

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525660	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/15/2024
NAME OF PROVIDER OR SUPPLIER St Dominic Villa		STREET ADDRESS, CITY, STATE, ZIP CODE 2375 Sinsinawa Rd Hazel Green, WI 53811	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30992</p> <p>Based on interview and record review, the facility failed to consult with the physician related to a significant change of condition for 1 of 7 residents (R46) out of 15 residents reviewed for physician notification.</p> <p>The facility did not consult with R46's physician after a culture and sensitivity (C&S) report confirmed he had a urinary tract infection.</p> <p>As evidenced by</p> <p>The facility's policy, Change of Condition and Provider Notification, reviewed 8/10/23, indicates, in part, the following: Upon individual change of condition, proper assessment and provider notification will occur to provide timely delivery of clinical care. Procedure: Change of Condition (COC) is a deviation from an individual's baseline in physical, cognitive, behavioral, or functional status. Clinically important means a deviation that, without intervention, may result in complications or death. Notification: Primary Care Provider (PCP) will be contacted for notification and obtain further orders from provider as necessary. If PCP cannot be reached, on-call provider will be contacted. If PCP and/or on-call provider are not able to be contacted, Medical Director will be contacted for notification.</p> <p>R46 was admitted to the facility on [DATE] with diagnoses including, but not limited to, the following: Benign prostatic hyperplasia and urinary retention. Of note, R46 was diagnosed with malignant neoplasm (cancer) of right kidney in April 2024.</p> <p>R46 is his own person.</p> <p>On 7/21/24 at 9:40 PM, R46's Progress Note indicates the following: Resident has a temp of 101.6. Contacted on call and got order from NP (Nurse Practitioner) for UA+C&S (urinalysis culture and sensitivity) and to continue PRN (as needed) Tylenol for temp. Results to be sent to Nurse Practitioner or Urologist. Resident had a cath (catheter) change earlier this day at the hospital.</p> <p>On 7/22/24 at 2:34 PM, R46's Progress Note indicates the following: Call placed to Urology ordered from on-call on 7/21/24. Urology will call back on 7/23/24 with instructions from Urologist if urine sample is necessary and if Urology would like to address.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 7/22/24 at 2:37 PM, R46's Progress Note indicates the following: Call placed to (provider name) to inquire on UA (urinalysis) sample is to be collected or if they would like instructions to be sent to Urology. Residents catheter is draining well, urine is dark yellow in color, no pain or discomfort noted at this time. Awaiting response at this time.</p> <p>On 7/23/24 at 6:02 AM, R46's Progress Note indicates the following: UA+ culture send to lab within 4 hours of collecting. One time only for order by NP for temp of 101.6 related to retention of urine for 1 day.</p> <p>On 7/23/24 at 10:20 AM, R46's Progress Note indicates the following: Minimal hematuria in catheter tubing-irrigates without issue.</p> <p>On 7/23/24 at 10:52 AM, R46's Progress Note indicates the following: UA specimen to lab for analysis.</p> <p>On 7/24/24 at 1:12 PM, R46's Urinalysis culture and sensitivity indicates the following result:</p> <p>>100,000 CFU/ml Gram-negative bacilli (Abnormal) and</p> <p>>10,000 but <100,000 CFU/ml mixed flora - Probable contaminants - No further identification.</p> <p>On 7/24/24 at 2:48 PM, R46's Progress Note indicates the following: Urine preliminary results on culture came back >100,000 gram-negative bacilli, call out to Urology, awaiting response.</p> <p>On 7/25/24 at 12:04 PM, R46's Progress Note indicates the following: UA culture and sensitivity sent to Urologist via fax and called to office to notify. Awaiting call back.</p> <p>On 7/25/24 at 4:11 PM, R46's UA C&S final results indicate the following:</p> <p>>100,000 CFU/ml Escherichia coli and</p> <p>>10,000 but <100,000 CFU/ml mixed flora - probable contaminants - No further identification</p> <p>On 7/25/24 at 5:28 PM, a Nurse Practitioner (not Urology) documented the following note: Facility resident - please forward to facility. Facility staff please notify resident of results and forward results to Urology - who treats his UTI's. Attempted to contact facility - only getting Vm (voice mail). Detailed message left with results and recommendations. Message texted to DON (Director of Nursing) regarding inability to reach staff.</p> <p>On 7/26/24 at 1:09 PM, R46's Progress Note indicates the following: Received progress note from Nurse Practitioner about UA results, stated to forward results to Urology, results have been forwarded and scanned to HIS (health information system).</p> <p>On 7/29/24 at 1:27 PM, R46' Progress Note indicates the following: Order from Urology office to start on Bactrim DS 1 tab PO (by mouth) Q12 hrs. (every 12 hours) for 10 days. Noted and scanned to HIS. Entered into PCC (PointClickCare).</p> <p>(continued on next page)</p>		

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>It is important to note, from 7/26/24 to 7/29/24 (3 days/72 hours) the facility did not notify Urology via phone or follow up to obtain a necessary order for antibiotics.</p> <p>On 7/29/24 at 1:33 PM, R46's Progress Note indicates the following: The system has identified a possible drug allergy for the following order: Bactrim DS oral tablet 800-160 mg (milligrams) (Sulfamethoxazole-Trimethoprim). Give 1 tablet by mouth every 12 hours for UTI.</p> <p>On 7/29/24 at 4:09 PM, R46's Progress Note indicates the following: Resident is allergic to Sulfa antibiotics. Urology notified, awaiting further instructions on antibiotic at this time. New orders will be entered when received.</p> <p>On 7/30/24 at 3:23 PM, R46's Progress Note indicates the following: Urology (Physician Assistant) ordered ABX (antibiotic) for 10 days in relation to recent urine results. Pharmacy and MAR (Medication Administration Record) updated. Order: Nitrofurantoin Macrocrystal Capsule 100 mg Give 1 capsule by mouth two times a day for UTI for 10 days.</p> <p>On 7/30/24 at 5:42 PM, R46's Progress Note indicates the following: This order is outside of the recommended dose or frequency. Nitrofurantoin Monohyd Macro Oral Capsule 100 mg Give 1 capsule by mouth two times a day for UTI for 10 days enter infection note.</p> <p>On 7/30/24 at 5:43 PM, R46's Progress Note indicates the following: Received order from Urology PA (Physician Assistant) to change to Macrobid 100 mg (milligrams) BID x 10 days PCC (PointClickCare) updated.</p> <p>It is important to note, from 7/26/24 to 7/29/24 (3 days/72 hours) the facility did not notify Urology via phone or follow up to obtain a necessary order for antibiotics. In total, R46's waited five (5) days before receiving the antibiotics necessary to treat a diagnosed UTI (urinary tract infection).</p> <p>On 8/14/24 at 8:25 AM, Surveyor spoke to IP/ADON P (Infection Preventionist/Assistant Director of Nursing). Surveyor asked IP/ADON P, to discuss R46's UTI in July 2024. IP/ADON P stated, on 7/23/24 the facility noted minimal hematuria in R46's catheter tubing. IP/ADON P stated, a UA (urinalysis) was collected with a preliminary result on 7/25/24 of >100,000-gram negative bacilli. IP/ADON P stated, R46's primary physician stated to contacted Urology (R46 has a foley and sees Urology). IP/ADON P stated, on 7/24/24 the facility sent the preliminary results to Urology and called Urology. IP/ADON P stated, on 7/25/24 the facility sent the culture and sensitivity to Urology. IP/ADON P stated, on 7/29/24 the facility received an order from Urology for antibiotic for R46. Surveyor asked IP/ADON P, did the facility contact Urology prior to this. IP/ADON P stated, no, that's when the provider responded. Surveyor asked IP/ADON P, did anybody call to notify Urology between 7/25-7/29/24. IP/ADON P stated, No, and, It's not documented. Surveyor asked IP/ADON P, would you expect staff to call/consult with the Urology on 7/25/24. IP/ADON P stated, Yes. Surveyor asked IP/ADON P, why is this important. IP/ADON P stated, To be treating it immediately being he's symptomatic and we have confirmed lab results.</p>		

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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>48793</p> <p>Based on record review and interview, the facility did not implement policy and procedures related to screening employees for a prior history of abuse, neglect, exploitation of residents, or misappropriation of resident property for 4 (LPN C, LPN W, Maintenance Supervisor X, RN V) of 8 employees reviewed.</p> <p>The facility did not ensure their abuse policy was implemented when four employees' background information disclosure (BID) was not obtained before employees started working at facility. (LPN C, LPN W, Maintenance Supervisor X, and RN V).</p> <p>Findings include:</p> <p>The facility policy, entitled Abuse, Neglect, Mistreatment, and Misappropriation of Resident Property, revised, December 2022 states in part Employee screening and training: a. Before new employees are permitted to work with resident's board registrations and certifications regarding prospective employee's background will be checked. d. A criminal background check will be conducted on all prospective employees as provided by the facility's policy on criminal background checks.</p> <p>On 08/13/24 at 8:14 AM, Surveyor reviewed 8 random staff Background Information Disclosures (BID).</p> <p>LPN C (Licensed Practical Nurse) was hired on 07/11/24. Surveyor was reviewing a BID for LPN C, the form was dated 05/01/24 with the question, Have you resided outside the state of Wisconsin in the last 3 years. The box was marked yes and stated in Texas. Surveyor reviewed the BID and found no BID was completed for the state of Texas.</p> <p>LPN W was hired on 07/30/23. Surveyor was reviewing background information on LPN W and there was no BID form completed until 08/14/24 by the facility.</p> <p>Maintenance Supervisor X was hired on 09/13/21. Surveyor was reviewing background information form dated 08/13/24 on Maintenance Supervisor X. Surveyor observed there was no BID completed.</p> <p>RN V (Registered Nurse) was hired on 01/30/24. Surveyor was reviewing a BID for RN V. The form was dated 01/22/24 with the question, Have you resided outside the state of Wisconsin in the last 3 years. The box was marked yes and stated in Iowa. Surveyor reviewed the BID and found no BID was completed for the state of Iowa.</p> <p>On 8/14/24 at about 1:30 PM, Surveyor interviewed Scheduler and asked if they had an updated BID for LPN C, LPN W, Maintenance Supervisor X, and RN V. Scheduler contacted Human Resource Supervisor (HR) who was out of the office for the week and asked HR to look through LPN C, LPN W, Maintenance Supervisor X, and RN V 's personnel file. Scheduler reported to Surveyor that LPN C, LPN W, Maintenance Supervisor X, and RN V 's were missing the background check information. Scheduler completed the updated form on 8/13/24 and 8/14/24.</p> <p>(continued on next page)</p>		

