STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525579	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/01/2025
NAME OF PROVIDER OR SUPPLIER Little Chute Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 Garfield Ave Little Chute, WI 54140	

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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50479 Based on observation, staff and resident interview, and record review, the facility did not ensure nail care was provided for 1 resident (R) (R21) of two sampled residents. R21's fingernails were not trimmed per R21's request. Findings include: From 3/30/25 to 4/1/25, Surveyor reviewed R21's medical record. R21 was admitted to the facility on [DATE] and had a diagnosis of quadriplegia. R21's most recent Minimum Data Set (MDS) assessment, dated 3/14/25, indicated R21 had intact cognition. R21's plan of care, dated 3/20/25, indicated R21 had an activity of daily living (ADL) self-care deficit and was dependent on staff to complete ADLs due to physical limitations secondary to transverse myelitis quadriplegia. R21's plan of care also indicated R21 was at risk for alteration in skin integrity related to impaired mobility and contained interventions for personal hygiene assist of one, bathing/showering assist of one, and to be extra careful when trimming R21's nails due to abnormal nails and build-up under the nails. R21 had a nursing order, dated 3/16/25, for weekly vital signs, weight, and nail care every Sunday. On 3/30/25 at 11:14 AM, Surveyor interviewed R21 who indicated R21 asked staff to trim R21's fingernails on 3/29/25. R21 indicated R21's fingernails were not trimmed and were longer than R21 preferred. R21 indicated R21 left the facility for a family gathering on 3/30/25 and wanted R21's nails trimmed prior to the gathering. On 4/1/25 at 11:20 AM, Surveyor interviewed R21 who indicated R21 asked several staff members to trim R21's fingernails over the previous several days. R21 indicated R21's fingernails still had not been trimmed and were longer than R21 preferred. On 4/1/25 at 12:23 PM, Surveyor interviewed Registered Nurse (RN)-G who had completed nail care for R21 in the past but had not trimmed R21's nails in several months due to a change in job duties. RN-G indicated all nurses can provide nail care and nursing staff are expected to address nail care on shower days as part of the bath care check list. RN-G confirmed R21 asked RN-G to trim R21's nails on 3/29/25, however, RN-G did not provide nail care for R21. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525579	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/01/2025
NAME OF PROVIDER OR SUPPLIER Little Chute Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 Garfield Ave Little Chute, WI 54140	

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 4/1/25 at 1:33 PM, Surveyor interviewed Director of Nursing (DON)-B who indicated the facility does not have a policy specific to nail care or grooming. DON-B indicated nail care is not routinely documented. DON-B indicated staff should complete nail care on shower days and confirmed R21's shower days were Thursday and Sunday. On 4/1/25 at 4:40 PM, Surveyor observed R21's fingernails and noted they extended approximately two millimeters past the fingertip. R21 confirmed staff had not yet trimmed R21's nails which were longer than R21 preferred. R21 referred to R21's fingernails as claws.

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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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident’s drug regimen must be free from unnecessary drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45942 Based on staff interview and record review, the facility did not ensure 2 residents (R) (R7 and R16) of 6 sampled residents were monitored for adverse reactions to high-risk medications. R7 was prescribed furosemide (a diuretic medication) for edema (swelling). R7 was not monitored for adverse reactions to the high-risk medication. R16 was prescribed cefazolin (an antibiotic medication) for infection. R16 was not monitored for adverse reactions to the high-risk medication. Findings include: The facility's Medication Management policy, dated 1/2025, indicates: Each resident's drug regimen is reviewed to ensure it is free from unnecessary drugs. This includes any drug: .for excessive duration, without adequate monitoring .in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combination of these reasons. Medication management is based on the care process and includes recognition or identification of the problem/need .management/treatment, monitoring, and revising interventions .In order to optimize the therapeutic benefit of medication therapy and minimize or prevent potential adverse consequences, facility staff, the attending physician/prescriber, and the consultant pharmacist perform ongoing monitoring for appropriate, effective, and safe medication use .The facility's medication management supports and promotes .evaluation of a resident's physical, behavioral, mental, and psychosocial signs and symptoms in order to identify the underlying cause(s), including adverse consequences of medications; selection and use of medications in doses and for the duration appropriate to each resident's clinical conditions, age, and underlying causes of symptoms and based on assessing relative risks and benefits .permit use to the lowest possible dose or allow medication to be discontinued; and the monitoring of medications for efficacy and adverse consequences. To address the issue of antimicrobial stewardship, the center has developed an antimicrobial stewardship program that will optimize the treatment of infections while reducing the adverse events associated with antibiotic use .The facility assures that residents are being adequately monitored for adverse consequences . The facility's Antibiotic Stewardship Program policy, revised 11/18/22, indicates: .3. Licensed nurses participate in the program through assessment of residents and following protocols as established by the program. 4. The program includes antibiotic use protocols and a system to monitor antibiotic use .b) Monitoring antibiotic use: i. Monitor response to antibiotics .iv. Monitor during each monthly medication regimen review when the resident has been prescribed or is taking an antibiotic . 1. From 3/30/25 to 4/1/25, Surveyor reviewed R7's medical record. R7 was admitted to the facility on [DATE] and had diagnoses including heart failure, high blood pressure, and diabetes. R7's Minimum Data Set (MDS) assessment, dated 2/13/25, had a Brief Interview for Mental Status (BIMS) score of 14 out of 15 which indicated R7 was not cognitively impaired. R7 was responsible for R7's healthcare decisions. R7's medical record contained a physician order for furosemide 20 milligrams once daily for edema. (continued on next page)

