

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525592	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/13/2024
NAME OF PROVIDER OR SUPPLIER  Care & Rehab - Ladysmith 1		STREET ADDRESS, CITY, STATE, ZIP CODE 1001 E 11th St N Ladysmith, WI 54848	

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 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>30570</p> <p>Based on observation, record review and interview, the facility did not ensure the handwashing sink in the facility kitchen maintained a minimal acceptable water temperature. The facility practice had the potential to affect all residents.</p> <p>The handwashing sink's water temperature in the facility kitchen reached 73 degrees Fahrenheit after being ran for 2 minutes. Culinary Staff Aide (CSA) D and Culinary Manager (CM) E indicated low water temperatures have been occurring for several months and staff continued to use the sink as their means of handwashing in the kitchen.</p> <p>This is evidenced by:</p> <p>Surveyor requested and received the facility policy titled Handwashing -Food Service which was dated as most recently revised 11/12/24 and 10/18/22, prior to the current survey. The policy in part read: How to wash hands:</p> <p>~Wet hands and forearms with warm water (minimum 100 degrees Fahrenheit) and apply an antibacterial soap .</p> <p>Surveyor requested and received the facility standard of practice titled Food Service Management-By Design published by Association of Nutrition and Food Service Professionals which was dated as revised most recently in 2015. The standard of practice indicated in part:</p> <p>~Dining services personnel must be provided a sink specifically intended for washing hands.</p> <p>~Must provide water at a temperature of at least 100 degrees Fahrenheit .</p> <p>Surveyor also reviewed the Food and Drug Administration (FDA) Food Code dated as most recently updated in 2022. The FDA Food Code in part read:</p> <p>5-202.12 Handwashing Sink, Installation.</p> <p>(A) A Handwashing sink shall be equipped to provide water at a temperature of at least 29.4 degrees C (85 degrees F) through a mixing valve or combination faucet.</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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 11/12/24 at 10:54 AM, Surveyor entered kitchen to observe food service. Surveyor went to the handwashing sink in the kitchen to perform handwashing and noted the water barely lukewarm. Surveyor ran the water for 2 minutes and requested CM E take the temperature of the water from the faucet. CM E filled a glass with the water and immediately took the water temperature. Surveyor and CM E observed the water to be 73 degrees Fahrenheit.</p> <p>After checking the water temperature, Surveyor spoke with CSA D about handwashing at the sink and the water's temperature. CSA D expressed she has worked in the kitchen since springtime and uses the sink for handwashing. CSA D indicated the water temperature has been cool off and on since she started in the kitchen. CSA D further indicated she cannot wait for water to warm up for 2 minutes thus she proceeds with handwashing when the water is turned on.</p> <p>Surveyor also spoke with CM E after checking the water temperature. CM E expressed the water temperature being lukewarm is not unusual since the sink was replaced in the spring sometime around February or March of 2024. CM E confirmed staff continued to use the sink as their means of handwashing in the kitchen after the sink was replaced even though the temperature of the water was lukewarm off and on.</p>

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<p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>16692</p> <p>Based on interview and record review, the facility did not ensure accurate reporting of the mandatory submission of staffing information based on payroll data to the Centers for Medicare and Medicaid Services (CMS). This has the potential to affect all 31 residents residing in the facility.</p> <p>The facility failed to enter accurate data in their Payroll Based Journal (PBJ) system which triggered that they failed to have licensed nursing coverage on 6 days.</p> <p>This is evidenced by:</p> <p>Centers for Medicare &amp; Medicaid Services (CMS) Electronic Staffing Data Submission Payroll-Based Journal, Long-term Care Facility Policy Manual, dated June 2022, states in part: Chapter 1: Overview, 1.1 introduction .(U) mandatory submission of staffing information based on payroll data in a uniform format. Long-term care facilities must electronically submit to CMS complete and accurate direct care staffing information, including information for agency and contract staff, based on payroll and other verifiable and auditable data in a uniform format according to specifications established by CMS.1.2 Submission Timelines and Accuracy. Direct care staffing and census data will be collected quarterly and is required to be timely and accurate . Report Quarter: staffing and census data will be collected for each fiscal quarter. Staffing data includes the number of hours paid to work by each staff member each day within a quarter. Census data includes the facility's census on the last day of each of the three months in a quarter. The fiscal quarters are as follows:</p> <p>Fiscal Quarter, Date range: 1 October 1 - December 31, (quarter 1) 2 January 1 - March 31, (quarter 2) 3 April 1 - June 30, (quarter 3) 4 July 1 - September 30 (quarter 4) .</p> <p>PBJ Staffing Data Report, CASPER Report (Certification and Survey Provider Enhanced Reports) 1705D for Fiscal year Quarter 3 2024 (April 1 - June 30), ran on 11/06/24 indicates the following: failed to have Licensed Nursing Coverage 24 Hours/Day Triggered = Four or More Days Within the Quarter with &lt;24 Hours/Day Licensed Nursing Coverage. See Infraction Dates on Page 2, if triggered. Infraction Dates 04/14 (SU); 04/21 (SU); 05/25 (SA); 06/08 (SA); 06/09 (SU); 06/23 (SU).</p> <p>On 11/11/24 at 2:00 PM, Surveyor interviewed Nursing Home Administrator (NHA) A related to the triggered days for licensed nursing coverage. NHA A stated she was certain this was caused by a data entry error. NHA stated that they had licensed staff working and would provide the needed information. NHA A would provide scheduled staff postings, and payroll data, which proved staff worked, and would determine where the reporting errors occurred.</p> <p>On 11/11/24 at 3:30 PM, the facility provided evidence to show that staff had worked and where the errors in reporting occurred, which included the following information:</p> <p>6.85 hours from the night shift of 04/13/24 did not show on the 4/14/24 report.</p> <p>6.47 hours manually entered on 04/19/24 actually belong on 04/20/24.</p> <p>(continued on next page)</p>		

