

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525560	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/11/2025
NAME OF PROVIDER OR SUPPLIER Shorehaven Hlth & Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 1305 W Wisconsin Ave Oconomowoc, WI 53066	

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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview and record review, the facility did not ensure 1 resident (R) (R9) of 2 sampled residents received written information on the duration of the bed hold policy, the reserve bed payment policy, and the right to return to the facility.</p> <p>Neither R9 or R9's representative were provided with a written bed hold notice that included the duration of the bed hold policy, the reserve bed payment policy, and the right to return to the facility when R9 was transferred to the hospital on 6/6/25.</p> <p>Findings include:</p> <p>The facility's Bed Hold policy, dated 11/2016, indicates: .Before any hospital transfer or therapeutic leave, the facility will provide written information specifying: i. Duration of state bed-hold policy; ii. Reserve bed payment policy (if applicable); iii. Facility's bed-hold periods and return policies; iv. Any cost associated with bed hold beyond state limits; v. Resident's rights to appeal discharge decisions .</p> <p>From 6/9/25 to 6/11/25, Surveyor reviewed R9's medical record. R9 was admitted to the facility on [DATE] and had a diagnosis of dementia. R9's Minimum Data Set (MDS) assessment, dated 3/19/25, indicated R9 had moderate cognitive impairment. R9 had an activated Power of Attorney for Healthcare (POAHC).</p> <p>R9's medical record indicated R9 was sent to the hospital for evaluation on 6/6/25. Surveyor requested a copy of the bed hold notice for R9's hospital transfer. On 6/11/25, Surveyor reviewed a Financial Consent to Bed Hold document that was signed on 3/10/22.</p> <p>On 6/10/25 at 2:54 PM, Surveyor interviewed Director of Nursing (DON)-B and reviewed the facility's bed hold procedure. DON-B indicated the facility reviews the bed hold policy with residents as part of the admission packet. DON-B indicated residents sign a Financial Consent to Bed Hold form upon admission. DON-B indicated when a resident is transferred to the hospital, a bed hold letter is included in the paperwork that is sent with the resident. If a resident spends the night in the hospital, a staff member calls the resident or their representative to confirm their bed hold preference and documents the conversation in a progress note.</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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/10/25, Surveyor reviewed the bed hold letter and noted it did not include the daily rate for the bed reserve payment. The bed hold letter also did not contain a signature line for the resident to acknowledge receipt of the bed hold policy.</p> <p>On 6/11/25 at 8:38 AM, Surveyor interviewed Social Worker (SW)-L who indicated when a resident is transferred to the hospital, a bed hold notice is sent with the resident in a packet of paperwork. SW-L indicated a bed hold notice is not discussed with the resident if the resident returns from the hospital the same day. If the resident is admitted to the hospital overnight, the facility asks hospital staff to provide the bed hold notice to the resident. SW-L indicated when a resident is admitted overnight, SW-L calls the resident or their representative the following day to discuss the bed hold policy. SW-L indicated SW-L does not discuss the daily rate or appeal rights with the resident or their representative.</p> <p>On 6/11/25 at 10:12 AM, Surveyor interviewed Nursing Home Administrator (NHA)-A about the bed hold procedure. NHA-A confirmed a bed hold form is signed upon admission to the facility. NHA-A indicated the bed hold letter is provided to a resident before transfer and a phone call is made the next day to discuss the bed hold with the resident or their representative. NHA-A indicated the reserve bed payment rate is discussed during the follow-up phone call.</p> <p>On 6/11/25 at 10:45 AM, Surveyor interviewed Registered Nurse (RN)-M who indicated RN-M informs residents that bed hold information is available in the hospital paperwork packet. RN-M indicated the bed hold letter is not given directly to the resident or their representative.</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interview, and record review, the facility did not provide the necessary respiratory care and services for 1 resident (R) (R1) of 2 sampled residents.</p> <p>The facility did not ensure R1's oxygen orders were consistently followed.