

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  03/12/2025
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 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>51043</p> <p>Based on staff interview and record review, the facility did not ensure a physician was notified of a change in condition for 1 resident (R) (R7) of 1 sampled resident.</p> <p>R7's physician was not updated when a reddened and painful skin area on R7's groin and scrotum worsened.</p> <p>Findings include:</p> <p>The facility's Notification of Changes policy, last reviewed 8/27/24, indicates: The facility must inform the resident, consult with the resident's physician .when there is a change .3. Circumstances that require a need to alter treatment. This may include: a. New treatment. b. Discontinuation of current treatment due to: i. Adverse consequences. ii. Acute condition. iii. Exacerbation of a chronic condition .</p> <p>From 3/11/25 to 3/12/25, Surveyor reviewed R7's medical record. R7 was admitted to the facility with diagnoses including dementia, epilepsy, schizophrenia, anxiety, and traumatic brain injury. R7's Minimum Data Set (MDS) assessment, dated 2/22/25, had a Brief Interview for Mental Status (BIMS) score of 9 out of 15 which indicated R7 had moderately impaired cognition. R7 had a Guardian who made medical decisions for R7.</p> <p>On 3/12/25, Nursing Home Administrator (NHA)-A provided documentation of 1:1 education signed and dated on 2/12/25 by NHA-A and Certified Nursing Assistant (CNA)-E that indicated CNA-E would provide care for R7's groin and scrotum slowly and more carefully.</p> <p>On 3/12/25 at 3:17 PM, Surveyor interviewed NHA-A who indicated R7 had redness and pain in the scrotum and groin area prior to the education provided to CNA-E. NHA-A provided documentation, dated 12/24/24, that R7's primary care provider ordered an antifungal powder to be applied to R7's groin and documentation that R7's care plan was updated with an intervention to allow R7 to wash R7's own peri area on 2/13/25. When Surveyor asked if R7's groin had worsened from 12/24/24 to 2/12/25 and if R7's physician should have been updated on 2/12/25, NHA-A indicated R7's physician should have been updated on 2/12/25 with R7's change in skin condition.</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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>47248</p> <p>Based on staff and resident representative interview and record review, the facility did not ensure a grievance was documented, thoroughly investigated, and resolved for 1 resident (R) (R18) of 19 sampled residents.</p> <p>Guardian (GDN)-I (R18's court-appointed Guardian) submitted a grievance on 2/25/25 regarding concerns with cleanliness, R18's roommate, and showers. The grievance form indicated there was follow-up on 2/26/25, however, GDN-I indicated GDN-I was not updated regarding all components of the grievance and how the grievance was resolved.</p> <p>Findings include:</p> <p>The facility's Grievances policy, revised 10/22/24, indicates: It is the policy of this facility to provide a process to voice grievances (such as those about treatment, care, management of funds, lost clothing, or violation of rights) and respond with prompt efforts to resolve while keeping the resident and/or resident representative appropriately apprised of progress toward resolution .Our facility will promote the grievance process throughout the organization. This includes notifying residents of their rights related to grievances as well as educating all those affected by potential grievances or concerns of the facility's grievance process, including but not limited to, residents, resident representatives, employees, volunteers, vendors, and all other stakeholders .The Grievance Officer is the Nursing Home Administrator (NHA) and/or Designee appointed by the NHA. This individual is responsible for oversight of the grievance process in conjunction with facility administration and .receives and tracks all grievances through to their conclusion, leads necessary investigations, works with facility staff using a root cause analysis process for resolution of the grievance or concern .completes written grievance resolutions/decisions to the resident involved .Any employee of the facility who receives a complaint shall immediately attempt to resolve the complaint within their role and authority. If a complaint cannot be immediately resolved, the employee shall escalate the complaint to their supervisor and the Grievance Officer. Grievances will be recorded and logged .