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F 0851  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Many	6.48 hours manually entered on 04/20/24 actually belong on 04/21/24.  6.78 hours were not entered on 05/25/24 report.  8 hours on 06/08/24 and 8 hours on 06/09/24 were entered into the wrong facility's PBJ system instead of this facility's system.  7.25 hours worked by agency staff on the night shift did not carry over to the 06/23/24 report.		

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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>30570</p> <p>Based on observation, record review and interview, the facility staff did not conduct hand hygiene when warranted while providing care to 1 of 3 residents observed for cares (R7).</p> <p>Certified Nursing Assistant (CNA) C did not perform hand hygiene when warranted when providing morning cares to R7.</p> <p>This is evidenced by:</p> <p>Surveyor requested and received the facility policy title Hand Hygiene-Employee which was dated as most recently revised on 9/24. The policy in part read:</p> <p>Policy: Hand hygiene continues to be the single most important thing employees can do to prevent the transmissions of infection. Consistent proper hand hygiene practices are critical in preventing the spread of infections. It is the policy of this facility that all employees follow proper hand hygiene techniques.</p> <p>Below is a list of some situations that require hand hygiene:</p> <ul style="list-style-type: none"> <li>~Before and after resident contact.</li> <li>~Before and after assisting a resident with toileting.</li> <li>~Before putting on gloves.</li> <li>~After removing gloves.</li> </ul> <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 11/12/24 at 6:46 AM, Surveyor observed CNA C assist R7 with her morning care. CNA C assisted R7 to the bathroom to sit on the toilet. CNA C washed her hands and donned gloves to remove R7's brief. R7's brief was soiled with bowel movement. CNA C obtained a clean brief from the cupboard in R7's bathroom. CNA C obtained garbage bags and placed R7's pants and soiled brief in bags. CNA C did not remove her gloves, perform hand hygiene and don clean gloves. CNA C applied lotion to R7's legs and feet and applied her tubi-grip stockings on her legs. CNA C placed R7's clean brief and clean pants on her legs. CNA C placed R7's shoes on and proceeded to sink to wet washcloths. CNA C washed R7's face after removing R7's top and bra. CNA C again wet washcloths at sink and applied soap to cloths. CNA C washed, rinsed and dried R7's back, under arms, under her breasts and her arms. CNA C did not remove her gloves, perform hand hygiene and don clean gloves and proceeded to place R7's bra, apply deodorant under her arms and don a clean shirt on R7. CNA C proceeded to brush R7's dentures at sink which were provided to R7 to place in her mouth. CNA C did not remove her gloves, perform hand hygiene and don clean gloves after washing R7's upper body and before proceeding to handle R7's dentures. CNA C removed her gloves, performed hand hygiene and donned clean gloves to brush R7's hair. CNA C placed a gait belt around R7's waist and wet and applied soap to cloths. CNA C used a peri wipe to wipe bowel movement from R7's buttocks after R7 was assisted to stand with walker. CNA C washed, rinsed and dried R7's buttocks. CNA C removed her gloves and tossed gloves to the garbage. CNA C did not perform hand hygiene and pulled up R7's brief and pants. CNA C walked R7 from the bathroom with walker and brought over R7's wheelchair to assist R7 to sit in wheelchair. CNA C removed R7's gait belt and brought R7 her glasses. CNA C proceeded to make R7's bed with her bare hands that had not been washed. CNA C returned to the bathroom to bag dirty linens. CNA C used hand gel and preceded to take R7's dirty linens to the soiled utility room. CNA C returned to R7's room and propelled R7 in her wheelchair from her room up the hallway.</p> <p>On 11/12/24 at 1:25 PM, Surveyor spoke with CNA C about the observation and expectations related to hand hygiene. CNA C indicated she should have removed her gloves, performed hand hygiene and donned clean gloves whenever going from dirty task to clean. Surveyor asked CNA C why hand hygiene should be done when going from dirty task to clean task. CNA C responded for infection control.</p> <p>On 11/13/24 at 7:55 AM, Surveyor spoke with Director of Nursing (DON) B about the observation and the facility expectation related to hand hygiene. DON B indicated she would expect staff to remove gloves, perform hand hygiene and don clean gloves whenever going from a dirty task to a clean task for infection control practices, to prevent the transmission of infection.</p>		