STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525655	A. Building B. Wing	09/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fond Du Lac Lutheran Home	244 N Macy St Fond Du Lac, WI 54935

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. Based on staff interview and record review, the facility did not ensure food was stored and prepared in a sanitary manner. This practice had the potential to affect 50 of 51 residents residing in the facility. (One resident received nutritional needs via tube feeding.)Staff did not consistently monitor and document warewasher (dishwasher) wash and rinse cycles temperatures or chemical pH levels for the chlorine sanitizer.Staff did not consistently test and document the parts per million (PPM) and temperature of the sanitizing solution in the 3-compartment sink.Staff did not consistently monitor and document cooked food temperatures or hot/cold holding temperatures.Staff did not consistently maintain kitchen cooler and freezer logs. Findings include:During an initial tour of the kitchen on 9/2/25 at 9:28 AM, Surveyor interviewed Dietary Manager (DM)-C who indicated the facility follows the Wisconsin Food Code.The 2022 Wisconsin Food Code documents at 2-103.11 Person in Charge: The person in charge shall ensure that .(G) Employees are properly cooking time/temperature control for safety food, being particularly careful in cooking those foods known to cause severe foodborne illness and death, such as eggs and comminuted meats, through daily oversight of the employees routine monitoring of the cooking temperatures using appropriate temperature measuring devices properly scaled and calibrated as specified under 4-203.11 and 4-502.11 (B) .(I) Employees are properly maintaining the temperatures of time/temperature control for safety foods during hot and cold holding through daily oversight of the employees routine monitoring for food temperatures .(K) Employees are properly sanitizing cleaned multi-use equipment and utensils before they are reused, through routine monitoring of solution temperature and exposure time for hot water sanitizing, and chemical concentration, pH, temperature, and exposure time for chemical sanitizing.Dishwashing Machine Logs:The facility's undated Recording Dish Machine Temperatures policy indicates: Dishwashing staff will monitor and record dish machine temperatures to assure proper sanitizing of dishes. 1) The Food Service Manager will provide the dishwashing staff with a log to be posted near the dish machine. 2) The Food Service Manager will train dishwashing staff to monitor dish machine temperatures throughout the dishwashing process. 3) Staff will be trained to record dish machine temperatures for the wash and rinse cycles at each meal. 4) Dishwashing staff will be trained to report any problems with the dish machine to the Food Services Manager as soon as they occur.The 2022 Wisconsin Food Code documents at 4-501.110 (B): The temperature of the wash solution in spray-type warewashers that use chemicals to sanitize may not be less than 49 degrees Celsius (C) or 120 degrees Fahrenheit (F).During a follow-up tour of the kitchen on 9/3/25 at 1:38 PM, Surveyor interviewed DM-C who indicated staff complete dish washing after each meal service and should monitor and document dish machine temperatures and chlorine pH levels prior to each use. From 9/2/25 to 9/4/25, Surveyor reviewed the facility's dishwasher machine logs for June 2025 through July 2025. Surveyor noted the logs contained 38 missing dish machine temperatures and pH levels. Surveyor also noted 39 wash temperatures were below the minimum of 120 degrees F.On 9/4/25 at 9:48 AM, Surveyor interviewed DM-C who stated staff are aware that when the dish machine temperature is below the minimum temperature, they should run empty racks through the dish machine until the temperature is above 120 degrees F. DM-C acknowledged the dish machine logs did (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	not indicate staff took corrective measures when the temperatures were low and verified DM-C was aware of the missing temperatures and pH levels. DM-C stated DM-C has new staff who are still learning to complete the logs.Manual Warewashing and Sanitizing Solution Testing:The 2022 Wisconsin Food Code documents at 4-501.19 Manual Warewashing Equipment, Wash Solution Temperature: The temperature of the wash solution in manual warewashing equipment shall be maintained at not less than 43 degrees C (110 degrees F) or the temperature specified on the cleaning agent manufacturer's label instructions.On 9/4/25 at 9:48 AM, Surveyor interviewed DM-C who stated the facility uses Hydrion QT-40 Quaternary test strips to test the PPM levels in the 3-compartment sink. DM-C stated the cooks wash their dishes at the end of each meal service and should test and document the temperature and PPM in the 3-compartment sink prior to washing their dishes. From 9/2/25 to 9/4/25, Surveyor reviewed the facility's 3-compartment sink temperature and PPM logs for June 2025 through August 2025. Surveyor noted the logs were not consistently completed and contained multiple missing temperatures and PPM levels. On 9/4/25 at 9:48 AM, Surveyor interviewed DM-C who was aware of the missing temperatures and PPM levels and stated new staff are still learning to complete the logs.Food Temperature Monitoring:The 2022 Wisconsin Food