</p> <p>Findings Include:</p> <p>The facility's Oxygen Administration Concentrators policy, revised 4/19/25, indicates: .C. Press power switch on position and adjust oxygen flow .D. Read the center of the ball with the meter at eye level. If unable to obtain the proper flow rate, check for kinks in the tubing or loose connections.</p> <p>From 6/9/25 to 6/11/25, Surveyor reviewed R1's medical record. R1 was admitted to the facility on [DATE] and had diagnoses including hemiplegia and hemiparesis following unspecified cerebrovascular disease, spinal stenosis, lumbar, major depressive disorder, and unspecified thoracic, thoracolumbar and lumbosacral intervertebral disc disorder. R1's Minimum Data Set (MDS) assessment, dated 12/17/24, had a Brief Interview for Mental Status (BIMS) score of 11 out of 15 which indicated R1 had moderately impaired cognition. R1's most recent MDS assessment, dated 3/19/25, did not contain a BIMS score.</p> <p>A care plan, dated 1/17/23 and last revised 3/26/25, indicated R1 had low oxygen readings when asleep due to sleep apnea related to a stroke and used a BiPAP machine. The care plan contained indicated R1 needed help putting on the BiPAP nasal mask with 4 liters of oxygen at bedtime. The care plan indicated R1 wore the mask throughout the night and during the day when R1 napped in bed.</p> <p>R1's Treatment Administration Record (TAR) contained the following orders:</p> <p>~ Oxygen at 4 liters at bed time (HS) for continuous positive airway pressure (CPAP), dated 2/1/21 to 6/10/25.</p> <p>~ Oxygen at 4 liters when using BiPAP every shift, dated 6/10/25.</p> <p>On 6/9/25 at 1:58 PM, Surveyor observed R1 asleep in bed. R1 used a bilevel positive airway pressure (BiPAP) machine and had an oxygen concentrator that was set at 1 liter of oxygen.</p> <p>On 6/10/25 at 9:40 AM, Surveyor observed R1 asleep in bed with the BiPAP machine on, however, the oxygen concentrator was not on.</p> <p>On 6/10/25 at 9:43 AM, Surveyor interviewed Licensed Practical Nurse (LPN)-G about R1's oxygen. LPN-G entered R1's room and turned the oxygen concentrator on. Surveyor noted the oxygen level was set at 1.5 liters which LPN-G confirmed.</p> <p>On 6/10/25 at 12:02 PM, Surveyor interviewed Director of Nursing (DON)-B who confirmed R1's oxygen concentrator should be set at the level ordered by the physician.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Dishwasher Temperatures:</p> <p>The 2022 Wisconsin Food Code documents at 4-501.110 .Mechanical Warewashing Equipment, Wash Solution Temperature: (A) The temperature of the wash solution in spray type warewashers that use hot water to sanitize may not be less than: (1) For a stationary rack, single temperature machine, 74&deg; C (165&deg; F); (2) For a stationary rack, dual temperature machine, 66&deg; C (150&deg; F); (3) For a single tank, conveyor, dual temperature machine, 71&deg; C (160&deg;F); or (4) For a multitank, conveyor, multitemperature machine, 66&deg; C (150&deg; F).</p> <p>The facility's Maintenance, Sanitation and Safety policy, revised 1/2018, indicates: .Sanitation: The Food Service Manager, with the help of the Dietitian, is responsible for the supervision and training of employees in proper sanitation within the food service department .The Food Service Manager is responsible for maintaining report files for dish machine service and taking corrective action if necessary .All resident dishes (china, cups, silverware) are washed by staff on each unit after each meal in the dishwasher. The dishwashers are checked daily to ensure they are maintaining temperatures .A warewashing procedure is developed and followed .The Food Service Manager and Dietitian are responsible for maintaining safety standards. The Director of Food Service is responsible for developing safety rules and reviewing them with all employees .</p> <p>On 6/10/25 at 8:22 AM, Surveyor toured the Turnberry unit kitchen and reviewed the June 2025 Household Dishwasher Record. The form indicated the wash cycle should be 150 degrees or higher and the final rinse cycle should be 180 degrees or higher. The form contained one slot labeled AM Shift and one slot labeled PM Shift for each date in June. The June log contained one entry for a dishwasher temperature on 6/10/25. Surveyor noted all other dates did not have documentation to indicate the dishwasher temperatures were monitored.</p> <p>On 6/10/25 at 8:42 AM, Surveyor toured the [NAME] unit kitchen and reviewed the June 2025 Household Dishwasher Record. The form indicated the wash cycle should be 150 degrees or higher and the final rinse cycle should be 180 degrees or higher. The form contained one slot labeled AM Shift and one slot labeled PM Shift for each date in June. The log had missing dishwasher temperatures on 6/1/25, 6/5/25, 6/6/25, and 6/9/25 and only contained documentation for either the AM or PM shift from 6/2/25 through 6/4/25 and 6/7/25 through 6/8/25.