STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525643	A. Building B. Wing	07/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pleasant View Nursing Home	N3150 WI-81 Monroe, WI 53566

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50285 Based on observation, interview, and record review, the facility did not ensure residents choices were honored in meal substitutions and an environment that promotes an enhanced quality of life which affected 1 of 1 resident (R59) out of a total sample of 17 residents. R59 voiced concerns her bed was not always made and her choice to have her bed made was not always honored. R59 also expressed concerns her meal choices were not honored. As evidenced by: Example 1 R59 was admitted to the facility on [DATE] with a diagnosis including paresthesia of skin, which is a tingling or prickly sensation in the arms, hands, legs, or feet. R59's most recent MDS (Minimum Data Set) with ARD (Assessment Reference Date) of 6/4/24, indicates R59 has a BIMS (Brief Interview for Mental Status) score of 9 out of 15 indicating R59 is moderately cognitively impaired. R59's MDS indicates the need for some help with self-care and mobility, as well as partial/moderate assistance with all ADLs (Activities of Daily Living). R59's MDS indicates that taking care of her personal belongings is very important to her. On 6/24/24 at 11:11 AM AM R59 expressed concerns to Surveyor that her bed was often left unmade by staff for several days. On 6/26/24 at 8:05 AM Surveyor observed R59's bed was unmade. On 6/24/24 at 8:45 AM R59 indicated that she is unable to make it herself, as she is in a wheelchair and unable to reach across the bed. R59 stated it upset her to have an unmade bed when she has visitors, and her bed is messy. R59 indicated that when she asks staff to make her bed, sometimes they make it and sometimes they say they will come back later and then she never sees them again. R59's environment is important to her, and she depends on facility staff to help keep her room tidy. R59 is especially proud of the various pictures and belongings in her room that remind her of her loved ones, including the handmade blankets on her bed. Staff did not always honor and respect choices that are important to R59. (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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Example 2 On 6/26/24 at 8:02 AM Surveyor observed R59 in the dining room. R59 expressed that she did not care for the blueberry muffin on her tray. R59 stated she had notified staff, who removed the blueberry muffin but had not brought anything to replace it. R59 indicated to Surveyor that she would like a piece of toast as a replacement. On 6/26/24 at 8:19 AM, Surveyor observed R59 self-propel her wheelchair back to her room without having received a replacement item. On 6/26/24 at 8:21 AM, Surveyor interviewed RN K (Registered Nurse) who stated that residents can get a substitution if they choose. RN K replied that they had not called and got a replacement for R59's blueberry muffin. On 6/26/24 at 8:24 AM, Surveyor interviewed CNA M (Certified Nursing Assistant) who stated that she had delivered the meal tray to R59 and removed the blueberry muffin per request. CNA M indicated that she had not offered R59 a replacement. On 6/26/24 at 8:46 AM, Surveyor observed CNA M deliver a banana muffin to R59 in her room. On 6/26/24 at 9:57 AM, Surveyor interviewed DON B (Director of Nursing) who indicated that if an item is removed from a resident's tray and they are not given a replacement item, it does alter the nutritional value of the meal. It is important to note that R59's blueberry muffin was replaced with a banana muffin only after Surveyor intervened with staff and resident had waited 40 minutes for a replacement without staff checking back. Staff did not respect or honor R59's meal replacement choice.

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38882 Based on interview and record review the facility did not ensure prompt resolution of all grievances for 3 of 14 residents reviewed (R2, R40, and R59) for grievances out of a total sample of 17 residents and 5 of 5 supplemental residents reviewed for grievances (R31, R6, R10, R39 and R50). R31, R39, R10, R40 voiced concerns at the Resident Council Meeting regarding the facility not following up on concerns/grievances. R2, R6, R50, and R59 voiced concerns during individual interviews regarding the facility not following up on voiced concerns/grievances. Staff reported they were aware of concerns voiced by R2, R50, R59, R40, R10, R39, R6, and R31 and did not report to the Grievance Official and did not follow the facility's grievance process. Evidenced by: Facility policy, entitled Grievance/Complaint Filing, revised 4/2017, includes, in part: Residents and their representatives have the right to file grievances, either orally or in writing, to the facility staff or to the agency designated to hear grievances. The administrator and the staff will make prompt efforts to resolve grievances to the satisfaction of the resident and/or representative . any resident, family member, or appointed resident representative may file a grievance or complaint concerning care, treatment, behavior of other residents, staff members, theft of property, or any other concerns regarding his or her stay at the facility. Grievances also may be voiced or filed regarding care that has not been furnished . Residents, family, and resident representatives have the right to voice or file grievances without discrimination or reprisal in any form, and without fear of discrimination or reprisal . grievances and/or complaints may be submitted orally or in writing and may be filed anonymously . Upon receipt of a grievance and or complaint, the grievance officer will review and investigate the allegations and submit a written report of such findings to the administrator within 5 working days of receiving the grievance and/or complaint. The resident, or person filing the grievance on behalf of the resident, will be informed verbally and in writing of the findings of the investigation and the actions that will be taken to correct the identified problem . a written summary of the investigation will also be provided to the resident, and a copy will be filed in the business office. The results of all grievances filed . will be maintained on file for a minimum of three years from issuance of the grievance decision. Example 1 R31 admitted to the facility on [DATE]. R31's most recent MDS (Minimum Data Set) with ARD (Assessment Reference Date) of 4/23/24 indicates R31's cognition is intact with a BIMS (Brief Interview for Mental Status) score of 13 out of 15. (continued on next page)

