

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525607	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/08/2024
NAME OF PROVIDER OR SUPPLIER  Morningside Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 3431 N 13th St Sheboygan, WI 53083	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50467</p> <p>Based on observation, staff interview, and record review, the facility did not ensure all drugs and biological were stored and disposed of in accordance with the facility's policy. This had the potential to affect more than 4 of the 26 residents residing in the facility.</p> <p>On [DATE], a medication cart was left unlocked and unattended.</p> <p>On [DATE], an expired bottle of ProSource (a protein supplement) was observed in the medication cart.</p> <p>Findings include:</p> <p>The facility's Medication Administration General Guidelines policy, dated ,d+[DATE], indicates: .8. Check expiration date on package/container. No expired medication will be administered to a resident. b. The nurse shall place a 'date opened' sticker on the medication .17. During administration of medications, the medication cart is kept closed and locked when out of sight of medication nurse .The cart must be clearly visible to the personnel administering medications when unlocked.</p> <p>Medication Cart:</p> <p>On [DATE] at 8:21 AM, Surveyor noted a medication cart was unlocked in the hallway while Registered Nurse (RN)-E administered medication in R1's room with the door closed.</p> <p>Expired Medication:</p> <p>On [DATE] at 9:26 AM, Surveyor observed a bottle of ProSource in the medication cart labeled with an open date of [DATE]. Per the manufacturer's label on the bottle, ProSource expires 60 days after opening.</p> <p>On [DATE] at 10:35 AM and on [DATE] at 9:22 AM, Surveyor interviewed Director of Nursing (DON)-B and Assistant Director of Nursing (ADON)-J. ADON-J indicated when staff step away from the medication cart, the cart should be locked. ADON-J also confirmed the bottle of ProSource was expired.</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 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>47248</p> <p>Based on observation, staff and resident interview, and record review, the facility did not ensure nutritional needs were met for 5 residents (R) (R5, R12, R15, R14 and R6) of 5 residents who had orders for carbohydrate-controlled diets.</p> <p>Staff did not follow physician-ordered carbohydrate-controlled diets for R5, R12, R15, R14, and R6 when they served full servings of dessert during the 10/7/24 lunch meal and did not offer diet desserts or half-servings as indicated.</p> <p>Findings include:</p> <p>The facility's Available Diets document, with a review date of 7/13/22, indicates: When necessary, the facility will provide a therapeutic diet that is individualized to meet the clinical needs and desires of a patient/resident to achieve outcomes/goals of care. Available therapeutic diets should coincide with the therapeutic diets on the facility's menu extensions. Diets will be offered as ordered by the physician or his/her designee. The therapeutic diet orders that will be offered are: . Consistent Carbohydrate (CCHO). The nutrition manual will be available in the food and nutrition services department for staff use. Individuals may be granted a diet holiday from their therapeutic diet for special holidays and events. Individuals on carbohydrate-controlled diets will continue to receive smaller portions of sweet desserts, snacks and low calorie beverages.</p> <p>On 10/6/24 at 9:00 AM, Surveyor interviewed R5 who indicated the facility did not monitor diabetic diets and R5 was concerned that the choices and portions offered to diabetics were not appropriate. R5 indicated R5 counted carbohydrates and the meals were not healthy or carbohydrate-appropriate for someone with diabetes.</p> <p>On 10/7/24, Surveyor reviewed R5's medical record. R5 had diagnoses including type 2 diabetes mellitus, history of urinary tract infections (UTIs), congestive heart failure (CHF), and chronic kidney disease (CKD) stage 3. R5's Minimum Data Set (MDS) assessment, dated 9/16/24, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R5 had intact cognition.</p> <p>R5's care plan indicated R5 was at risk for nutritional status change related to morbid obesity, type 2 diabetes, and cardiovascular dysfunction and contained an intervention to provide diet as ordered. R5 had a physician order for a consistent-controlled carbohydrate (CCHO) cardiac diet with regular texture, regular/thin consistency.</p> <p>On 10/7/24, Surveyor reviewed R12, R15, R14, and R6's medical records and noted the following:</p> <p>~ R12 had a diagnosis of type 2 diabetes mellitus and an order for a CCHO diet (dated 3/13/24).