</p> <p>On 3/11/25, Surveyor reviewed the facility's grievance log and noted a grievance from GDN-I, dated 2/25/25, that indicated GDN-I informed NHA-A during a visit that R18 had food on R18's shirt, bedside table, and floor. Staff did not disinfect the table, change R18's soiled clothing, or clean the food off the floor. GDN-I also indicated R18's roommate was not appropriate for R18 and requested a different roommate or a private room. In addition, GDN-I indicated R18 had not received a shower and GDN-I requested R18 receive two showers per week. The grievance form indicated staff education was provided on changing soiled clothing and R18 was scheduled for two weekly showers. Education was also provided to housekeeping staff. The form indicated the grievance was resolved on 2/26/25 at 12:00 AM and the resolution was reported to GDN-I the same day. A note on the grievance indicated R18 was in a new room and refused showers.</p> <p>From 3/11/25 to 3/12/25, Surveyor reviewed R18's medical record. R18 was admitted to the facility for rehab and had diagnoses including dementia, Alzheimer's disease, diabetes type 2, schizoaffective disorder, and bipolar disorder. R18's Minimum Data Set (MDS) assessment, dated 2/25/25, indicated R18 had severely impaired cognition.</p> <p>(continued on next page)</p>		

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/12/25 at 10:35 AM, Surveyor interviewed GDN-I who indicated the grievance was submitted the first day GDN-I visited R18. GDN-I indicated GDN-I entered R18's room after lunch and saw breakfast food on R18 and the floor. GDN-I indicated R18 had been at the facility for over a week and had not had a shower. GDN-I requested R18 have two showers per week because R18 looked unkept. GDN-I also indicated R18's roommate was inappropriate for R18 due to behavioral concerns and requested a room change for R18 which was granted. GDN-I indicated NHA-A stated NHA-A would talk to staff, however, GDN-I was not informed of what was discovered during the investigation, was not sure if there were any actions taken to correct the concerns, and was not provided follow-up or a resolution. GDN-I indicated there had been some improvement, however, GDN-I's cleanliness concern was not fully addressed and GDN-I did not know if there were interventions implemented to prevent the concerns from occurring in the future.</p> <p>On 3/12/25 at 2:38 PM, Surveyor interviewed NHA-A who indicated NHA-A spoke with GDN-I on the day the concern was reported and informed GDN-I what would be done. NHA-A indicated NHA-A considered that follow-up for the concerns. NHA-A indicated a room change occurred and NHA-A spoke with staff regarding the concerns. NHA-A indicated NHA-A updated GDN-I about the room change and shower schedule change the following Monday (3/3/25) and indicated all follow-up information was contained on the grievance form. NHA-A did not indicate why the follow-up was documented at 2/26/25 at 12:00 AM, and did not provide any further follow-up or resolution for the grievance.</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49563</p> <p>Based on staff interview and record review, the facility did not ensure an allegation of abuse was reported to the State Agency (SA) for 1 resident (R) (R1) of 19 sampled residents.</p> <p>R1 indicated Certified Nursing Assistant (CNA)-E was abusive to R1. R1 reported the incident to staff. The allegation of abuse was not reported to the SA.</p> <p>Findings include:</p> <p>The facility's Abuse, Neglect, and Exploitation policy, dated 12/2/24, indicates: An immediate investigation is warranted when suspicion of abuse, neglect or exploitation, or reports of abuse, neglect or exploitation occur. the facility will have written procedures that include: 1. Reporting of all alleged violations to the Administrator, State Agency, Adult Protective Services, and to all other required agencies within specified time frames: a. Immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury .</p> <p>From 3/11/25 to 3/12/25, Surveyor reviewed R1's medical record. R1 was admitted to the facility on [DATE] and had diagnoses including cerebrovascular accident (stroke), left hemiparesis, dysphagia, and diabetes. A Minimum Data Set (MDS) assessment, dated 1/11/25, had a Brief Interview for Mental Status (BIMS) score of 12 out of 15 which indicated R1 had moderately impaired cognition. R1 had an activated Power of Attorney for Healthcare (POAHC).