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F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 8/14/24 at 3:06 PM, Surveyor interviewed NHA A (Nursing Home Administrator) regarding why the BID for LPN C, LPN W, Maintenance Supervisor X, and RN V was not complete. NHA A indicated that they were not complete, but that facility completed BID, IBIS, and checks in the other states for LPN C, LPN W, Maintenance Supervisor X, and RN V.		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33166</p> <p>Based on interview and record review, the facility failed to ensure a comprehensive assessment was completed for 1 (R21) of 7 residents reviewed for change of condition.</p> <p>R21 had an unresponsive episode, and the facility did not complete a full assessment or notify the physician (MD).</p> <p>R21 could not find his words the facility did not complete a full assessment or notify the MD.</p> <p>This is evidenced by:</p> <p>The facility utilizes Interventions to Reduce Acute Care Transfers, or Interact, as the facility's standard of practice. According to Interact II Signs and Symptoms to report immediately to a physician include: Consciousness, altered: Sudden change in level of consciousness or responsiveness. Speech Abnormality: Abrupt change in speech with or without other neurological findings.</p> <p>R21 was admitted to the facility on [DATE] with diagnoses including Bipolar disorder, Diabetes Mellitus, History of TIA (Transient Ischemic Attack-Mini stroke), seizure disorder, obesity, and sleep apnea.</p> <p>It should be noted R21 wishes to have Cardiopulmonary Resuscitation (CPR) performed in the event of a cardiac arrest. R21 has been transferred out of the facility for acute changes of condition 3 times since [DATE].</p> <p>R21's Minimal Data Set (MDS) with and Assessment Reference Date (ARD) of [DATE] indicates R21 has moderate cognitive impairment.</p> <p>On [DATE] at 2:34 AM, R21's Nurse's Notes state in part; unresponsive, T 98.3 (Temperature) P 74 (Pulse) and regular R14 (Respirations) and even, non-labored. BP ,d+[DATE] (Blood Pressure). Pupils equal and reactive. Eye blinking resident eyes open.</p> <p>R21 has a history of TIA's and seizure disorder, yet the facility did not complete a full comprehensive assessment and did not notify the physician regarding R21's sudden onset of unresponsiveness. According to Interact II, a sudden onset of Loss of Consciousness (LOC) requires immediate MD notification.</p> <p>On [DATE] at 4:15 PM, R21's Nurse's Notes stated in part; today resident was yelling Hey! from his bed multiple times. When staff would enter room to ask what resident wanted or needed, resident would struggle with his words and swore at the CNA's (Certified Nursing Assistants) twice, two separate occasions. O2 (Oxygen) was running on 3 L (liters), 92% via NC (Nasal Cannula).</p> <p>R21 has a history of TIA's and seizure disorder yet the facility did not complete a full comprehensive assessment and did not notify the physician regarding R21's sudden onset of inability to find words. According to Interact II, a sudden onset in change of speech requires immediate MD notification.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On [DATE] at 3:30 PM, Surveyor interviewed LPN C (Licensed Practical Nurse) regarding change of condition. LPN C stated if a resident had a change in LOC (Level of Consciousness) or speech that was sudden or new onset he would immediately notify the physician. LPN C stated if R21 was noted to be unresponsive or having trouble finding words this would require a full assessment and immediately notify the MD of findings.</p> <p>[DATE] at 3:56 PM, Surveyor interviewed DON B (Director of Nursing) regarding change of condition and MD notification. DON B stated that R21 has behaviors and issues and being unresponsive or not able to find words is normal behavior for R21. Surveyor asked DON B if R21 was found to be unresponsive, would you expect a full assessment or MD notification. DON B stated I understand this was a poor choice of words. DON B stated I understand you would not know if this was a medical issue; we should be doing an assessment and notifying the MD.</p>		

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<p>F 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48793</p> <p>Based on observation, interview, and record review, the facility did not ensure that 2 of 2 residents (R) reviewed for pressure injuries (PI) (R36 and R8) received care consistent with professional standards of practice to prevent the development of a new pressure injury and promote healing of existing PIs.</p> <p>R36 was at risk for PI development. R36 developed multiple stage 3 PI's. The facility failed to evaluate the effectiveness of current interventions R36 had in place. The facility did not reposition R36 for several hours, did not find PI's until they were at a Stage 3, missed weekly wound treatments, and did not provide proper infection control measures during wound dressing change.</p> <p>R8 was at risk for PI development. R8 developed multiple stage 3 PI's. The facility failed to evaluate the effectiveness of current interventions R8 had in place. The facility did not reposition R8 for several hours, did not find PI's until they were at a Stage 3, missed weekly wound treatments, and did not provide proper infection control measures during wound dressing change.</p> <p>The facility's failure to monitor and re-evaluate R36 and R8 plan of care, implement aggressive PI prevention measures after re-evaluation and monitor the effectiveness of the interventions, ensure R36 and R8 were repositioned per poc or standards of practice, identify PIs prior to Stage 3, complete weekly measurements created a finding of immediate jeopardy which began on 3/4/24. Surveyors notified NHA A (Nursing Home Administrator), DON B (Director of Nursing), and Regional Nurse of the immediate jeopardy on 8/15/24 at 12:58 PM. The immediate jeopardy was removed on 8/15/24; however, the deficient practice continues at a severity/scope of D (Potential for Harm/Isolated) as the facility continues to implement its action plan.</p> <p>Findings include:</p> <p>Guidelines from the National Pressure Injury Advisory Panel (NPIAP) 2016, Pressure Injury Prevention Points, accessed 07, March 2024, Prevention Points National Pressure Ulcer Advisory Panel (npiap.com), states in part: Turn and reposition all individuals at risk for pressure injury, turn the individual into a 30-degree side-lying position and use your hand to determine if the sacrum is off the bed, ensure that the heels are free from the bed, use heel offloading devices for high-risk pressure injuries.</p> <p>The facility policy entitled, Pressure Injury Prevention and Managing Skin Integrity, dated 08/10/23, states in part:</p> <p>.a. Identify interventions.</p> <p>i. The care and intervention for any identified skin breakdown or wound is intended to prevent any further advancement of the wound or additional skin breakdown.</p> <p>-There will be collaboration with the IDT regarding the presence of breakdown and the intervention plan.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>-Identification of risk factors present or acquired that compromise skin integrity will be considered .</p> <p>1. R36 was admitted to the facility on [DATE] with diagnoses including, in part, unspecified dementia, neuromuscular dysfunction of the bladder, cerebral infarction, and diabetes mellitus.</p> <p>R36's Minimum Data Set (MDS) assessment, dated 5/23/23, identified on admission that R36 had a Brief Interview for Mental Status (BIMS) score of 6. This indicated R36 had severe cognition impairment. The MDS assessment also identified R36 required total dependent assistance of two people for bed mobility, taking on and off footwear, rolling left to right, sit to lying, chair to bed, toileting, and for transfers. MDS also indicated that R36 was determined to be at risk for P1's.</p> <p>MDS dated on 2/22/22 indicated that R36 but did not have any active PIs on admission.</p> <p>Surveyor reviewed R36's Activities of Daily Living care plan:</p> <p>BED MOBILITY Initiated on 8/9/24, revised on 8/9/24:</p> <p>-The resident is totally dependent on staff for bed mobility and repositioning and turning in bed 1-2 person assist.</p> <p>TOILET USE Initiated on 2/23/22 revised on 2/09/23:</p> <p>-2 assist.</p> <p>TRANSFER Initiated on 2/23/22, revised on 2/10/23:</p> <p>-2 assist and Hoyer.</p> <p>Surveyor reviewed R36's IMPAIRED SKIN Care Plan:</p> <p>-Administer treatments as ordered and monitor for effectiveness initiated on 2/23/22.</p> <p>-Blue boots while in bed and chair if possible initiated on 5/4/23.</p> <p>-Follow facility policies/protocols for the prevention/treatment of skin breakdown initiated on 2/23/24.</p> <p>-If up in chair for more than 60 mins, the weight must be off loaded by reclining while sitting in the Broda chair initiated on 10/26/23 and revised on 7/25/24.</p> <p>-Monitor/document/report as needed any changes in skin status: appearance, color, wound healing, s/sx of infection, wound size (length x width x depth), stage initiated on 2/23/22.</p> <p>-Staff to assist with check/change and skincare incontinence initiated on 2/23/22.</p> <p>-Staff to assist with turning and repositioning initiated on 2/23/22, revised on 8/9/24.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>-The resident needs assistance to turn/reposition, as needed or requested initiated on 2/26/22, revised on 10/25/23.</p> <p>-The resident requires pressure relieving/reducing device/air mattress on bed, and pressure relieving cushion in wheelchair initiated on 2/26/22, revised on 2/9/23.</p> <p>Surveyor reviewed Activities of Daily Living (ADL) CNA Kardex sheet:</p> <p>-If up in chair for more than 60 mins, the weight must be off loaded by reclining while sitting in the Broda chair</p> <p>-Lay resident down after lunch.</p> <p>-Transfer Hoyer with 2 assists.</p> <p>-The resident is totally dependent on staff for bed mobility and repositioning and turning in bed 1-2 person assist.</p> <p>-Staff is to assist with turning and repositioning.</p> <p>-Turn and reposition. limit sitting to 60 minutes.</p> <p>-Turn and reposition resident every 2 hours while in bed.</p> <p>Surveyor reviewed physician orders, which include:</p> <p>.-5/29/22-Blue boots to float heels to be on at all times in bed and when possible, when in chair.</p> <p>-10/24/23- limit sitting to 60 minutes, off load wound every shift.</p> <p>-7/11/24- Complete skin only assessment, ensure that bath is completed and document refusals.</p> <p>-7/15/24-Apply calcium alginate and cover with gauze island dressing daily to left ankle. Every evening shift for IC, Wound care. When doing wound care we need to make sure we are putting a wound note in every time about the location, appearance of wound, drainage, s/sx of infection, pain, and what was applied to the area .</p> <p>Surveyor reviewed wound care notes:</p> <p>-On 7/24/23- Initial assessment of a non pressure wound to the left sacrum, right buttock, and left buttock.</p> <p>There is no description of these non pressure areas, no assessment or measurements describing the non pressure areas.</p> <p>-On 7/31/23-Initial assessment of a Stage III pressure wound to the coccyx full thickness 2.0 cm x 0.5 cm x 0.2 cm. non-pressure wound of the right buttock full thickness 7.0 cm x 1.5 cm x 0.1 cm.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER St Dominic Villa		STREET ADDRESS, CITY, STATE, ZIP CODE 2375 Sinsinawa Rd Hazel Green, WI 53811	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Of note, the facility does not mention the left sacrum or left buttock. The facility did not discover R36's coccyx until it was a Stage 3. R36 had already presented with non pressure areas to the left sacrum, and right and left buttocks. This should have put the facility on notice to do robust skin checks on R36 every shift.</p> <p>*Physician recommendations reposition per facility protocol, offload wound, Group-2 Mattress, upgrade offloading chair cushion. Primary dressing: Leptospermum honey apply once daily for 30 days. Foam silicone border apply once daily for 30 days.</p> <p>-On 8/21/23-Wound care assessment was missed.</p> <p>-On 10/23/23-the right buttock non-pressure deteriorated to an unstageable deep tissue injury to the right buttock 4.5 cm x 5.5 cm x 0.1 cm.</p> <p>*Physician recommendations limit sitting to 60 minutes, reposition per facility protocol, off load wound, upgrade offloading chair cushion. Primary dressing: Leptospermum honey apply once daily for 30 days. Gauze island w border apply once daily for 30 days.</p> <p>-On 10/24/23 a physician order was given to limit sitting to 60 minutes, offload wound every shift.</p> <p>-On 10/26/23 intervention put into place on care plan: -If up in chair for more than 60 mins, the weight must be offloaded by reclining while sitting in the Broda chair.