Code documents at 3-401.11 Raw Animal Foods: .Raw animal foods such as eggs, fish, meat, poultry, and foods containing these raw animal foods, shall be cooked to heat all parts of the food to a temperature and for a time that complies with one of the following methods based on the food that is being cooked.The facility's undated Temperature and Recording policy indicates: The temperatures of food items will be taken and properly recorded for each meal. All hot food items must be cooked to appropriate internal temperatures, held, and served at a temperature of at least 135 degrees F. Staff are to take temperatures often to monitor for safe temperature ranges at or below 41 degrees F for cold foods and at or above 135 degrees F for hot foods. Cooking temperatures must be reached and maintained according to regulation, law, and standardized recipes while cooking .Temperatures should be taken periodically .during the portioning, transporting, and delivery process.From 9/2/25 to 9/4/25, Surveyor requested the food temperature logs for June 2025 through August 2025. The facility provided Surveyor with 155 meal temperature logs which included cooked temperatures and served (holding) temperatures. Surveyor noted the following:~ There were no cooked temperatures for 32 meals.~ There were no served (holding) temperatures for 30 meals.~ Of the 155 logs reviewed, 147 logs did not contain a date on which the log was completed.On 9/4/25 at 9:48 AM, Surveyor interviewed DM-C who was aware of the missing temperatures and stated new staff are still learning to complete the logs.Refrigerator and Freezer Temperature Monitoring:The 2022 Wisconsin Food Code documents at 3-202.11 Temperature: .Perishable food items must be stored at appropriate temperatures to prevent spoilage and reduce the risk of foodborne illness. Refrigerators should be set below 41 Fahrenheit (F) (5 Celsius (C)) and freezers at or below 0 F (-18 C).From 9/2/25 to 9/4/25, Surveyor reviewed temperature logs for 2 refrigerators and 2 freezers in the main kitchen for June 2025 through August 2025. The logs indicated temperatures should be taken three times daily. Surveyor noted the following:~ The log for the walk-in refrigerator contained missing temperatures on 64 days.~ The log for the walk-in freezer contained missing temperatures on 61 days.~ The baker refrigerator contained missing temperatures on 62 days.~ The baker freezer contained missing temperatures on 62 days.On 9/4/25 at 9:48 AM, Surveyor interviewed DM-C who was aware of the missing temperatures and stated new staff are still learning to complete the logs.

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F 0553 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow resident to participate in the development and implementation of his or her person-centered plan of care. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff and resident interview and record review, the facility did not ensure the opportunity to participate in quarterly care conferences was provided for 1 resident (R) (R8) of 22 sampled residents.The facility did not include R8 in quarterly care conferences since 11/5/24.Findings include:The facility's Individual Care Plan Conferences policy, dated 2/2024, indicates: .3. An individual care plan review will be held every three months after the initial care plan conference is held. Scheduling will be done by the Minimum Data Set (MDS) Nurse or designee. The Life Coach will invite the individual or responsible party to the care plan review .From 9/2/25 to 9/4/25, Surveyor reviewed R8's medical record. R8 was admitted to the facility on [DATE] and had diagnoses including surgical amputation of toe, cellulitis of left lower limb, sepsis, and diabetes. R8's MDS assessment, dated 8/29/25, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R8 had intact cognition. R8 was responsible for R8's healthcare decisions. On 9/2/25 at 10:21 AM and on 9/3/25 at 3:00 PM, Surveyor interviewed R8 who indicated care plan conferences should be quarterly, however, R8 had not had a care plan conference since last year. R8 did not recall receiving mail at the facility with notification of care plan conferences. R8 indicated Director of Life Coach Services (DLCS)-E does not tell R8 about dates or times of care conferences. On 9/3/25 at 1:11 PM and 2:15 PM, Surveyor interviewed DLCS-E who indicated care plan conference meeting notifications were sent via mail to R8's home residence. DLCS-E indicated that was an error and the notifications should have been mailed to R8 at the facility. DLCS-E indicated DLCS-E communicates with R8 on a regular basis but does not verbally inform R8 of scheduled care conferences or discuss care conference outcomes. DLCS-E indicated R8's family indicated they were unable to attend the scheduled conferences due to scheduling conflicts. DLCS-E verified the last care conference R8 attended was on 11/5/24 and care conferences beyond that date only included facility staff. DLCS-E verified R8 is responsible for R8's healthcare decisions and should be the primary contact for all communication.On 9/3/25 at 3:26 PM, Surveyor interviewed Director of Nursing (DON)-B who indicated care conferences should be scheduled on a quarterly basis. DON-B indicated DON-B expects staff to provide care conference notifications to R8 who does not have an activated Power of Attorney for Healthcare (POAHC).

