when residents are transferred into bed.</p> <p>On 1/9/25 at 2:45 PM, Surveyor interviewed Director of Nursing (DON)-B and Nursing Home Administrator (NHA)-A. DON-B indicated Hoyer slings are left underneath residents in Geri chairs and wheelchairs if the residents don't mind. DON-B verified the facility's policy states slings should be removed. NHA-A indicated a company representative provided an inservice to staff last week and instructed staff that leaving Hoyer slings underneath residents in Geri chairs and wheelchairs is an acceptable practice. NHA-A did not have the literature or documentation from the representative or manufacturer to support the practice.</p> <p>43361</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>3. On 1/9/25, Surveyor reviewed R3's medical record. R3 was admitted to the facility on [DATE] and had diagnoses including hemiplegia (weakness on one side of the body) and hemiparesis (paralysis on one side of the body) following nontraumatic intracranial hemorrhage affecting the left non-dominant side, weakness, type 2 diabetes, acquired absence of right leg above knee, and need for assistance with personal care. R3's MDS assessment, dated 12/26/24, had a BIMS score of 15 out of 15 which indicated R3 was not cognitively impaired.</p> <p>R3 had a care plan for potential impairment to skin integrity related to immobility with left sided weakness, recent intracranial hemorrhage, and occasional bowel and bladder incontinence. The care plan contained an intervention to leave the lift sling underneath R3.</p> <p>R3's medical record indicated R3 did not have any pressure injuries.</p> <p>On 1/9/25 at 11:17 AM, Surveyor observed staff transfer R3 from bed to recliner via Hoyer lift. When staff completed the transfer, staff left the sling underneath R3.</p> <p>On 1/9/25 at 11:53 AM, Surveyor interviewed R3 who confirmed staff leave the Hoyer sling underneath R3 which was fine with R3. R3 indicated R3 slept in a recliner at night and the sling remained under R3 while R3 slept. R3 stated R3 asked staff to place a blanket between R3 and the sling at night because sleeping on the sling was uncomfortable.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43361</p> <p>Based on staff interview and record review, the facility did not ensure the adequate use of assistive devices to prevent injury for 1 resident (R) (R3) of 2 sampled residents.</p> <p>R3 indicated the lift battery often died while R3 was mid-transfer and R3 was left hanging in the lift while staff replaced the battery.</p> <p>Findings include:</p> <p>On [DATE], Surveyor reviewed R3's medical record. R3 was admitted to the facility on [DATE] and had diagnoses including hemiplegia (weakness on one side of the body) and hemiparesis (paralysis on one side of the body) following nontraumatic intracranial hemorrhage affecting the left non-dominant side, weakness, type 2 diabetes, acquired absence of right leg above the knee, and need for assistance with personal care. R3's Minimum Data Set (MDS) assessment, dated [DATE], had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R3 was not cognitively impaired.</p> <p>R3's care plan indicated R3 was a 2 person Hoyer lift transfer when R3's left leg prosthesis was off. If R3's left leg prosthesis was on, R3 was a pivot disk transfer.</p> <p>On [DATE] at 11:53 AM, Surveyor interviewed R3 who indicated the lift battery often died while R3 was in the air mid-lift. R3 stated staff needed to leave the room to get a new battery. R3 stated staff recently left R3 hanging in the lift to get another battery. R3 indicated R3 talked to maintenance staff because R3 knew of a place that rebuilt batteries. R3 indicated the facility stated they had ordered new batteries.</p> <p>On [DATE] at 4:11 PM, Surveyor interviewed Certified Nursing Assistant (CNA)-L who usually worked the night (NOC) shift. CNA-L confirmed lift batteries died mid-transfer. When Surveyor asked if a lift battery had ever died during a transfer with R3, CNA-L indicated the lift battery died that morning while R3 was mid-transfer. CNA-L indicated one of the staff left the room to get another battery because there was another lift outside the door. CNA-L indicated CNA-L had recently received lift training and it was a split second decision not to use the manual while the battery was changed because there was a lift outside R3's room.</p> <p>On [DATE] at 2:15 PM, Surveyor interviewed CNA-N who indicated the lift indicates how much battery is left, however, CNA-N did not check the battery life. CNA-N indicated batteries are changed when they are low and not on a scheduled basis.