

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525670	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/20/2024
NAME OF PROVIDER OR SUPPLIER  Oconto Health and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  101 First St Oconto, WI 54153	

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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>43361</p> <p>Based on staff interview and record review, the facility did not ensure their abuse policy was implemented for 2 of 8 employees reviewed for background checks.</p> <p>The facility did not complete an out-of-state background check for Director of Nursing (DON)-B.</p> <p>The facility did not have a completed Background Information Disclosure (BID) form for Laundry Aide (LA)-C.</p> <p>Findings include:</p> <p>The facility's Abuse, Neglect, and Exploitation policy, with an implementation date of 9/18/23, indicates: Screening: A. Potential employees will be screened for a history of abuse, neglect, exploitation, or misappropriation of resident property. 1. Background, reference, and credentials checks shall be conducted on potential new employees, contracted temporary staff, students affiliated with academic institutions, volunteers, and consultants .3. The facility will maintain documentation of proof that the screening occurred.</p> <p>On 8/20/24, Surveyor reviewed DON-B's background check information. DON-B was hired on 2/28/20. DON-B's four year BID form was completed on 1/5/24. DON-B checked Yes to question 4 which asked if the employee had resided outside of the state in the past 3 years.</p> <p>On 8/20/24, Surveyor reviewed LA-C's background check information. LA-C was hired by the facility on 7/19/24. Surveyor noted LA-C completed pages 1 and 4 of the BID form; however, pages 2 and 3 were missing.</p> <p>On 8/20/24 at 1:15 PM, Surveyor interviewed Business Office Manager (BOM)-D who stated BOM-D was hired in April, was new to the Human Resources role, and was still learning. BOM-D stated BOM-D was going through files to make sure everything was completed for employees. BOM-D stated BOM-D could not find an out-of-state background check that was completed for DON-B whose four year background check was completed prior to BOM-D's hire. BOM-D acknowledged an out-of-state background check should be completed for an employee who resided out of the state within the past 3 years. BOM-D also stated BOM-D could not locate pages 2 and 3 of LA-C's BID form. BOM-D acknowledged the BID form should be fully completed.</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
---	-------	-----------