STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525659	A. Building B. Wing	11/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Grande Prairie Care and Rehab Ctr LLC	10330 Prairie Ridge Blvd Pleasant Prairie, WI 53158

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36190 Based on observations, interviews, record review, and facility policy review, the facility failed to assess two of 18 sampled residents (Resident (R) 11 and R45) for self-administration of medications. This failure led to medications being left at the bedside where they could be accessed by other residents. Findings include: Review of a facility policy titled Resident Self-Administration of Medication dated 2024 indicated .It is the policy of this facility to support each resident's right to self-administer medication. A resident may only self-administer medications after the facility's interdisciplinary team has determined which medications may be self-administered.Residents are offered the opportunity to self-administer medications during the routine assessment by the facility's interdisciplinary team.When determining if self-administration is clinically appropriate for a resident, the interdisciplinary team should be at a minimum consider the following.The medications appropriate and safe for self-administration.The resident's ability to ensure that medication is stored safely and securely. 14. The care plan must reflect resident self-administration and storage arrangements for such medications and CGM [Continuous Glucose Monitors] devices . 16. A re-assessment for safety at a minimum should be considered by the interdisciplinary team for the following: a. Significant change in resident's status . 1. Review of R11's electronic medical record (EMR) titled Admission Record located under the Profile tab indicated the resident was admitted to the facility on [DATE]. Review of R11's EMR titled quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 09/30/24 indicated the resident had a Brief Interview for Mental Status (BIMS) score of 13 out of 15 which revealed the resident was cognitively intact. Review of R11's EMR titled Care Plan located under the Care Plan tab failed to contain evidence the resident was assessed for the safe administration of medications. Review of R11's EMR failed to contain evidence that the resident was assessed for the safe administration of medications. During an interview conducted on 11/12/24 at 3:10 PM, R11 was observed with a plastic cup of several medications. The resident stated she arrived back from dialysis and needed to eat so the staff left the medications for her to take after. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview conducted on 11/12/24 at 3:15 PM, Licensed Practical Nurse (LPN) 2 stated medications were not to be left at the bedside and then entered R11's room. During this observation the resident told LPN2 that the medications were left by staff so she could eat her meal first. LPN2 then left the resident's room without taking the medications with him. During an interview on 11/13/24 at 10:51 AM, LPN1 stated there was no safety assessment for R11's self-administration of medications. LPN1 stated the medications were inadvertently left at the bedside by an agency nurse. During an interview on 11/13/24 at 11:22 AM, the Director of Nursing (DON) confirmed there was no safety assessment for R11 and the self-administration of medications. 2. Review of R45's annual MDS with an ARD of 07/28/24 located in the MDS tab of the EMR revealed an admitted [DATE], had a BIMS score of 15 out of 15, which indicated R45 had intact cognition and had diagnoses of unspecified asthma, uncomplicated, other specified cataract, and arthritis. Review of R45's Care Plan, revised 10/31/24, located in the EMR under the Care Plan tab revealed R45 indicated functional decline, decreased movement of BLE [bilateral extremities], increased edema. An intervention included May leave meds at bedside. Review of R45's Orders located in the EMR under the Order tab revealed Fluticasone Propionate HFA [Hydrofluoroalkane] Aerosol 110 MCG[MicroGram]/ACT 2 puff inhale orally in the morning for Wheezing, dated 04/29/22 and Fluticasone Propionate Suspension 50 MCG/ACT 1 spray in each nostril two times a day for Allergies, dated 09/23/22. Review of R45's Self Administration of Medications, dated 12/15/22, located in the EMR under the Assessment tab revealed Resident will administer medication to self only once nurse has collected meds [medications] and provided them. Review of R45's November 2024 Medication Administration Record (MAR) located in the EMR under the Order tab revealed May leave meds at bedside., May leave meds at bedside: - Fluticasone Propionate (inhaler) - Fluticasone Propionate Suspension (nasal spray). Review of R45's Quarterly/Annual/Significant Change Assessments, dated 08/28/23, 10/30/23, 01/26/24, 02/27/24, 04/27/24, 05/07/24, 07/26/24, and 10/28/24 located in the EMR under the Assessment tab revealed a section titled Self Administration of medications included a. Does the resident desire to self administer his/her own medications? 2. No Observation on 11/11/24 at 8:51 AM, R45 was in her wheelchair in her room eating breakfast. Medications were observed on R45's overbed table. The medications included an inhaler and a bottle of nasal spray. R45 was asked if the medications were hers and R45 responded very slowly, Yes. Observation on 11/12/24 at 10:16 AM, R45 was sitting in her wheelchair in her room watching television and eating puffed chips. R45 was again observed with an inhaler on her overbed table. R45 was asked if the medication was hers and did the nurse leave it for her to use. R45 responded very slowly, Yes. (continued on next page)