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 6/24/24 at 1:30 PM during the Resident Council Meeting, R31 indicated there is a wandering resident (R24) residing in the home who enters his room uninvited and at times takes his belongs out of his room. R31 indicated he has voiced this concern to staff with no follow up. On 6/26/24 at 4:19 PM DON B (Director of Nursing) refused to be interviewed. On 6/26/24 at 6:22 PM NHA A (Nursing Home Administrator) and Social Services Supervisor V indicated residents can voice concerns to staff and staff who receive these concerns should be following the grievance process and reporting to their supervisors. Example 2 R10 admitted to the facility on [DATE]. R10's most recent MDS with ARD of 4/23/24 indicates R10's cognition is intact with a BIMS score of 15 out of 15. On 6/24/24 at 1:30 PM during the Resident Council Meeting, R10 indicated there is a wandering resident (R24) who comes into her room uninvited. R10 indicated staff sometimes come in and redirect her but not always. R10 also indicated that at times R24 takes her belongings with her when she exits her room. R10 stated that she voices concerns to the nurses and the CNAs (Certified Nursing Assistant) about R24. On 6/25/24 at 3:48 PM LPN T (Licensed Practicing Nurse) indicated R10 has voiced concerns regarding R24 coming in her room and taking her things. LPN T indicated she did not fill out a grievance related to R10's concern and she did not document these incidents. On 6/26/24 at 4:19 PM DON B refused to be interviewed. On 6/26/24 at 6:22 PM NHA A and Social Services Supervisor V indicated residents can voice concerns to staff and staff who receive these concerns should be following the grievance process and reporting to their supervisors. Example 3 R39 admitted to the facility on [DATE]. R39's most recent MDS with ARD of 5/14/24 indicates R39's cognition is moderately impaired with a BIMS score of 9 out of 15 and it indicates R39 makes herself understood and understands others. On 6/24/24 at 1:30 PM during Resident Council Meeting, R39 indicated she has reported to staff that R24 comes in and uses her bed. R39 indicated this has happened more than once and the staff are doing nothing about it. On 6/26/24 at 4:19 PM DON B refused to be interviewed. (continued on next page)

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 6/26/24 at 6:22 PM NHA A and Social Services Supervisor V indicated residents can voice concerns to staff and staff who receive these concerns should be following the grievance process and reporting to their supervisors. Example 4 R2 admitted to the facility on [DATE]. R2's most recent MDS with ARD of 5/21/24 indicate R2's cognition is intact with a BIMS score of 14 out of 15. On 6/25/24 at 11:14 AM Surveyor observed a hanging stop sign next to R2's door. R2 indicated the stop sign is supposed to be strung across the door and secured with Velcro straps, but the staff do not always remember to put it up. R2 indicated the sign's purpose is to keep R24 out of her room. R2's eyes began to drop tears and she bowed her head as she explained, R24 comes in my room. She bothers me a lot. She was in my room a couple days ago. She taunts me, saying I can lift this up and just come in when I want to (referring to the stop sign). She goes in the fridge and gets whatever she wants. She takes things out of my room. She bothers me a lot. Surveyor observed R2 visibly crying. R2's shoulders were moving up and down as she cried with a Kleenex covering her face. R2 continued, She has to go pass my door how many times a day and just stops in my doorway to taunt me. I can see her socks and legs when she is just parked outside of the doorway, and she sits there and listens in when I am on the phone. Surveyor asked if R2 has told anyone about this. R2 stated, I am reporting this to nurses, CNAs, social worker, life enrichment and everyone knows I am upset about this. I always have to have my eyes open. I can't get up to defend my things. I can't even get up to shut the door. I use a machine to get up. All I can do is sit here and watch her. I use the call light, but staff can't come right away. Surveyor asked R2, How does this make you feel? R2 replied, I would feel safe and happy if she wasn't coming in my bedroom or sitting by my doorway. This is my home. I don't have a home anywhere else. This is it. Upon exiting the room Surveyor observed the R24's room and R2's rooms were next to each other on a dead-end hallway. R24 has to pass R2's room to go to the dining room, to the kitchenette, to the activity room, and to the nurse's station. On 6/25/24 at 3:48 PM LPN T (Licensed Practical Nurse) indicated R24 goes into other people's rooms all the time . LPN T indicated R2 has voiced concerns about R24 coming into her room uninvited. LPN T indicated they put up stop signs on some of the doors of residents who have voiced concerns, but they don't work as R24 just lifts them up or removes them altogether and enters. LPN T indicated she has observed R24 yell through R2's door to her and that R24 is light fingered, meaning she takes things that do not belong to her from R2's room and others. LPN T indicated she did not document these incidents, never reported it to the management, and never filled out a grievance related to R2's concern. On 6/25/24 at 3:52 PM Medication Technician U indicated R2 has voiced concerns to her related to R24 coming in her room uninvited and removing items from her room. Medication Technician U indicated she has observed R24 in R2's room despite the stop sign being up. Medication Technician U indicated R24 removes the sign or goes underneath it. Medication Technician U stated, The stop sign is not working. (continued on next page)

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 6/26/24 at 7:58 AM CNA W (Certified Nursing Assistant) indicated she has observed R24 in R2's room and she has observed the wandering resident take items out of R2's room. CNA W indicated she has found R2's items in R24's room. CNA W indicated R2 has voiced concerns to her related to R24 entering her room without being invited and removing items from her room. CNA W indicated she did not fill out a grievance form related to R2's concern and she did not document the incidents she observed. On 6/26/24 at 8:01 AM CNA R stated, The stop signs are not working always. I have seen her in rooms, especially R2's room. She does what she wants, and she takes items out of the rooms. CNA R indicated R2 has voiced concerns related to the wandering resident coming in her room uninvited and removing items from her room. On 6/26/24 at 4:19 PM DON B (Director of Nursing) refused to be interviewed. On 6/26/24 at 6:22 PM NHA A (Nursing Home Administrator) and Social Services Supervisor V indicated residents can voice concerns to staff and staff who receive these concerns should be following the grievance process and reporting to their supervisors. Example 5 R40 admitted to the facility on [DATE]. R40's most recent MDS with ARD of 6/4/24 indicates R40's cognition is intact with a BIMS score of 15 out of 15. On 6/24/24 at 1:30 PM during the Resident Council Meeting, R40 voiced concerns related to R24 coming in her room uninvited. R40 indicated R24 removes items from her room, and she has voiced her concerns to staff, and they aren't doing anything about it. On 6/26/24 at 4:19 PM DON B refused to be interviewed. On 6/26/24 at 6:22 PM NHA A and Social Services Supervisor V indicated residents can voice concerns to staff and staff who receive these concerns should be following the grievance process and reporting to their supervisors. 50285 Example 6 CNA N (Certified Nursing Assistant) was aware that R50 had a concern about another resident wandering in her room and did not report this to the grievance official. R50 admitted to the facility on [DATE]. R50's most recent MDS of 6/11/24 indicate R50's has a BIMS (Brief Interview of Mental Status) score of 11 out of 15 indicating moderate cognitive impairment. (continued on next page)