</p> <p>~ R15 had a diagnosis of type 2 diabetes mellitus and an order for a CCHO diet (dated 9/11/24).</p> <p>~ R14 had a diagnosis of type 2 diabetes mellitus and an order for a CCHO diet (dated 11/29/23).</p> <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 - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>51043</p> <p>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 6 residents (R) (R5, R1, R22, R18, R20, and R24) of 6 sampled residents.</p> <p>R5 was on enhanced barrier precautions (EBP). On 10/7/24, Certified Nursing Assistant (CNA)-C and CNA-D did not wear gowns during high-contact care for R5. In addition, RN-E did not cleanse hands between glove changes or wear a gown during wound care for R5.</p> <p>R1 was on EBP. On 10/7/24, Registered Nurse (RN)-E exited R1's room before removing personal protective equipment (PPE). RN-E removed RN-E's gown and gloves in the hallway, disposed of the PPE in the medication cart garbage, and performed hand hygiene at the medication cart. In addition, on 10/8/24, RN-I did not perform appropriate hand hygiene during peri-care for R1.</p> <p>On 10/6/24, RN-H did not follow perform appropriate hand hygiene during medication administration for R22, R18, R20, and R24.</p> <p>Findings include:</p> <p>The facility's Enhanced Barrier Precautions policy, with a revised date of 8/8/24, indicates: It is the policy of this facility to implement enhanced barrier precautions (EBP) for the prevention of transmission of multidrug-resistant organisms (MDROs) .3. Implementation of Enhanced Barrier Precautions: .Position a trash can inside the resident room and near the exit for discarding personal protective equipment (PPE) after removal, prior to exit of the room, or before providing care for another resident in the same room.</p> <p>The Centers for Disease Control and Prevention's (CDC's) Frequently Asked Questions (FAQs) about Enhanced Barrier Precautions (EBP) in Nursing Homes document, updated 6/28/24, indicates: .EBP expand the use of gown and gloves beyond anticipated blood and body fluid exposures. They focus on use of gown and gloves during high-contact resident care activities that have been demonstrated to result in transfer of multidrug-resistant organisms (MDROs) to hands and clothing of healthcare personnel, even if blood and body fluid exposure is not anticipated. EBP are recommended for residents known to be colonized or infected with an MDRO.</p> <p>The CDC's Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings document, updated 4/12/24, indicates: .5a. Hand Hygiene References and resources .1. Require healthcare personnel to perform hand hygiene in accordance with CDC recommendations .2. Use an alcohol-based hand rub or wash with soap and water for the following clinical indications: .immediately after glove removal.</p> <p>The facility's General Guidelines policy under Medication Administration, dated 1/2023, indicates: .11. Hands are washed with soap and water and gloves applied before administration of topical, ophthalmic, otic, parenteral, enteral, rectal, and vaginal medications. Hands are washed with soap and water again after administration and with any resident contact. Antimicrobial sanitizer may be used in place of soap and water as allowed per state nursing regulations and facility policy.</p> <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 - Some</p>	<p>The facility's Infection Prevention and Control Program, with a revision date of 7/23/24, indicates under Equipment Protocol: a. All reusable items and equipment requiring special cleaning or disinfection shall be cleaned in accordance with our current procedures governing the cleaning of soiled or contaminated equipment.</p> <p>1. On 10/7/24, Surveyor reviewed R5's care plan (with a review date of 9/5/24) which indicated R5 was at risk for infection related to colonization with MDRO pseudomonas, Klebsiella. The care plan contained an intervention for staff to use EBP when performing high-contact care activities.</p> <p>On 10/7/24 at 10:46 AM, Surveyor noted an EBP sign on R5's door and a PPE cart next to the door.</p> <p>On 10/7/24 at 10:49 AM, Surveyor observed CNA-C and CNA-D perform hand hygiene and don gloves prior to transferring R5 from wheelchair to bed via Hoyer lift. CNA-C and CNA-D rolled and tucked the Hoyer sling under R5, rolled R5 back to remove the sling, and provided a urinal for R5. After R5 finished urinating, CNA-C and CNA-D performed hand hygiene, donned gloves, and provided hygiene care for R5. During the provision of care, neither CNA-C nor CNA-D wore a gown.