</p> <p>During the unit kitchen tour, Surveyor interviewed HM-J who worked in the [NAME] and Turnberry units on the AM shift. HM-J confirmed the logs only had slots for the AM and PM shifts. HM-J indicated the dishwasher is continuously run because breakfast is cooked on the unit and dishes for all meals are washed in the unit dishwashers. HM-J indicated the logs should be filled out and previous logs are kept in the kitchen with DD-E.</p> <p>On 6/10/25 at 11:13 AM, Surveyor interviewed DD-E who indicated unit dishwashers are used to wash cooking dishes, utensils, plates, cups, and anything that is used for food service on the unit. DD-E indicated Homemakers and CNAs are responsible for documenting dishwasher temperatures in the AM and PM on each unit. Surveyor noted the Turnberry unit did not have a June 2025 Household Dishwasher Record. Surveyor requested copies of the [NAME] and Turnberry dishwasher logs for May and June 2025.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 6/11/25, Surveyor received and reviewed copies of the dishwasher logs for the [NAME] and Turnberry units. The May 2025 dishwasher log for the [NAME] unit did not contain temperature documentation for 5/8/25, 5/16/25, and 5/21/25. All other days contained either an AM or PM temperature only. The May 2025 dishwasher log for the Turnberry unit did not contain temperature documentation for 5/1/25, 5/4/25 through 5/5/25, 5/7/25 through 5/11/25, 5/15/25 through 5/17/25, 5/19/25, 5/24/25 through 5/25/25, and 5/28/25 through 5/31/25. All other days contained either an AM or PM temperature only. The June 2025 Turnberry unit dishwasher log did not contain temperature documentation for 6/2/25 through 6/8/25 and for 6/11/25 and contained either an AM or PM temperature only for 6/1/25, 6/9/25, and 6/10/25.</p> <p>Cooked Food Temperatures and Hot/Cold Holding Temperatures:</p> <p>The 2022 Wisconsin Food Code documents at 3-501.16 Time/Temperature Control for Safety Food, Hot and Cold Holding .Time/Temperature Control for Safety Food shall be maintained: (1) At 57&deg; Celsius (C) (135&deg; Fahrenheit (F)) or above, except that roast cooked to a temperature and for a time specified in 3-401.11 (B) or reheated as specified in 3-403.11 (E) may be held at a temperature of 54&deg; C (130&deg; F) or above; (2) At 5&deg; C (41&deg; F) or less.</p> <p>The 2022 Wisconsin Food Code documents at 3-401.11 Raw Animal Foods: .(A) Except as specified under (B), (C), and (D) of this section, raw animal foods such as eggs, fish, meat, poultry, and foods containing these raw animal foods, shall be cooked to heat all parts of the food to a temperature and for a time that complies with one of the following methods based on the food that is being cooked: (1) 63&deg; C (145&deg; F) or above for 15 seconds for: P (a) Raw shell eggs that are broken and prepared in response to a consumer's order and for immediate service .</p> <p>The 2022 Wisconsin Food Code documents at 3-501.19 Time as a Public Health Control: (A) Except as specified under (E) of this section, if time without temperature control is used as the public health control for a working supply of time/temperature control for safety food before cooking, or for ready to eat time/temperature control for safety food that is displayed or held for sale or service .(1) The food shall have an initial temperature of 5 degrees C (41 degrees F) or less when removed from cold holding temperature control, or 57 degrees C (135 degrees F) or greater when removed from hot holding temperature control .</p> <p>On 6/10/25 at 8:42 AM, Surveyor toured the [NAME] unit kitchen and reviewed Meal Service Temperature Logs. Surveyor noted there were not Meal Service Temperature Logs for 6/8/25 to 6/14/25.</p> <p>At that time, Surveyor interviewed HM-J who worked on the [NAME] and Turnberry units during the AM shift. HM-J indicated breakfast is cooked in each unit kitchen. HM-J indicated lunch and dinner are cooked in the main kitchen, brought to the units, and served from the [NAME] unit steam table. HM-J confirmed meal temperatures should be documented on Meal Service Temperature Logs.</p> <p>On 6/10/25, Surveyor requested May and June 2025 Meal Service Temperature Logs from DD-E.</p> <p>On 6/11/25, Surveyor received and reviewed Meal Service Temperature Logs provided by DD-E and noted the following:</p> <p>~ From 5/4/25 through 5/10/25:</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Breakfast on 5/4/25, 5/6/25, and 5/9/25 indicated Made to Order and did not contain temperatures.