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 6/26/24 at 1:57 PM, Surveyor observed R50 tell CNA N to close her door if there's someone crazy walking around out there. CNA N indicated that R50 was referring to R56 who frequently wanders into her room uninvited. CNA N stated she had not told anyone about R50's voiced concern. Example 7 (Minimum Data Set) with ARD (Assessment Reference Date) R59 has voiced concerns of R56 who wanders into her room and has taken pictures and other items out of her billfold, as well as lip balm and other small items. R59's concerns have not been reported to management, addressed, or followed up on, nor have these items been located. R59 was admitted to the facility on [DATE]. R59's most recent MDS (Minimum Data Set) with ARD (Assessment Reference Date) of 6/4/24, indicates R59 has a BIMS (Brief Interview of Mental Status) score of 9 out of 15 indicating R59 is moderately cognitively impaired. On 6/24/24 at 11:11 AM, Surveyor interviewed R59 who indicated that there R56 who often wanders into her room uninvited and takes her belongings. R59 stated she had told Life Enrichment Assistant I about the missing items. On 6/26/24 at 08:13 AM, Surveyor interviewed CNA N (Certified Nursing Assistant) who indicated she was aware R56 wanders into R59 and other resident's rooms and takes their belongings. CNA N indicated that the items are always found and returned. CNA N said that she had not told anyone about R59's voiced concern. Of note: CNA N knew of this concern and had not reported it to anyone; therefore, no grievance was completed and no follow up was done relating to R59's concern. On 6/26/24 at 8:16 AM, Surveyor interviewed CNA M who stated she was aware of another resident who wandered into R59's room uninvited and takes items. CNA M said she had not told anyone about R59's voiced concerns. Of note: CNA M knew of this concern and had not reported it to anyone; therefore, no grievance was completed and no follow up was done relating to R59's concern. On 6/26/24 at 2:05 PM, R59 said R56 came into R59's room [ROOM NUMBER] days prior, and she feels it is invasive. R59 stated that when she tells Life Enrichment Assistant I about this invasion of her privacy, she was told that she should just put up with it. On 6/26/24 at 2:42 PM, Surveyor interviewed Life Enrichment Assistant I who stated that R59 had told her about R56 who came into her room uninvited and took her belongings. Life Enrichment Assistant I stated that she had never told anyone in management about these concerns or filled out a grievance. Life Enrichment Assistant I stated yes, she should have filled out a grievance and informed management of R59's concerns.

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50285 Based on observation, interview, and record review, the facility did not ensure adequate supervision and safety to prevent accidents from occurring for 1 of 1 residents reviewed for elopement (R58), 6 of 17 sampled residents (R2, R40, R59, R1, R66, R48) and 6 of 13 supplemental residents (R10, R31, R39, R45, R35, R50) reviewed for wandering, and 1 of 13 supplemental residents reviewed for accidents (R6). R58 has a history of multiple falls, exit seeking behaviors, and elopement. Facility staff did not provide adequate supervision to prevent elopement when R58 was exit seeking. R58 exited through an alarmed door, took his wheelchair down a stairwell, and was found at the bottom of a flight of stairs. Although the door alarm activated and would have sounded for 15 seconds before the stairwell door opened, staff did not respond because there was no staff in the immediate area. When a staff person heard the alarm, the alert board, which indicates to staff which door was alarming, was not functioning, leading to a delay in locating R58. The facility's failure to provide adequate supervision and maintain a functioning alarm system created a finding of Immediate Jeopardy that began on 5/13/2024. Surveyor notified the NHA A (Nursing Home Administrator) and DON B (Director of Nursing) of the Immediate Jeopardy on 6/27/2024 at 2:25 PM. The Immediate Jeopardy was removed on 6/27/24; however, the deficient practice continues at a scope/severity of an E (potential for minimal harm/pattern) as evidenced by the following examples: R51 wanders into other resident rooms. R1, R66, R39, R45, and R35 stated they did not want R51 in their room. The facility provided them with stop signs across their doors, but did not care plan these, nor did they monitor them for effectiveness. R1 stated that she was afraid of R51. R48, who is not cognitively intact and unable to voice concerns, was not offered a stop sign or other protections from R51 entering her room. R31, R39, R10, and R40 voiced concerns at a Resident Council meeting regarding wandering residents entering their room uninvited. R2, R50, and R59 voiced concerns during individual interviews regarding wandering residents entering their room uninvited. Staff reported they were aware of concerns voiced by R2, R50, R59, R40, R10, R39, and R31 and aware the interventions in place were not working to keep uninvited wandering residents out of their rooms. Staff did not place foot pedals on R6's wheelchair causing R6's leg to get caught under the wheelchair. This is evidenced by: (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Facility Falls-Clinical Protocol Policy, dated 2001 with last revision date of September 2012, states in part: As part of the initial assessment, the physician will help identify individuals with a history of falls and risk factors for subsequent falling .The staff will document risk factors for falling in the resident's record and discuss the resident's fall risk .For an individual who has fallen, staff will attempt to define possible cause within 24 hours of the fall .Based on the preceding assessment, the staff and physician will identify pertinent interventions to try to prevent subsequent falls and to address risks of serious consequences of falling .If underlying causes cannot be readily identified or corrected, staff will try various relevant interventions .The staff and physician will monitor and document the individual's response to interventions intended to reduce falling .If the individual continues to fall, the staff and physician will re-evaluate the situation and consider other possible reasons for the resident's falling and will re-evaluate the continued relevance of current interventions . Facility Wandering and Elopements Policy, dated 2001 with last revision date of March 2019, states in part: The facility will identify residents who are at risk of unsafe wandering and strive to prevent harm while maintaining the least restrictive environment for residents .If