STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525586	A. Building B. Wing	12/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Health Services	1119 N Wisconsin St Port Washington, WI 53074

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 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** 50467 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 2 residents (R) (R1 and R2) of 5 residents observed during the provision of cares. R1 was on enhanced barrier precautions (EBP). On 12/4/24 and 12/5/24, staff did not wear personal protective equipment (PPE) during the provision of care for R1. In addition, staff did not complete appropriate hand hygiene during a dressing change on 12/5/24. On 12/4/24 and 12/5/24, R1 and R2's uncovered catheter drainage bags were in contact with the floor. Findings include: The facility's Enhanced Barrier Precautions (EBP) policy, revised 8/8/24, indicates: EBP refers to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and glove use during high-contact resident care activities .High-contact resident care activities include: dressing, transferring, changing linens .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. The facility's Clean Dressing Change policy, dated 7/20/22, indicates: .9. Remove the existing dressing .10. Remove gloves, pulling inside out over the dressing. Discard into appropriate receptacle. 11. Wash hands, put on clean gloves. 12. Cleanse wound .13. Measure wound .14. Wash hands and put on clean gloves . The facility's Catheter Care policy, revised 3/15/23, indicates: It is the policy of this facility to ensure that residents with indwelling catheters receive appropriate catheter care and maintain their dignity and privacy when indwelling catheters are in use . 1. From 12/4/24 to 12/5/24, Surveyor reviewed R1's medical record. R1 was admitted to the facility on [DATE] and had diagnoses including anoxic brain damage, anxiety disorder, neuromuscular dysfunction of bladder, pressure ulcer of right buttock stage 4, paraplegia, and epilepsy. R1's Minimum Data Set (MDS) assessment, dated 9/16/24, had a Brief Interview for Mental Status (BIMS) score of 10 out of 15 which indicated R1 had moderate cognitive impairment. (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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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R1's care plan indicated R1 had an indwelling urinary catheter. On 12/4/24 at 9:50 PM, Surveyor observed Licensed Practical Nurse (LPN)-F remove unbagged soiled linens from R1's room and carry them to a dirty linen cart down the hall. LPN-F then removed gloves. Without performing hand hygiene, LPN-F retrieved clean linens from a linen closet and carried them to R1's room. On 12/4/24 at 9:52 PM, Surveyor entered R1's room with permission and confirmed with LPN-F that LPN-F carried soiled linens from R1's room down the hall. When Surveyor asked if R1 was on EBP and if LPN-F should wear PPE when providing care for R1, LPN-F indicated LPN-F did not know and continued to dress R1. On 12/4/24 at 10:30 PM, LPN-G confirmed R1 was on EBP related to wounds. On 12/4/24 at 10:30 PM, Surveyor interviewed Certified Nursing Assistant (CNA)-H who indicated the facility put specialty precaution bins by residents' doors but CNA-H was unsure why. When Surveyor asked if PPE should be worn prior to entering rooms with specialty precaution bins, CNA-H indicated only if the resident is sick. When Surveyor asked about EBP, CNA-H indicated EBP was proper hand hygiene. On 12/5/24 at 9:10 AM, Surveyor observed Director of Nursing (DON)-B and Nurse Practitioner (NP)-C complete wound care for R1. Surveyor observed NP-C dress R1's buttock wound and remove gloves. Without performing hand hygiene, NP-C donned clean gloves and applied Medihoney to R1's right and left leg wounds and R1's left toe. DON-B and NP-C changed gloves before moving to the next area, but did not perform hand hygiene between glove changes. At 9:25 AM, Surveyor observed NP-C lower R1's bed which put R1's uncovered catheter bag on the floor. DON-B confirmed R1's catheter bag should not be on the floor and raised the bed to lift the bag off the floor. On 12/5/24 at 9:30 AM, Surveyor observed CNA-D and LPN-E enter R1's room without donning PPE to dress and transfer R1 to a wheelchair. When CNA-D and LPN-E began to remove R1's gown and blankets, Surveyor asked CNA-D if R1 was on EBP. CNA-D confirmed R1 was on EBP. CNA-D indicated a gown and gloves should be worn and left the room to don a gown. LPN-E continued to care for R1 without a gown. CNA-D then returned to the room with a gown for LPN-E. On 12/5/24 at 11:28 AM, Surveyor interviewed DON-B who indicated DON-B expects staff to follow the facility's EBP policy which requires staff to don PPE for high-contact resident cares. On 12/5/24 at 1:04 PM, Surveyor interviewed DON-B who indicated hand hygiene should be performed following glove removal. 2. From 12/4/24 to 12/5/24, Surveyor reviewed R2's medical record. R2 was admitted to the facility on [DATE] and had diagnoses including benign prostatic hyperplasia (BPH), heart failure, and urinary tract infection (UTI). R2's MDS assessment, dated 9/29/24, had a BIMS score of 15 out of 15 which indicated R2 was not cognitively impaired. R2's care plan indicated R2 wore a condom catheter at all times. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 12/4/24 at 9:38 PM, Surveyor noted R2's uncovered catheter drainage bag was in contact with the floor. On 12/4/24 at 10:39 PM, Surveyor interviewed CNA-I who confirmed R2's catheter bag should not be on the floor. On 12/4/24 10:41 PM, Surveyor noted R2's catheter bag was still on the floor. On 12/4/24 at 10:45 PM, Surveyor interviewed CNA-H who indicated catheter bags should not be on the floor. On 12/5/24 at 11:28 AM, Surveyor interviewed DON-B who confirmed catheter bags should be covered and not in contact with the floor.