</p> <p>On 12/4/23- Right buttock wound was described as a Stage III pressure wound of the right buttock full thickness 4 cm x 1.3 cm x 0.2 cm. (Wound is smaller in size but deeper than it had been on 10/23/23.)</p> <p>*Physician recommendations limit sitting to 60 minutes, reposition per facility protocol, off load wound, upgrade offloading chair cushion. Primary dressing: Leptospermum honey apply once daily for 16 days. Gauze island with border apply once daily for 16 days.</p> <p>-On 12/11/23-Stage III pressure wound of the right buttock full thickness 2 cm x 2 cm x 0.3 cm. Initial assessment of a Stage III pressure wound to the coccyx full thickness 2 cm x 0.5 cm x 0.2 cm.</p> <p>*Physician recommendations limit sitting to 60 minutes, reposition per facility protocol, off load wound, upgrade offloading chair cushion. Primary dressing: Leptospermum honey apply once daily for 9 days. Gauze island w border apply once daily for 9 days.</p> <p>Of note, R36 now presents with two Stage 3 PI's.</p> <p>-On 12/25/23- Wound care assessment was missed.</p> <p>-On 1/24/24-Stage III pressure wound of the coccyx full thickness resolved.</p> <p>-On 2/19/24- Assessment of a Stage II pressure wound to the left Buttock partial thickness 3 cm x 1 cm x 0.05 cm.</p> <p>Of note, R36 is now presenting with third PI, now a Stage 2, to the left buttock.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Physician recommendations reposition per facility protocol, off load wound. Primary dressing: Leptospermum honey apply once daily for 30 days. Gauze island w border apply once daily for 30 days.</p> <p>Despite the care planned interventions, R36 continues to develop PI's. There is no evidence in R36's medical record to indicate the Interdisciplinary Team (IDT) evaluated the effectiveness of the current interventions and if the interventions were effective.</p> <p>-On 3/25/24- Wound care assessment was missed.</p> <p>Facility did not re-evaluate effectiveness of current interventions or placed new interventions in place.</p> <p>-On 4/1/24- Stage III pressure wound of the left ankle full thickness 3x2x0.2 cm.</p> <p>Of note, this is the 4th PI for R36. The facility did not discover this PI until it was a Stage 3.</p> <p>Physician recommendations reposition per facility protocol, off load wound, pressure off-loading boot. Primary dressing: Alginate calcium w/silver apply once daily for 30 days. Gauze island with border apply once daily for 30 days.</p> <p>Facility found R36 to have a new stage III PI to the left ankle and no new interventions were put into place.</p> <p>-On 4/29/24- Assessment of Stage II pressure wound to the left buttock partial thickness 1.5 cm x 0.76 cm x 0.1 cm. (Wound is smaller but deeper than it had been on 2/19/24.)</p> <p>*Physician recommendations limit sitting to 60 minutes, reposition per facility protocol, off load wound, upgrade offloading chair cushion. Primary dressing: zinc ointment apply Q-shift 3x day for 9 days.</p> <p>-On 6/17/24- Wound care assessment was missed.</p> <p>-On 6/24/24- Non pressure wound of the right buttock full thickness 4.8 cm x 1.83 cm x 0.1 cm.</p> <p>Physician recommendations reposition per facility protocol, and off load wound. Primary dressing: zinc ointment applies Q-shift 3x day for 16 days.</p> <p>Facility found R36 to have a new non pressure injury to the right buttock and no new interventions were put into place.</p> <p>-On 7/1/24- Stage II pressure wound of the right buttock partial thickness 2.45 cm x 2.02 cm x 0.1 cm.</p> <p>Physician recommendations reposition per facility protocol, and off load wound. Primary dressing: zinc ointment applies Q-shift 3x day for 9 days.</p> <p>Physician ordered:</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>-On 7/11/24 to complete skin only assessment, ensure that bath is completed and document refusals. No other interventions were put into place to off-load the PI area.</p> <p>-On 7/15/24-Apply calcium alginate and cover with gauze island dressing daily to left ankle. Every evening shift for IC, Wound care. When doing wound care, we need to make sure we are putting a wound note in every time about the location, appearance of wound, drainage, s/sx of infection, pain, and what was applied to the area .</p> <p>Wound care notes continue:</p> <p>-7/29/24-Stage III pressure wound of the left ankle full thickness 1.99x0.92x0.2 cm, Stage II pressure wound of the right buttock partial thickness 8.06x4.37x0.1cm.</p> <p>Wound notes indicate that R36's PI to the left ankle and R36's PI to the right buttock is getting bigger and there were no further interventions were put into place.</p> <p>Observations:</p> <p>On 8/13/24 at 8:13 AM, Surveyor observed R36 lying on back supine in bed, staring at ceiling. Surveyor introduced self but R36 did not respond. R36 was non-interviewable. Surveyor observed an air mattress in place on bed. Surveyor observed no pillow under R36's head and R36 lying crooked in bed.</p> <p>On 8/13/24 at 8:20 AM, Surveyor observed CNA K enter R36's room with CNA M. CNA K and CNA M began turning and rolling R36. R36 was lying in bed staring at ceiling with pants pulled down to knees. CNA K looked at brief and stated out loud, Dry, so she is good to get up. CNA K and CNA M began rolling R36 and tucking Hoyer sling under R36. CNA K and CNA M transferred R36 into wheelchair and pushed R36 out to the dining room for breakfast.</p> <p>On 8/13/24 at 9:21 AM, Surveyor observed R36 sitting in lounge after breakfast parked next to TV in Broda chair with Podus boots in place on feet, but feet positioned outwards with R36's ankles applying pressure to ankles bilaterally. Surveyor did not observe staff lay R36 down or reposition R36 for pressure relief interventions.</p> <p>On 8/13/24 at 10:12 AM, Surveyor observed activities staff take R36 outside for the activity. R36 sitting in Broda chair with Podus boots in place on feet but feet positioned outwards with R36's ankles applying pressure to ankles bilaterally. Surveyor did not observe R36 repositioned or toileted.</p> <p>On 8/13/24 at 12:10 PM, Surveyor observed staff take R36 to the dining room for lunch. R36 sitting in Broda chair with Podus boots in place on feet but feet positioned outwards with R36's ankles applying pressure to ankles bilaterally. Surveyor did not observe R36 repositioned or toileted.</p> <p>On 8/13/24 at 1:30 PM, Surveyor observed R36 sitting in dining room for music activities. R36 sitting in Broda chair with Podus boots in place on feet but feet positioned outwards with R36's ankles applying pressure to ankles bilaterally.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On 8/13/24 at 2:43 PM, Surveyor interviewed CNA K and asked CNA K if CNA K or CNA M had laid R36 down in bed, checked and changed R36, or repositioned R36 since getting R36 into wheelchair. CNA K indicated that CNA K and CNA M did not have time to lay R36 down or reposition R36 as CNA K and CNA M were swamped with their duties and every time CNA K went to grab R36 to take her to reposition, R36 was in activities.</p> <p>On 8/13/24 at 3:08 PM, Surveyor interviewed CNA O and CNA H and asked if CNA O and CNA H are aware that R36 has not been repositioned or toileted since 8:40 AM. CNA O and CNA H indicated that it was given to them in report from day shift that R36 has not been repositioned or toileted. CNA O and CNA H indicated they could lay R36 down now if Surveyor would like. CNA O and CNA H grabbed Hoyer lift and entered R36's room with R36. CNA O and CNA H transferred R36 from wheelchair to the bed. During observation Surveyor observed R36 grimacing once CNA O and CNA H started lifting R36 up into the air. Once CNA O and CNA H lowered R36 to bed, R36 stopped grimacing. CNA O and CNA H began rolling R36 to the right side and R36 grimaced again and jerked hands close to body. CNA H started pulling Hoyer sling out from under R36. CNA H rolled R36 to the right side and CNA O finished pulling Hoyer sling out. CNA O and CNA H placed pillow under R36's legs, and then covered R36 with sheet. Surveyor observed CNA O and CNA H start to doff (take off) PPE (Personal Protective Equipment) and clean up room to leave. Surveyor interviewed CNA O and CNA H and ask what process they utilize to check to see if R36 has a Bowel Movement (BM). CNA H indicated that R36 is on a bowel routine. Surveyor asked CNA H to clarify what a bowel routine is. CNA H indicated that R36 has a BM in the morning when staff are rolling R36 and usually at night time when rolling. Surveyor asked CNA H if CNA H and CNA O plan on checking R36's brief to see if R36 had BM in brief since CNA H and CNA O were rolling R36 in bed. CNA H and CNA O placed new pair of gloves on and indicated that they would roll R36 now before they leave and check to see if R36 has had a BM. CNA H and CNA O rolled R36 and took brief off. Surveyor observed dried medium BM on R36's bottom. Surveyor also observed R36 to have a reddened purple quarter-size wound on the right buttock. Surveyor did not observe a bandage or covering for R36's wound on the buttock. Surveyor observed CNA O and CNA H clean R36 with wet wash cloths and CNA O applied barrier cream to the lower part of R36's buttocks but did not apply barrier cream on R36's upper buttock area and where the wound is located on R36's right buttock. Surveyor observed CNA H and CNA O reposition R36 to R36's left side and propped a pillow behind R36's hips. Surveyor observed R36 to have Podus boots in place while in bed.</p> <p>On 8/13/24 at 3:52 PM, Surveyor interviewed Registered Nurse (RN) I and asked how often R36 receives wound dressing care. RN I indicated that weekly wound rounds are completed by outside consultant and RN I every Monday of the week. RN I utilizes an app on phone that captures a picture of the wound and calculates measurements that links to the Electronic Health Record (EHR). Surveyor asked RN I if RN I could explain R36's wounds to Surveyor. RN I indicated that R36 has a stage III on ankle that started April 1st, 2024. RN I indicated that interventions put into place is wound care orders, pressure relieving devices such as the air mattress and blue Podus boots, off-loading, and limit 60 minutes up at a time. RN I indicated to Surveyor that RN I is aware that the pressure relieving devices were put into place on admission but RN I indicated that RN I encourages staff to utilize pressure relieving devices. RN I indicated that R36 has a stage II on right buttock that keeps healing and reopening that originally started in October 2023. Surveyor indicated to RN I that through observation on 8/13/24 from 8:20 AM - 3:08 PM Surveyor observed R36 not repositioned or toileted for 6.5 hours. Surveyor asked RN I what expectation would be for staff when repositioning and off- loading R36. RN I indicated that expectation would be to reposition R36 while in bed every 2 hours and if R36 is up in wheelchair that R36 does not stay up for more than 60 minutes at a time for off-loading R36 off of R36's pressure injuries.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On 8/14/24 at 7:40 AM, Surveyor observed CNA Z, CNA BB, and CNA AA bring R36 out of room for breakfast. R36 was in a Broda chair.</p> <p>On 8/14/24 at 10:10 AM, Surveyor observed R36 in Broda chair sitting in lounge. Surveyor did not observe staff reposition or toilet R36 between observations.