identified as at risk for wandering, elopement, or other safety issues, the resident's care plan will include strategies and interventions to maintain the resident's safety . R58 was admitted to the facility on [DATE] with diagnoses to include Alzheimer's disease, adjustment disorder with anxiety, chronic pain, other lack of coordination, repeated falls, vascular dementia unspecified. R58's most recent MDS (Minimum Data Set) dated 3/5/2024 states that R58 has a BIMS (Brief Interview of Mental Status) of 8/15 indicating that R58 has moderate cognitive impairment. R58's baseline care plan dated 5/30/2023 states in part, . I am an elopement risk/wanderer related to disoriented to place, impaired safety awareness. Distract me from wandering into other resident rooms by offering pleasant diversions, structured activities, food, conversation, television, book. I prefer country music, working on a horse ranch . I have limited physical ability related to Alzheimer's and frequent falls. I am able to move about the unit with an assistance of 1 person in my wheelchair. I can propel by wheelchair independently but do need supervision to prevent exit seeking. R58 had a wander guard bracelet placed on 6/23/2023. R58's care plan was updated on 8/14/2023 to include the intervention: When wandering and busy on the unit, keep me active and in dayroom for closer supervision to prevent attempts of self-transfers. R58's progress notes list the following: 1/2/2024 at 9:04 PM: Resident busy this pm, exit seeking. Unable to redirect with conversation, 1:1, food, toileting, or snacks. Resident did eventually settle down and is sitting in wheelchair, no distress observed. Resident was offered a non-alcoholic beer and resident appeared to content with that and a tractor book, 1:1 with staff. 1/3/2024 at 07:21 AM: Resident did not sleep this NOC (overnight) shift. Resident was adamant to go pick up [NAME]. Resident was exit seeking from 1:00 AM to 4:30 AM. (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	1/6/2024 at 9:27 PM: Resident busy this pm, intermittent exit seeking, redirectable this pm. Compliant with medications. R58's care plan was updated on 1/30/2024 to include the intervention: Do not leave resident alone if he verbalizes the need to move. R58's progress notes list the following: R58's care plan was updated on 3/6/2024 to include the intervention: Distract me from wandering into other resident rooms by offering pleasant diversions, structured activities, food, conversation, television, book. I prefer country music, working on a horse ranch. R58's progress notes list the following: 3/7/2024 at 7:22 PM: Exit seeking, just going to the exits not through them or setting off alarms at this time. Resident is re directable at this time. No behaviors observed. R58's Elopement assessment dated [DATE] with score 4, meaning at risk for elopement is as follows: History of elopement while at home: Yes. History of attempting to leave the facility without informing staff: Yes. Verbally expressed the desire to go home, packed belongings to go home or stayed near an exit door: Yes. Wanders: Yes. Wandering behavior, a pattern or goal-directed: Yes. Wanders aimlessly or non-goal-directed: No. Wandering behavior likely to affect the safety or well-being of self/others: No. Wandering behavior likely to affect the privacy of others: Yes. Recently admitted or readmitted (within the past 30 days) and has not accepted the situation: No. R58's Wandering assessment dated [DATE] scored him at an 11, meaning High risk to Wander. R58's progress notes list the following: 4/14/2024 at 10:31 PM: Resident was actively exit seeking this pm, not going through the doors, but setting the alarms off and when staff attempted to redirect resident became agitated and attempted to swing hands at staff. No contact with staff made. Resident was re-directed finally with snacks and activities. 4/22/2024 at 2:12 PM: Epic (electronic record system) sent to Doctor of Nursing Practice (DNP) notifying of resident's unwitnessed fall this morning at 7:25 AM Resident has been awake for over 24 hours straight and is not redirectable. Resident found sitting on floor in his room with many of his clothes packed since he is leaving. No injuries noted. Vital signs stable and neurological checks normal. R58's care plan was updated on 4/23/2024 to include the intervention: Provide structured activities: toileting, reorientation strategies including signs, pictures and memory boxes. R58's progress notes list the following: 4/26/2024 at 9:23 PM: Resident exit seeking and looking for my car. Staff attempted to redirect resident; resident became agitated with staff, swinging arms at staff. Resident was redirected with balloon game briefly. Resident is watching a movie and 1:1 with Resident Assistant (RA) at this time. (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	5/4/2024 at 8:41 PM: Resident exit seeking after supper. Needed frequent redirection. I have livestock to care for. RA sitting with resident part of shift attempting to redirect him. 5/13/2024 at 6:45 PM: Elopement attempt made by resident; alarms sounded. Staff reported a 911 situation, resident had gone through door and down one flight of stairs in wheelchair; chair was on stairway tilted, resident was standing at bottom of landing holding onto both railings; staff assisted resident to chair on landing. Resident description: adamant several times that he did not fall, did not hit anything; denies pain. Immediate action taken: Assisted with 3 staff to bottom of 2nd stairs, then to wheelchair and back to unit via elevator; 1:1 staff assistance at this time, administrator Power of Attorney (POA) and Director of Nursing (DON) updated. Predisposing factors: Door alarm sounding light up alert board not functioning, staff found resident at bottom of 1st stairwell, standing on landing with wheelchair on stairs behind him. (It is important to note: There is a kiosk at both ends of the hallway which displays call lights and door alarms that have been activated. There are doors at both ends of the hallway leading to the stairs. The door is alarmed, but it does not have a wander guard unit on it. When the door is pressed an alarm will sound and then the after 15 seconds the door releases and opens. This means the alarm sounded for 15 seconds before the stairwell door opened, during which time staff did not respond.) R58 had a new wander guard placed on 5/27/2024 with expiration date of 3/19/2025. R58's care plan was updated on 5/27/2024 to include the following: Goal: I will not leave facility unattended through the review date. Interventions: My safety will be maintained through the review date. I will demonstrate happiness with daily routine through the review date. If I am talking about leaving the building. Try the following interventions, in part: Explain I do not have to work today. Try calling significant other .line of sight staff attendance when exit seeking .Provide structured activities: toileting, reorientation strategies including signs, pictures and memory boxes. R58's progress notes list the following: On 6/24/24 from 4:03PM-4:05 PM, Surveyors observed R58 by