STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525573	A. Building B. Wing	09/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rennes Health and Rehab Center-Depere	200 S Ninth St DE Pere, WI 54115

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45942 Based on observation, staff interview, and record review, the facility did not ensure medications for 11 residents (R) (R36, R55, R51, R69, R52, R20, R75, R22, R213, R57, and R88) of 16 residents in 2 of 3 medication carts were stored, labeled, or dated appropriately. The facility also did not ensure expired medications and medical supplies were discarded in 2 of 2 medication storage rooms. Medication carts and storage rooms contained open, undated, and expired medications and medical supplies. Findings include: The facility's Medication Labeling and Storage policy, revised February 2023, indicates: Medication Storage: . 3) If the facility has discontinued, outdated, or deteriorated medications or biologicals, the dispensing pharmacy is contacted for instructions regarding returning or destroying these items .Medication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. 2) The medication label includes, at a minimum: .d) expiration date, when applicable; e) resident's name; .4) For over-the-counter (OTC) medications in bulk containers, the label contains: .f) expiration date. 5) Multi-dose vials that have been opened or accessed are dated and discarded within 28 days unless the manufacturer specifies a shorter or longer date for the open vial. 6) Multi-dose vials that are not opened or accessed are discarded according to the manufacturer's expiration date .8) If medication containers have missing, incomplete, improper or incorrect labels, contact the dispensing pharmacy for instructions regarding returning or destroying these items. The facility's Discarding and Destroying Medications policy, revised November 2023, indicates: Medications that cannot be returned to the dispensing pharmacy (e.g., non unit-dose medications, medications refused by the resident, and/or medications left by residents upon discharge) are disposed of in accordance with federal, state, and local regulations governing management of non-hazardous pharmaceuticals. (continued on next page)

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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	525573	A. Building B. Wing	09/18/2024

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Insulin glargine manufacturer's ([NAME] Lilly) instructions at 16.2 Storage indicate: Store unused insulin glargine in a refrigerator between 36 F (Fahrenheit) and 46 F (2 C (Celsius) and 8 C). Do not freeze. Discard insulin glargine if it has been frozen. Protect insulin glargine from direct heat and light. The insert also indicates that an in-use vial or open SoloStar (insulin pen) is good for 28 days refrigerated or at room temperature. Ipratropium bromide and albuterol nebulizer packaging indicates: Storage Conditions: Protect from light. Unit-dose vials should remain stored in the protective foil pouch at all times. Once removed from the foil pouch, the individual vials should be used within two weeks. Discard if the solution is not colorless. During an observation of medication administration with Licensed Practical Nurse (LPN)-J on 9/16/24 at 11:20 AM, Surveyor observed an open bottle of floor stock acetaminophen 500 mg (milligram) tablets without a visible expiration date. LPN-J confirmed the bottle did not contain an expiration date. On 9/16/24 at 11:27 AM, LPN-J indicated if there is not a visible expiration date on the bottle, the medication should be disposed of and not used. LPN-J also indicated insulin, eye drops, and nebulizers should be labeled with open dates. On 9/17/24 at 10:41 AM, Surveyor observed the 200 unit medication cart and noted the following: ~ An open bottle of Geri Care multi-vitamin dietary supplement 100 tablets with an open date of 9/16/24. The bottle contained a best-by date of 8/2024. ~ An open and undated Breo Ellipta 200 mcg (microgram)/25 mcg inhaler, fluticasone propionate nasal spray, and a fluticasone furoate vilanterol 200 mcg/25 mcg inhaler for R36. ~ An open and undated Touejo Max Solostar insulin glargine 300 units/milliliter (ml) 3 ml prefilled pen for R55. The label indicated the pen expired 56 days after opening. ~ An open and undated vial of insulin lispro 100 unit/ml for R51. ~ An open and undated box of 48 Restasis vials. ~ Two open and undated bottles of 6.5% Murine ear drops for R69. ~ An open and undated 0.5 fluid ounce bottle of Refresh Tears for R52. The packaging indicated to discard 90 days after opening. ~ An open and undated fluticasone vilanterol 200 mcg/25 mcg inhaler for R20. The packaging indicated to discard 6 weeks after opening. ~ An open and undated ventolin HFA 90 mcg/1 actuation inhaler for R75. ~ An open and undated bottle of 50 mcg fluticasone spray for R22. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 9/17/24 at 11:50 AM, Surveyor confirmed with LPN-K that the above medications were open and undated. LPN-K indicated the medications should contain open dates. On 9/17/24 at 11:58 AM, Surveyor observed the 300 unit medication cart and noted the following: ~ An open and undated Basaglar KwikPen 100 units/ml 3 ml insulin pen for R213. ~ An open and undated bottle of 0.4-0.3% Systane gel drops for R57. The package indicated the medication expired 28 days after opening. ~ An open bottle of 0.03% 30 ml 21 mcg/spray ipratropium bromide nasal solution for R57 that was dated 3/7. ~ Three open and undated 3 mg vials of albuterol sulfate inhalation solution for R57. ~ An open and undated albuterol HFA 90 mcg per actuation inhaler for R88. On 9/17/24 at 12:12 PM, Surveyor confirmed with Registered Nurse (RN)-L that nasal sprays should be discarded 90 days after opening. RN-L also confirmed there were no open dates on the insulin and eye drops. At 12:32 PM, Surveyor confirmed with RN-L the albuterol sulfate inhalers were open and undated. On 9/17/24 at 12:48 PM, Surveyor observed the 500 unit medication storage room and noted the following: ~ An Inteliswab COVID-19 rapid test with an expiration date of 11/30/23. ~ An open, undated, and unlabeled bottle of Benefiber. ~ Three 2 ml Vacuette blue top test tubes with expiration dates of 5/4/24. ~ Two 6 ml Vacuette red top test tubes with expiration dates of 11/13/23. ~ Four 6 ml Vacuette red top test tubes with expiration dates of 8/30/24. ~ Two 6 ml BD Vacutainer red top test tubes with expiration dates of 2/29/24. ~ Five 1.8 ml BD Vacutainer blue top test tubes with expiration dates of 5/31/24 ~ One 1.8 ml BD Vacutainer blue top test tube with an expiration date of 4/30/24. On 9/17/24 at 12:52 PM, Surveyor confirmed with RN-L the medication storage room contained an open, undated, and unlabeled bottle of Benefiber. RN-L indicated bottle was not in use and disposed of the bottle. At 1:20 PM, Surveyor interviewed RN-L who confirmed the COVID-19 test and test tubes were expired. RN-L indicated expired items should be removed and discarded. On 9/17/24 at 1:26 PM, Surveyor observed the 600 unit medication storage room and noted the following: (continued on next page)