</p> <p>Lunch on 5/4/25, 5/9/25, and 5/10/25 did not contain documentation of food held for service temperatures.</p> <p>Supper on 5/7/25 and 5/8/25 did not contain documentation of food held for service temperatures.</p> <p>~ From 5/11/25 through 5/17/25:</p> <p>Breakfast on 5/11/25, 5/12/25, 5/13/25, 5/15/25, and 5/17/25 did not contain documentation of cooked food or cold food temperatures.</p> <p>Lunch on 5/12/25, 5/15/25, and 5/17/25 did not contain documentation of hot/cold holding temperatures.</p> <p>Supper on 5/16/25 did not contain documentation of hot/cold holding temperatures.</p> <p>~ From 5/18/25 through 5/24/25:</p> <p>Breakfast on 5/18/25, 5/21/25, and 5/23/25 did not contain cooked food or cold food temperatures; 5/20/25 and 5/21/25 indicated Made to Order for cooked food temperatures.</p> <p>Lunch on 5/18/25, 5/19/25, and 5/23/25 did not contain documentation of hot/cold food holding temperatures.</p> <p>Supper on 5/21/25 did not contain documentation of hot/cold food holding temperatures.</p> <p>~ From 5/25/25 through 5/31/25:</p> <p>Breakfast on 5/26/25 and 5/30/25 did not contain documentation of cooked food or cold food temperatures; 5/5/27 indicated Made to Order for cooked food temperatures.</p> <p>~ From 6/1/25 through 6/7/25:</p> <p>Breakfast on 6/1/25, 6/2/25, 6/3/25, 6/5/25, and 6/7/25 did not contain documentation of cooked food or cold food temperatures.</p> <p>A Meal Service Temperature Log for the week of 6/8/25 through 6/14/25 was not provided.</p> <p>On 6/11/25 at 9:34 AM, Surveyor interviewed DD-E who indicated there was no log for 6/8/25 through 6/14/25 and confirmed cooked food and hot/cold holding temperatures were not consistently documented. DD-E confirmed staff on the units who work in the kitchen are trained to take cooked food and hot/cold holding temperatures for every meal.</p> <p>Refrigerator and Freezer Temperatures:</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The 2022 Wisconsin Food Code documents at 3-202.11 Temperature: .Perishable food items must be stored at appropriate temperatures to prevent spoilage and reduce the risk of foodborne illnesses. Refrigerators should be set below 41&deg; F (5&deg; C) and freezers at or below 0&deg; F (-18&deg; C).</p> <p>During a tour on 6/10/25 at 8:22 AM, Surveyor noted the Turnberry unit did not have a refrigerator or freezer temperature log. Surveyor also noted the [NAME] unit June 2025 refrigerator and freezer temperature log did not contain temperatures for 6/6/25 or 6/9/25.</p> <p>At that time, Surveyor interviewed HM-J who indicated temperatures for the [NAME] and Turnberry unit refrigerators and freezers are documented on a log located on the refrigerator/freezer. HM-J indicated the previous months are given to DD-E for filing.</p> <p>On 6/11/25 at 9:34 AM, Surveyor interviewed DD-E who indicated refrigerator and freezer temperatures should be monitored and documented daily. Surveyor requested copies of the [NAME] and Turnberry unit refrigerator and freezer temperature logs for May and June of 2025.</p> <p>On 6/11/25, Surveyor received and reviewed the May 2025 [NAME] unit refrigerator/freezer temperature log and noted there were no refrigerator/freezer temperatures documented for 5/7/25, 5/8/25, 5/16/25, and 5/21/25. Surveyor also received and reviewed the May 2025 Turnberry unit refrigerator/freezer temperature log and noted the log only contained temperature documentation for 5/3/25. A June 2025 log for the Turnberry unit was not provided to Surveyor.</p> <p>On 6/11/25 at 11:05 AM, DD-E approached Surveyor and confirmed the facility did not have a June 2025 record of refrigerator and freezer temperatures for the Turnberry unit.</p> <p>On 6/11/25 at 9:34 AM, Surveyor interviewed DD-E who indicated staff should follow the Wisconsin Food Code for policies and procedures regarding food storage, dating, hot/cold food cooked and holding temperatures, and daily refrigerator and freezer temperatures as well as dishwashing sanitization procedures. DD-E indicated staff were probably not aware of the Wisconsin Food Code and indicated DD-E would share the information with staff.</p> <p>Based on observation, staff interview, and record review, the facility did not ensure food was stored and prepared in a safe and sanitary manner. This practice had the potential to affect all 78 residents residing in the facility.</p> <p>Staff did not ensure time/temperature control foods were labeled with open and use-by dates and/or discarded when they expired.</p> <p>Staff did not wear hair restraints consistently in the kitchen.