an exit door, running his hand along it, running his hand along the wall, and trying to stand up independently. R58 was stating he had to get out of here and had to get to his truck. Surveyors tried to interview resident about waiting for a staff member to help. Surveyor looked down hallway to find a staff member but did not see one. Resident insisted, stating he has his truck parked outside and needed to get home. Life Enrichment Aide came down the length of the hallway and intervened with conversation and they went together to the center of the hallway. On 6/26/2024 at 08:52 AM, Surveyors observed R58 on the end of the hall in dining room sitting in his wheelchair at the table. There were no staff present and he could not be seen coming down the hallway. Surveyors greeted resident and looked his wheelchair over for anti-tip bars. (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	On 6/26/2024 at 2:38 PM, RN K (Registered Nurse) indicated R58 was known to exit seek and try to self-transfer. She stated on 5/13/2024 there were 2 CNAs (Certified Nursing Assistant) in the two farthest rooms down the hall providing cares while the nurse on the unit went down to the kitchen to take the dirty dishes, leaving R58 unsupervised. One CNA came out of the room and heard the door alarm. When she looked at the lighted alarm system it was blank. This means the door that was activated did not read across the lighted board. The CNA went to the center of the two halls and listened where the sound was coming from. She went toward the sound. CNA found the R58 and his wheelchair at the bottom of the flight of stairs. RN K indicated staff are to have R58 in line of sight so they can supervise him when he is out of his room. RN K indicated resident still talks about leaving and still tries to self-transfer. On 6/26/2024 at 2:44 PM, CNA L indicated that from time-to-time R58 has exit seeking behaviors. On 5/13/2024 at approximately 3:30 PM, R58 was exhibiting exit seeking behaviors, but he calmed down and ate supper. CNA L stated she and her partner thought the nurse was supervising him, but she left the unit to take down the dirty dishes and did not communicate this. CNA L indicated staff were to supervise him and she thinks this means he should have been in a staff member's line of sight. CNA L stated since the incident R58 still tries to self-transfer and still tries to elope. CNA L stated staff are to keep him in the line of sight, but they can't always if they are in a room. On 6/26/2024 at 3:40 PM, LPN J (Licensed Practical Nurse) indicated resident R58 is to be in line of sight of staff at all times, but no one staff is assigned to him. They all just try to keep him in the common areas. On 6/26/2024 3:59 PM, CNA G indicated she is supposed to make sure R58 is always within where staff can see him, but no one staff is specifically assigned to supervise him. CNA G indicated she works night shift, and they can't always keep an eye on him because they have others to attend to. Sometimes they have an RA who will sit with him and do activities. On 6/26/2024 at 4:04 PM, RA H indicated she tries to meet R58 where he is and talk about things that are important to him like farming, tractors, and milking cows. RA H indicated resident is to be supervised. RA H indicated to supervise you have to have your eyes on him and be near him to make sure he is safe. On 6/26/2024 at 4:10 PM, Life Enrichment Aide I indicated on Monday 6/24/2024 around 4:00 PM she was gathering residents for an activity when she saw R58 near an exit door on the opposite end of the hallway from where he lives. Resident was trying to self-transfer and was talking about leaving, finding his truck, and going home. Life Enrichment Aide I stated she knows he is supposed to be supervised or in the line of sight of someone, but it was not her and she did not see staff around. Life Enrichment Aide I indicated she intervened, so he did not attempt to go out the exit door or fall. (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	On 6/26/2024 at 5:07 PM, NHA A (Nursing Home Administrator) stated on 5/13/2024 they were changing their call light system out. NHA A indicated the lighted alert board malfunctioned, but the door functioned appropriately. NHA A indicated staff were to supervise R58 and didn't, they knew he was exit-seeking, and the plan was to have someone with him. The nurse was supposed to be in the lobby, and she went to the kitchen to drop off dishes and came back up, leaving R58 unattended. NHA A stated it is her expectation that there would always be someone on the floor with R58 in their line of sight. NHA A indicated since the event, R58 continues to exit seek, talk about leaving, talk about getting to his truck, and tries to self-transfer. NHA A indicated R58 is to be in the line of sight of a staff member but no one staff is specifically assigned to this task. The facility's failure to adequately supervise a resident who had been identified as a high risk for elopement and had a known history of exit-seeking behaviors created a reasonable likelihood for serious harm, thus leading to a finding of immediate jeopardy. The facility removed the immediate jeopardy on 6/27/24 when they completed the following: - On 6/26/24, staff in nursing, life enrichment, housekeeping, and maintenance were educated regarding the intervention to have line of sight supervision when resident indicates that he is exit-seeking and the need to call maintenance immediately if there are issues identified with the Wander Guard or call light system prior to their next shift. -On 6/26/24, all resident care plans were reviewed for individuals with identified wandering/elopement concerns. All elopement assessments are up to date as are all of the assessments for new residents that would have put them into this category. -On 6/26/24, the interventions were reviewed for adequacy to meet safety needs and to determine if all increased supervision needs were being met. No other care plans were identified where increased supervision was listed as an intervention. -On 6/26/24, the policy for managing care plan interventions regarding wandering and exit-seeking was changed to include monthly reviews of all plans, or sooner if elopement occurs, by the clinical team which includes DON, nursing management, and social services. -As of 6/26/24, daily audits of the delayed egress door system functionality were implemented. -As of 6/26/24, the procedure for notifying maintenance regarding the failure of the elopement prevention system has been updated to include notification immediately to prevent elopement. On 6/27/24, education was provided on the facility has an elopement prevention program listing the names and pictures of the individuals who are high risk for elopement on each unit. Staff have been educated/reeducated on the program and their roles. -DON or DON designee will audit the care plan interventions for proper practice and implementation on a daily basis for one week, then weekly for a month, then monthly for three months, then quarterly. -Action and reeducation will take place promptly upon discovery if it is discovered that interventions