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 3/31/25 at 3:18 PM, Surveyor interviewed Director of Nursing (DON)-B who indicated monitoring for adverse reactions to furosemide should be in R7's care plan. DON-B indicated the facility was in the process of changing high-risk medication monitoring from medication administration records (MARs) and treatment administration records (TARs) to residents' care plans. On 4/1/25 at 1:32 PM, Surveyor requested a diuretic/congestive heart failure/high blood pressure management policy. [NAME] President of Success (VPS)-C indicated the facility does not have a policy specific to diuretic/congestive heart failure/high blood pressure management. 2. From 3/30/25 to 4/1/25, Surveyor reviewed R16's medical record. R16 was admitted to the facility on [DATE] and had diagnoses including intraspinal abscess and granuloma (spinal cord bacterial infection and inflammation), end stage renal disease, and dependence on renal dialysis. R16's MDS assessment, dated 3/5/25, had a BIMS score of 8 out of 15 which indicated R16 had moderately impaired cognition. R16 was responsible for R16's healthcare decisions. R16's medical record indicated R16 was prescribed cefazolin 2 grams on Tuesdays and Thursdays and 3 grams on Saturdays administered at dialysis. R16's medical record did not indicate staff monitored R16 for adverse reactions to the antibiotic medication. On 3/31/25, Surveyor reviewed R16's MAR which contained monitoring for adverse reactions to antibiotic medication with a start date of 3/31/25 at 10:00 PM. On 3/31/25 at 3:16 PM, Surveyor interviewed DON-B who verified there was no antibiotic monitoring in R16's medical record prior to 3/31/25.

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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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50479 Based on observation, staff and resident interview, and record review, the facility did not ensure food was served in a manner that conserved palatability and temperature for 1 resident (R) (R21) of 14 sampled residents. The facility served R21's meals at an unappetizing temperature. Findings include: The 2022 Federal Food and Drug Administration (FDA) Food Code documents at 3-501.16: Bacterial growth and/or toxin production can occur if time/temperature control for safety food remains in the temperature danger zone of 5 degrees Celsius (C) to 57 degrees C (41 degrees Fahrenheit (F) to 135 degrees F) too long. From 3/30/25 to 4/1/25, Surveyor reviewed R21's medical record. R21 was admitted to the facility on [DATE] and had a diagnosis of quadriplegia. R21's most recent Minimum Data Set (MDS) assessment, dated 3/14/25, indicated R21 had intact cognition. A care plan, dated 3/20/25, indicated R21 was at risk for nutritional status change related to congestive heart failure and quadriplegia and was dependent on staff for oral intake. On 3/30/25 at 11:14 AM, Surveyor interviewed R21 who indicated meals are rarely served hot and food is typically lukewarm. R21 indicated R21's meal tray is delivered and left on the bedside table until a staff is available to assist. R21 indicated meal trays have been on R21's bedside table for up to an hour before staff arrived to feed R21. On 4/1/25, Surveyor reviewed the facility's posted meal service times and noted breakfast for R21's unit was scheduled to be delivered at 7:50 AM. Surveyor noted R21's unit was the first unit to receive meal trays. On 4/1/25 at 8:05 AM, Surveyor noted a breakfast tray was delivered to R21's room and was on the bedside table. On 4/1/25 at 8:28 AM, Surveyor observed Certified Nurse Assistant (CNA)-K enter R21's room to feed R21. CNA-K indicated meal trays are delivered to all residents before staff assist residents with eating. On 4/1/25 at 8:31 AM, Surveyor observed Dietary Manager (DM)-L temp a cup of milk (which was at 43 degrees F) on R21's breakfast tray. DM-L confirmed milk should be held at less than 41 degrees F. R21 indicated the waffle on R21's breakfast tray was not warm. On 4/1/25 at 9:06 AM, Surveyor interviewed CNA-M who indicated meal trays on R21's unit are the first trays delivered. CNA-M confirmed all trays are delivered prior to CNAs assisting residents with eating. (continued on next page)

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 4/1/25 at 9:11 AM, Surveyor interviewed CNA-F who confirmed R21's unit is the first unit to receive meal trays. CNA-F confirmed all meal trays are distributed before residents are assisted with eating. CNA-F indicated several residents reported their food got cold while they waited for assistance. CNA-F indicated R21 reported on multiple occasions that R21's food got cold while R21 waited to be fed. CNA-F did not assist R21 with filing a grievance for the cold food. CNA-F indicated CNA-F took R21's tray back to the kitchen on several occasions to reheat the food prior to feeding R21. On 4/1/25 at 9:41 AM, Surveyor interviewed Director of Nursing (DON)-B who indicated the facility does not have a policy specific to feeding assistance. DON-B indicated CNAs should leave meal trays covered and in the service cart until staff are ready to assist residents. DON-B was not aware R21 had concerns about meal trays left on R21's bedside table for extended periods of time.