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	525573	A. Building B. Wing	09/18/2024

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	~ Six 1.8 ml BD Vacutainer blue top test tubes with expiration dates of 5/31/24. ~ Nine 6 ml Vacuette red top test tubes with expiration dates of 8/30/24. ~ One 2 ml Vacuette blue top test tube with an expiration date of 5/4/24. ~ One 15 ml culture and sensitivity stool transport orange top test tube with an expiration date of 7/26/24. ~ Twenty one 10 mg bisacodyl suppositories with expiration dates of 7/31/24. On 9/17/24 at 1:51 PM, Surveyor confirmed with RN-M the medical supplies and suppositories were expired and should have been discarded. On 9/17/24 at 2:53 PM, Surveyor interviewed Director of Nursing (DON)-B who indicated inhalers, insulins, eye drops, ear drops, and nebulizers should have open dates. DON-B also indicated the expired test tubes and suppositories should have been discarded.

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	525573	A. Building B. Wing	09/18/2024

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 49010 Based on observation, staff interview, and record review, the facility did not ensure food was stored and prepared in a sanitary manner. This practice had the potential to affect more than 4 of the 109 residents residing in the facility. The facility did not ensure time/temperature control foods were labeled with open or use-by dates. Findings include: On 9/16/24, Registered Dietician (RD)-D indicated the facility followed the Wisconsin Food Code as their standard of practice. Open/Undated Foods: The Wisconsin Food Code documents at 3-501.17 Ready-to-Eat, Time/Temperature Control for Safety Food, Date Marking: (A) Except when packaging food using a reduced oxygen packaging method as specified under S3-502.12, and except as specified in (E), (F), and (H) of this section, refrigerated, ready to eat, time/temperature control for safety food, prepared and held in a food establishment for more than 24 hours shall be clearly marked to indicate the date or day by which the food shall be consumed on the premises, sold, or discarded when held at a temperature and time combination of 5 degrees C (Celsius) (41 degrees F (Fahrenheit)) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1 .(2) The day or date marked by the food establishment may not exceed a manufacturer's use-by date if the manufacturer determined the use-by date based on food safety .(D) A date marking system that meets the criteria stated in (A) and (B) of this section may include: .(3) Marking the date or day the original container is opened in a food establishment, with a procedure to discard the food on or before the last date or day by which the food must be consumed on the premises, sold, or discarded as specified under (B) of this section . Disposition: (A) A food specified under 3-501.17 (A) or (B) shall be discarded if it: (1) Exceeds the temperature and time combination specified in 3-501.17 (A), except time that the product is frozen; (2) Is in a container or package that does not bear a date or day. The facility's Food Receiving and Storage policy, revised July 2014, includes the following: .6. All foods stored in the refrigerator or freezer will be covered, labeled, and dated (use-by date). During an initial kitchen tour that began at 8:28 AM on 9/16/24, Surveyor observed food storage areas with Assistant Dietary Manager (ADM)-C and noted the following: Coolers: ~ A 2 quart plastic container of tuna salad dated 9/11/24 with no use-by date ~ An open container of whipped topping with a use-by date of 9/12/24 ~ A container of sliced Swiss cheese with a use-by date of 9/13/24 (continued on next page)

