STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525665	A. Building B. Wing	05/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Frederic Nursing and Rehab Community	205 United Way Frederic, WI 54837

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and help to prevent the development and transmission of communicable diseases and infections for 2 (R1 and R2) of 4 residents (R) reviewed. R1 tested positive for covid R1 but was not on the facility line list.R2 had Clostridioides Difficile (C-diff); the facility did not document infection control education in R2's medical record prior to discharge. The facility policy titled Outbreak Identification and Management, last reviewed 01/2025, states: This policy is intended to provide guidance in identifying an outbreak timely, measures to take in the event of an outbreak to reduce the spread of infections. Under section labeled Respiratory symptoms and illness, states if one laboratory-confirmed positive case of illness is identified along with other cases of similar acute illness in a unit of a long-term care facility, an outbreak might be occurring. Active surveillance for additional cases should be implemented as soon as possible once one case of laboratory-confirmed illness is identified in a facility. When 2 cases of laboratory-confirmed illness are identified within 72 hours of each other in residents on the same, unit, outbreak control measures should be implemented as soon as possible.The facility policy titled, Infection Control Program Introduction, last reviewed 01/2025 states: . Outbreak Management: Infectious outbreaks are infrequent but can be potentially devastating. The two most likely and potentially most dangerous categories of epidemics and outbreaks are respiratory infection such as .Covid 19, and gastrointestinal infections such as .Clostridioides Difficile (C-diff).The facility policy titled, Admission/Discharge residents with communicable diseases, last reviewed 01/2025, states: The facility will provide special instructions and/or information on infection control precautions for residents with known or highly suspected communicable infections.at the time of discharge.Example 1On 05/05/26, Surveyor reviewed R1's medical record. R1 was admitted to facility on 11/14/25. R1's care plan initiated 03/06/2026 and remains unresolved states: Problem: Resident has URI (upper respiratory infection) and is on droplet transmission-based isolation precautionsOn 03/06/2026 at 12:12 PM, nurse progress notes indicate: R1 complains of a runny nose and body aches. Covid test was negative. Placed on isolation precautions for upper respiratory infection (URI).On 03/07/2026 at 9:34 AM, nurse progress notes indicate: R1 remains on droplet precautions. Presents with slightly hoarse voice and report an intermittent cough, overall feels better and remains on droplet precautions.Example 2On 05/05/26, Surveyor reviewed R2's medical record. R2 was admitted to facility on 02/24/2026 with diagnosis of irritable bowel syndrome and discharged home on [DATE].On 03/03/2026, R2's bowel record indicated having loose stool.On 03/04/2026, R2's nurses notes indicate an order was received to obtain a C-Diff sample for loose stools. (Of note, no isolations precautions were put into place at this time).On 03/05/2026, R2's nurses notes indicate a positive C-Diff sample result, received and an antibiotic regimen was ordered for 10 days and was placed on contact isolation precautions.On 03/14/2026, R2 was discharged home prior to facility expected discharge date of 03/16/2026 due to pending inclement weather. No documentation to support education on management and current treatment for c-diff was provided upon discharge per facility policy.On 05/05/20266 at 1:37 PM, Surveyor interviewed Registered Nurse (RN) C. RN C is the (continued on next page)

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

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

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	facility's infection preventionist. Survey asked RN C about Covid infections in the facility in March of 2026. RN C stated RN C stated Director of Nursing (DON) B does the Covid surveillance documentation. On 05/05/26 at 1:46 PM, Surveyor requested surveillance log of onset of resident symptoms, duration and resolution. DON B stated she did not complete a log and was unable to provide any documentation of monitoring, implementing transmission-based precautions, testing conducted and/or documentation for R1's illnesses. DON B stated R2 should have documentation in R2's medical record of discharge teaching per facility policy.