</p> <p>On 3/11/25 at 5:08 PM, Surveyor interviewed R1 who indicated via writing and demonstration that CNA-E had grabbed and twisted R1's right wrist which caused R1 pain. R1 indicated R1 felt the abuse was purposeful. R1 indicated R1 reported the incident to an unidentified staff member and R1's POAHC.</p> <p>On 3/12/25 at 10:15 AM, Surveyor interviewed R1's POAHC (POAHC-J) who indicated R1 reported the physical abuse during the summer of 2024. POAHC-J indicated POAHC-J reported the incident to Registered Nurse (RN)-G and Licensed Practical Nurse (LPN)-H. POAHC-J indicated POAHC-J did not receive any follow-up regarding the allegation of abuse.</p> <p>On 3/12/25 at 2:04 PM, Surveyor interviewed RN-G who indicated RN-G did not recall R1's allegation that CNA-E twisted R1's right wrist.</p> <p>Surveyor was unable to interview LPN-H during the survey.</p> <p>On 3/12/25 at 2:38 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A and DON-B who denied any knowledge of R1's allegation of abuse and indicated the allegation of abuse was not reported to the SA or local law enforcement.</p>

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49563</p> <p>Based on staff and resident representative interview and record review, facility did not thoroughly investigate an allegation of abuse for 1 resident (R) (R1) of 19 sampled residents.</p> <p>R1 and R1's Power of Attorney for Healthcare ((POAHC)-J) reported an allegation of physical abuse to staff that involved Certified Nursing Assistant (CNA)-E. The facility did not thoroughly investigate the allegation of abuse.</p> <p>Findings include:</p> <p>The facility's Abuse, Neglect and Exploitation policy, dated 12/2/24, indicates: An immediate investigation is warranted when suspicion of abuse, neglect or exploitation, or reports of abuse, neglect or exploitation occur. B. Written procedures for investigations include: 1. Identifying staff responsible for the investigation; .3 Investigating different types of alleged violations; 4. Identifying and interviewing all involved persons, including the alleged victim, alleged perpetrator, witnesses, and others who might have knowledge of the allegation; 5. Focusing the investigation on determining if abuse, neglect, exploitation, and/or mistreatment has occurred, the extent, and cause; and 6. Providing complete and thorough documentation of the investigation .</p> <p>From 3/11/25 to 3/12/25, Surveyor reviewed R1's medical record. R1 was admitted to the facility on [DATE] and had diagnoses including cerebrovascular accident (stroke), left hemiparesis, dysphagia, and diabetes. R1's Minimum Data Set (MDS) assessment, dated 1/11/25, had a Brief Interview for Mental Status (BIMS) score of 12 out of 15 which indicated R1 had moderately impaired cognition. R1 had an activated POAHC.</p> <p>On 3/11/25 at 5:08 PM, Surveyor interviewed R1 who indicated via writing and demonstration that CNA-E had grabbed and twisted R1's right wrist which caused R1 pain. R1 indicated R1 felt the abuse was purposeful. R1 indicated R1 reported the incident to an unidentified staff member and R1's POAHC.</p> <p>On 3/12/25 at 10:15 AM, Surveyor interviewed POAHC-J who indicated R1 reported allegation of physical abuse in the summer of 2024. POAHC-J indicated POAHC-J reported the incident to Registered Nurse (RN)-G and Licensed Practical Nurse (LPN)-H. POAHC-J indicated POAHC-J did not receive any follow-up on the allegation of abuse.</p> <p>On 3/12/25 at 2:04 PM, Surveyor interviewed RN-G who indicated RN-G did not recall R1's allegation that CNA-E twisted R1's right wrist.</p> <p>Surveyor was unable to interview LPN-H during the survey.</p> <p>Surveyor noted the facility did not obtain statements from R1 and CNA-E as well as other residents and staff and did not thoroughly investigate the allegation of abuse.</p> <p>On 3/12/25 at 2:38 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A and DON-B who indicated NHA-A and DON-B both investigate resident concerns. NHA-A and DON-B indicated neither were aware of an allegation of physical abuse involving R1 and CNA-E.</p>		