</p> <p>On 8/14/24 at 2:38 PM, LPN L (Licensed Practical Nurse) reviewed supplies and then gathered the contaminated wound cleanser bottle and contaminated calcium alginate package LPN L previously used from R8's wound dressing change and entered into R36's room. LPN L set supplies on bedside table and went into bathroom and grabbed gloves. Surveyor did not observe LPN L wash hands before applying gloves. Surveyor did not observe LPN L don PPE in R36 Enhanced Barrier Precaution (EBP) room. LPN L uncovered R36 and took boot off of R36. Surveyor did not observe LPN L place a barrier down under R36's leg. Surveyor observed a saturated bloody brown tinged meplix rolled half off R36's left ankle wound exposing the left malleolus dime size wound. LPN L removed the saturated dressing and threw in the trash. LPN L set R36's left ankle back down on the contaminated bed. Surveyor observed R36's open wounds on left ankle lay directly down on contaminated mattress sheet. LPN L took gloves off and washed hands for 8 seconds. Surveyor observed 3 open dime size wounds on R36's left ankle. Surveyor observed about a dime size open wound with depth and was noticeable metal hardware like in the wound bed located on R36's left ankle lateral malleolus with eschar noted. Surveyor noted hardware showing in the lateral malleolus, but no measurements of depth were assessed at the time by LPN L. Surveyor noted second dime size open area located superior to the first wound. Surveyor observed third pea size open area located to the left of the second wound on R36's left ankle area. Surveyor asked LPN L when R36 developed the 3 open spots near the left ankle wound observed. LPN L indicated that LPN L thought there was only one open wound. LPN L grabbed scissors and began cutting calcium alginate. LPN L cut two pieces to cover the 3 open wounds on R36's left ankle. LPN L lifted R36's leg up and grabbed a piece of gauze and re-wiped all 3 open wounds with the same piece of gauze. LPN L laid contaminated gauze on R36's mattress. LPN L then took the calcium alginate strips and applied the strips to R36's wounds. Surveyor observed one calcium alginate strip fall onto R36's mattress on top of the contaminated gauze. LPN L picked the fallen strip on the contaminated gauze up and reapplied it to R36's left ankle wound. LPN L then grabbed meplix foam dressing and applied the dressing to R36's left ankle. LPN L reapplied R36's sock and placed Podus boot on R36. LPN L took gloves off and exited R36's room. Surveyor observed LPN L place gauze package, wound cleanser, and scissors in treatment cart. Surveyor observed LPN L only sanitize scissors and did not sanitize wound cleanser bottle or throw the gauze package away that was brought into R36's room.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On 8/14/24 at 2:48 PM, Surveyor interviewed LPN L and asked what expectation was for wearing PPE in R36's room on EBP (Enhanced Barrier Precautions). LPN L indicated that LPN L only wears PPE when providing cares for catheter care. Surveyor asked LPN L does LPN L not wear PPE during wound care. LPN L indicated that LPN L did not realize that staff are to wear PPE during wound care. Surveyor asked LPN L if LPN L wore PPE in R36's room when LPN L provided wound care. LPN L indicated that LPN L did not wear PPE in R36 room. Surveyor asked LPN L why LPN L did not clean surface of R36's bedside table before placing wound supplies on bedside table. LPN L indicated that LPN L usually does wipe the bedside tables down, but LPN L did not wipe R36's bedside table off before placing wound supplies down. Surveyor asked LPN L was it common practice to not place a barrier down underneath the wound before completing wound care on R36. LPN L indicated that LPN L usually LPN L will place a barrier pad underneath the residents wound when performing wound care, and LPN L did not place barrier pad underneath R36's left ankle. Surveyor asked LPN L what normal practice is when LPN L dropped the calcium alginate strip unto the contaminated gauze and picked the calcium alginate strip and placed it on R36's open wound. LPN L indicated that LPN L should not have placed the contaminated calcium alginate strip back unto R36's wound. LPN L indicated that LPN L should have re-cut a new strip, but LPN L did not.</p> <p>On 8/14/24 at 2:50 PM, Surveyor interviewed RN I (Registered Nurse) and asked for description of R36's wound bed. RN I indicated that the provider and RN I are aware that there is some kind of hardware in R36's ankle and it is showing but that wound has improved. RN I indicated that R36's left ankle wound is noted to be stage III. Surveyor asked expectation for staff wearing PPE in R36 and R8's room on EBP. RN I indicated that all staff are to wear PPE when providing cares to R36 and R8 as both have open wounds and R36 has catheter. Surveyor asked RN I expectation for staff utilizing wound supplies between residents. RN I indicated that supplies should be used for each resident individually and if there is a supply that is shared that the item is wiped down with antibacterial wipes and sanitized appropriately before using the supplies for other residents. RN I indicated that LPN L should have sanitized wound supplies and not brought in contaminated wound supplies from R8's room into R36 's room. RN I indicated that LPN L not sanitizing the scissors that dropped on the floor was a huge infection control issue and LPN L should never have used to cut calcium alginate for R8's wound without properly disinfecting the scissors. Surveyor asked RN I expectation for staff when changing wound dressings. RN I indicated that proper hand hygiene is performed, bedside tables are sanitized, and barriers are placed under the residents wounds to prevent contamination of the wound. RN I indicated that if there was a break in the infection control measures that staff are to stop and start over to prevent further infection from spreading. Surveyor indicated to RN I that LPN L did not wipe bedside table, did not place a barrier pad underneath residents wound, and allowed a strip of calcium alginate to fall on contaminated mattress and then used the contaminated strip to place in a wound. RN I indicated that LPN L should not have performed the wound dressing change. RN I indicated that both wound dressing changes were not performed correctly by LPN L.</p> <p>On 8/14/24 at 3:15 PM, Surveyor called provider who has been following R36's wound description and measurements every Monday. No answer. Surveyor left message in voicemail.</p> <p>On 8/15/24 at 9:17 AM, Surveyor interviewed DON B and asked expectation for repositioning and toileting residents. DON B indicated that all residents are to be repositioned every two hours who need the assistance. All residents should be helped toilet or toileted if dependent every two hours.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On 8/15/24 at 10:39 AM, Surveyor interviewed RN I who indicated that RN I changed R36's ankle wound. RN I indicated that RN I did assess the two new open areas near R36's ankle. RN I indicates that RN I thinks the new open areas were most likely from the gauze island dressing the provider ordered for the dressing change. Surveyor asked where the documentation was for R36's new open areas on ankle. RN I indicated that the two new open areas were not documented.</p> <p>On 8/15/24 at 11:40 AM, Surveyor interviewed the Wound Care Provider and asked Wound Care Provider to explain what Wound Care provider thinks is happening with R36's left ankle PI. Wound care provider indicated R36 has hardware eroded through the ankle - it will be hard to heal. Family elected not to remove the hardware, so it is more of a palliative approach right now. Surveyor asked Wound Care Provider if R36's left ankle PI was due to pressure. Wound Care Provider indicated that R36's left ankle is from pressure, and it could be from external means and a portion could be internal means from the hardware. Surveyor asked Wound Care Provider what expectation is for staff to reposition R36. Wound Care Provider indicated that the expectation would be residents be repositioned frequently as part of the plan of care. Surveyor indicated to Wound Care Provider that R36 was observed sitting in Broda chair for 6 hours not repositioned. Wound Care Provider indicated that if R36 had not been being repositioned then the pressure injury to the left ankle would be avoidable. Surveyor asked Wound Care Provider about the accuracy of the measurements completed on a weekly basis. Wound Care Provider indicated that Wound Care Provider is not allowed to measure but that Wound Care Provider must use the software the facility has. Wound Care Provider indicated that Wound Care Provider does not always agree with the measurements of total surface area. Surveyor indicated that through observation of wound dressing change R36 had two more open areas on the left ankle that were not documented on the 08/12/24 wound assessment measurements. Wound Care Provider indicated that Wound Care Provider did not document the two opens sores as it was related to moisture and bandage adhesive not pressure.</p> <p>2. R8 was admitted to the facility on [DATE] with diagnoses including, in part, traumatic brain injury affecting right dominant side, contracture of right upper arm, unsteadiness on feet, and weakness.</p> <p>R8's Minimum Data Set (MDS) assessment, dated 3/20/24, identified that R8 had a Brief Interview for Mental Status (BIMS) score of 11. This indicated R8 had moderate cognitive impairment. The MDS assessment also identified R8 is dependent on staff requiring total assistance for toileting hygiene, chair to bed transfer, and lower body dressing. Substantial/maximal assistance with putting on and taking off footwear, rolling from left to right in bed, sitting to lying, lying to sitting, sit to stand, and toilet transfer. MDS also indicated that R8 was determined to be at risk for PI's.</p> <p>Surveyor reviewed R8's Activities of Daily Living care plan:</p> <p>BED MOBILITY Initiated on 2/23/22, revised on 6/27/24</p> <p>-1 assist.</p> <p>TOILET USE Initiated on 2/23/22 revised on 7/24/24:</p> <p>-1 assist with EZ-stand.</p> <p>TRANSFER Initiated on 2/23/22, revised on 7/24/24:</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>-1 assist with EZ-stand.</p> <p>Surveyor reviewed R8's STAGE III pressure ulcer to right and left coccyx Care Plan:</p> <p>-Staff to assist with turning and repositioning initiated on 3/21/24.</p> <p>-The resident requires pressure relieving mattress and pressure relieving cushion in w/c.</p> <p>Surveyor reviewed R8's IMPAIRED SKIN Care Plan:</p> <p>-Follow facility protocols for treatment of injury initiated on 6/13/23.</p> <p>-Keep skin clean and dry. Use lotion on dry skin initiated on 6/13/23.</p> <p>-Treatment to skin as ordered initiated on 6/14/23.</p> <p>-Use a draw sheet or lifting device to move resident initiated on 6/13/23.</p> <p>-Use caution during transfers and bed mobility to prevent striking arms, legs, and hands against any sharp or hard surface initiated on 6/13/23.</p> <p>Surveyor reviewed Activities of Daily Living (ADL) CNA Kardex sheet:</p> <p>-Encourage to get out of W/C after lunch. Offer to place in recliner or bed, side lying prefer to release pressure off bottom.</p> <p>-Keep skin clean and dry. Use lotion on dry skin.</p> <p>Surveyor reviewed physician orders include:</p> <p>.-2/17/23-Apply soft boot to the right lower extremity. Float heels while in bed.</p> <p>-8/23/23-Complete skin only assessment one time a day every Monday.</p> <p>-6/4/24- ROHO cushion to be placed in wheelchair at all times.</p> <p>- 7/1/24-Apply Calcium Alginate and cover with foam silicone dressing 3x per week to right and left Ischium. Every evening shift every Mon, Wed, Sat for Infection Control, Wound Care When doing wound care we need to make sure we are putting a wound note in every time about the location, appearance of wound, drainage, s/sx of infection, pain, and what was applied to the area.</p> <p>-7/11/24-Complete skin only assessment, Ensure that bath is completed and document refusals. Every night shift every Thursday for Prophylaxis .If any new skin issues open risk management and complete.</p> <p>Surveyor reviewed Skin Only Evaluation Assessment:</p> <p>-On 2/18/22 admission assessment completed. R8 had no skin issues present on admission.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>-On 8/12/24 skin only assessment completed. R8 has Stage III pressure injury to the right ischium, and Stage III pressure injury to the left ischium. No documentation on appearance, measurements, or description.</p> <p>-On 8/14/23-Initial assessment of a non-pressure wound to the left ischium full thickness 2 cm x 2 cm x 0.1 cm and a non-pressure wound to the right ischium full thickness 3x2x0.1cm.