are not being properly employed. (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	-Maintenance supervisor will review the WorxHub system for work orders regarding the elopement prevention system that are not being reported promptly on a daily basis for one week, then weekly for one month, and monthly for three months, then quarterly. Action and education will take place promptly if policy is not followed. -Results will be presented to QAPI. 36253 Example 2: R51 was admitted to the facility on [DATE] with the following diagnoses of Alzheimer's disease (the most common type of dementia, a progressive disease beginning with mild memory loss and possibly leading to loss of the ability to carry on a conversation and respond to the environment), unspecified, delusional disorders (a type of psychotic disorder that is an unshakable belief in something that's untrue), major depressive disorder (a severe and persistent low mood, profound sadness, or a sense of despair), generalized anxiety disorder (extremely worried or nervous more frequently even when there is little or no reason to worry about them), and adjustment disorder (an emotional or behavioral reaction to a stressful event or change in a person's life) with mixed anxiety and depressed mood. R51's most recent MDS (Minimum Data Set) dated 6/11/24, states that R51 has a BIMS (Brief Interview of Mental Status) score was not conducted indicating severe cognition and R51 is rarely or never understood. R51's plan of care, states in part . Focus: I have the potential to be physically aggressive (hitting, pinching, grabbing, running into staff with my wheelchair) r/t (related to) Dementia, History of harm to others, Poor impulse control, Date initiated on: 2/28/24, Revision on: 3/6/24. Goal: I will not harm self or others through the review date. Interventions: . Monitor/document/report PRN (as needed) any s/sx (signs/symptoms) of me posing danger to self and others. Date initiated: 2/28/24 . When I become agitated: Intervene before agitation escalates; Guide me away from source of distress; Engage me calmly in conversation; If my response is aggressive, staff to walk calmly away, and approach me later. Date Initiated: 2/28/24. When I have increased anxiety and agitation, please try to redirect me to my room so I can lay down for a little while then reassess anxiety/agitation after that. Date Initiated: 3/6/24 . Focus: I am a wanderer; I wander aimlessly and into other residents rooms and will sometimes lay down in their beds r/t Alzheimer's disease, unaware of safety needs. Date Initiated: 3/22/24 Goal: My safety and other residents safety will be maintained through the review date. Date Initiated: 3/22/24 . Interventions: . Provide positive redirection when I am going into other residents rooms or laying in other residents beds. Offer phrases such as here, take my hand, this is your wheelchair, I can show you where you room is, then redirect me towards my room. Date Initiated: 3/6/24 . Wander Guard Bracelet Date Initiated: 3/22/24 . (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Focus: I don't have the ability to consent to a sexual relationship. I am a vulnerable adult. I will seek relationships with males for a connection. Date Initiated: 2/28/23. Goal: Resident will remain safe and other will remain safe. Date Initiated: 3/17/23. Interventions: Ensure I am safe from abuse . Monitor my whereabouts in relation to any individuals that my harm me or upset me. Monitor my whereabouts in relation to males that I am interested in. Ensure others are safe from unwanted attention. Date Initiated: 6/14/23 . Focus: I have a potential psychosocial well-being problem, sexually inappropriate behavior, r/t Alzheimer's Disease, Delusions. Date Initiated: 6/13/23 . Interventions: . When I start to seek out male residents/visitors please redirect me to a different room and provide distraction with my photo album, balloon activity, folding laundry . Date Initiated: 6/13/23 . Focus: I have impaired cognitive function r/t Alzheimer's. I may wander about the unit looking for things and may put myself in danger of exiting . Date Initiated: 2/28/24 . Goal: I will be able to communicate basic needs on a daily basis through the review date. I will stay safe while I'm moving about and not to leave the facility. Date Initiated: 2/28/23 . Interventions: . Cue, reorient and supervise as needed. Date Initiated: 2/28/23 . It is important to note that R51 does not have a stop sign in her care plan. On 6/24/24 at 10:17AM, Surveyor observed a stop sign on R51's door with the door closed. The facility documented the following progress notes for R51. *1/30/24 at 2:00 PM: Resident has been noted to be going into other resident rooms and laying down on their beds then will get agitated when staff try to redirect her to her own room. Resident was noted to be in another residents room and sitting on the resident bed while they were sleeping in their bed. CNA (Certified Nursing Assistant) and LPN (Licensed Practical Nurse) had to assist resident off the other resident who remained sleeping throughout the encounter. On 3/8/24 at 7:35 AM, Administration progress note states, in part, resident is opening the doors to other resident rooms and entering. when resident is told this is not your room, resident continues to enter the room, when staff attempt to remove resident, resident puts her feet down to make it more difficult to move her . On 3/11/24 at 3:25 PM, Behavior progress note states, in part, Resident was noted to be going into other residents rooms and going back and forth in her wheelchair down the hallways. Resident was frequently asking on how to get out to the parking lot and how to get out of here. Resident also stated she was hungry and was given food and a drink by nursing staff. Resident became slightly agitated when she kept getting re-directed towards her room. Resident was assisted by this writer into her room so she can lay down as that what is what she told staff. Resident stated, you're an ass. Resident was resting in her bed at the end of this interaction . (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	On 3/26/24 at 2:31 PM, Behavior progress note states, in part, Resident was noted to be grabbing onto staffs clothes as they walked by her in the hallways. Resident was noted to be agitated towards other residents that were in her way in the hallways and pulled on other's chairs. Resident was provided 1:1 interaction and given a sandwich. Resident was re-directed to her room and assisted with laying down but then got back up 2 minutes later. Resident has not had any visitors today or known triggers . *4/8/24 at 1:41 PM: Resident entered another resident room this morning and took the blanket he was using from him. Resident has been going into other resident rooms, taking down, or going under the stop signs. When resident is shown where her room is resident grabs the doorframe so she can't go in. On 4/9/24 at 7:02 AM, Social Services progress note states, in part, This writer attempted to speak to resident in regard to entering into other residents rooms uninvited. This writer could not get a response from