STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525630	A. Building B. Wing	03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Glarus Home	600 2nd Ave. New Glarus, WI 53574

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Number of residents sampled:Number of residents cited: effects the censusBased on observation, interview, and record review, the facility did not maintain a safe and sanitary environment in which food is prepared, stored, and distributed. This has the potential to affect all 95 residents who reside in the facility. Surveyor observed unsealed food in the freezer. Surveyor observed expired milk in circulation. Surveyor observed kitchen staff take the temperatures of food without properly cleaning the food thermometer probe. Surveyor observed kitchen staff serving food without taking the temperature. Surveyor observed food serving utensils not being used in a sanitary manner. Surveyor observed uncovered drinks being transported down the hallway during lunch tray delivery. Surveyor observed staff going into the main kitchen without beard nets on. Surveyor observed the dishwashing process. A dining aide failed to ensure proper hand washing was completed when going from dirty items to clean items in the kitchen. Surveyor observed staff wet stacking dishes and using a towel on clean dishes while observing the dishwashing process. Surveyor observed kitchen staff not knowing how to test sanitizing solution for cleaning tables to ensure the correct ppm (parts per million) sanitizer concentration. Surveyor observed Mighty Shakes to be in the refrigerator without a thaw date. This is evidenced by: Example - Unsealed foodFacility policy, titled, Food Safety Requirements, implemented 1/5/26, states in part: .c. Refrigerated storage - foods that require refrigeration shall be refrigerated immediately upon receipt or placed in freezer, whichever is applicable. Practices to maintain safe refrigerated storage include:. v. Keeping foods covered or in tight containers. On 3/17/26 at 9:22 AM, Surveyor completed an initial tour of the kitchen with FSD F (Food Service Director). Surveyor observed an open bag of frozen chicken breast in a box and an open bag of frozen carrots on a shelf in the freezer. FSD F said he would expect these items to be sealed. FSD F pulled them from the freezer, wrapped them in plastic wrap so they were sealed, and put them back in the freezer. Example - Expired milkFacility policy, titled, Food Safety Requirements, implemented 1/5/26, states in part: .c. Refrigerated storage - foods that require refrigeration shall be refrigerated immediately upon receipt or placed in freezer, whichever is applicable. Practices to maintain safe refrigerated storage include:. iv. Labeling, dating, and monitoring refrigerated food, including, but not limited to leftovers, so it is used by its use-by date, or frozen (where applicable)/discarded.On 3/17/26 at 9:22 AM, Surveyor completed an initial tour of the kitchen with FSD F (Food Service Director). Surveyor observed several gallons of milk that were open but not dated in the kitchen refrigerator. FSD F indicated milk is used so frequently in the facility that the process is to have staff date any open gallons of milk at the end of the day because they would have been opened that morning. Three gallons of Vitamin D milk were open and had a use by date of 3/14/26. FSD F pulled all three gallons from the refrigerator to discard the milk. FSD indicated per their process, the milk must have been opened and used that morning since it had not been dated the night before. FSD F indicated this milk should not have been used past the date of 3/14/26.On 3/18/26 at 12:00 PM, FSDM G (Food Service District Manager) indicated FSD F had started an in-service training with staff regarding food labeling and dating.On 3/19/26 at 10:21 AM, Surveyor observed a partially used gallon of skim milk in the refrigerator on the 500 wing of the facility with a use by date of 3/18/26.On (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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	3/19/26 at 10:25 AM, Surveyor met with FSD F and told him about the expired milk. FSD F indicated he would have expected staff to throw it away and not use it that morning. Example - Improper thermometer useFacility policy, titled, Record of Food Temperatures, implemented 1/5/26, states in part: .14. Food temperatures will be verified using a thermometer which is both cleaned, sanitized and calibrated to ensure accuracy. The facility also provided a handout given