</p> <p>Staff did not follow safe food cooling protocol.</p> <p>Staff were unaware of temperature requirements when testing parts per million (PPM) of the sanitizing solution.</p> <p>Unit kitchen dishwashers were not consistently monitored for appropriate temperatures.</p> <p>Holding and cooking temperature logs for food served to residents were incomplete.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>~ One container of powdered sugar dated 6/7 with no use-by date</p> <p>~ One gallon of liquid smoke dated 11/8 with no use-by date</p> <p>~ One undated container of potatoes</p> <p>~ One container of angel food mix dated 2/26 with no use-by date</p> <p>~ One container of split peas dated 5/19 with no use-by date</p> <p>~ One container of spaghetti noodles dated 5/19 with no use-by date</p> <p>~ One container of barley dated 3/12 with no use-by date</p> <p>~ One container of stuffing mix dated 6/2 with no use-by date</p> <p>~ One container of potato pancake mix dated 6/3 with no use-by date</p> <p>~ One container of potato pearls dated 6/4 with no use-by date</p> <p>~ One container of spaghetti noodles dated 5/19 with no use-by date</p> <p>~ One package each of beef gravy, pork gravy, chicken gravy, and turkey gravy with various open dates and no use-by dates</p> <p>Main/Walk-In Cooler:</p> <p>~ Three packages of shredded cheese (two dated 6/5 and one dated 6/8) with no use-by dates</p> <p>~ Eight packages of wrapped cheese slices dated 6/3 with no use-by dates</p> <p>~ One container of pears dated 6/9 with no use-by date</p> <p>~ A tub with several raw racks of ribs in a plastic bag that was open to air dated as pulled from the freezer on 6/6 with no use-by date</p> <p>~ Two packages of raw brats with a pulled date of 6/8 and no use-by date</p> <p>~ Five packages of precooked chicken with pulled dates of 6/8 and no use-by dates</p> <p>~ One container with 34 servings of cooked BBQ pork dated 2/4 and pulled 6/8 with no use-by date</p> <p>~ One package of liquid eggs dated 6/4 with no use-by date</p> <p>~ One package of cooked turkey cooked 5/11 and pulled 6/9 with no use-by date</p> <p>Reach-In Cooler:</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Shorehaven Hlth & Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 1305 W Wisconsin Ave Oconomowoc, WI 53066	

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>~ One container of pureed bread dated 6/7 with no use by date</p> <p>~ One container of egg salad dated 6/8 with no use-by date</p> <p>~ One container of pureed tomato dated 6/8 with no use-by date</p> <p>Freezer:</p> <p>~ Four tubs with numerous packages of cooked and wrapped roast beef dated between January and June with no use-by dates</p> <p>~ One tub with packages of cooked and wrapped turkey with various dates and no use-by dates</p> <p>~ Numerous packages of cooked ground hamburger with various dates and no use-by dates</p> <p>~ Two containers of cooked Swedish meatballs (dated 4/27 and 5/14) with no use-by dates</p> <p>~ Three containers of cooked spaghetti meat sauce (dated 3/22, 3/27, and 6/3) with no use-by dates</p> <p>~ Four containers of cooked diced ham (one dated 4/25/25, one dated 5/30, and two dated 5/6) with no use-by dates</p> <p>~ One container of cooked ground pork dated 6/8 with no use-by date</p> <p>~ Two containers of beef stock dated 6/4 with no use-by dates</p> <p>~ One container of 20 servings of cooked Sloppy Joes dated 2/2/25 with no use-by date</p> <p>~ One container of ham stock dated 6/3 with no use-by date</p> <p>~ One container of poppy seed butter blend dated 6/10/25 with no use-by date</p> <p>~ Three large loaves of raw meatloaf dated 3/27 with no use-by dates</p> <p>During the initial tour on 6/9/25 at 9:35 AM, Surveyor interviewed DD-E who did not know the dating policy or use-by dates for dry good items. DD-E indicated DD-E had started the process of completing Certified Dietary Manager training. When Surveyor asked how staff know the use-by dates for open and/or made items, DD-E indicated staff would not know the use-by dates and the facility needed to establish a new process. DD-E indicated use-by dates in the cooler are three days but also indicated DD-E was not sure of the use-by dates for some of the items. DD-E indicated DD-E was not sure of the use-by dates for items in the freezer but thought six months for the roast beef. DD-E could not locate the facility's dating policy and indicated DD-E would keep looking.</p> <p>On 6/10/25 at 11:08 AM, DD-E provided Surveyor with a Food Storage Chart printed from FoodSafety.gov and stated the facility uses the chart but follows the Wisconsin Food Code as their policy.