the resident. We will continue to use the stop signs. Moving forward we will attempt to figure other ways that could redirect the resident. This writer will continue to monitor behavior . *5/10/24 at 12:35 PM: Resident is observed coming in and out of different rooms. Resident is observed trying to eat other residents' food in the dayroom; staff tries to redirect the resident with 1:1 conversation. Resident is noted to be trying to push other individuals in their chairs and stating, give me back the thing you took from me. Resident is redirected by staff, but the resident continues to go in and out of rooms frequently. *5/13/24 at 12:37 PM: Resident was found in another residents room trying to lay down on their bed. Staff attempted to redirect the resident by offering to take the resident to her own room. Resident stated, I want to lay here This is my room. Additional staff tried to redirect the resident back to her own room to show her where she can lay down. Resident stated, I'm going to kill you and was observed trying to hit nursing staff. Resident was able to be redirected to her own room and was assisted to lay down in her bed as she requested. Staff will continue to monitor resident at a safe distance and try reproaching her later if needed. It should be noted that these progress notes do not indicate what resident rooms R51 was going into. Example 3: R1 was admitted to the facility on [DATE]. Her most recent MDS (minimum data set), dated 4/21/24 includes a BIMS score (Brief Interview for Mental Status) of 14, indicating R1 is cognitively intact. On 6/24/24 at 11:28 AM Surveyor asked R1 why she had a stop sign draped across her door. R1 stated that R51 had come into her room on one occasion and laid in her bed. On another occasion, R51 had come into her room and used her bathroom, leaving a mess in the bathroom. R1 stated this happened about 5 weeks ago. R1 stated the stop sign in her doorway was to keep R51 out. R1 believed the stop sign to be effective, but stated she was afraid of R51 because when she comes in, she won't leave. Example 4: (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	R48 was admitted to the facility on [DATE] and has diagnoses that include Alzheimer's disease. Her most recent BIMS score, dated 1/16/24, was 0, indicating R48 is severely cognitively impaired. On 6/26/24 at 9:18 AM, CNA F (Certified Nursing Assistant) stated that she had witnessed R51 go into R48's room. R48 did not have a stop sign on her door way and should. CNA F indicated R48 was not offered a stop sign, the stop signs on various doorways are there because those residents vocalized that they did not want R51 in their room and would like the stop sign. Example 5: R45 was admitted to the facility on [DATE] and has the following diagnoses of generalized anxiety disorder and unspecified dementia. R45's most recent MDS dated [DATE], states a BIMS score of 7 out of 15, indicating R45 is severely cognitively impaired. R45 can understand and is understood. On 6/24/24 at 10:22 AM, Surveyor observed a stop sign across R45's door while he was sitting in his room. Surveyor interviewed R45 during initial screening. Surveyor asked R45 of the reasoning for the stop sign across the door. R45 indicated it was because of the resident next door that likes to come into his room and lay on his bed. R45 reports he can get her out and that she goes into a lot of rooms. R45 reports that sometimes R51 will take the stop sign down when R45 is sitting right in his room. R45 stated I feel like, what the hell are you doing in here. R45 reports that he may have scared her one day when he told R51 she couldn't come in and then she tried to push the door and R45 kept telling her no. R45 reports that they got a little loud and he pushed the door shut on R51 and then she yelled at him. R45 reports that R51 was yelling you hit me, and you hurt my hand. R45 reports he has never touched R51 or hit her. R45 indicated this happens 2 dozen times a day or a couple of times a day when R51 comes into his room. On 6/26/24 at 2:16 PM, Surveyor interviewed CNA X. Surveyor asked CNA X about R51's behavior, she indicated that it was extremely difficult to handle R51, R51 is quick tempered and a very short capacity for listening. Surveyor asked CNA X if R51 goes into other residents' rooms, she indicated yes, all the time and indicated R45 and several other residents. Surveyor asked CNA X the process of what she will do when R51 goes into other rooms, she indicated that they inform the nurse, and they document. Surveyor asked CNA X how R51 is being monitored, she indicated the only time the staff intervene is when there is a confrontation with another resident. CNA X further indicated there have been times that R51 takes other resident's food in the dining room, and we redirect her a lot. CNA X indicated that if they cannot find her, they know she is in a resident's room. Surveyor asked CNA X if R51 stops at the stop signs, she indicated that R51 takes the stop signs down and goes through them, it really does not help the situation. It is important to note that R51 is entering R45's room uninvited. Example 6: R35 was admitted to the facility on [DATE] and has the following diagnoses of cerebral infarction (a result of disrupted blood flow to the brain due to problems with the blood vessels that supply it that can cause parts of the brain to die off due to lack of oxygen) and major depressive disorder. R35's most recent MDS dated [DATE], states a BIMS score of 4 out of 15, indicating R35 is severely cognitively impaired. R35 sometimes understands and sometimes is understood. (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	On 6/24/24 at 10:59 AM, Surveyor observed a stop sign across R35's door while he was sitting in his wheelchair in his room. Surveyor interviewed R35 during initial screening. Surveyor asked R35 of the reasoning for the stop sign across the door. R35 indicated that a lady comes in and then crawls into my bed, identifying R51. R35 stated that he points to the door to chase her out and tells her to get out. Surveyor asked R35 if R51 has touched him, he indicated yes, his shoulder and pushing me. R35 further indicated that the staff come and get R51 out. It is important to note that R51 is entering R35's room uninvited. Example 7: R66 was admitted to the facility on [DATE] and has the following diagnoses of epilepsy, congestive heart failure and renal insufficiency. R66's most recent MDS dated [DATE], states a BIMS score of 13 out of 15 indicating R66 is cognitively intact. R66 can understand and is understood. On 6/26/24 at 2:10 PM, Surveyor observed R66's stop signs down with a visitor in the room. Surveyor asked R66 the reasoning for the stop sign on the door. R66 indicated that she sleeps very sound, even a thunderstorm does not wake her up. R66 reported that one night, R51 came into her room and touched her foot and woke her up.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. 