to employees from the USDA (United States Department of Agriculture), titled Use That Thermometer!, which instructs in part: Clean and sanitize thermometer after each temperature check.On 3/18/26 at 11:47 AM, Surveyor observed lunch being prepared on the 500 wing of the facility. Surveyor observed DA I (Dining Aide) in the middle of taking food temperatures. DA I stuck the thermometer in the garlic bread, stated the temperature, and moved the thermometer straight to the lasagna. DA I cleaned the thermometer probe before putting it back into the cover. Surveyor asked DA I if she cleaned the thermometer between taking the garlic bread and lasagna temperatures. DA I said she did not and indicated she had never been told to do that. Surveyor also observed FSCS H (Food Service Corporate Support) taking the temperature of chicken. FSCS H did not clean the thermometer probe before taking the temperature of the chicken. On 3/18/26 at 1:04 PM, FSCS H was observing dishwashing with Surveyor. FSCS H admitted that she had forgotten to clean the thermometer probe earlier in the day.On 3/18/26 at 2:13 PM, Surveyor met with FSD F (Food Service Director) and FSDM G (Food Service District Manager). FSD F indicated he would expect the thermometer to be swabbed with an alcohol wipe every time the cap is taken off, every time staff switches food products for taking temperatures, and after using it. FSDM G indicated they would put together education on taking temperatures and would talk through the proper procedure with DA I. Example - Temperature not taken for food prior to servingFacility policy, titled, Record of Food Temperatures, implemented 1/5/26, states in part: .1. Food temperatures will be checked on all items prepared in the dietary department. 2. Hot foods will be held at 135 degrees Fahrenheit or greater.6. Measure and record the temperatures for each food product and milk at all meals. Record temperature on temperature log .On 3/18/26 at 11:47 AM, Surveyor observed lunch being prepared on the 500 wing of the facility. Fish and chicken were being served as alternate options for lunch that day and were being held in trays on the steam table. DA I (Dining Aide) was getting ready to serve the fish and chicken. Surveyor asked if she had taken the temperature of the fish or chicken when taking the food temperatures prior to serving lunch. DA I said she did not take the temperature of the fish or chicken because it was only for one person. Surveyor asked if she could take the temperatures. The temperature of the fish was 128 degrees Fahrenheit. The temperature of the chicken was 124 degrees Fahrenheit. The fish and chicken were microwaved separately and the temperature of each was retaken until it reached 135 degrees Fahrenheit.On 3/18/26 at 2:13 PM, Surveyor met with FSD F (Food Service Director) and FSDM G (Food Service District Manager) and addressed this concern. Example - Utensils Facility policy, titled, Food Safety Requirements, implemented 1/5/26, states in part: .6. All equipment used in the handling of food shall be cleaned and sanitized, and handled in a manner to prevent contamination.On 3/18/26 at 11:47 AM, Surveyor observed lunch being prepared on the 500 wing of the facility. Surveyor observed DA I (Dining Aide) place a serving utensil in the lasagna, then onto the counter, and back into the lasagna. FSCS H (Food Service Corporate Support) was assisting with lunch preparations and told DA I to keep the utensil in the food instead of taking it out and placing it on the counter. On 3/18/26 at 2:13 PM, Surveyor met with FSD F (Food Service Director) and FSDM G (Food Service District Manager). FSD F confirmed utensils should not be removed from the food and placed on the counter when serving meals. FSDM G indicated DA I knows that she shouldn't do that. Example - Uncovered drinksFacility policy, titled, Food Safety Requirements, implemented 1/5/26, states in part: .5. Foods and beverages shall be distributed and served to residents in a manner to prevent contamination. Strategies include, but are not limited to: a. Covering all foods when traveling a distance (i.e., down a hallway, to a different unit or floor.).On 3/18/26 at 11:47 AM, Surveyor observed lunch being prepared in the kitchenette on the 500 wing of the facility. Staff members were preparing lunch trays to take down (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	the hallway for residents who eat in their rooms. While the food on the lunch trays was covered, staff were filling drink cups at the kitchenette with milk, water, and