</p> <p>*Physician recommendations Upgrade offloading chair cushion; Group-2 Mattress; Reposition per facility protocol; Off-Load Wound. Primary dressing: zinc ointment applies Q-shift 3x day for 30 days.</p> <p>-On 8/23/23 physician order to Complete skin only assessment one time a day every Monday.</p> <p>-On 9/4/23- Wound care assessment was missed.</p> <p>-On 9/18/23- Initial assessment of a non-pressure wound to the scrotum partial thickness.</p> <p>-On 9/25/23-- Initial assessment of a non-pressure wound to the left ischium partial</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36253</p> <p>Based on interview and record review, the facility did not ensure each resident receives adequate supervision and assistance devices to prevent accidents for 1 of 3 residents reviewed for accidents (R54).</p> <p>R54 was a known fall risk and the facility did not follow her plan of care, resulting in a fall with fracture.</p> <p>Findings include:</p> <p>The facilities fall policy states the following:</p> <ul style="list-style-type: none"> *Prevention measures are put in place to reduce the occurrence of falls in risk of injury from falls. *Licensed nurse completes electronic documentation of the fall instant report *The care plan will be updated with an identified intervention *Registered nurse reviews and completes the fall assessment and interventions *Fall follow up assessments completed as indicated *The interdisciplinary team will review fall incident report and utilize root cause analysis to make further recommendations. *The director of nursing and executive director to review & fall incident reports. <p>R54 was admitted to the facility on [DATE] and has diagnoses that include dementia. Her most recent Minimum Data Set (MDS), dated [DATE], includes a Brief Interview for Mental Status (BIMS) score of 4, indicating R54 is severely cognitively impaired.</p> <p>R54's care plan states, The resident is a high risk for falls related to confusion .Interventions: Keep Resident in view during high risk/sun downing times (initiated 3/4/24). Additionally, R54's care plan states, The resident has an ADL (Activities of Daily Living) self-care performance deficit related to confusion . Interventions: Wheelchair Management: Supervision while in wheelchair without pedals (initiated 4/1/24).</p> <p>A historical physician's progress note provided by the facility, dated 9/8/23, states, .she had a fall last week and may be worse since then. She fell forward but states bumped the back of right hip. She has a history of T11 compression fracture sustained after a fall on 4/24/23.</p> <p>Between 3/1/24 and 4/27/24, R54 experienced 10 falls at the approximate times:</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>*3/1 at 1:00 PM</p> <p>*3/2 at 3:00 PM and then again at 11:30 PM</p> <p>*3/17 at 3:45 PM</p> <p>*3/21 at 10:45 AM</p> <p>*3/24 at 4:10 PM</p> <p>*4/7 at 3:30 PM</p> <p>*4/13 at 4:40 PM</p> <p>*4/21 at 2:31 PM</p> <p>*4/23 at 8:08 AM</p> <p>After the fall on 3/17, the facility put a request in for physical therapy to screen R54 in hopes to strengthen and lessen any further falls. A form, titled Therapy Recommendations to Nursing, states, Wheelchair management: supervision .Use pedals?: NO</p> <p>On 4/27/24 at 12:52 PM, a fall report for R54 states, Visitor saw resident fall to floor at the end of the hallway--near visitor's wife's room .Has superficial abrasion to left forearm. No apparent additional injuries, resident was lying on back . Later, at 3:30 PM, R54 fell again with resulting fall report stating, Another resident alerted me that R54 was laying on the floor .She reported discomfort in right hip area. Due to her altered cognitive status she was unable to rate pain nor did she exhibit any facial reaction to pain, but did place her hand on her right hip.</p> <p>R54 was sent to the Emergency Department (ED) where it was revealed that she had suffered a Mild L2 compression fracture with ED documentation stating, This is new since April 2023.</p> <p>R54 returned to the facility the same day (4/27/24). The facility's plan of action after the second 4/27 fall states, Order requested from MD to have bed/chair alarm used on resident until full affects of medication are known as an audible reminder to wait for staff assistance. This was documented on the fall report on 4/29/24.</p> <p>On 5/2/24, R54 fell again at 4:30 PM. This unwitnessed fall report states, Resident was found sitting on her wheelchair pedals by this writer and CNA (Certified Nursing Assistant) in the hallway by the right door between nurse's station. Resident was just sitting on her pedals . The notes on the fall report, dated 5/6/24, state, Resident continues to self transfer. Dycem replaced in the wheelchair. Bed alarm was not in stock at facility. in stock today. Will apply new chair alarm. Added intervention of toileting every 2 hours.</p> <p>Surveyors gathered the following interviews on 8/14/24:</p> <p>(continued on next page)</p>

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>*At 1:08 PM, LPN L (Licensed Practical Nurse) stated that R54 gets restless so she'll (LPN L) take her (R54) out and pick flowers and try to keep her busy. LPN L stated R54 gets restless like she wants to get up, especially when she is sundowning, which she starts to do in the early afternoon.</p> <p>*At 2:06 PM, RN R (Registered Nurse) stated R54 is very antsy and it doesn't matter if she's in bed, wheelchair, or recliner. RN R stated that sometimes staff can give her things to do, or fold items, play cards, or have her do some coloring and other times staff will take her for a walk. RN R stated R54's agitation is all over the place, but this has generally been pretty consistent over the last few months.</p> <p>*At 2:52 PM, ADON P (Assistant Director of Nursing), who wrote the fall reports for the 3/1 and 3/2 falls, stated that she would consider any time after lunch to around 2:00 PM to be about the time, in general, that sundowning behaviors begin. ADON P stated afternoon would apply to R54 for sundowning.</p> <p>*At 3:02 PM, LPN C stated R54 forgets her physical limitations and will just get up out of her wheelchair. LPN C stated R54 is most agitated in the evening when family visits and leaves.</p> <p>*At 3:21 PM, PTA Q (Physical Therapy Assistant) stated that if therapy recommendations state use pedals . no then resident is not to have pedals on wheelchair unless resident is being transported.</p> <p>*At 3:46 PM RN J stated that R54 is very impulsive and she doesn't realize that she is not strong enough to stand. RN J stated that R54 will constantly try to get up and her (R54) impulsiveness is a lot worse in the afternoon/early evening and that is generally when she has most of her behaviors. RN J also stated that she considers sundowning to be around 2-4 in the afternoon. Additionally, RN J stated that she thinks R54 should not have foot pedals on her wheelchair as she would most likely trip and fall.</p> <p>On 8/14/24 at 3:56 PM, Surveyor interviewed DON B (Director of Nursing) who stated that R54 is impulsive and that she has always been on the go; she can't seem to sit still. DON B stated that if you turn your back for one second and she's running down the hall. DON B stated that a lot of R54's falls occur around lunch time. DON B stated that she would consider around 3:00 PM to be the time when sundowning behaviors typically begin. Additionally, DON B stated that she considered resident in view to mean that staff members need to be able to see her. When asked if that was the case when reviewing the second 4/27 fall, DON B stated, no, and also stated that, aside from 1:1, it is hard to keep eyes on any resident consistently due to the care needs of the other residents. DON B also stated that the bed alarm that she had wanted put into action after the second 4/27 fall was unavailable until 5/6/24 and that the process of getting the order signed and then getting the alarm in place took a while.</p> <p>The facility was aware that R54 was a fall risk and had experienced multiple falls. Staff did not have visuals on R54 for either one of her falls on 4/27/24, which resulted in a new fracture of her spine. The facility intervention after the 4/27 falls was a bed/chair alarm that was not implemented until 5/6/24 after R54 had fallen once again on 5/2/24. Additionally, R54 was not to have foot rests on her wheelchair but she was found sitting on the footrests on 5/2/24.</p>		

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<p>F 0729</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Verify that a nurse aide has been trained; and if they haven't worked as a nurse aide for 2 years, receive retraining.</p> <p>48793</p> <p>Based on record review and interview, the facility did not ensure that 1 CNA T (Certified Nursing Assistant) of 5 staff reviewed for verification of a current Nurse Aide Registry were on the Wisconsin registry before starting work in the facility.</p> <p>CNA T was not on the Wisconsin Nurse Aide Registry and was working in the facility at the time of the discovery.</p> <p>Findings include:</p> <p>On 8/13/24, Surveyor reviewed five (5) random CNA's as part of the background check process. CNA T was hired on 6/3/24. NHA A (Nursing Home Administrator) provided a state of Iowa CNA registry certificate for CNA T. CNA T was not on the Wisconsin CNA registry.</p> <p>On 8/13/24 at 11:15 AM, Surveyor interviewed NHA A about the missing Wisconsin CNA Registry for CNA T. NHA A stated CNA T had applied for the Wisconsin registry on 8/9/24. NHA A did not provide a copy of the Wisconsin registry application as requested. NHA A thought CNA T could work in the facility while the application was pending.</p> <p>According to the Wisconsin Nurse Aide Training and Registry, nurse aides must be listed on the Wisconsin Nurse Aide Registry in order to be employed in any federally eligible health care setting in Wisconsin. There is no grace period for individuals whose out-of-state application is pending approval for reciprocity.</p> <p>On 8/14/24 at approximately 1:00 PM, Surveyor checked the Wisconsin Nurse Aide Registry and found CNA T was still not listed on the registry.</p> <p>On 8/13/24 at 1:24 PM, Surveyor interviewed Scheduler N and asked when CNA T was hired and when CNA T's first day was working the floor. Scheduler N indicated that CNA T started working the floor with residents on 6/15/24.</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>30992</p> <p>Based on observation, interview, and record review, the facility did not ensure that its medication error rate was 5% or less for 39 medication pass opportunities and 1 of 3 sampled residents (R35) and 2 of 2 supplemental residents observed for medication pass (R18 and R31).</p> <p>The facility's medication error rate was 10.26% with four (4) errors observed for R18, R31, and R35.</p> <p>This is evidenced by:</p> <p>The facility policy, Medication Administration, revised December 2019, states in part, as follows: Policy: Medications are administered as prescribed in accordance with good nursing principles and practices and only by persons legally authorized to do so. Personnel authorized to administer medications do so only after they have been properly oriented to the facility's medication distribution system (procurement, storage, handling, and administration). The facility has sufficient staff and a medication distribution system to ensure safe administration of medications without unnecessary interruptions. FIVE RIGHTS: Right resident, right drug, right dose, right route, and right time, are applied for each medication being administered. A triple check of these 5 Rights is recommended at three steps in the process of preparation of a medication for administration (1) when the medication is selected, (2) when the dose is removed from the container, and finally (3) just after the dose is prepared and the medication put away. Tablet Crushing/Capsule Opening: Crushing tablets may require a physician's order, per facility policy. If it is safe to do so, medication tables may be crushed or capsules emptied out when a resident has difficulty swallowing or is tube-fed, using the following guidelines: An individualized approach should be used when altering dosage forms by crushing or opening capsules. Working with the resident or representative and appropriate clinicians (e.g., the consultant pharmacist, attending physician, medical director) the facility should determine the most appropriate method for administering medications which considers each resident's safety, needs, medication schedule, preferences, and functional ability. An order to crush medications may be required or preferred in accordance with State regulations of facility preference. Orders to crush medications should not be applied to medications which, if crushed, present a risk to the resident. For example, Long-acting (extended release) or enteric-coated dosage forms should not be crushed, an alternative should be sought.