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	525573	A. Building B. Wing	09/18/2024

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	~ Two trays of undated food items for lunch and dinner (per ADM-C) ~ An undated pan of sliced tomatoes ~ An undated pan of sliced onions Freezers: ~ Corn dogs dated 9/8/24 (open date per ADM-C) with no use-by date ~ An undated half of a chocolate roll cake Dry Storage: ~ Powdered sugar dated 9/18/24 (open date per ADM-C) with no use-by date During the initial kitchen tour that began at 8:28 AM on 9/16/24, Surveyor interviewed ADM-C regarding the food observed in storage. ADM-C disposed of the tuna salad and stated the tuna salad should have been used within 3 days. ADM-C stated ADM-C expects staff to label food items with use-by dates and dispose of food that is past the use-by date. ADM-C indicated the whipped topping and Swiss cheese were past their use-by dates and should have been disposed. ADM-C indicated the trays of food in the cooler should contain use-by dates. ADM-D indicated the pans of tomatoes and onions were from a recent celebration and should contain use-by dates. ADM-C disposed of the powdered sugar, corn dogs, and chocolate cake and indicated the items should have use-by dates. ADM-C stated ADM-C expects staff to label all open and prepared food with an open, made, and/or use-by date.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45943 Based on observation, staff interview, and record review, the facility did not establish and maintain an infection control program designed to provide a safe and sanitary environment to help prevent the development and transmission of disease and infection for 2 residents (R) (R54 and R317) of 7 sampled residents observed during the provision of cares. During an observation on 9/18/24, Certified Nursing Assistant (CNA)-F and CNA-G did not don gowns prior to the provision of care for R54 who was on enhanced-barrier precautions (EBP). During an observation on 9/16/24, CNA-H and CNA-I did not ensure R317's catheter bag was not in contact with the floor and was below the level of R317's bladder. Findings include: The Centers for Disease Control and Prevention (CDC) states: Use EBP when performing high-contact resident care activities .Includes the use of gown and gloves. The CDC EBP sign states: Providers and staff . wear gloves and a gown for the following high-contact resident care activities: changing briefs or assisting with toileting .Wound Care: any skin opening requiring a dressing The facility's Catheter Care, Urinary policy, revised September 2005, indicates: .4. The urinary drainage bag must be held or positioned lower than the bladder at all times to prevent the urine in the tubing and drainage bag from flowing back into the urinary bladder .11. Be sure the catheter tubing and drainage bag are kept off the floor. 1. On 9/18/24, Surveyor reviewed R54's medical record. R54 was hospitalized on [DATE] for gallbladder perforation with intrahepatic abscess status post cholecystostomy tube (Jackson Pratt (JP) drain) placement on 5/29/24. The abscess culture grew Klebsiella oxytoca. R54 also had diagnoses including chronic ulcer to the left lower leg and a stage 3 sacral pressure injury. R54's care plan, dated 4/18/24, indicated R54 was on EBP due to wounds and an indwelling medical device. On 9/18/24 at 9:33 AM, Surveyor observed a personal protective equipment (PPE) bin and EBP sign outside R54's room. Surveyor observed CNA-F and CNA-G approach R54 in R54's room to check R54's incontinence pad. CNA-F and CNA-G were wearing gloves but no gowns. As CNA-F and CNA-G approached R54 in bed, Surveyor asked CNA-F and CNA-G if they should be wearing gowns. CNA-F and CNA-G then donned gowns before providing care. On 9/18/24 at 9:40 AM, Surveyor interviewed CNA-F who verified CNA-F and CNA-G should have donned gowns prior to approaching R54 to provide incontinence care. On 9/18/24 at 2:47 PM, Surveyor interviewed Director of Nursing (DON)-B who indicated DON-B expects staff to don PPE prior to providing direct care for a resident on EBP. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2. On 9/16/24 at 11:15 AM, Surveyor observed CNA-H and CNA-I provide assistance to R317. Surveyor observed CNA-H assist R17 with putting on pants. R317 sat on the edge of the bed while CNA-H threaded R317's catheter tubing down R317's left pant leg. Surveyor noted R317's catheter bag was in contact with the floor. CNA-H and CNA-I then assisted R317 into R317's wheelchair via mechanical lift. During the transfer, Surveyor noted R317's catheter bag was hung on a bar of the mechanical lift that was above the level of R317's bladder. On 9/16/24 at 11:23 AM, Surveyor interviewed CNA-H who verified R317's catheter bag was on the floor when CNA-H put the catheter tubing through R317's pant leg. CNA-H also verified R317's catheter bag was hung on the bar when the bag should have been below the level of R317's bladder. On 9/18/24 at 2:47 PM, Surveyor interviewed DON-B who indicated DON-B expects staff to keep catheter bags off the floor.