juice and carrying the trays to rooms down the hallway with the drinks uncovered.On 3/18/26 at 2:13 PM, Surveyor met with FSD F (Food Service Director) and FSDM G (Food Service District Manager). FSD F confirmed that anything on the trays that is being prepared in the kitchenette should be covered when it is being taken down the hallways to resident rooms, including drinks. Example - [NAME] netsFacility policy, titled, Food Safety Requirements, implemented 1/5/26, states in part: .7. Staff shall adhere to safe hygienic practices to prevent contamination of foods from hands or physical objects. d. Dietary staff must wear hair restraints (e.g., hairnet, hat, and/or beard restraint to prevent hair from contacting food.On 3/18/26 at 12:40 PM, Surveyor observed [NAME] K in the kitchen putting food away. [NAME] K had a beard. [NAME] K was wearing a hair net but was not wearing a beard net.On 3/18/26 at 1:04 PM, Surveyor observed [NAME] K wearing a beard net. Surveyor observed DA M (Dining Aide) in the kitchen. DA M had a beard. DA M was wearing a hat but was not wearing a beard net. FSCS H (Food Service Corporate Support) was also in the kitchen and asked Surveyor if DA M should be wearing a beard net. FSCS went to talk to DA M and DA M put a beard net on.On 3/18/26 at 2:13 PM, Surveyor met with FSD F (Food Service Director) and FSDM G (Food Service District Manager). FSD F indicated he hadn't been sure what length of facial hair must be covered with a beard net but said this would be addressed. FSDM G confirmed that [NAME] K and DA M had their hair covered but not their beards. Example - HandwashingFacility policy, titled, Handwashing Guidelines for Dietary Employees, implemented 1/5/26, states in part: .6. Frequency of Handwashing: Dietary employees shall clean their hands and exposed potions of their arms immediately before engaging in food preparation including working with exposed food, clean equipment and utensils, and unwrapped single service and single use articles and also in the following situations:. b. After hands have touched anything unsanitary i.e., garbage, soiled utensils/equipment, dirty dishes, etc.On 3/18/26 at 1:04 PM, Surveyor observed DA J (Dining Aide) clearing food off dirty dishes in the kitchen with gloves on. DA J removed her gloves, put new gloves on, and touched clean dishes from the dishwasher to put them away. Surveyor asked DA J if she washed her hands before touching the clean dishes. DA J said she only changed her gloves, asked if she should wash her hands, then went to the handwashing sink to wash her hands. Surveyor observed a sign on the wall next to the dishwasher that stated, *Must* wash hands when going between dirty and clean dishes.On 3/18/26 at 2:13 PM, Surveyor met with FSD F (Food Service Director) and FSDM G (Food Service District Manager). FSD F confirmed hands should be washed before handling clean dishes and indicated DA J was recently hired at the facility. Example - Towel use and wet stacking dishesFacility policy, titled, Dishwasher Temperature, implemented 1/5/26, states in part: .7. Dishes should be air dried on the dish racks, not dried with towels.On 3/18/26 at 1:04 PM, Surveyor observed dishwashing in the kitchen. Surveyor observed DA J (Dining Aide) removing clean dishes from the dishwasher immediately with a towel and stacking them in bins while wet. FSCS H (Food Service Corporate Support) was also in the kitchen observing dishwashing. FSCS H spoke with DA J and told her not to use a towel with clean dishes and to let them air dry for a bit before putting them away. DA J stopped using the towel and let the rest of the dishes air dry for a few minutes before putting them away.On 3/18/26 at 2:13 PM, Surveyor met with FSD F (Food Service Director) and FSDM G (Food Service District Manager). FSD F said he spoke with DA J and asked her why she was using a towel for the clean dishes. DA J said the dishes were too hot, as she was grabbing them off of the rack immediately after they came out of the dishwasher. FSD F told her to let the items sit before putting them away, as she shouldn't be stacking wet dishes, and not to use the towel. Example - Sanitizing solution Facility policy, titled, Sanitation Inspection, implemented 1/5/26, states in part: .6. The dietary manager shall develop and provide food service personnel with standard operating procedures for sanitation and daily inspections. The facility also provided a handout given to employees for sanitation range testing, which provides instructions for using a paper test strip to dip