</p> <p>Example 1</p> <p>R18's Physician Orders, signed 8/13/24, include, in part, the following medication:</p> <p>Humalog Injection Solution 100 unit/ml (milliliter) Inject 12 unit subcutaneously with meals for Type 2 Diabetes.</p> <p>On 8/13/24 at 8:11 AM, Surveyor observed RN D (Registered Nurse) administer Humalog Injection Solution to R18.</p> <p>On 8/13/24 at 8:33 AM, staff started serving breakfast trays on R18's hall.</p> <p>(continued on next page)</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 8/13/24 at 8:36 AM, staff served R18 her breakfast tray in her room. R18 started eating breakfast at 8:38 AM.</p> <p>R18 waited 25 minutes for her meal to arrive. Per physician orders, R18's Humalog Injection Solution was not administered with meals.</p> <p>On 8/13/24 at 3:45 PM, Surveyor asked RN D when she administers R18's Humalog. RN D stated, she usually waits until she eats. Surveyor stated, R18's orders indicate Humalog is to be administered with meals, should the medication be given with meals. RN D stated, yes.</p> <p>This resulted in a timing error.</p> <p>Example 2</p> <p>R31's Physician Orders, signed 8/13/24, include, in part, the following medication:</p> <p>Metoprolol Succinate ER Tablet extended release 24 Hour 25 mg (milligram) Give 1 tablet by mouth one time a day related to Essential (Primary) Hypertension</p> <p>On 8/13/24 at 8:48 AM, Surveyor observed RN D (Registered Nurse) crush R31's Metoprolol Succinate extended release 25 mg tablet and administer it to R31.</p> <p>It is important to note, extended-release medications are not to be crushed.</p> <p>On 8/13/24 at 3:45 PM, Surveyor spoke with RN D (Registered Nurse). Surveyor asked RN D if extended-release medications should be crushed. RN D stated, No. Surveyor asked RN D, should she have crushed R31's Metoprolol Succinate extended release. RN D stated, No.</p> <p>This resulted in a dosing error.</p> <p>Example 3</p> <p>R35's Physician Orders, signed 7/11/24, include, in part, the following medications:</p> <p>Sennosides-Docusate Sodium Tablet 8.6-50 mg Give 4 tablets by mouth two times a day for constipation.</p> <p>Artificial Tear Solution Instill 1 drop in both eyes every day and evening shift for dry eyes.</p> <p>Artificial Tear Solution Instill 1 drop in both eyes every 6 hours as needed for dry eye.</p> <p>On 8/13/24 at 9:01 AM, Surveyor observed RN D (Registered Nurse) administer Medline senna natural vegetable laxative 8.6 mg (with no docusate sodium). RN D stated R35's Artificial Tear Solution was on order and unavailable to administer. RN D added, R35's Artificial Tear Solution is expected to arrive at 6:00 PM tonight. During the Medication Pass Task, Surveyor observed R35 voice concern to RN D that she did not receive her eye drops on 8/12/24 or 8/13/24. Surveyor asked RN D, should residents receive medications per physician orders. RN D stated, yes.</p> <p>(continued on next page)</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R35's Artificial Tear Solution not being available resulted in an omission medication error.</p> <p>On 8/13/24 at 2:25 PM, Surveyor spoke with RN D. Surveyor asked RN D, should R35 should receive sennosides with docusate sodium versus senna alone. RN D reviewed the Medication Administration Record (MAR) and order. RN D stated, yes, she should have administered Sennosides-Docusate Sodium. Surveyor asked RN D, if she was able to locate R35's Artificial Tear Solution. RN D stated, no, she was not. RN D added, she is charting now and will notify R35's physician of the omission.</p> <p>This resulted in a wrong drug medication error.</p> <p>On 8/13/24 at 12:56 PM, Surveyor spoke with DON B (Director of Nursing). Surveyor informed DON B of the medication error rate of 10.26%. Surveyor asked DON B, if she expects staff to follow Physician orders. DON B stated, Yes. Surveyor asked DON B if a medication is scheduled to be administered with meals would you expect it to be administered with meals. DON B stated, Yes. DON B added, she would expect R18's insulin to be administered with meals or within 15 minutes before the meal. Surveyor asked DON B, is it acceptable for Metoprolol extended release to be crushed. DON B stated, No, not unless we have a physician order specifically to crush it. Surveyor asked DON B, to review R31's physician orders. Surveyor asked DON B, does R31 have a physician order to crush Metoprolol extended release. DON B stated, No. Surveyor asked DON B, is it acceptable for nurses to crush R31's Metoprolol Extended-Release tablet. DON B stated, No. Surveyor asked DON B, if a resident has an order for Sennosides-Docusate Sodium would you expect staff to administer Senna-Docusate Sodium vs senna alone. DON B stated, Yes. Surveyor asked DON B, is it your expectation that R35 should have received the physician ordered Sennosides-Docusate Sodium versus senna alone. DON B stated, Yes. Surveyor asked DON B, should medication be available for nurses to administer. DON B stated, Yes, that goes for any administration. Surveyor asked DON B, should R35's eye drops be available for nurses to administer. DON B stated, yes.</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>30992</p> <p>Based on observation, interview, and record review, the facility did not ensure Residents are free of significant medication errors, for 1 of 1 supplemental resident's reviewed for significant medication errors (R31).</p> <p>Surveyor observed RN D (Registered Nurse) crush R31's Metoprolol extended release and administer it to R31.</p> <p>Evidenced by:</p> <p>The facility policy, entitled, Medication Administration - Medication Error, reviewed 6/13/23, states in part: Entity shall adhere to the rights of medication administration and review. Investigate, and document any medication error.</p> <p>The facility policy, Medication Administration, revised December 2019, states in part, as follows: Policy: Medications are administered as prescribed in accordance with good nursing principles and practices and only by persons legally authorized to do so. FIVE RIGHTS: . right dose, . Orders to crush medications should not be applied to medications which, if crushed, present a risk to the resident. For example, Long-acting (extended release) or enteric-coated dosage forms should not be crushed, an alternative should be sought.</p> <p>R31's Physician Orders, signed 8/13/24, include, in part, the following medication:</p> <p>Metoprolol Succinate ER Tablet extended release 24 Hour 25 mg (milligram) Give 1 tablet by mouth one time a day related to Essential (Primary) Hypertension</p> <p>On 8/13/24 at 8:48 AM, Surveyor observed RN D (Registered Nurse) crush R31's Metoprolol Succinate Extended Release 25 mg tablet and administer it to R31.</p> <p>It is important to note, extended-release medications are not to be crushed.</p> <p>On 8/13/24 at 3:45 PM, Surveyor spoke with RN D. Surveyor asked RN D if extended-release medications should be crushed. RN D stated, No. Surveyor asked RN D, should she have crushed R31's Metoprolol Succinate extended release. RN D stated, No.</p> <p>On 8/13/24 at 12:56 PM, Surveyor spoke with DON B (Director of Nursing). Surveyor asked DON B, if she expects staff to follow Physician orders. DON B stated, Yes. Surveyor asked DON B, is it acceptable for Metoprolol extended release to be crushed. DON B stated, No, not unless we have a physician order specifically to crush it. Surveyor asked DON B, to review R31's physician orders. Surveyor asked DON B, does R31 have a physician order to crush Metoprolol extended release. DON B stated, No. Surveyor asked DON B, is it acceptable for nurses to crush R31's Metoprolol extended-release tablet. DON B stated, No. DON B stated, she was made aware of the significant dosing medication error by RN D after her discussion with Surveyor on 8/13/24.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>36253</p> <p>Based on observation, interview, and record review, the facility did not store, prepare, distribute, and serve food in accordance with professional standards for food service safety. This has the potential to affect all 59 residents.</p> <p>Food items were found undated or beyond their use by date in various locations in the facility.</p> <p>Staff were observed in the kitchen without hair nets.</p> <p>Findings include</p> <p>The facility policy titled Food from Outside Sources, states, All cooked or prepared food brought in for a resident and stored in the unit's pantry refrigerator or personal room refrigerator will be dated when accepted for storage and discarded after five days. Nursing staff will monitor resident's room, unit pantry, and refrigeration units for food and beverage disposal.</p> <p>Example 1</p> <p>On 8/12/24 at 9:48 AM, during initial tour of the facility's main kitchen, Surveyors observed the following:</p> <ul style="list-style-type: none"> *A bag of flour open with an open date of 6/17 and use by date of 7/17 with no year indicated. *8 oz thickened chocolate milk, opened, with no open date and manufacturer's use by date of 9/25/24 *Lemonade with no dates *A pitcher of tomato juice and a pitcher of fruit punch with no preparation or use by date *An opened 32 oz container of apple juice, dated 8/9 on the cap, but no open date or use by date *An opened 32 oz container of grape juice, dated 5/7 on the cap, but no open date or use by date <p>On 8/12/24 at 10:04 AM, Surveyor interviewed DM E (Dietary Manager) who stated he was not sure how long the facility had had the flour. Additionally, DM E stated that the milk should be dated when opened, the thickened milk is usually good for 2 days once opened, and the juices should be dated when opened, and the dates on the caps of the apple and grape juices were when those products were received from the food distributor.</p> <p>On 8/13/24 at 8:30 AM, Surveyor observed the following in the memory care kitchen refrigerator:</p> <ul style="list-style-type: none"> *A pitcher of orange juice, prepared 7/11 and a use by date of 7/19 *A Wendy's double bacon cheeseburger in a plastic container with no received or use by date. <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Surveyor interviewed CNA G (Certified Nursing Assistant) at this time who stated she did not know who the cheeseburger belonged to or how long it had been in the refrigerator.</p> <p>On 8/13/24 at 9:08 AM, Surveyor observed the following in the facility's main dining room refrigerator:</p> <p>*2 pitchers of prepared juice, one cranberry and one orange, both dated 7/11 with a use by date of 7/15.</p> <p>*A plastic bag with kiwi, blueberries, and strawberries in it with no date on the bag.</p> <p>Example 2</p> <p>On 8/12/24 at 2:24 PM, Surveyor observed CNA F in the facility's main kitchen, near a food preparation counter, with no hair net on, conversing with other dietary staff. CNA F's hair was down and approximately halfway between her shoulders and waist.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30992</p> <p>Based on interview and record review, the facility failed to ensure that there was a system in place for standard transmission-based precautions to be followed to prevent the spread of infections. This had the potential to affect all 59 residents.