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45942 Based on staff interview and record review, the facility did not ensure a vaccination was re-offered for 1 resident (R) (R18) of 5 sampled residents. R18 was not offered the 20-valent pneumococcal conjugate vaccine (PCV20) since R18 refused the vaccine upon admission on 10/20/21. Findings include: Abbreviations (www.cdc.gov): PCV13: 13-valent pneumococcal conjugate vaccine (Prevnar13(R)) PCV20: 20-valent pneumococcal conjugate vaccine (Prevnar 20(R)) PPSV23: 23-valent pneumococcal polysaccharide vaccine (Pneumovax23(R)) The most recent Centers for Disease Control and Prevention (CDC) recommendations for pneumococcal vaccinations indicate: For adults [AGE] years or older who have only received PPSV23, the CDC recommends: Give 1 dose of PCV15 or PCV20. The PCV20 dose should be administered at least 1 year after the most recent PPSV23 vaccination. Regardless of if PCV20 is given, an additional dose of PPSV23 is not recommended since they already received it. For those who have received PCV13 and 1 dose of PPSV23, the CDC recommends you give 1 dose of PCV20 at least 5 years after the last pneumococcal vaccine. For adults [AGE] years or older who have received PCV13, give 1 dose of PCV20 or PPSV23 at least 1 year after PCV13. Regardless of vaccine used, their vaccines are then complete. The facility's Pneumococcal Vaccine policy, revised 3/4/22, indicates: All residents will be offered the pneumococcal vaccine, in accordance with current CDC and Advisory Committee on Immunization Practices (ACIP) recommendations, to aid in preventing pneumococcal infections .Pneumococcal vaccinations will be administered to residents per our facility's physician-approved pneumococcal vaccination protocol. From 9/16/24 to 9/18/24, Surveyor reviewed R18's medical record. R18 was admitted to the facility on [DATE] with diagnoses including Alzheimer's disease, chronic kidney disease stage 3, and dementia. R18's Minimum Data Set (MDS) assessment, dated 8/31/24, indicated R18 had severely impaired cognition. R18 had an activated Power of Attorney (POA). R18's medical record indicated R18 received the PCV13 vaccine on 9/23/15 and the PPSV23 vaccine on 6/11/86 (at [AGE] years old). R18's medical record indicated R1's POA declined a pneumococcal immunization for R18 on 10/20/21. On 9/18/24 at 11:21 AM, Surveyor interviewed Infection Preventionist (IP)-E who indicated IP-E was unsure if the PCV20 vaccine was offered to R18 since admission. Per IP-E, the PCV20 vaccine should have been re-offered. (continued on next page)

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	525573	A. Building B. Wing	09/18/2024

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 9/18/24 at 1:14 PM, Surveyor interviewed IP-E regarding the time frame in which staff should re-offer a pneumococcal vaccine if a resident refuses. Per IP-E, the facility follows up with residents within a year if they refuse a vaccine. On 9/18/24 at 2:00 PM, Surveyor interviewed Director of Nursing (DON)-B who indicated the facility follows the CDC guidelines of when to re-offer immunizations. DON-B indicated the facility needs to develop a more clear-cut policy regarding vaccination re-offer guidelines. DON-B indicated R18 should have been re-offered the most appropriate pneumococcal vaccine since R18's declination upon admission.