

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525642	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2024
NAME OF PROVIDER OR SUPPLIER Hope Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 438 Ashford Ave Lomira, WI 53048	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38882</p> <p>Based on observation and interview, the facility did not ensure each resident had a safe, clean, comfortable, and homelike environment or ensure housekeeping provided necessary services to maintain a sanitary, orderly, and comfortable area for 1 of 15 sampled residents (R31).</p> <p>R31 voiced concerns regarding the wall in her room needing to be repaired and painted. Surveyor observed R31's tan painted wall, alongside R31's bed, to have large white patched areas and some small holes where screws used to sit.</p> <p>Evidence by:</p> <p>R31 admitted to the facility on [DATE]. Her most recent Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 1/30/24, indicates R31's speech is clear with distinct intelligible words. R31's MDS also indicates she can make herself understood with her ability to express ideas and wants verbally and nonverbally and she usually understands verbal content. R31's Brief Interview for Mental Status (BIMS) score is a 7 out of 15, indicating severe cognitive impairment.</p> <p>On 3/14/24 at 9:17 AM, R31 voiced concerns regarding the main wall of her side of the shared bedroom. R31 stated, My walls at home do not look like this. She also stated, It has been like this since I moved in. I talk to them about it. I don't want to be fussy. I just want them to fix it. Surveyor observed the longest wall on R31's side of the shared bedroom to be painted a tan color and to have large patched white areas and 2 small holes where screws used to be.</p> <p>On 3/14/24 at 9:27 AM, Maintenance Man G, R31, and Surveyor observed the wall with several large, patched areas and 2 small screw holes. Maintenance Man G indicated R31 has brought this concern up at a resident council meeting and it is on his list of things to do. Maintenance Man G indicated it has been like this for a few months. R31 stated to Maintenance Man G, I would just like it painted or something. I am always looking at it. Surveyor asked R31 if the walls at her home are like this and she stated, No.</p> <p>On 3/18/24 at 4:06 PM, during an interview Social Worker H indicated R31 has voiced concerns regarding the wall in her bedroom at Care Plan Conferences, but Maintenance Man G has not painted it yet. Social Worker G indicated the wall has been like this since R31's admission.</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/18/24 at 4:10 PM, during an interview DON B (Director of Nursing) indicated she is aware of R31's concern regarding the white patches and holes on R31's tan/taupe wall. DON B indicated R31's roommate does not like paint smell, and this is why the project has been put off. DON B indicated this should be painted so R31 is comfortable in her room, and it is a homelike environment.</p>		

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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>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>38882</p> <p>Based on observation, interview, and record review, the facility did not store, prepare, distribute, and serve food in accordance with professional standards for food service safety. This has the potential to affect all 34 residents.</p> <p>Surveyor observed Mighty Shakes to be in the refrigerator for more than the manufacturer's recommendations of 14 days.</p> <p>Surveyor observed hairlike dust moving in the air exchange, in the facility's stove hood, over open food being prepared for resident meals.</p> <p>Surveyor observed a dented can in circulation.</p> <p>Surveyor observed food to have been removed from the original packaging and not dated with an expiration date, an open date, or a use by date.</p> <p>Evidenced by:</p> <p>Example 1</p> <p>Hormel Mighty Shakes manufacturer's recommendations for storage and handling, includes Store frozen. Thaw at or below 40 degrees Fahrenheit. Used thawed product within 14 days. Keep refrigerated.</p> <p>On 3/13/24 at 8:42 AM, Surveyor observed a half of a case of strawberry mighty shakes and 4 cartons of orange mighty shakes in the facility refrigerator. These shakes did not have a thaw date on them. DM C (Dietary Manager) provided the invoice where the strawberry shakes were delivered 2/27/24. During an interview DM C indicated she was unaware these were to be used within 14 days of being thawed. Surveyor showed DM C the manufacturer's recommendations for storage stamped on the cartons. Cook D and Culinary Associate E also indicated they were unaware of the manufacturer's recommendation to use within 14 days of thawing.</p> <p>Order confirmation, with delivery date of 2/27/24, includes: 1 case of Orange Cream Mighty Shakes and 1 case Strawberry Mighty Shakes. (It is important to note the thaw date would be 2/27/24 as these were never placed in the facility's freezer. 15 days prior to initial tour. Also, important to note the staff were unaware of the manufacturer's recommendations for use within 14 days of thawing.)</p> <p>Example 2</p> <p>On 3/13/24 at 8:42 AM, Surveyor observed the sprinkler system, the lighting, and the vents to be covered in hairlike dust that moved as the air shifted. DM C indicated the unit is due for cleaning and will be cleaned right away. DM C and Cook D indicated there is potential for dust to dislodge and fall into the food being prepared.</p> <p>(continued on next page)</p>		

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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 3/18/24 at 1:15 PM, Surveyor and Cook F observed facility stove hood. Surveyor and Cook F observed dust to be on the sprinkler pipes and the lights directly above the burners/food preparation area. Cook F indicated there is potential for the dust to dislodge and fall into the open food and she would wipe these down again.</p> <p>Example 3</p> <p>Facility policy, entitled Food Receiving and Storage, undated, includes: all food will be dated upon stocking if taken out of its original packaging . If not in the original packaging, all food items must be labeled with the name of the contained food .</p> <p>On 3/13/24 at 8:42 AM, Surveyor observed a bag of tator tots in the facility's freezer. This bag had been removed from the original manufacturer's box and did not contain a use by or an opened date. Cook D, DM C, and Culinary Associate E indicated they were not sure when these were opened.</p> <p>Example 4</p> <p>Facility policy, entitled Food Receiving and Storage, undated, includes: Any dented cans are to be put in the designated dented can area for return to the vendor . Leaking, dented, or bulging cans and spoiled food should be removed from storage promptly .</p> <p>On 3/13/24 at 8:42 AM, during initial walk through of the facility's kitchen, Surveyor observed a dented can of mandarin oranges in circulation. DM C indicated the staff use dented cans unless they are dented on the top or the bottom seam.</p>		