STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525625	A. Building B. Wing	01/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lakeland Health Care Ctr	1922 Cty Rd Nn Elkhorn, WI 53121

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** Based on observation, interview, and record review, the facility did not maintain an infection prevention and control program designed to reduce the transmission of disease and infection for 1 of 1 (R1) resident reviewed for catheter care.R1's catheter collection bag was observed during to be attached to a garbage receptacle and the bottom of the collection bag was observed resting directly on the floor.Findings include:The facility's policy titled, Infection Prevention and Control Program, dated last reviewed, 8/25, documents: BACKGROUND: The intent of this program is to ensure that the Infection Prevention and Control Program prevents, recognizes, and controls, to the extent possible, the onset and spread of infection within the skilled nursing facility. This program serves to: Provide a system for preventing, identifying, reporting and controlling infections for all residents, staff, visitors and contract staff. Provide surveillance and investigation to prevent, to the extent possible, the onset and the spread of infection before they can spread to others in the facility.Provide guidance for stand precautions and transmission-based precautions within the facility. PROGRAM COMPONENTS: .Process Surveillance: Reviews practices directly related to resident care to determine whether the practice complies with prevention and control procedures and is based on recognized guidelines. This may include but is not limited to: Compliance with transmission-based precautions, proper hand hygiene, use of gloves and other PPE (Personal Protective Equipment), ensuring sterility or cleanliness during procedures, ensuring reusable equipment is appropriately cleaned, disinfected, or reprocessed, proper use of single use items.Infection Control Education: Staff working at the skilled nursing facility receive education related infection prevention and control practices on a regular basis. This education is provided on hire and at intervals throughout each calendar year based upon identified issues or trends. Training topics include but are not limited to: Disease transmission, hand hygiene, sanitation procedures, MDROs (Multidrug Resistant Organisms), transmission-based precaution techniques and federally required OSHA education.R1 was admitted to the facility on [DATE] with a diagnosis of diabetes, chronic kidney disease, retention of urine, neuromuscular dysfunction of bladder, and history of urinary tract infections. R1's Annual Minimum Data Set (MDS) dated [DATE], documents a Brief Interview for Mental Status (BIMS) score as 15, indicating R1 is cognitively intact. The MDS document that R1's uses a wheelchair, and that a full body lift is used for transfers. R1's physician order, dated 12/19/25, document: Suprapubic catheter care daily (may be performed by CNA). Ensure meatal cleansing with soap and water. Ensure drainage bag below level of bladder. Active.R1's Care Plan, dated 12/8/25, documents: R1 has a Supra Pubic catheter. R1 has a diagnosis of neurogenic bladder with bladder spasms. R1 is being followed by Urology. Goal: R1 will show no s/sx (signs and symptoms) of Urinary infection through review date. Interventions: Check tubing for kinks each shift, Clean catheter bag with vinegar solution (1 part vinegar to 3 parts water). Vinegar solution will be left in bag not being worn for 10 minutes and then drained. End port of catheter bag will be enclosed in an alcohol wipe package for storing. Ends of catheter bag will be cleansed with an alcohol wipe to avoid contamination with changing bag. Catheter bag not in use will be stored in a clean towel in residents closet area or private bathroom, cleanse port with alcohol pad when finished emptying. Report less than 100ml or more than 900ml to your nurse, Irrigate Suprapubic (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	catheter with 60cc NS to maintain patency PRN (as needed), monitor and document intake and output as per facility policy, monitor dressing to Suprapubic catheter site. Cleanse with soap and water. Pat dry. Cover with a dry gauze dressing. Change gauze dressing daily and if saturated. Monitor for signs of infection. Redness, swelling, pain elevated temp or increased drainage Monitor/document for pain/discomfort due to catheter, monitor/record/report to MD for s/sx UTI: pain, burning, blood tinged urine, cloudiness, no output, deepening of urine color, increased pulse, increased temp, Urinary frequency, foul smelling urine, fever, chills, altered mental status, change in behavior, change in eating patterns, Position catheter bag and tubing below the level of the bladder and away from entrance room door, Suprapubic catheter care daily (may be performed by CNA). Ensure meatal cleansing with soap and water. Ensure drainage bag below level of bladder, Suprapubic catheter change PRN for obstruction, infection or closed system failure. On 01/20/26 at 1:45 PM, Surveyor observed Certified Nursing Assistant (CNA)-C, transferring R1 from wheelchair to recliner using a full body lift. CNA-C attached call light to recliner and attached catheter collection bag to R1's garbage receptacle. The garbage receptable was approximately 18 inches in length and catheter collection bag was clipped to the top with the bottom of the catheter collection bag resting on the floor. There was no privacy cover over the catheter collection bag. 01/20/26 at 3:16 PM, Surveyor observed R1 in his room, sleeping in recliner with catheter collection bag attached to a garbage receptacle with bottom of catheter collection bag resting on the floor. Collection bag did not have a privacy cover over the catheter collection bag. 01/21/26 3:34 PM, Surveyor observed R1 in his room, sleeping in recliner with catheter collection bag attached to a garbage receptacle with bottom of catheter collection bag resting on the floor. Collection bag did not have a privacy cover over the catheter collection bag. 01/22/26 at 9:15 AM, Surveyor interviewed CNA-C and asked where the most appropriate place would be to attach/clip a catheter collection bag while resident is in a recliner. CNA-C stated he used to attach to R1's recliner but R1 had detached it accidentally. CNA-C stated he attaches R1's garbage receptacle as CNA-C feels it is the best option. Surveyor asked CNA-C if this could be an infection control concern and CNA-C paused with agreed by shaking head in acknowledgement. On 01/22/26 at 9:38 AM, Surveyor interviewed Director of Nursing (DON)-B and asked where it is appropriate to clip a catheter collection bag while a resident is in recliner. DON-B stated the catheter collection bag needs to be off the floor and some residents keep it clipped to their wheelchair when in recliner. Surveyor asked if it is ever acceptable to clip a catheter collection bag onto a garbage receptacle. DON-B stated, no. Surveyor informed DON-B of the observations of R1's catheter collection bag attached to garbage receptacle and the bottom resting on floor in R1's his room. On 01/22/2026 at 3:15 PM, Surveyor notified DON-B and Nursing Home Administrator (NHA)-A of infection control concern with R1's catheter collection bag being attached to a garbage receptacle and resting on the floor. DON-B and NHA-A acknowledged the concern and DON-B stated the infection control and catheter policy is in the process of being updated to address where to hang a catheter collection bag while residents are in their recliners. No additional information was provided.