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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** 45942 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) (R138) of 14 sampled residents. R138 was on enhanced barrier precautions (EBP) which require staff to wear personal protective equipment (PPE) during high-contact resident cares. On 3/31/25, staff provided care, transferred, and disconnected R138's tube feeding without donning the appropriate PPE. In addition, there was not an EBP sign posted on or near R138's door. Findings include: The facility's Enhanced Barrier Precautions policy, revised 8/8/24, indicates: It is the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms (MDROs) .Enhanced barrier precautions (EBP) refer to an infection control intervention designed to reduce the transmission of multidrug-resistant organisms that employs targeted gown and glove use during high-contact resident care activities .3. Implementation of EBP .b. Personal protective equipment (PPE) for EBP is only necessary when performing high-contact care activities and may not need to be donned prior to entering the resident's room .4. High-contact resident care activities include: a. dressing, b. bathing, c. transferring, d. providing hygiene, e. changing linens, f. changing briefs or assisting with toileting, g. device care or use: central lines, urinary catheters, feeding tubes .5. EBP should be followed outside the resident's room when performing transfers and assisting during bathing in a shared/common shower room and when working with residents in the therapy gym, specifically when anticipating close physical contact while assisting with transfers and mobility. In general, gowns and gloves would not be recommended when performing transfers in common areas such as dining or activity rooms where contact is anticipated to be shorter in duration .EBP should be used for the duration of the affected resident's stay in the facility or until resolution of the wound or discontinuation of the indwelling medical device that placed them at higher risk. From 3/30/25 to 4/1/25, Surveyor reviewed R138's medical record. R138 was admitted to the facility on [DATE] and had diagnoses including hemiplegia and hemiparesis following cerebral infarction (stroke), dysphagia, retention of urine, gastrostomy, and myocardial infarction (heart attack). R138 had an indwelling Foley catheter and percutaneous endoscopic gastrostomy (PEG) tube (a feeding tube). R138's Minimum Data Set (MDS) assessment, dated 3/27/25, indicated R138 had severely impaired cognition. R138 had a Guardian. R138's medical record contained a physician order for a nothing per oral (NPO) diet and an enteral feeding order for continuous feed (dated 3/21/25). R138's medical record also contained an order for EBP due to PEG tube (dated 3/22/25). On 3/30/25 at 10:24 AM, Surveyor observed a PPE cart outside R138's door but did not observe an EBP sign on or near R138's door. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525579	A. Building B. Wing	04/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Little Chute Health Services	1201 Garfield Ave Little Chute, WI 54140

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 3/31/25 at 9:56 AM, Surveyor noted R138's tube feeding was paused. Rehab Director (RD)-P and Certified Nursing Assistants (CNA)-F and CNA-O were present. CNA-F and CNA-O were completing cares and preparing to transfer R138 from bed to wheelchair. On 3/31/25 at 10:01 AM, Surveyor observed Licensed Practical Nurse (LPN)-E complete hand hygiene and don gloves prior to entering R138's room to disconnect R138's tube feeding from the PEG site so staff could transfer R138. LPN-E did not don a gown. On 3/31/25 at 10:03 AM, Surveyor interviewed LPN-E, RD-P, CNA-F, and CNA-O and asked if R138 was on precautions. LPN-E and CNA-O initially indicated R138 was not on precautions. LPN-E indicated R138 had an indwelling Foley catheter but did not have an infection and was not on precautions. When Surveyor asked about EBP, LPN-E indicated R138 should be on EBP due to R138's Foley catheter and PEG tube. LPN-E confirmed none of the staff present had on the appropriate PPE except gloves. LPN-E and CNA-F confirmed there was not an EBP sign outside R138's door. On 3/31/25 at 11:20 AM, Surveyor interviewed Director of Nursing (DON)-B who confirmed R138 was on EBP. DON-B indicated staff should follow EBP guidelines and don the appropriate PPE due to R138's Foley catheter and PEG tube. On 4/1/25 at 10:27 AM, Surveyor interviewed DON-B and Nursing Home Administrator (NHA)-A who indicated staff education for EBP was started yesterday prior to Surveyor informing DON-B about Surveyor's observations on 3/30/25 and 3/31/25. On 4/1/25 at 1:31 PM, Surveyor interviewed DON-B regarding when EBP education started on 3/31/25. DON-B indicated EBP education was started between 7:00 AM and 7:30 AM when DON-B realized there was not an EBP sign outside R138's door. DON-B confirmed the EBP education sheet contained a date but did not contain a time.