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<p>F 0659</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care by qualified persons according to each resident's written plan of care.</p> <p>47248</p> <p>Based on staff interview and record review, the facility did not ensure showers, feeding assistance, and activities of daily living (ADLs) were performed by a qualified person for 2 residents (R) (R15 and R19) of 19 sampled residents. This practice had the potential to affect more than 4 of the 41 residents residing in the facility.</p> <p>The facility did not ensure Hospitality Aide (HA)-D performed responsibilities that were within HA-D's scope of practice when HA-D assisted with showering, feeding, and transferring R15 and R19.</p> <p>Findings include:</p> <p>On 3/11/25 at 6:26 PM, Surveyor interviewed R15 who indicated HA-D completed cares, showers, and transfers for R15 and assisted with washing and getting R15 dressed. (R15 wished to remain anonymous. R15's most recent Minimum Data Set (MDS) assessment indicated R15 was not cognitively impaired.)</p> <p>On 3/12/25, Surveyor reviewed the job description and responsibilities for Hospitality Aides provided by Nursing Home Administrator (NHA)-A. Surveyor reviewed a Hospitality Aide document, signed by HA-D on 1/29/25, that indicated: To provide support and assistance to Nursing Department .Essential Functions . Makes beds, labels clothing and belonging, completes admission and discharge inventory lists, distributes laundry, passes meal trays, offers basic tray set up. May assist with feeding, if competency demonstrated . answers call lights - provides only basic assistance .no hands-on care allowed.</p> <p>On 3/12/25 at 11:56 AM, Surveyor interviewed HA-D who indicated HA-D's job responsibilities included 1:1 supervision with residents and assisting with passing water and meal trays. HA-D indicated HA-D could not do personal cares. HA-D confirmed HA-D has functioned as the second person for lifts and transfers and has assisted with feeding, dressing, and grooming residents. HA-D indicated HA-D has given showers, including for R19 who mostly showered independently, and was in the shower room alone with R19. HA-D indicated HA-D does not do a lot of peri-care and just assists with positioning in bed during cares. HA-D confirmed HA-D was not a Certified Nursing Assistant (CNA) and did not receive education related to providing cares or feeding and transferring residents.</p> <p>On 3/12/25 at 12:30 PM, Surveyor requested trainings and competencies HA-D had completed for HA-D's position.</p> <p>On 3/12/25 at 12:40 PM, Surveyor interviewed R19 who indicated HA-D assisted with R19's shower. R19 indicated R19 washed R19's self independently but required the assistance of HA-D to dress and dry off and to transfer with a Hoyer lift. R19 indicated HA-D has assisted R19 with washing and dressing from time to time.</p> <p>On 3/12/25, Surveyor reviewed R19's medical record. R19 had diagnoses including traumatic spinal cord injury with paraplegia, neurogenic bladder with placement of indwelling catheter, and type 2 diabetes. R19's MDS assessment, dated 1/18/25, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R19 was not cognitively impaired.</p> <p>(continued on next page)</p>		

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<p>F 0659</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/12/25 at 2:38 PM, Surveyor interviewed NHA-A and Director of Nursing (DON)-B who indicated neither were aware HA-D had fed residents. NHA-A and DON-B indicated HA-D did not receive training or complete a competency to feed residents. NHA-A and DON-B confirmed HA-D should not shower or be alone with residents in the shower room even if the resident are able to wash independently. NHA-A and DON-B confirmed it is out of HA-D's scope of practice to assist with dressing (other than to hand items to residents), wash residents, provide cares, and be the second staff for lifts and transfers.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>51043</p> <p>Based on observation, staff interview, and record review, the facility did not establish and maintain an infection prevention and control program designed to prevent the transmission of communicable disease and infection for 1 resident (R) (R10) of 1 resident observed during the provision of cares.</p> <p>R10 had an indwelling catheter and was on enhanced barrier precautions (EBP). On 3/11/25, Certified Nursing Assistant (CNA)-E and CNA-F did not wear gowns while completing personal hygiene and catheter care for R10. In addition, Registered Nurse (RN)-G did not wear a gown or complete hand hygiene between glove changes during wound care for R10.