

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525630	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/29/2025
NAME OF PROVIDER OR SUPPLIER New Glarus Home		STREET ADDRESS, CITY, STATE, ZIP CODE 600 2nd Ave New Glarus, WI 53574	

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 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observe each nurse aide's job performance and give regular training.</p> <p>Based on interview and record review, the facility did not complete a performance review of every nurse aide at least once every 12 months for 2 of 5 Certified Nursing Assistants (CNAs) reviewed.</p> <p>CNA L did not have an annual performance evaluation completed.</p> <p>CNA M did not have an annual performance evaluation completed.</p> <p>This is evidence by:</p> <p>Example 1</p> <p>CNA L's hire date was 5/3/23. CNA L did not have an annual performance evaluation completed for 2024.</p> <p>Example 2</p> <p>CNA M's hire date was 2/10/23. CNA M did not have an annual performance evaluation completed for 2024.</p> <p>On 3/31/25 at 1:30 PM, Surveyor interviewed DON (Director of Nursing) B. Surveyor asked DON B how often are CNA evaluations to be done. DON B indicates, yearly. Surveyor asked if DON B would expect all CNA's to have a yearly performance evaluation. DON B indicates, yes.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<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>Based on observations, interviews, and record review, the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for 1 of 2 resident (R12) reviewed for handwashing.</p> <p>The facility staff did not complete proper hand hygiene while performing wound care.</p> <p>This is evidenced by:</p> <p>The facility's policy titled Clean Dressing Change, dated 5/4/25, states in part: It is the policy of this facility to provide wound care in a manner to decrease potential for infection and/or cross-contamination. 9. Loosen the tape and remove the existing dressing. 10. Remove gloves, pulling inside out over the dressing. Discard in appropriate receptacle. 11. Wash hands and put on clean gloves. 12. Cleanse the wound as ordered .14. Wash hands and put on clean gloves. 15. Apply topical ointments or creams and dress the wound as ordered . 16. Secure dressing. 17. Discard disposable items and gloves into appropriate trash receptacle and wash hands.</p> <p>The facility's policy titled Hand Hygiene, dated 5/21/25, states in part: All staff will perform proper hand hygiene to prevent the spread of infection to other personnel, residents, and visitors. The use of gloves does not replace hand hygiene. If your task requires gloves, perform hand hygiene prior to donning gloves, and immediately after removing gloves.</p> <p>R12's physician orders include Wound care to left knee: Remove old dressing. Cleanse, Dry, apply Medi honey (an ointment that helps wounds heal) to wound bed, apply island dressing every day shift for wound care.</p> <p>On 5/21/25 at 8:30 AM, Surveyor observed RN C (Registered Nurse) perform wound care for R12. Surveyor observed the following: RN C performed hand hygiene. RN C set up the wound care supplies in R12's room. RN C donned (put on) gloves and a gown. RN C removed R12's old bandage from her left knee. RN C removed her gloves, did not perform hand hygiene, and donned new gloves. RN C cleansed the wound and dried the wound. RN C removed her gloves, did not perform hand hygiene, and donned new gloves. RN applied Medi honey and covered the wound with a dressing. RN C removed her gloves, did not perform hand hygiene, reached into her pocket and pulled out a marker. RN C dated the dressing on R12's left knee. RN C donned gloves and picked up the wound care supplies from R12's room. RN C removed her gloves and gown and then performed hand hygiene.</p> <p>On 5/15/25 at 8:40 AM, Surveyor interviewed RN C regarding hand hygiene during wound care. RN C indicated she did not perform hand hygiene after removing her gloves. RN C indicated hand hygiene should be done immediately after removing gloves and she did not.</p> <p>On 5/15/25 at 8:45 AM, Surveyor interviewed DON B (Director of Nursing) regarding hand hygiene during wound care. Surveyor reviewed the observations made during RN C's performance of wound care for R12. Surveyor asked DON B if hand hygiene should have been performed after removing gloves. DON B indicated hand hygiene should have been completed each time after RN C removed her gloves. DON B indicated she expects hand hygiene to be completed appropriately and agrees RN C did not perform appropriate hand hygiene during wound care for R12.</p>		