</p> <p>The facility failed to do the following:</p> <p>The facility has one (2) resident's that tested positive for COVID 19. The facility did not complete contact tracing or broad-base testing of all residents to identify if others were COVID positive. The facility is only testing residents when they are symptomatic therefore the facility would have no way to know if they are in an outbreak due to not testing all residents.</p> <p>The facility is not utilizing source control on the affected unit.</p> <p>The facility does not have their agency staff N95 fit tested . Surveyor observed KN95s were not available in the COVID positive room's isolation cart where an agency staff was on duty.</p> <p>Surveyor observed staff not don (put on) appropriate personal protective equipment (PPE) when entering a COVID positive resident's room.</p> <p>Surveyor observed COVID resident's garbage can outside of the room was overflowing with PPE with the lid open.</p> <p>R55 tested COVID positive and was removed from isolation on day 9.</p> <p>The facility has not updated their pneumococcal policy to reflect the Centers for Disease Control's (CDC) recommendations to include PCV15: 15-valent pneumococcal conjugate vaccine (Vaxneuvance) and PCV20: 20-valent pneumococcal conjugate vaccine (Prevnar20)</p> <p>R23 was placed on an antibiotic at the hospital and the facility did not have record of whether it was appropriate.</p> <p>R4 is COVID positive - the physician (MD) entered R4's room without wearing PPE.</p> <p>Equipment was not sanitized between uses.</p> <p>This is evidenced by:</p> <p>The facility's Infection Control policy reviewed 9/20/23, documents the following in part: Policy: The entity will follow the recommendations of the Center for Disease Control (CDC) around Outbreak Procedures.</p> <p>Procedure: 1. Outbreak Definitions that warrant notification to Infection Preventionist (IP) or Designee b. COVID-19 Outbreak is considered one (1) staff and/or individual with a positive test result.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>2. The following control measures are considered for outbreak and isolation management:</p> <p>a. Collaboration and notification will occur between Medical Director, Director of Nursing, IP, Administration, and Public Health regarding the interdisciplinary facility management of the outbreak.</p> <p>b. Initiate timeline documentation of outbreak management.</p> <p>c. Implement designated precautions including standard and transmission-based precautions.</p> <p>d. Manage employee assignments</p> <p>e. Provide employees on all three shifts information regarding type of outbreak, how transmitted and review of infection control measures including standard precautions and transmissions and transmission-based precautions.</p> <p>g. Post visual alerts for visitors/vendors on necessary precaution practices during outbreak.</p> <p>The facility's policy, Individual Immunizations, reviewed 9/20/23, documents the following part: Prophylactic immunizations will be offered to individuals to promote the absence of Health Care Acquired Infections. Procedure: Immunization - Upon admission, the organization will verify the individual's immunization status, update Primary Care Provider (PCP) as indicated, and administer immunizations as ordered. Individual will be offered immunizations based on the Center for Disease Control (CDC) recommendations and guidelines and as prescribed by their PCP. Other prophylactic treatments or immunizations will be offered to individuals per medical director recommendations, as indicated. Education - Vaccination information sheet (VIS) will be provided and reviewed with individuals including benefits, risks, and potential side effects associated with vaccination. Documentation - Immunizations administered in house shall be reported to Wisconsin Immunization Registry (WIR). Immunization consent and or refusal shall be documented within the Electronic Medical Record.</p> <p>The CDC, updated March 2024, includes the following guidance: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html states in part;</p> <p>Nursing Homes</p> <p>Assign one or more individuals with training in IPC (Infection Prevention/Control) to provide on-site management of the IPC program</p> <p>Stay connected with the healthcare-associated infection program in your state health department, as well as your local health department, and their notification requirements. Report SARS-CoV-2 infection data to National Healthcare Safety Network (NHSN) Long-term Care Facility (LTCF) COVID-19 Module. See Centers for Medicare & Medicaid Services (CMS) COVID-19 reporting requirements.</p> <p>Responding to a newly identified SARS-CoV-2-infected HCP (Health Care Provider) or resident. When performing an outbreak response to a known case, facilities should always defer to the recommendations of the jurisdiction's public health authority.</p> <p>A single new case of SARS-CoV-2 infection in any HCP or resident should be evaluated to determine if others in the facility could have been exposed.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The approach to an outbreak investigation could involve either contact tracing or a broad-based approach; however, a broad-based (e.g., unit, floor, or other specific area(s) of the facility) approach is preferred if all potential contacts cannot be identified or managed with contact tracing or if contact tracing fails to halt transmission.</p> <p>Perform testing for all residents and HCP identified as close contacts or on the affected unit(s) if using a broad-based approach, regardless of vaccination status.</p> <p>Testing is recommended immediately (but not earlier than 24 hours after the exposure) and, if negative, again 48 hours after the first negative test and, if negative, again 48 hours after the second negative test. This will typically be at day 1 (where day of exposure is day 0), day 3, and day 5.</p> <p>Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2, respectively. However, source control should be worn by all individuals being tested . In the event of ongoing transmission within a facility that is not controlled with initial interventions, strong consideration should be given to use of Empiric use of Transmission-Based Precautions for residents and work restriction of HCP with higher-risk exposures. In addition, there might be other circumstances for which the jurisdiction's public authority recommends these and additional precautions.</p> <p>If no additional cases are identified during contact tracing or the broad-based testing, no further testing is indicated. Empiric use of Transmission-Based Precautions for residents and work restriction for HCP who met criteria can be discontinued as described in Section 2 and the Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2, respectively.</p> <p>If additional cases are identified, strong consideration should be given to shifting to the broad-based approach if not already being performed and implementing quarantine for residents in affected areas of the facility. As part of the broad-based approach, testing should continue on affected unit(s) or facility-wide every 3-7 days until there are no new cases for 14 days.</p> <p>If antigen testing is used, more frequent testing (every 3 days), should be considered.</p> <p>Example 1</p> <p>The facility's Infection Control line list documents the following resident COVID positive cases:</p> <p>R55 (300 unit)</p> <p>Infection onset: 7/30/24</p> <p>Infection: COVID positive</p> <p>Signs and symptoms: Weakness</p> <p>Status: Closed 8/8/24 (Resolved)</p> <p>Comments: tested per pyrisis [SIC] request due to weakness, no other symptoms. 10 day isolation to end 8/9/24</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>It is important to note, it appears R55 was removed based on documentation from isolation on day 9 versus day 10.</p> <p>Surveyor asked IP/ADON P, how long was R55 on isolation. IP/ADON P stated, 10 days. Surveyor reviewed the documentation with IP/ADON P. IP/ADON P stated, she knows R55 was on Droplet isolation for 10 days however, the documentation demonstrates R55 was only on isolation for 9 days due to unclear wording and no further documentation.</p> <p>R4 (300 unit)</p> <p>Infection onset: 8/4/24</p> <p>Infection: COVID</p> <p>Signs and Symptoms: Hoarseness or loss of voice, sore throat</p> <p>Status: Open - (Confirmed)</p> <p>Comments: Isolation to end 8/14/24 (Of note, the facility extended her isolation through 8/14/24)</p> <p>On 8/12/24 at 10:20 AM, Surveyor observed staff not using any source control on the 300 unit where R4 resides. Surveyor observed the isolation bin next to R4's door to contain only N95s (3M 8200 N95s) and no KN95s available for use by staff.</p> <p>On 8/12/24 at 10:20 AM, Surveyor observed Care Partner U inside R4's room with the door open. R4 was sitting in a chair right next to the door. Surveyor observed R4's door open as Care Partner U was inside the room assisting R4. After Care Partner U exited the R4's room, Surveyor asked if the door should be kept closed when a resident is on isolation for COVID. Care Partner U stated, yes. Surveyor asked Care Partner U, what PPE should you wear when going in a COVID positive resident room. Care Partner U stated, gown, gloves, N95 and shield.</p> <p>On 8/12/24 at 10:25 AM, Surveyor observed CNA K (Certified Nursing Assistant) enter R4's room and don PPE (Personal Protective Equipment). Surveyor observed CNA K did not don eye protection (e.g. goggles or face shield). R4 has tested COVID positive and is currently on Droplet Precautions. Surveyor spoke with CNA K. Surveyor asked CNA K, did you wear eye protection when you entered R4's room to provide care and transport her outside. CNA K stated, No, I did not and I don't have any goggles over there. CNA K added, I don't believe it's mandatory. CNA K stated, the last time she worked on this hall the goggles were available on the isolation cart. Note, Surveyor observed two (2) face shields available in the isolation cart.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 8/12/24 at 3:18 PM, Surveyor spoke with IP/ADON P (Infection Preventionist/Assistant Director of Nursing). Surveyor asked IP/ADON P, would you expect CNA K (and all staff) to wear eye protection when going into in a COVID positive isolation room. IP/ADON P stated, Yes, I would have. Surveyor asked IP/ADON P, what do you consider a COVID outbreak. IP/ADON P stated, We follow the CDC (Centers for Disease Control and Prevention) recommendations which is 3 positives (cases) in 72 hours. Surveyor asked IP/ADON P, what do you do when there's an outbreak. IP/ADON P stated, we put the resident on isolation, notify staff immediately, don appropriate gown, gloves, face shield/goggles and N95. Surveyor asked IP/ADON P, what PPE should staff on the affected unit be wearing during an outbreak. IP/ADON P stated, we've had 2 COVID cases (residents) so it's not a full outbreak status. Surveyor asked IP/ADON P, do staff on the affected unit don any PPE. IP/ADON P stated, not unless we're in outbreak. IP/ADON C stated, staff just wear precautions (PPE) in the resident's room that is on isolation. Surveyor asked IP/ADON P, should there be signage on the front door alerting visitors of the positive cases. IP/ADON P stated, Yes. Surveyor asked IP/ADON P, what PPE should staff be donning when caring for a COVID resident. IP/ADON P stated, If we were to be in outbreak our staff would wear a mask (clarified surgical mask) on the floor.</p> <p>On 8/12/24 at 3:38 PM, Surveyor spoke with Med Tech T (Medication Technician). Surveyor asked Med Tech T how long she has worked at the facility. Med Tech T stated she has worked at the facility for 1 month. Surveyor asked Med Tech T, if you are going in a COVID positive resident's room what PPE do you don. Med Tech T stated she would don an N95 and per her discretion a face shield, gown, and gloves. Med Tech T stated, I don't know what the policy is here. Surveyor observed Med Tech T (Medication Technician) wearing a surgical mask. Surveyor asked Med Tech T when she was instructed to wear a surgical mask. Med Tech T stated, IP/ADON P instructed her to wear a surgical mask about 1-2 minutes ago.