into the solution and compare with the colors on the test strip package (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	to determine the ppm (parts per million) of the sanitizing solution. Per the handout, the range should be between 150-400 ppm (www.chemnet-systems.com). On 3/18/26 at 1:40 PM, Surveyor observed DA L (Dining Aide) filling up a sanitation bucket in the kitchen. Surveyor asked DA L if she could demonstrate how to test the sanitizing solution in the bucket. DA L said they don't do that. FSCS H (Food Service Corporate Support) was also in the kitchen at the time. She stepped in and showed DA L how to test the sanitizing solution with a paper test strip. The sanitizing solution was in the appropriate ppm range.On 3/18/26 at 2:13 PM, Surveyor met with FSD F (Food Service Director) and FSDM G (Food Service District Manager). FSD F indicated the sanitizing buckets are being tested three times per day and said staff should be aware of how to do this. FSDM G indicated kitchen staff would be educated about this process. Example - Mighty ShakesManufacturer's recommendations for use: store frozen. Thaw at or below 40 degrees Fahrenheit. Use thawed product within 14 days. Keep refrigerated.On 3/18/26 at 2:05 PM, Surveyor observed three Mighty Shakes in the 500 wing kitchenette refrigerator. One vanilla shake had a facility label dated 10/15, one vanilla shake had a facility label dated 04/24, and one chocolate shake had a facility label dated 06/25. All of the shakes appeared to be thawed. Surveyor observed more Mighty Shakes with date labels on them in the freezer on the 500 wing kitchenette.On 3/18/26 at 2:13 PM, Surveyor met with FSD F (Food Service Director) and FSDM G (Food Service District Manager). FSD F said the labels on the Mighty Shakes should be the use by date. They are supposed to be labeled with a 14 day use by date once they leave the freezer and are put into the refrigerator. FSD F indicated he would look at the Mighty Shakes in the kitchenette, as it didn't sound like they were labeled correctly. On 3/19/26 at 10:21 AM, Surveyor observed four Mighty Shakes in the 500 wing kitchenette refrigerator. Three chocolate shakes had facility labels dated 07/06, 07/06, and 10/15. One vanilla shake had a facility label dated 10/15.On 3/19/26 at 10:25 AM, Surveyor met with FSD F and told him about the Mighty Shake labels. FSD F said the nurses on the unit should be dating the shakes when they are moved from the freezer to the refrigerator, but it appears this isn't being done. FSD F indicated the labels on the Mighty Shakes in the freezer are most likely the date they were taken from the main kitchen freezer. The shakes are being placed in the kitchenette freezer and they are never being relabeled with a 14 day use by date when they are moved to the refrigerator. FSD F said he will work with another staff member to provide education to the nursing staff and will look at the process so it can be streamlined to eliminate confusion.

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not ensure that residents maintain acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible, or resident preferences indicate otherwise for 1 of 5 residents (R6) reviewed for nutritional status. R6 was assessed to be at risk for dehydration. The facility failed to update R6's care plan and did not implement monitoring or documenting fluid intake. Evidenced by:The facility's policy titled Hydration date implemented 1/5/26 states in part .Compliance Guidelines: 1. The facility will utilize a systemic approach to optimize the resident's hydration states: a. Identifying each resident's hydration status and risk factors b. Evaluating/analyzing the assessment information c. Developing and consistently implementing pertinent approaches d. Monitoring the effectiveness of intervention and revising them as necessary.R6 was admitted to the facility on [DATE] with diagnoses that include dementia, hypertension (high blood pressure), and muscle weakness. R6's most recent MDS (Minimum Data Set) dated 3/13/26, Section C states that R6 is severely impaired-never/rarely made decisions.On 2/24/26 the facility performed a N Adv- Dehydration Risk Evaluation. Findings include Dehydration risk findings: Dx: Dementia, CHF, DM, Renal Disease or Liver Disease. Dehydration risk findings: Medication: diuretic, psychotic or laxative. Dehydration risk findings: Incontinence (bowel or bladder). Dehydration Risk Score: 5.0. When the Score Value is 4 or above the Resident is at Risk for Dehydration.Of note, Surveyor reviewed