41788 Based on interview and record review, the facility has not established 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. This has the potential to affect all 69 residents. Staff returned to work to soon after signs and symptoms of GI (gastrointestinal illness). Surveyors observed R24 reach in the kitchenette's ice machine with her bare hands. The facility policy entitled Communicable/Contagious Diseases, Employee, with a revision date of 1/24, states in part: . Policy Statement: Personnel with active communicable infections may not be in contact with residents, resident-care items and equipment, or resident environments (e.g., common areas or resident rooms) until they are no longer clinically infectious or contagious. Work restrictions and return to work criteria for specific illnesses are determined by the infection preventionist based on the risk of transmission. Policy Interpretation and Implementation: . 2. Personnel may not come in contact with residents, resident food, medication, equipment/supplies, clean linen, or resident environments while actively infected with a communicable disease . 4. Examples of communicable or infectious diseases that personnel must report and that may result in work restrictions include (but are not limited to) the following: . f. Norovirus (or other viral gastroenteritis); . 7. The infection preventionist is responsible for overseeing the employee health practices, including work restrictions and return to work criteria for specific illnesses . The facility policy entitled Surveillance for Infections, revised 5/22/24, states in part: . Policy Statement: The infection preventionist will conduct ongoing surveillance for healthcare-associated infections (HAIS) and other epidemiologically significant infections that substantial impact on potential resident outcome and that may require transmission-based precautions and other preventative interventions. Policy Interpretation and Implementation: 1. The purpose of the surveillance of infections is to identify both individual cases and trends of epidemiologically significant organisms and healthcare-associated infections, to guide appropriate interventions, and to prevent future infections. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525643	A. Building B. Wing	07/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pleasant View Nursing Home	N3150 WI-81 Monroe, WI 53566

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	2. The criteria for such infections are based on the current standard definitions of infections. 3. Infections that will be included in routine surveillance include those with: a. evidence of transmissibility in a healthcare environment. b. available processes and procedures that prevent or reduce the spread of infection; . d. pathogens associated with serious outbreaks. (e.g., .norovirus .influenza) . The facility policy entitled Infection Prevention and Control Program, revised 5/22/24, states in part: . Policy Statement: An infection prevention and control program (IPCP) is established and maintained to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. Policy Interpretation and Implementation: . 2. The program is based on accepted national infection prevention and control standards . 4. The elements of the infection prevention and control program consists of coordination/oversight, policies/procedures, surveillance, data analysis, antibiotic stewardship, outbreak management, prevention of infection, and employee health and safety . Surveillance: . b. Surveillance tools are used for recognizing the occurrence of infections, recording their number and frequency, detecting outbreaks and epidemics, monitoring employee infection, monitoring adherence to infection prevention and control practices, and detecting unusual pathogens with infection control implications . Data Analysis: a. Data gathered during surveillance is used to oversee infections and spot trends . 11. Prevention of Infection: a. Important facets of infection prevention include: . (8) following established general and disease-specific guidelines such as those of the Centers for Disease Control (CDC) . 13. Monitoring Employee Health and Safety a. The facility has established policies and procedures regarding infection control among employees, contractors, vendors, visitors, and volunteers, including: (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	1. situations when these individuals should report their infections or avoid the facility (for example, . frequent diarrheal stools) . Example 1: The March 2024 staff line list contains 26 staff call ins. Five staff with diarrhea and/or emesis symptoms. The 5 staff returned to work on the last symptom date. Of Note: Per CDC guidelines staff with GI (gastrointestinal) symptoms such as diarrhea and emesis should return to work 48 to 72 hours after date of last symptom. The April 2024 staff line list contains 27 staff call ins. Ten staff with diarrhea and/or emesis symptoms. The 10 staff returned to work on the last symptom date. Of Note: Per CDC guidelines staff with GI symptoms such as diarrhea and emesis should return to work 48 to 72 hours after date of last symptom. The May 2024 staff line list contains 4 staff call ins. One staff with diarrhea and/or emesis symptoms. The 1 staff returned to work on the last symptom date. Of Note: Per CDC guidelines staff with GI symptoms such as diarrhea and emesis should return to work 48 to 72 hours after date of last symptom. The June 2024 staff line list contains 3 staff call ins. One staff with diarrhea and/or emesis symptoms. The 1 staff returned to work on the last symptom date. Of Note: Per CDC guidelines staff with GI symptoms such as diarrhea and emesis should return to work 48 to 72 hours after date of last symptom. On 6/26/24 at 8:50AM, Surveyor interviewed IP E (Infection Preventionist) and asked how return to work dates are determined for GI (Gastroenteritis) symptoms and IP E indicated 24 hours without fever without fever reducing medication. Surveyor asked if this was the facility policy or where she got that guidance from, and IP E indicated she would have to research that. Surveyor informed IP E per CDC guidelines staff with GI symptoms should be off at least 48 hours after last symptom. IP E indicated she will need to update the facility policy. Surveyor asked if staff should be returning on the same date as the last symptom date? IP E indicated she must be completing the well dates incorrectly. IP E indicated she needs a new process. IP E indicated based off the information that was entered on the line lists, the well dates and return to work dates are incorrect. 38882 Example 2: On 6/24/24 at 1:30 PM during a group interview, R40 indicated R24 goes into the facility's kitchenette and helps herself to food in the refrigerator and ice from the ice bin. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 6/25/24 at 11:25 AM, Surveyor observed the facility's kitchenette. In the kitchenette was an ice machine at an accessible level for someone in a wheelchair. On the wall next to the ice machine was a sign that read, Please ask staff for assistance . On 6/26/24 at 10:12 AM, Surveyors observed R24 open the lid of the ice machine and reach in with her bare hand. On 6/26/24 at 10:13 AM, UN D (Unit Manager) indicated R24 should not be in the ice bin with her bare hands.