</p> <p>Unit Kitchens:</p> <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 6/9/25 at 10:06 AM, Surveyor toured the [NAME] unit kitchen and observed the following items in the refrigerator:</p> <ul style="list-style-type: none"> ~ One open container of Grove brand apple juice dated 4/5/25 ~ One open and undated container of [NAME] brand sliced strawberry topping ~ Three unopened and undated containers of [NAME] brand sliced strawberry topping ~ One open and undated container of Half and Half <p>Surveyor observed the following items in the freezer:</p> <ul style="list-style-type: none"> ~ One undated bag of English muffins ~ Three undated bags of waffles ~ One open and undated jar of Smucker's brand strawberry jam ~ One undated bag of sausage patties <p>Surveyor also observed several prepackaged and vacuum-sealed bags with the following pureed items:</p> <ul style="list-style-type: none"> ~ One package of pears (date packaged 10/7/24), one package of pears (dated packaged 12/2/24) and four packages of pears (dated packaged 10/25/24) ~ One package of berries (dated 1/20/25) and five packages of berries (dated packaged 12/31/24) ~ Eight packages of bacon (labeled packaged 1/20/25) ~ Nine packages of [NAME] (labeled packaged 2/12/25) ~ Three packages of [NAME] (labeled packaged 2/6/25) <p>Surveyor noted each prepackaged pureed item did not contain a use-by date.</p> <p>On 6/9/25 at 11:44 AM, Surveyor toured the Turnberry unit kitchen and observed the following items in the refrigerator:</p> <ul style="list-style-type: none"> ~ One open and undated bottle of pear juice ~ One open and undated bottle of orange juice ~ One open and undated jar of concord grape jelly ~ One open and undated bottle of cranberry juice ~ Two undated cartons of strawberries <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>~ One open and undated raspberry Danish</p> <p>~ One open and undated bottle of white grape juice</p> <p>~ One open and undated jar of mayonnaise</p> <p>~ One open and undated jar of Smucker's brand strawberry jam</p> <p>~ One open and undated bottle of BBQ sauce</p> <p>~ One open and undated bottle of Caesar salad dressing</p> <p>~ One unopened bag of prepackaged hard-boiled eggs with a use-by date of 5/31/25</p> <p>~ Four bags of grapes with no received, open, or use-by dates</p> <p>Surveyor observed the following items in the freezer:</p> <p>~ One undated raspberry Danish</p> <p>~ Three undated bags of waffles</p> <p>~ Multiple hashbrown patties in an undated one-gallon plastic bag</p> <p>~ Three undated gallon-size plastic bags of egg patties</p> <p>~ Three undated gallon-size plastic bags of sausage patties</p> <p>Following the observations, Surveyor interviewed Certified Nursing Assistant (CNA)-I who indicated kitchen staff bring the items to the units. CNA-I indicated the items should be dated when they arrive. CNA-I indicated Homemakers or CNAs who work in the kitchen are responsible for labeling items when they are opened and should indicate when the items should be used by.</p> <p>During a tour of the Turnberry kitchen on 6/10/24 at 8:22 AM, Surveyor observed undated raspberry Danish served to residents during breakfast.</p> <p>During a tour of the [NAME] unit kitchen on 6/10/25 at 8:42 AM, Surveyor noted the following items were added to the refrigerator from the previous observation on 6/9/25:</p> <p>~ Five coffee creamers (one was open and all were undated)</p> <p>On 6/10/25 at 11:13 AM, Surveyor interviewed DD- E who indicated the prepackaged pureed items came from the vendor. DD-E indicated Homemakers and CNAs are responsible for labeling items when opened. DD-E indicated the facility follows their policy and the foodsafety.gov Cold Food Storage chart for cold storage use-by dates. Surveyor noted fully cooked, vacuum-sealed at plant unopened food contained a use-by date of 1-2 months for the freezer. DD-E indicated the prepackaged pureed foods should be discarded.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 6/10/25 at 12:13 PM, Surveyor observed the following items in the [NAME]/Sunny Creek second floor kitchenette with Homemaker (HM)-C:</p> <p>Cooler:</p> <ul style="list-style-type: none"> ~ One container of egg salad dated 6/8 with no use-by date ~ One package of pickles dated 6/4 with no use-by date ~ One container of egg custard dated 6/9 with no use-by date ~ One container of sour cream dated 5/30 with no use-by date ~ One unlabeled container of a pasta salad (per HM-C) dated 6/9 with no use-by date ~ One unlabeled package of cut tomatoes (per HM-C) dated 6/2 with no use-by dates ~ One unlabeled package of lettuce (per HM-C) dated 6/7 with no use-by date ~ One unlabeled package of