R6's care plan. R6's care plan does not address risk of dehydration.Of note, Surveyor reviewed R6's Medication Administration Record/Treatment Administration Record (MAR/TAR) and R6's Certified Nursing Assistant (CNA) task documentation and there was no monitoring or documentation of R6's fluid intake.On 3/18/26 at 1:36 PM, Surveyor interviewed RN D (Registered Nurse). Surveyor asked RN D how staff knows if a resident is at risk for dehydration, RN D stated that they look at the charting. Surveyor asked RN D what the process is if a resident is at risk for dehydration, RN D stated that they would monitor the resident, put in orders, and offer fluids. Surveyor asked RN D if R6 is on the list of residents that are at risk of dehydration, RN D stated no. Surveyor asked RN D if there is any monitoring for fluids on R6's MAR/TAR, RN D stated no. Surveyor asked RN D who is responsible for documenting fluid intake, RN D stated the CNAs and the nurses.On 3/19/26 at 8:38 AM, Surveyor interviewed NM E (Nurse Manager). Surveyor asked NM E who is responsible for filling out quarterly and monthly assessments, NM E stated that the floor staff were responsible. Surveyor asked NM E who is responsible for reviewing the information, NM E stated that the MDS does, and the information is used for the quarterly MDS assessments. Surveyor asked NM E who is responsible for recognizing if there is a change in the assessments, NM E stated that they were unsure. Surveyor asked NM E what the expectation is if a resident triggers to be at risk for dehydration, NM E stated that interventions would be put in place, the provider would be updated, and the POA (Power of Attorney) would be updated. Surveyor asked NM E if interventions were put in place for R6, NM E stated that they would have to check with DON B (Director of Nursing). Surveyor asked NM E if they could find documentation of any fluid monitoring for R6, NM E stated no. Surveyor asked NM E if they would expect staff to be monitoring R6's fluids, NM E stated that they would have to check with DON B.On 3/19/26 at 10:19 AM, Surveyor interviewed DON B. Surveyor asked DON B what the process is for quarterly/monthly assessments, DON B stated that either the floor nurses or the Nurse Manager completes them. Surveyor asked DON B if they would expect interventions to be implemented and care plan to be updated after a resident is assessed to be at risk for dehydration, DON B stated yes. Surveyor asked DON B if they would expect staff to be monitoring R6's fluid intake, DON B stated yes.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility did not 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 infection for 1 of 2 Residents (R31) observed for administration of eye drops.RN C (Registered Nurse) had a breach in infection control when RN C did not wear gloves for administration of eye drops.Evidenced by: The facility's Infection Prevention and Control Program policy, dated 2/5/25, states, in part: This facility has established and maintains 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 as per accepted national standards and guidelines.4. Standard Precautions: a. All staff shall assume that all residents are potentially infected or colonized with an organism that could be transmitted during the course of providing resident care services.c. All staff shall use personal protective equipment (PPE) according to established facility policy governing the use of PPE. d. Licensed staff shall adhere to safe injection and medication administration practices, as described in relevant facility policies.The facility's Administration of Eye Drops or Ointments policy, dated 4/9/25, states, in part: Eye medications are administered as ordered by the physician and in accordance with professional standards of practice. 3. Wash hands or utilize alcohol-based hand rub and apply gloves.On 3/17/26 at 12:02 PM, Surveyor observed RN C (Registered Nurse) use bare hands to administer eye drops to R31. Surveyor asked RN C if there are guidelines for administration of eye drops. RN C stated don't touch the dropper tip to anything; your hands, their eye/body. Surveyor asked if any PPE (personal protective equipment) was needed. RN C stated no, I don't think so. Surveyor asked if there was any chance of contact with bodily fluid with administration of eye drops. RN C stated yes, if you touch their eye; that is why I hold their lower lid with a Kleenex.On 3/18/26 at 3:42 PM, Surveyor interviewed DON B (Director of Nursing) who stated that gloves are needed for administration of eye drops.