</p> <p>On 8/12/24 at 3:45 PM, Surveyor spoke with CNA M (Certified Nursing Assistant). Surveyor observed CNA M to be wearing a surgical mask. Surveyor asked CNA M, when were you instructed to wear a surgical mask. CNA M stated, we were just informed by IP/ADON P that we need to wear these all over the place; however, when we go in a COVID positive room we need to don an N95, gown, gloves, and face shield. Surveyor observed CNA M earlier during her shift to not be wearing a mask.</p> <p>On 8/12/24 at 3:50 PM, Surveyor spoke with RN R (Registered Nurse). RN R is a traveling nurse that has been working at the facility for 9 months and is caring for R4 during his shift. Surveyor asked RN R, have you been fit tested for an N95. RN R stated, No, no. Surveyor asked RN R, what mask do you don before entering R4's room. RN R stated, The ones in the bin. Surveyor observed only N95s (3M 8200 N95s) available in the isolation bin and no KN95s available for use by staff. Surveyor observed RN R wearing a surgical mask. Surveyor asked RN R when he was instructed to wear a surgical mask. RN R stated, IP/ADON P just spoke with him and gave him a mask. RN R stated prior to this he has not been wearing any mask except when he enters R4's room.</p> <p>On 8/12/24 at 3:53 PM, Surveyor spoke with IP/ADON P (Infection Preventionist/Assistant Director of Nursing). Surveyor asked IP/ADON P, when are staff and agency staff fit tested for N95s. IP/ADON P stated, she will check and let Surveyor know.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 8/12/24 at 4:11 PM, Surveyor spoke with IP/ADON P (Infection Preventionist/Assistant Director of Nursing). IP/ADON P stated everybody gets fit tested as part of our orientation. Surveyor asked IP/ADON P, how do agency/contracted staff get fit tested . IP/ADON P stated, I do not know how they get fit tested . Surveyor asked IP/ADON P, how often are staff/agency/contracted staff fit tested . IP/ADON P stated she is not sure and will check on that. IP/ADON P stated she will be having RN R wear a KN95. IP/ADON P stated, the KN95s were not stocked in the cart but the facility has a supply and will put them in the cart for RN R to use. Surveyor asked IP/ADON P, was RN R educated previously to use a KN95 vs. an N95 because he was not fit tested . IP/ADON P stated, No, he said he was just wearing whatever was in the cart. IP/ADON P stated, she just now let RN R know to use the KN95s. IP/ADON P stated, Staff (not agency/contracted) are fit tested annually at the skills fair.</p> <p>On 8/14/24 at 8:13 AM, Surveyor observed Hskp/Laundry S (Housekeeper/Laundry) enter R4's room wearing a surgical mask, gown, and gloves. Surveyor observed Hskp/Laundry S to not be wearing an N95.</p> <p>On 8/14/24 at 8:15 AM, Surveyor spoke with Hskp/Laundry S. Laundry S stated she entered R4's room to grab laundry in the bathroom. Surveyor asked Hskp/Laundry S, how do you know if a resident is on isolation. Hskp/Laundry S stated, the isolation cart outside the door and staff tell us ahead of time. Surveyor asked Hskp/Laundry S, what is R4 on isolation for. Hskp/Laundry S, stated COVID. Surveyor asked Hskp/Laundry S, what PPE (Personal Protective Equipment) should you don before entering R4's room. Hskp/Laundry S stated, The one thing I forgot was to put on an N95, I did put on the gown and gloves (and eye protection). Surveyor asked Hskp/Laundry S, why is it important to don an N95 before entering a COVID room. Hskp/Laundry S stated, They're more effective. Surveyor asked Hskp/Laundry S, should you don an N95 when going in a COVID positive room. Hskp/Laundry S stated, Yes.</p> <p>On 8/14/24 at 8:19 AM, Surveyor observed R4's door open while R4 was sitting in her recliner with her back to the door (a few feet from the door). Surveyor observed R4's garbage can outside her door with an open lid and overflowing with used PPE.</p> <p>On 8/14/24 at 8:25 AM, Surveyor asked IP/ADON P, has the facility tested the residents for COVID since they had two (2) residents that tested positive. IP/ADON P stated, no, we only test residents when they are symptomatic. IP/ADON P stated, the two residents that tested positive attended a funeral and the priest was COVID positive. Surveyor asked IP/ADON P, has the facility completed contract tracing to determine who the two residents have been in contact with in order to test them. IP/ADON P stated, No. It is important to note, the facility has no way of knowing if other staff or residents are COVID positive in the facility as they did no complete broad-base testing or complete contact tracing. Surveyor asked IP/ADON C if R23's door should be closed as she is on Droplet Isolation. IP/ADON C stated, R23 should be able to come off isolation as she tested negative on day 1 and day 3.</p> <p>Surveyor asked IP/ADON P if the facility has updated their pneumococcal policy to reflect the Centers for Disease Control's (CDC) recommendations to include PCV15: 15-valent pneumococcal conjugate vaccine (Vaxneuvance) and PCV20: 20-valent pneumococcal conjugate vaccine (Prevnar20). IP/ADON P stated, No, the facility does not have any detailed pneumo vaccination policy and procedure. The facility has not been offering these to residents. IP/ADON P stated, she realized the facility does not have a process to administer pneumococcal vaccines. IP/ADON P stated, she had an idea to have a pharmacy come to the facility to administer these vaccines. Surveyor asked IP/ADON P, do you have documentation to demonstrate you have been working on this. IP/ADON P stated, There's no documentation just an idea we expressed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525660	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/15/2024
NAME OF PROVIDER OR SUPPLIER St Dominic Villa		STREET ADDRESS, CITY, STATE, ZIP CODE 2375 Sinsinawa Rd Hazel Green, WI 53811	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>36253</p> <p>Example 2:</p> <p>The facility's Antibiotic Stewardship policy states:</p> <p>*The Infection Preventionist will collaborate with the Medical Director, Administrator, Director of Nursing, pharmacy consultant, and laboratory representative as needed to: 1) Review infections and monitor antibiotic usage patterns through Quality Assurance Performance Improvement (QAPI) process 2) Obtain and review antibiograms for institutional trends of residents as available 3) Monitor antibiotic resistance patterns and infections</p> <p>*Appropriateness of use and duration of antibiotic(s) will be monitored and reviewed as needed.</p> <p>R23 was admitted to the facility on [DATE]. On 5/19/22, R23 was having pain, discomfort and generally lethargic and was sent to hospital where she was found to have a UTI (Urinary Tract Infection). R23 was sent back to the facility on [DATE] with orders for Doxycycline 100 MG two times daily for 7 days for the UTI. Facility MAR (Medication Administration Records) indicate R23 took the full 14 doses of the antibiotic. Surveyor was unable to find a sensitivity report for the antibiotic's use.</p> <p>On 8/14/24 at 11:38 AM Surveyor interviewed DON B (Director of Nursing) who stated that the facility did not have a sensitivity for culture in relation to the UTI as this was all done at the hospital. DON B stated that they usually don't get the sensitivity report when a resident is put on antibiotics at the hospital. DON B stated that the facility relies on the doctors at the hospital to ensure appropriateness of the antibiotic prescribed.</p> <p>48793</p> <p>Example 3:</p> <p>On 08/13/24 at 8:22 AM, Surveyor observed CNA K (Certified Nursing Assistant) and CNA M don PPE (Personal Protective Equipment). CNA K and CNA M entered R36's room. CNA K and CNA M rolled R36 and placed a sling underneath R36's back side. Once CNA K and CNA M were ready to transfer, CNA M exited R36's room with PPE on and walked down the hallway to grab the Hoyer lift. CNA M entered R36's room with Hoyer and began hooking up R36 to the sling and Hoyer. CNA M and CNA K transferred R36 to the wheelchair. CNA M exited R36's room and walked down the hallway pushing the Hoyer lift. Surveyor did not observe the Hoyer lift being wiped down. Surveyor observed CNA M and CNA K doff the PPE, sanitize hands, and walk down the hallway.</p> <p>Example 4:</p> <p>On 8/13/24 at 11:02 AM, R4 is COVID positive. Surveyor observed R4's physician enter into R4's room without donning personal protective equipment.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 8/13/24 at 11:05 AM, Surveyor interviewed RN Y and asked RN Y who the person is who entered R4's room without PPE. RN Y indicated that it is R4's physician who is doing rounds. Surveyor asked how visitors or staff are suppose to know when a resident is on isolation or transmission based precautions. RN Y indicated that usually signage is out on the door. RN Y and Surveyor reviewed the sign on R4's door and RN Y confirmed that the signage on R4's door does not specify to wear all PPE. Signage does not say if its droplet, contact, or airborne precautions.</p>		

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<p>F 0882</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home.</p> <p>30992</p> <p>Based on staff interview and record review, the facility did not ensure a staff person designated as the Infection Preventionist (IP) completed specialized training in infection prevention and control. This practice had the potential to affect all 59 residents residing in the facility.</p> <p>IP/ADON P (Infection Preventionist) and DON B (Director of Nursing) did not complete specialized training for infection prevention and control.</p> <p>Findings include:</p> <p>The facility's Infection Prevention and Control policy and procedure, last reviewed September 2023, indicates: The IP (Infection Preventionist) will maintain current knowledge in the field of infectious disease and epidemiology through training provided through the CDC (Centers for Disease Control and Prevention) in collaboration with Centers for Medicare and Medicaid (CMS).</p> <p>On 8/14/24 at 9:35 AM, Surveyor interviewed IP/ADON P who verified IP/ADON P started as the IP in June of 2024 and did not have specialized infection control training. IP/ADON P stated IP/ADON P was informed about the required training and she has started working on the Centers for Disease Control and Prevention (CDC) training modules. IP/ADON P stated she goes to DON B (Director of Nursing) with any infection prevention related questions.</p> <p>IP/ADON P provided her CDC training certificates and has not completed the course. IP/ADON P has completed the following modules:</p> <p>Module 1: Infection Prevention and Control Program Date: 7/24/24</p> <p>Module 2: The Infection Preventionist Date: 7/24/24</p> <p>Module 3: Integrating Infection Prevention and Control into the Quality Assurance Performance Improvement Program Date: 7/24/24</p> <p>Module 4: Infection Surveillance Date: 8/12/24 (*It is important to note, this was completed during survey after Infection Control concern were identified.)</p> <p>Module 5: Outbreaks Date: 8/14/24 (*It is important to note, this was completed during survey after Infection Control concern were identified.)</p> <p>Module 10C: Infection Prevention during Wound Care Date 7/22/24</p> <p>On 8/14/24 at 4:30 PM, Surveyor interviewed DON B (Director of Nursing). DON B served as the Infection Preventionist from February - June 2024 until IP/ADON P took over. Surveyor asked DON B if she has completed the Centers for Disease Control and Prevention (CDC) training modules. DON B stated, No. Surveyor asked DON B, do you have any training in infection control. DON B stated, No.</p> <p>(continued on next page)</p>		

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F 0882 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	IP/ADON P has not completed all the required training and IP/ADON P's back-up DON B has not completed any of the required training,		