</p> <p>On 10/7/24 at 11:09 AM, Surveyor observed RN-E enter R5's room and don gloves without completing hand hygiene. RN-E assessed an open area in R5's upper inner groin which CNA-C and CNA-D noted was bleeding during peri-care. RN-E picked up a tube of zinc oxide and changed gloves without completing hand hygiene. RN-E wiped R5's inner groin area with a washcloth, applied zinc oxide, and removed gloves. Without completing hand hygiene, RN-E donned clean gloves and applied non-adherent gauze to the area. RN-E then removed gloves, washed hands with soap and water, and exited R5's room.</p> <p>On 10/7/24 at 11:20 AM, Surveyor interviewed CNA-C and CNA-D. When asked about the EBP sign on R5's door, CNA-D stated, They were supposed to take that down. When Surveyor asked why R5 was on EBP, CNA-D indicated CNA-D did not know. When Surveyor asked if CNA-C and CNA-D should have worn a gown during cares, CNA-D stated, Yes, we should have or asked the nurse. CNA-C agreed.</p> <p>On 10/7/24 at 11:32 AM, Surveyor interviewed RN-E. When asked if RN-E was aware that R5 was on EBP, RN-E indicated RN-E should have worn a gown and gloves during wound care.</p> <p>On 10/7/24 at 11:34 AM, Surveyor interviewed Director of Nursing (DON)-B. When asked if R5 was on EBP, DON-B stated, Yes, (R5) has MDROs. When asked when staff should use EBP during the provision of care, DON-B indicated staff should use EBP when they have close contact with residents or body fluids. DON-B verified staff should wear gowns while providing hygiene care and transferring R5. DON-B also indicated DON-B expects staff to complete hand hygiene prior to donning gloves and in between glove changes.</p> <p>50467</p> <p>2. On 10/7/24 at 8:24 AM, Surveyor observed RN-E exit R1's room wearing a gown and gloves and remove the PPE outside R1's door. RN-E disposed of RN-E's gown and gloves in the medication cart garbage and performed hand hygiene at the medication cart. Surveyor noted R1 was on EBP. Surveyor interviewed RN-E who indicated the garbage can was on the other side of R1's room and not near the door. RN-E indicated RN-E should have brought the garbage can over to the door prior to leaving R1's room and removing PPE.</p> <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 - Some</p>	<p>On 10/8/24 at 8:35 AM, Surveyor observed RN-I provide peri-care for R1. RN-I completed anterior peri-care. Without removing gloves and cleansing hands, RN-I rolled R1 to the side and completed posterior peri-care. Without removing gloves and cleansing hands, RN-I applied powder and cream to R1's backside, positioned R1 on R1's back, and removed gloves. Without cleansing hands, RN-I donned new gloves, applied cream to R1's folds, put a clean brief on R1, and removed gloves. Without completing hand hygiene, RN-I replaced R1's right sock and boot, covered R1 with a blanket, lowered R1's bed, picked up the cream and powder, and exited R1's room. Immediately following the observation, Surveyor interviewed RN-I who indicated RN-I should have changed gloves when going from dirty to clean and should have performed hand hygiene when RN-I removed gloves.</p> <p>3. On 10/6/24 at 8:57 AM, Surveyor observed RN-H take R22's pulse and blood pressure with a manual blood pressure cuff and pulse oximeter during the AM medication pass. RN-H did not sanitize the equipment after use.</p> <p>On 10/6/24 at 9:07 AM, Surveyor observed RN-H prepare medication for R18. RN-H did not perform hand hygiene prior to preparing R18's medication.</p> <p>On 10/6/24 at 9:20 AM, Surveyor observed RN-H return to the medication cart and prepare medication for R20. RN-H did not perform hand hygiene prior to preparing R20's medication.</p> <p>On 10/6/24 at 9:41 AM, Surveyor observed RN-H prepare medication for R24 without performing hand hygiene. RN-H then administered R24's medication, returned to the medication cart, and prepared another medication for R24 without performing hand hygiene.</p> <p>On 10/7/24 at 10:35 AM and on 10/8/24 at 9:22 AM, Surveyor interviewed DON-B and Assistant Director of Nursing (ADON)-J. ADON-J indicated hand hygiene should be performed before and after medication administration. ADON-J indicated staff should remove and dispose of PPE inside a resident's room and complete hand hygiene before exiting the room. ADON-J also indicated equipment such as blood pressure cuffs and pulse oximeters should be sanitized and air dried between uses. DON-B indicated staff should remove gloves and complete hand hygiene when going from dirty to clean during the provision of peri-care, when the task is completed, and when gloves are removed. DON-B also indicated hand hygiene should be performed when staff enter a resident's room, before the application of gloves, and after glove removal following the application of topical creams and powder.</p>		