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On [DATE] at 1:42 PM, Surveyor interviewed Maintenance Director (MD)-M and Nursing Home Administrator (NHA)-A who indicated MD-M had just ordered two batteries which should arrive on [DATE]. MD-M indicated if staff have problems with a battery, MD-M tests the battery to see if it holds a charge. MD-M indicated batteries last approximately 6 months. MD-M indicated there were two chargers on each unit that held at least 2 extra batteries and at least 4 Hoyer lifts and 4 EZ stand lifts. Surveyor, MD-M, and NHA-A observed the batteries and chargers on one of the wings. Surveyor noted there was one battery in the charger. MD-M indicated the facility was waiting for the new batteries. NHA-A indicated when a lift is turned on, the lift shows the remaining battery power. NHA-A indicated the lift company recently completed training with staff. NHA-A indicated there is a manual release that staff should use if a battery dies mid-transfer. NHA-A indicated staff should lower the resident with the manual release, changed the battery, and complete the transfer. NHA-A confirmed residents should not be left hanging in the lift if a battery dies during a transfer.</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49563</p> <p>Based on observation, staff interview, and record review, the facility did not provide appropriate care and services for 2 residents (R) (R10 and R12) of 6 sampled residents with an indwelling catheter.</p> <p>On 1/9/25, R10 and R12's catheter drainage bags were observed in contact with the floor.</p> <p>Findings include:</p> <p>The facility's Catheter, Urinary Policy, dated August 2022, indicates: The purpose of this procedure is to prevent urinary-associated complications, including urinary tract infections .Infection Control: .2. Be sure the catheter tubing and drainage bag are kept off the floor .</p> <p>1. On 1/9/25, Surveyor reviewed R10's medical record. R10 was admitted to the facility on [DATE] and had diagnoses including history of supracondylar fracture of the left femur, right tibial fracture, and hypertension. R10's Minimum Data Set (MDS) assessment, dated 12/23/24, had a Brief Interview for Mental Status (BIMS) score of 12 out of 15 which indicated R10 had moderate cognitive impairment. R10's medical record indicated R10 was responsible for R10's healthcare decisions.</p> <p>On 1/9/25 at 11:20 AM, Surveyor observed R10 and noted R10's catheter bag was covered by a dignity shield and attached to the side of R10's bed which was in the lowest position. R10's dignity shield and catheter bag were laying on the floor.</p> <p>On 1/9/25 at 11:25 AM, Surveyor interviewed Certified Nursing Assistant (CNA)-E who verified R10's catheter bag was on the floor. CNA-E indicated when CNA-E put R10's bed in the lowest position, CNA-E did not notice that R10's catheter bag was in contact with the floor. CNA-E verified catheter bags should not touch the floor.</p> <p>2. On 1/9/25, Surveyor reviewed R12's medical record. R12 was admitted to the facility on [DATE] and had diagnoses including history of hemiplegia (weakness on one side of the body) and hemiparesis (paralysis on one side of the body), anemia, and gross hematuria. R12's MDS assessment, dated 11/21/24, had a BIMS score of 5 out of 15 which indicated R12 had severely impaired cognition. R12 had an activated Power of Attorney for Healthcare (POAHC).</p> <p>On 1/9/25 at 11:40 AM, Surveyor observed R12. Surveyor noted R12's dignity covered catheter bag was attached to R12's wheelchair frame below the seat. R12's catheter bag and dignity shield were dragging on the floor.</p> <p>On 1/9/25 at 11:50 AM, Surveyor interviewed Licensed Practical Nurse (LPN)-F who verified R12's catheter bag was in contact with the floor. LPN-F raised R12's catheter bag and verified catheter bags should not touch the floor.</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/9/25 at 12:02 PM, Surveyor interviewed Director of Nursing (DON)-B who verified catheter bags should not touch the floor. DON-B indicated DON-B expects staff to adjust catheter bags so they do not touch the floor.</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43361</p> <p>Based on observation, staff interview, and record review, the facility did not ensure a prescribed diet was followed for 1 resident (R) (R3) of 3 sampled residents.</p> <p>R3 was prescribed a consistent carbohydrate hydro-oligomeric diet (CCHO) (a diet designed to manage blood sugar levels in individuals with diabetes or prediabetes). R3's diet order was not consistently followed.</p> <p>Findings include:</p> <p>The facility did not have a policy regarding following diets.</p> <p>On 1/9/25, Surveyor reviewed R3's medical record. R3 was admitted to the facility on [DATE] and had diagnoses including type 2 diabetes. R3's Minimum Data Set (MDS) assessment, dated 12/26/24, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R3 was not cognitively impaired.</p> <p>R3's medical record indicated R3 was prescribed a CCHO diet.</p> <p>During in interview with R3 on 1/9/25 at 12:06 PM, staff delivered R3's meal tray. R3 took the dessert but declined the rest of the tray because R3 had ordered out for lunch. Surveyor reviewed R3's meal ticket and tray. R3's meal ticket stated R3 was on a CCHO diet and indicated R3 should have received a half piece of cake. Surveyor noted R3 had received a full piece of cake which R3 accepted. When Surveyor stated R3's meal ticket indicated R3 should have received a half piece of cake, R3 indicated R3 was okay with a larger piece of cake that day.