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F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 11/12/24 at 10:22 AM, Certified Nurse Aide (CNA)2 was in R45's room. CNA2 was asked if the nurse left R45's inhaler with her every day and CNA2 stated, Yes. During an interview on 11/13/24 at 9:13 AM, LPN4 was asked if R45 can have inhaler and nasal spray medications at bedside. LPN4 stated, Yes and she's watched her before. LPN stated R45 can self-administer her medications and (R45) likes to do her puffer from her inhaler herself and the nasal spray. LPN4 was asked if there was an order for self-administration. LPN4 reviewed the EMR and stated, No order and no specifics. LPN4 was asked what the facility policy included. LPN4 stated she wasn't sure but confirmed it wasn't care planned with details such as to what medications could be left at bedside and for how long. LPN4 went on to say assessments for self-administration should be quarterly and are flagged in the EMR when they are due. During an interview on 11/13/24 at 11:02 AM, Director of Nursing (DON) was asked if she was aware R45's inhaler and nasal spray were being left with R45 in her room. The DON stated she wasn't aware. The DON was asked what her expectation was for medications left with R45 in her room. The DON stated she couldn't answer that until she looked into it. During a follow-up interview on 11/13/24 at 11:20 AM, the DON was asked how often R45's self-administration assessments were conducted as the last one was dated 12/15/22. The DON stated the Quarterly/Annual/Significant Change Assessment included the self-administration medication and confirmed the last quarterly assessment was missed but hadn't gone through all the assessments. The DON reviewed the EMR and pointed to the section that read Self Administration of medications a. Does the resident desire to self administer his/her own medications? DON stated the medications are listed on the original assessment. The DON was also asked about R45's care plan not including details about R45's self-administration. The DON confirmed the care plan only included an intervention that medications could be left at bedside but lacked what kind of medication these could be. 12679

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36190 Based on observation, interview, record review, and policy review, the facility failed to ensure leftovers were cooled properly, over easy eggs were pasteurized or cooked thoroughly for one (Resident (R)55) of one resident, and the ice machine was routinely cleaned in one of one kitchen reviewed for food handling practices. This deficient practice had the potential to cause food-borne illness and affect 32 of 33 residents who received meals prepared in the facility's only kitchen. Findings include: Review of the facility policy titled Ice Machine, revised 06/12/24, revealed Frequency: Monthly- Remove ice, Wash inside machine, Use sanitizing solution and clean cloth, Allow to air dry, Refill with ice. Review of the facility policy titled Cooling Monitor for Hazardous Foods, dated 05/01/19, revealed Food handling rules for cooling hazardous foods will be used by Dietary employees. Hazardous foods will be defined as: . eggs . Procedure: Transfer cooked product to a container(s) with a depth no greater than two inches, . Leave container uncovered or loosely covered during the cooling process, .If temperature doesn't reach 70 degrees in 2 hours, reheat to 165 degrees and try cooling process again. Review of the facility policy titled Egg Cookery and Shortage, revised 05/01/22, revealed To serve eggs free of salmonella and acceptable to the patient/patient Procedures: .Individually prepared eggs shall be cooked to heat all parts to 145 degrees F [Fahrenheit] or above. The following cooking times are recommended: . A soft egg shall not be served unless the temperature is at least 140 degrees F for 3 minutes or 145 degrees F for 15 seconds. Generally, at these temperatures, the whites are completely set, and the yolks have congealed. Pasteurized eggs in the shell may be cooked and served individually per resident's preference. 1. On 11/12/24 at 1:59 PM, the ice machine located in the kitchen was observed filled with ice and the interior contained a mold-like substance that included a collection of dark spots and light-yellow shinny substance alone the walls, door, and top. The Dietary Manager (DM) acknowledged the mold-like substances and started to wipe the inside lid. The DM was asked when the last time the ice machine was cleaned. The DM stated an outside company cleans it every six months. The DM confirmed the dietary department had not cleaned the interior since he had started his employment one and a half years ago. During an interview on 11/12/24 at 4:10 PM, the Administrator was asked if he was aware of the ice machine not cleaned routinely and a mold-like substance was present. The Administrator stated he was made aware, and then stated, it's clean now. The Administrator was asked for evidence of the last time the ice machine was cleaned by the outside company and manufacture's requirements. The Administrator provided an invoice, dated 08/03/22, from an outside company who cleaned the ice machine last. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2. On 11/12/24 at 2:09 PM, the DM was asked if there were any leftovers from breakfast or lunch. The DM stated, Yes, then pointed to a metal pan (four-inch deep stainless steel) filled with scrambled eggs in the walk-in refrigerator. The DM stated the leftover eggs were from the 11/12/24 breakfast and were taken directly from the steam table at 8:00 AM or 8:30 AM. The DM removed the pan and measured the scrambled eggs at 46 degrees F. The DM stated the eggs were prepared from pasteurized liquid eggs. The DM was asked what method the staff used to quickly cool down leftovers and if he was aware of the rule to cool food down to 41 degrees F within six hours. The DM stated, No, they usually didn't have leftovers. The DM then immediately disposed of the eggs in the trash can. 3. On 11/13/24 at 7:56 AM, during the observation of meal service in the kitchen, two shelled eggs were noted to be sitting out on the counter at room temperature. Dietary Aide (DA)1 and the DM were asked about the eggs. DA1 stated they had a resident who sometimes wanted over easy but that morning he changed to scrambled eggs. DA1 then asked if they had other residents who requested over easy fried eggs. DA1 Will stated, Yes, R55 was getting two over easy eggs, and the DA1 lifted a lid from a plate that was sitting on the steam table and showed the two fried eggs he had prepared for him. Review of R55's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 07/26/24 revealed an admitted [DATE], had a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicated he had intact cognition and had diagnoses type 2 diabetes mellitus, other spondylosis with radiculopathy, lumbar region, and hypertension. On 11/13/24 at 8:47 AM, R55's breakfast was delivered to his room. R55 was served two fried eggs, two slices of toast, coffee, and a sausage patty. R55 place one fried egg between two slices of toast making it into a sandwich and ate it. The second fried egg was still on the plate and a liquid yolk was present. R55 was asked if his egg yolk was runny and R55 confirmed his fried eggs were runny. During an interview on 11/13/24 at 8:53 AM, the DM was asked what eggs were used for the over easy eggs served that morning, 11/13/24. The DM went into the walk-in refrigerator and removed the box of fresh shelled eggs, placing it on to the kitchen counter. The box was noted to have a Best by 10/30 date on it and only a few eggs remained. The label on the box did not indicate the eggs were pasteurized. The DM was asked if he was aware of the requirement to use pasteurized shelled eggs for over easy fried eggs. The DM stated, No. During an interview on 11/13/24 at 1:41 PM, the Registered Dietitian (RD) was asked if she was aware of the mold-like substance observed inside the ice machine on 11/13/24 and RD stated she just heard. The RD asked if she was aware of a pan of left-over scrambled eggs not cooled down properly and RD stated, No. The RD was asked if she was aware of unpasteurized eggs being used for over easy eggs at breakfast 11/13/24 and RD stated, Yes, she heard about it 11/13/24. The RD went on to say she had only been working at the facility for about two weeks as a replacement to the full-time RD who recently left her employment with the facility. The RD was asked what her expectation was for the above sanitation issues. The RD stated to follow the cleaning schedule and regulation. The RD was asked for any past kitchen RD audits. None were provided. During an interview on 11/14/24 at 9:34 AM, the Regional Staff (RS) confirmed the box of unpasteurized eggs was discarded and pasteurized eggs were purchased.

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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. 51678 Based on observations, interviews, and policy review, the facility failed to ensure two of two Licensed Practical Nurses (Licensed Practical Nurses (LPN) 3 and LPN 5) followed Enhanced Barrier Precautions (EBP) during medication administration for two of two residents (Resident (R) 68 and R231). Findings include: Review of the facility's revised October 2024 Enhanced Barrier Precautions policy revealed EBP would have been followed when providing high-contact resident care activities including feeding tubes and PICC (peripheral inserted central catheter) lines. During an observation on 11/13/24 at 8:50 AM of LPN3 during medication administration through a gastrostomy tube (tube inserted into the stomach) for R231 revealed she did not put on a barrier gown prior to accessing his gastrostomy tube. There was an EBP sign on R231's door and supplies beside the door. During an interview on 11/13/24 at 2:52 PM with LPN3 revealed she did not put a barrier gown on as she did not feel there was no risk of any type of infectious transmission. She agreed she should have used the barrier gown according to the policy as it was a high contact procedure. During an observation on 11/13/24 at 10:15 AM of LPN5 during medication administration through a PICC line for R68 revealed she did not put on a barrier gown prior to accessing his PICC line. During an interview on 11/13/24 at 2:30 PM with LPN5 revealed she had not worn a barrier gown as she had not thought it was necessary due to just the PICC line being accessed and not his wounds. She agreed she should have followed the policy as it was a high-risk activity. During an interview on 11/13/24 at 3:00 p.m. with the Director of Nursing confirmed LPN's 3 and 5 should have worn a barrier gown prior to the medication administration through the gastrostomy tube and PICC line. The policy for EBP had indicated both of those were high-risk activities.