pork cutlets (per HM-C) dated 6/4 with no use-by dates ~ One unlabeled package of two browning heads of lettuce (per HM-C) dated 5/20 with no use-by date ~ One unlabeled package with two heads of lettuce (per HM-C) dated 6/3 with no use-by date ~ One package of carrots dated 6/2 with no use-by date ~ Two packages of shredded cheese dated 5/26 with no use-by dates ~ One package of cooked bacon dated 6/10 with no use-by date ~ One package of hashbrowns dated 6/10 with no use-by date ~ One unlabeled and uncovered pan of cherry dessert (per HM-C) dated 6/3 with no use-by date ~ One unlabeled pan of white cake (per HM-C) dated 6/9 with no use-by date ~ One unlabeled pan of banana cream dessert (per HM-C) covered with ripped aluminum foil and with a knife in the dessert dated 6/8 with no use-by date ~ One unlabeled pan of orange Jell-O (per HM-C) dated 6/8 with no use-by date <p>Freezer:</p> <ul style="list-style-type: none"> ~ Four packages of egg patties (dated 5/1, 5/1, 5/17, and 6/1) with no use-by dates ~ One package of hot dogs dated 6/9 with no use-by date <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>~ Three packages of sausage patties (one dated 5/8 and two dated 5/26) with no use-by dates</p> <p>~ One unlabeled and undated package of hashbrown patties (per HM-C)</p> <p>~ One open, unsealed, unlabeled, and undated package of uncooked bacon (per HM-C)</p> <p>~ Two packages of ham (dated 11/24 and 1/21) with no use-by dates</p> <p>On 6/10/25 at 12:31 PM, Surveyor interviewed HM-C who indicated food in the unit refrigerators and freezers should be labeled and dated and fully covered. As Surveyor and HM-C pulled out the lettuce, tomatoes, and desserts, HM-C indicated the items were expired and should have been discarded after three days. HM-C indicated HM-C was embarrassed by the unlabeled, undated, and expired food in the refrigerator and was not aware of the use-by dates. HM-C also indicated it was not acceptable for staff to leave a knife in the dessert.</p> <p>On 6/11/25 at 9:34 AM, Surveyor interviewed DD-E who indicated DD-E will work on sharing the Wisconsin Food Code with staff. DD-E indicated staff should follow the Wisconsin Food Code for use-by dates and dating food items.</p> <p>Hair Restraints:</p> <p>The 2022 Wisconsin Food Code documents at Hair Restraints 2-402.11 Effectiveness:.(B) .Food employees shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed food, clean equipment, utensils, and linens, and unwrapped single-service and single-use articles.</p> <p>The facility's Food Service Personnel Management policy, revised 2/2025, indicates: To achieve standards set by federal, state and local agencies .3. Personal Hygiene: .b. A hair net must be worn at all times when handling or preparing food to prevent hair from contaminating food or surfaces. If staff are working on the households on a side where food is not out, hairnets do not need to be worn (example: doing dishes or getting a resident water) .f. Long hair must be pulled back securely - no scarves or flowers .</p> <p>During the initial kitchen tour on 6/9/25 at 9:35 AM, Surveyor noted DD-E's bangs covered DD-E's forehead and were not restrained while DD-E prepared food. Surveyor also noted approximately 3 to 4 inches of the sides of DD-E's hair were pulled out of the hair restraint near DD-E's ears.</p> <p>On 6/9/25 at 11:58 AM, Surveyor observed CNA-F walk behind the [NAME]/Sunny Creek kitchen area without a hair restraint when HM-C was serving food. There was dessert on the counters on both sides of the kitchen when CNA-F walked by.</p> <p>On 6/10/25 at 8:52 AM, Surveyor observed HM-C serve food in the [NAME]/Sunny Creek kitchen with HM-C's bangs exposed in the front, sides, and back of HM-C's hair restraint.</p> <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 6/10/25 at 11:38 AM, Surveyor observed CNA-D walk behind the [NAME]/Sunny Creek kitchen area without a hair restraint when staff were preparing food. CNA-D retrieved drinks for residents. At 11:40 AM, CNA-D asked HM-C for a hair restraint. HM-C showed CNA-D where the hair restraints were kept. CNA-D applied a hair restraint and kept working in the kitchenette.</p> <p>On 6/10/25 at 11:41 AM, Surveyor interviewed CNA-D who indicated CNA-D had not worn a hair restraint before 6/10/25. When asked why CNA-D put on a hair restraint that day, CNA-D indicated CNA-D was told by management that CNA-D needs to start wearing a hair restraint in the kitchenette.</p> <p>On 6/10/25 at 11:52 AM, Surveyor observed CNA-F enter the [NAME]/Sunny Creek kitchenette while food was being served. CNA-F wore a hair restraint, however, 3 to 4 inches of CNA-F's hair was not restrained on the right side.