</p> <p>Finding include:</p> <p>The facility's Enhanced Barrier Precautions policy, dated 2/5/25, indicates: Enhanced Barrier Precautions (EBP) refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and glove use during high-contact resident cares .initiation of EBP: .i. Wounds and/or indwelling medical devices (e.g., central lines, urinary catheters .) .Implementation of EBP: a. Make gowns and gloves available immediately near or outside the resident's room .4. High-contact resident cares include: a. dressing, b. bathing, c. transferring, d. providing hygiene, e. changing linens, f. changing briefs or assisting with toileting, g. device care or use: .urinary catheters .h. wound care: any skin opening requiring a dressing .</p> <p>The facility's Hand Hygiene policy, dated 5/29/24, indicates: All staff will perform proper hand hygiene procedures to prevent the spread of infection .hand hygiene is a general term for cleaning your hands by handwashing with soap and water or the use of an antiseptic hand rub, also known as an alcohol-based hand rub (ABHR) .Hand hygiene is indicated and will be .performed before and after handling clean or soiled dressings, linens, etc., during resident care, moving from a contaminated body site to a clean body site, after handling contaminated items with blood, body fluids, secretions or excretions .If your task requires gloves, perform hand hygiene prior to donning gloves, and immediately after removing gloves .</p> <p>From 3/11/25 to 3/12/25, Surveyor reviewed R10's medical record. R10 had diagnoses including quadriplegia, diabetes, polyneuropathy, and a pressure ulcer. R10 had an indwelling urinary catheter and an ostomy. R10's Minimum Data Set (MDS) assessment, dated 2/19/25, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R10 was not cognitively impaired.</p> <p>On 3/11/25 at 7:03 PM, Surveyor observed an EBP sign posted on R10's door but noted there were no gowns near or outside R10's door. Surveyor entered the room and observed CNA-E provide catheter care without a gown. CNA-F then entered the room without a gown and assisted CNA-E with peri-care. After the provision of peri-care, CNA-E and CNA-F changed R10's brief.</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 - Few</p>	<p>On 3/11/25 at 7:45 PM, Surveyor observed RN-G provide wound care for R10. RN-G washed hands and donned gloves but did not don a gown. RN-G removed R10's dressing and removed gloves. Without complete hand hygiene, RN-G donned clean gloves. RN-G cleansed R10's wound with saline and blotted the wound with gauze. RN-G then changed gloves without completing hand hygiene. RN-G applied Medihoney, zinc, and antifungal ointment to the wound with a tongue depressor and changed gloves without completing hand hygiene. RN-G then retrieved tape and washed hands with soap and water. RN-G donned clean gloves, put a dressing over R10's wound, taped the dressing in place, and removed gloves. Without completing hand hygiene, RN-G donned clean gloves, put a treatment in R10's anal cavity, applied a clear dressing over the area, and removed gloves. RN-G then washed hands with soap and water.</p> <p>On 3/11/25 at approximately 8:20 PM, Surveyor interviewed CNA-E who stated CNA-E should have worn a gown during cares for R10. Surveyor also interviewed CNA-F who indicated a gown should be worn during catheter care.</p> <p>On 3/11/25 at 8:35 PM, Surveyor interviewed RN-G who indicated RN-G should have washed hands between glove changes and should have worn a gown during wound care for R10.</p> <p>On 3/12/25 at 10:15 AM, Surveyor interviewed Director of Nursing (DON)-B who indicated R10 was on EBP and CNA-E and CNA-F should have worn gowns during high-contact resident care. DON-B indicated RN-G should have worn a gown during wound care and completed hand hygiene every time RN-G removed gloves. DON-B indicated Nursing Home Administrator (NHA)-A was also the facility's Infection Preventionist.</p> <p>On 3/12/25 at 11:18 AM, Surveyor interviewed NHA-A who indicated R10 was on EBP and CNA-E and CNA-F should have worn gowns while providing hygiene care for R10. NHA-A also indicated RN-G should have worn a gown and completed hand hygiene in between glove changes during wound care. NHA-A provided R10's care plan (initiated on 1/14/25) which indicated R10 was on EBP due to an indwelling urinary catheter, ostomy, and wounds. NHA-A indicated there should be a personal protective equipment (PPE) cart with gowns outside R10's room.</p>		