STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525645	A. Building B. Wing	12/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Mukwonago	837 E Veterans Way Mukwonago, WI 53149

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 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. 49011 Based on observation, interview, and record review, the Facility did not ensure food was prepared and served in a sanitary manner. This practice had the potential to affect 3 of 3 kitchens serving food and 39 of 39 residents residing in the facility. * Vents over the sink and near the dishwasher in the main preparation kitchen were contaminated with dark brown spots on the surface. * Food in the 2 refrigerators in the main preparation kitchen was stored without an open on date and liquid egg cartons were not sealed. * The Rehab/West Unit did not have an approved dish washing machine. There were 2 kitchen staff utilizing this dish washing machine. * The Main/Long Term Care Unit kitchen was observed with staff not utilizing preventative infection control practices. Findings include: 1.) On 12/2/24, at 8:39 AM, Surveyor observed the main preparation kitchen and saw that the air vent by the dish machine and the air vent above the sinks had dark brown spots around the intake area. Surveyor interviewed Dietary Manager-F and asked about the vents and was told they believe the vents are cleaned monthly. On 12/2/24, at 9:35 AM, Surveyor interviewed Director of Environmental Services-C regarding the cleaning of the vents and was told they are done every six months per protocol. On 12/2/24, at 9:40 AM, Surveyor interviewed Facility Services Manager-D regarding the cleaning of the vents and was told it should be done every 6 months, but they are behind schedule, the cleaning has not been done since 4/11/24. The manager is waiting for a quote to schedule the next cleaning. When Programmed Cleaning comes into the Facility, they do the grease traps and vents in the whole building. Surveyor notes that over seven and a half months have passed since the last cleaning of the vents. (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	On 12/2/24, at 11:24 AM, Surveyor told Nursing Home Administrator-A of the concern with the vents in the main kitchen being dirty and not serviced per the 6 month standard operating procedure Surveyor was advised of. No further information was provided. 2.) The Facility Policy and Procedure titled, Food Acceptance with no dates, states in part: Procedure . 4. Perishable foods will be properly covered, labeled and dated and promptly stored in the refrigerator or freezer as appropriate. On 12/2/24, at 8:39 AM, Surveyor observed the main kitchen refrigerators. Several items were observed to not be dated or not be covered leaving them open to contamination. -Sliced American cheese, no date on saran wrap -Liquid whole eggs, carton open -White meat in a stainless dish, no date on saran wrap -Sliced ham, no date on saran wrap -Shredded cheddar cheese, no date on the bag -1/2 of an apple, no date on the saran wrap -1/2 of a tomato, no date on the saran wrap -Bag of lettuce, opened with no date on the bag On 12/2/24, at 8:39 AM, Surveyor interviewed Dietary Manager-F about the food with no dates and the open carton as Dietary Manager-F was grabbing the items off the refrigerator shelves. The Surveyor was told that yes, the items should be dated and sealed and that is why they are being removed now to be put in the garbage. On 12/2/24, at 10:21 AM Surveyor requested the food dating policy from Dietary Manager-F due to the concern of items not dated and open in refrigerator. On 12/2/24, at 11:24 AM, Surveyor told Nursing Home Administrator-A of the concern with the open and undated food in the refrigerator in the main kitchen. No further information was provided. 21855 The facility's High Temp Dish machine Guidelines, undated document: Always wash your hands and use clean gloves before handling clean dishes. REHAB/WEST UNIT KITCHEN (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	3.) On 12/2/24, at 9:20 AM, Surveyor observed, and interviewed, Dietary Staff (DS)-I. DS-I was cleaning up after the breakfast meal. Surveyor observed plates, and mugs, laying upright on a towel. There were dirty pans in the adjacent room off the kitchen. The adjacent room had a commercial dish washer and a garbage disposal sink. Surveyor observed dirty pans in the sink area. DS-I stated the commercial dish machine has not worked for awhile. The DS-I stated they use the residential size dish machine. DS-I stated they wash all the dishes on the unit. On 12/2/24, at 11:15 AM, Surveyor observed, and interviewed, DS-G. DS-G stated the commercial dish machine has not worked for awhile. Surveyor observed DS-G load some dirty dishes into the residential dish machine. DS-G stated they wash all the dishes in the residential dish machine and if they are still wet, they dry them off with a towel. DS-G stated they use the Cascade tablets on the counter. DS-G did not have any sanitization or temperature logs. DS-G stated they use the Cascade tablets. On 12/2/24, at 11:24 AM, Surveyor shared the kitchen concerns with Nursing Home Administrator (NHA)-A. NHA-A stated they will follow up with the contracted kitchen manager. On 12/2/24, at 11:44 AM, Surveyor interviewed Dietary Manager (DM)-F. The DM-F stated there is not operational dish machine on the West/Rehab Unit. The staff are not supposed to use the residential dish machine. The staff are supposed to wash their dishes in the Long Term Care kitchen or main kitchen. LONG TERM CARE KITCHEN/MAIN UNIT The facility's policy and procedure for Hair Restraints, undated documents: All staff entering a kitchen will wear a hairnet/hair restraint, ensuring that all hair is completely covered by the hairnet. The facility's policy and procedure Dishware and Glassware, undated document: Glass and China and silverware once washed and sanitized need to AIR DRY prior to being stacked. 4.) On 12/2/24, at 9:31 AM, Surveyor observed and interviewed, DS-H load used dishware into racks. DS-H did not utilize gloves and pre-washed all the dishware. After the dishware was finished in the dish machine the trays of clean dishes were lined up for air drying. DS-H then handled the clean dishware with their bare hands without utilizing hand hygiene. DS-H handled used dishware without hand hygiene in between handling clean dishware. Surveyor observed this with 8 racks of clean dishware. DS-H stated they rinse off their hands in the used pre-wash sink water. DS-H stated the process is to wash their hands, however feels putting their hands in the pre-wash water is sufficient. On 12/2/24, at 9:37 AM. Surveyor observed Certified Nursing Assistant (CNA)-E in the kitchen. CNA-E was using the toaster and had no hair restraint. CNA-E stated they thought they only needed a hair restraint with resident food. Stating the toast they were making was for themselves. CNA-E did go obtain a hairnet after being queried by Surveyor. Surveyor observed, there is a sign with bolded print on the kitchen entry door stating: NOTICE hairnet required beyond this point. On 12/2/24, at 9:40 AM, Surveyor shared the kitchen concerns with NHA-A. NHA-A stated they would look into it; there should be hand hygiene and hairnets. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 12/2/24, at 10:21 AM, Surveyor interviewed DM-F. DM-F stated staff should be washing their hands between dirty and clean dishware. DM-F stated they educated staff about hand hygiene last week. DM-F stated that it is a known fact to wear hairnets in the kitchen.