</p> <p>On 6/11/25 at 9:34 AM, Surveyor interviewed DD-E who indicated DD-E will work on sharing the Wisconsin Food Code with staff. DD-E indicated staff need to wear hair restraints in the kitchen and kitchenettes when they prepare, serve, and are around food.</p> <p>Safe Cooling:</p> <p>The 2022 Wisconsin Food Code documents at section 3-501.14 Cooling: (A) Cooked time/temperature control for safety food shall be cooled: (1) Within 2 hours from 57&deg; Celsius (C) (135&deg; Fahrenheit (F)) to 21&deg; C (70&deg; F); and (2) Within a total of 6 hours from 57&deg; C (135&deg; F) to 5&deg; C (41&deg; F) or less. (B) Time/temperature control for safety food shall be cooled within 4 hours to 5&deg; C (41&deg; F) or less.</p> <p>The 2022 Wisconsin Food Code documents at section 3-501.15 Cooling Methods: (A) Cooling shall be accomplished in accordance with the time and temperature criteria specified under &sect; 3-501.14 by using one or more of the following methods based on the type of food being cooled: (1) Placing the food in shallow pans; (2) Separating the food into smaller or thinner portions; (3) Using rapid cooling equipment; (4) Stirring the food in a container placed in an ice water bath; (5) Using containers that facilitate heat transfer; (6) Adding ice as an ingredient; or (7) Other effective methods.</p> <p>The facility's Post Cooking Cooling policy, dated 2/16/22, indicates: To prevent bacterial growth and ensure resident safety, all potentially hazardous foods that require cooling must be cooled rapidly and monitored to meet time/temperature standards. 1. Temperature check after cooking. Immediately after cooking is completed, staff must: measure the internal temperature of the food using a calibrated, sanitized food thermometer. Record the time, temperature, food item, and staff initials on the Cooks Temp Log. 2. Initiate cooling. Begin cooling immediately using one of the following approved methods: Refrigerator Cooling, . Freezer Quick Cool, .3. Storage after cooling. Once the food has reached 41&deg; F or below: Cover, label with product name, cooling completion date, and use-by date. Store according to FIFO (first in, first out) procedures.</p> <p>During the initial kitchen tour on 6/9/25 at 9:35 AM, Surveyor and DD-E observed the following cooked and cooled foods in the walk-in freezer and walk-in cooler:</p> <p>Freezer:</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>~ Four tubs with numerous packages (30+) of cooked and wrapped roast beef dated between January and June</p> <p>~ One tub with packages of cooked and wrapped turkey with various dates</p> <p>~ Numerous packages of cooked ground hamburger with various dates</p> <p>~ Two containers of cooked Swedish meatballs (dated 4/27 and 5/14)</p> <p>~ Three containers of cooked spaghetti meat sauce (dated 3/22, 3/27, and 6/3)</p> <p>~ Four containers of cooked diced ham (one dated 4/25/25, one dated 5/30, and two dated 5/6)</p> <p>~ One container of cooked ground pork dated 6/8</p> <p>~ One container of 20 servings of cooked Sloppy Joes dated 2/2/25</p> <p>Cooler:</p> <p>~ One container of pasta salad dated 6/9</p> <p>~ One package of cooked pork cutlets dated 6/4</p> <p>~ One package of cooked turkey dated 5/11</p> <p>~ One container of 34 servings of cooked BBQ pork dated 2/4</p> <p>During the initial kitchen tour on 6/9/25 at 9:35 AM, Surveyor interviewed DD-E who indicated the facility does not use food cooling logs. When asked how staff track cooked food cooling, DD-E indicated staff do not measure or track food cooling.</p> <p>On 6/11/25 at 9:34 AM, Surveyor interviewed DD-E who indicated DD-E was not aware of the cooked food cooling requirements in the Wisconsin Food Code.</p> <p>Sanitizing Solution:</p> <p>The 2022 Wisconsin Food Code documents at section 4-501.116 Warewashing Equipment, Determining Chemical Sanitizer Concentration: Concentration of the sanitizing solution shall be accurately determined by using a test kit or other device.</p> <p>The facility's Maintenance, Sanitization and Safety policy, dated 1/2018, indicates: Maintenance, sanitization, and safety according to federal, state, and local agencies .B. Sanitization. 1. The Food Service Manager, with the help of the Registered Dietitian, is responsible for the supervision and training of employees in proper sanitization within the Food Service Department.</p> <p>During the initial kitchen tour on 6/9/25 at 9:35 AM, Surveyor reviewed the Dish Machine Temperature Log which contained a column for sanitizer testing. Surveyor noted every entry in the sanitizer testing column for May and June 2025 read 200. The log did not contain</p>		