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interview, and record review, the facility did not establish and maintain an infection prevention and control program designed to prevent the development and transmission of communicable disease and infection for 2 residents (R) (R6 and R7) of 3 residents observed during the provision of cares. R6 had a feeding tube and was on enhanced barrier precautions (EBP). During an observation of care for R6, Registered Nurse (RN)-D did not wear the appropriate personal protective equipment (PPE).Used gloves were observed on a railing outside R7's room following an observation of care for R7. Findings include:The facility's Enhanced Barrier Precautions Policy, dated 2/6/25, indicates: EBP is used in conjunction with standard precautions and expand the use of personal protective equipment (PPE) to the donning of a gown and gloves during high-contact resident care activities that provide opportunities for the transfer of multidrug-resistant organisms (MDROs) to staffs' hands and clothing. EBP is indicated for residents with infection or colonization with an MDRO, wounds, or indwelling medical devices. A feeding tube is considered an indwelling medical device.The facility's Personal Protective Equipment Policy, dated 7/22/22, indicates: Clean, disposable gloves are worn when exposure is planned or anticipated during direct contact with stool or other body fluids.1.From 9/2/25 to 9/4/25, Surveyor reviewed R6's medical record. R6 was admitted to the facility on [DATE] and had diagnoses including schizoaffective disorder, anxiety, chronic respiratory failure, difficulty swallowing, and a history of gastrostomy feeding tube placement. R6's Minimum Data Set (MDS) assessment, dated 7/10/25, indicated R6 had moderate cognitive impairment. R6 had an activated Power of Attorney of Healthcare (POAHC). A care plan, revised 1/25/23, indicated R6 had a potential for altered nutritional status related to nothing by mouth (NPO) status with full reliance on tube feeding for nutrition and hydration support related to aspiration risk. The care plan also indicated R6 was on EBP.On 9/3/25 at 9:00 AM, Surveyor observed RN-D disconnect R6's feeding tube and flush the tube with 100 cubic centimeters (ccs) of water. During the procedure, RN-D wore gloves but did not wear a gown. Surveyor observed a sign outside R6's door that indicated R6 was on EBP and a PPE cart outside R6's room. On 9/3/25 at 9:05 AM, Surveyor interviewed RN-D who verified RN-D wore gloves but not a gown on while providing feeding tube care for R6.2. From 9/2/25 to 9/4/25, Surveyor reviewed R7's medical record. R7 was admitted to the facility on [DATE] and had diagnoses including seizure disorder, encephalopathy, and congenital hydrocephalus. R7 had a cerebrospinal drainage device. R7's MDS assessment, dated 7/15/25, indicated R7 had severe cognitive impairment. R7 had an activated POAHC.On 9/3/25 at 10:15 AM, Surveyor observed Certified Nursing Assistant (CNA)-G and CNA-H transfer R7 from wheelchair to bed via Hoyer lift with the intention of checking R7 for incontinence and changing R7's brief if necessary. CNA-G and CNA-H wore gloves during the transfer. R7 refused to be checked for incontinence and indicated R7 wanted to remain in bed and rest. CNA-G and CNA-H then removed gloves and exited the room.On 9/3/25 at 10:31 AM, Surveyor observed used gloves on the railing outside R7's room. Surveyor was uncertain who put the gloves on the railing and was unable to interview CNA-G or CNA-H who went to assist another resident. On 9/4/25, Surveyor interviewed Director of Nursing (DON)-B and informed DON-B about the used gloves on the railing outside of R7's room. DON-B indicated leaving used gloves on a railing was not in accordance with the facility's infection control practices.