</p> <p>On 1/9/25 at 12:32 PM, Surveyor interviewed [NAME] (CK)-I and Dietary Aid (DA)-J who were serving lunch in the dining room. Surveyor observed 2 trays of desserts on a cart. The top tray had a mix of cake sizes and the bottom tray had one smaller piece of dessert. When asked the reason for the different cake sizes, CK-I indicated there wasn't a reason. CK-I indicated some pieces of cake were too big and CK-I cut them so they were not so big. CK-I and DA-J indicated some residents asked for smaller pieces so there were a few smaller pieces in case someone asked. Surveyor showed R3's meal ticket to CK-I and DA-J who indicated R3 may have requested a full piece of cake since a couple days prior to the meal staff asked residents what they would like. When Surveyor indicated R3's meal ticket said a half piece of cake, CK-I and DA-J indicated they give residents what they want.</p> <p>On 1/9/25 at 2:11 PM, Surveyor interviewed Dietary Manager (DM)-K who confirmed R3 should have received a half piece of cake due to R3's CCHO diet. DM-K indicated the facility did not have a policy regarding following appropriate diets, however, staff were expected to follow residents' diet cards.</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50467</p> <p>Based on observation, staff interview, and record review, the facility did not maintain an infection prevention and control program designed to prevent the transmission of communicable disease and infection for 1 resident (R) (R13) of 13 residents observed during the provision of cares.</p> <p>R13 was on enhanced barrier precautions (EBP) which required staff to wear personal protective equipment (PPE) during high-contact cares. On 1/9/25, staff transferred and provided wound care for R13 without wearing PPE. In addition, Surveyor observed staff exit R13's room with a vital signs machine. Staff did not appropriately disinfect the machine after use.</p> <p>Findings include:</p> <p>The facility's Enhanced Barrier Precautions (EBP) policy, dated 5/1/24, indicates: .EBP: Infection control practices requiring the use of personal protective equipment (PPE) for certain high-contact resident care activities, even in the absence of standard indications for isolation. 2. High-Contact Resident Care Activities: Activities that involve potential exposure to infectious agents such as: dressing .transferring .wound care .</p> <p>The facility's Cleaning and Disinfection of Resident-Care Items and Equipment policy, revised October 2018, indicates: .Reusable items are cleaned and disinfected or sterilized between residents (e.g., stethoscopes, durable medical equipment).</p> <p>On 1/9/25, Surveyor reviewed R13's medical record. R13 was admitted to the facility on [DATE] and had diagnoses including severe sepsis with septic shock, lymphoma, candidiasis (yeast infection), open wound right ankle, open wound left ankle, open wound of the left buttock, stem cell transplant, bone marrow transplant, and need for assistance with personal care.</p> <p>R13's medical record contained an order, dated 1/8/25, for EBP: wounds every shift infection control. R13 also had an order, dated 1/7/24, for EBP: open wound left flank and left gluteal .</p> <p>On 1/9/25 at 12:05 PM, Surveyor observed R13's room and noted an EBP sign on the door. Licensed Practical Nurse (LPN)-C was in the room. When LPN-C opened the privacy curtain, Surveyor noted LPN-C was not wearing PPE. Surveyor interviewed LPN-C who stated LPN-C completed wound care for R13 prior to exiting the room. LPN-C confirmed LPN-C did not wear PPE during wound care. When Surveyor asked if LPN-C should have worn PPE, LPN-C indicated PPE was not needed. When Surveyor asked about the EBP sign on R13's door, LPN-C indicated the sign meant LPN-C needed to wash hands before and after leaving the room.</p> <p>On 1/9/25 at 12:08 PM, Surveyor knocked and entered R13's room. CNA-D was in the room and had just assisted LPN-C with wound care. CNA-D was also not wearing PPE. Surveyor then observed CNA-D transfer R13. CNA-D assisted R13 to stand with a gait belt and walker, pulled up R13's pants, and walked across the room to R13's recliner. CNA-D made R13's bed and adjusted a pillow behind R13's back. CNA-D performed hand hygiene prior to exiting the room with a vital signs machine.</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>On 1/9/25 at 12:15 PM, Surveyor observed CNA-D put the vital signs machine in the hallway and walk away. Surveyor stopped CNA-D and asked if the machine needed to be sanitized. CNA-D indicated the machine would need to be sanitized depending on which resident used it last. CNA-D confirmed CNA-D obtained R13's vital signs. When Surveyor asked CNA-D if R13 was on EBP, CNA-D indicated R13 was on EBP but CNA-D was not sure why. When Surveyor asked if PPE should be worn when assisting with wound care and transfers, CNA-D indicated PPE only needed to be worn during cares like showering and washing a resident.</p> <p>On 1/9/25 at 1:33 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A and Director of Nursing (DON)-B who confirmed staff should wear PPE during high-contact cares. DON-B also confirmed durable medical equipment should be sanitized between each resident use.</p>