STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525670	A. Building B. Wing	07/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oconto Health and Rehab Center	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)
F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51043 Based on observation, staff and resident interview, and record review, the facility did not ensure a self-administration of medication assessment was accurately completed for 1 resident (R) (R11) of 4 sampled residents. On 7/2/24, Surveyor observed medication at R11's bedside. A self-administration of medication assessment and physician's order did not accurately reflect the medications R11 was allowed to self-administer. In addition, R11's plan of care did not indicate how R11 would store and secure the medications kept in R11's room. Findings include: The facility's Resident Self-Administration of Medication policy, with copyright date of 2024, indicates: .14. The care plan must reflect resident self-administration and storage arrangements for such medications. On 7/2/24, Surveyor reviewed R11's medical record. R11 was admitted to the facility on [DATE] with diagnoses including diabetes mellitus and hypertension. R11's Minimum Data Set (MDS) assessment, dated 6/26/24, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R11 had intact cognition. R11 was responsible for R11's healthcare decisions. A care plan indicated R11 could self-administer eye drops, nasal spray, and inhaled medications as appropriate and safely dispensed by staff. The care plan did not reflect where R11 stored the self-administered medications. R11 had a physician order that stated R11 could self-administer Flonase, nebulizer treatments, and Refresh eye drops. R11's Medication Administration Record (MAR) indicated R11 was prescribed Flonase, an albuterol inhaler, and Refresh eye drops. R11's MAR did not contain previous or recent orders for nebulizer treatments. (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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R11's most recent Self-Administration of Medication Evaluation, dated 6/25/24, indicated it was not recommended that R11 self-administer medication, however, the evaluation also indicated R11 self-administered eye drops, nasal spray, and inhaled medication. The evaluation further indicated R11 could correctly self-administer inhalant medication but could not correctly administer eye drops or eye ointments. On 7/2/24 at 1:59 PM, Surveyor interviewed R11 who stated R11 takes (R11's) medications and pointed to a plastic bag which contained fluticasone (Flonase), eye drops, and an albuterol inhaler. On 7/3/24 at 9:25 AM, Surveyor interviewed R11 who stated R11 stores R11's medications in the top drawer of R11's unlocked bedside table. R11 stated R11 tells staff when R11 needs more medication. On 7/3/24 at 11:24 AM, Surveyor interviewed Director of Nursing (DON)-B who confirmed R11's care plan should indicate where R11's medications are stored and if they are locked or not locked in R11's room. On 7/3/24 at 11:28 AM, Surveyor interviewed DON-B regarding R11's Self-Administration of Medication Evaluation. DON-B confirmed the evaluation should recommend that R11 can safely self-administer medication and can safely self-administer eye drops and eye ointments. On 7/3/24 at 12:55 PM, Surveyor interviewed DON-B who confirmed R11's physician order should be for an albuterol inhaler instead of a nebulizer treatment which are two different treatments. DON-B confirmed R11 did not have a physician's order to self-administer the albuterol inhaler.

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40342 Based on staff interview and record review, the facility did not ensure Pre-Admission Screen and Resident Review (PASRR) requirements were met for 1 resident (R) (R7) of 14 sampled residents. R7's PASRR Level I Screen was completed inaccurately, therefore, a PASRR Level II Screen was not completed. Findings include: The Department of Health Services (DHS) document titled Preadmission Screen and Resident Review (PASRR) Level I Screen (F-22191), with a revision date of 7/2017, indicates: Nursing facilities must not admit any new resident who is suspected of having a serious mental illness or a developmental disability unless the State mental health authority/State developmental disability authority or designee has evaluated the person and determined if the person needs nursing facility placement and if the person needs specialized services .If a Level II Screen is required, the information on the (Level I) form is matched with information from the person's Level II Screen to ensure the facility, the department's designee/contractor, and the department have complied with all applicable federal statutes and regulations. On 7/1/24, Surveyor reviewed R7's medical record. R7 was admitted to the facility on [DATE] with diagnoses including post-traumatic stress disorder (PTSD). R7's Minimum Data Set (MDS) assessment, dated 4/6/24, had a Brief Interview for Mental Status (BIMS) score of 11 out of 15 which indicated R7 had moderate cognitive impairment. R7's Power of Attorney for Healthcare (POAHC) was responsible for R7's healthcare decisions. An Inpatient Psychiatric Consultation, that was dated 8/25/23 and occurred during a hospitalization prior to R7's admission to the facility, indicated R7 was seen for suicidal ideation. The consultation indicated R7 struggled with anxiety and depression since age 14. A hospital Discharge Summary, dated 8/30/23, indicated R7 had active problems including recurrent major depressive disorder and suicidal thoughts. R7's PASRR Level I Screen, dated 8/30/23, indicated R7 was not suspected of having a serious mental illness and did not have a current diagnosis of mental illness. R7's MDS assessment, dated 9/5/23, indicated a PASRR Level II Screen was not completed. Current diagnoses for R7 were listed as anxiety, depression, and PTSD. On 7/2/24 at 2:19 PM, Surveyor interviewed Registered Nurse (RN)-D who verified RN-D was the facility's MDS coordinator. RN-D stated R7's PASRR Level I Screen should have indicated R7 had mental illness diagnoses. RN-D stated R7 did not receive medication to treat R7's mental health diagnoses. RN-D stated when RN-D completed R7's MDS, RN-D assumed since only a PASRR Level I Screen was completed that a Level II Screen was not required. (continued on next page)

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 7/3/24 at 11:28 AM, Surveyor interviewed Director of Nursing (DON)-B who verified R7's PASRR Level I Screen should have indicated R7 was suspected of having a mental illness and a PASRR Level II Screen should have been completed. DON-B stated DON-B expects staff to follow the PASRR guidelines for Level I and Level II Screens.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40342 Based on observation, staff and resident interview, and record review, the facility did not ensure comprehensive resident-centered care plans were implemented for 2 residents (R) (R7 and R15) of 14 sampled residents. On 7/2/24, Surveyor observed a bed rail on R7's bed. R7's care plan did not indicate the need for a bed rail. R15 had a history of being sexually assaulted. R15's care plan did not contain information related to R15's request for no caregivers of the opposite gender. Findings include: The facility's Proper Use of Bed Rails policy, with a copyright date 2023, indicates: It is the policy of this facility to utilize a person-centered approach when determining the use of bed rails .16. Responsibilities of ongoing monitoring and supervision are specified as follows: a. Direct care staff will be responsible for care and treatment in accordance with the plan of care. On 7/1/24, Surveyor reviewed R7's medical record. R7 was admitted to the facility on [DATE] with diagnoses including Parkinson's disease and fibromyalgia. R7's Minimum Data Set (MDS) assessment, dated 4/6/24, had a Brief Interview for Mental Status (BIMS) score of 11 out of 15 which indicated R7 had moderate cognitive impairment. The MDS assessment did not indicate R7 used bed rails. R7's Power of Attorney for Healthcare (POAHC) was responsible for R7's healthcare decisions. R7's care plan indicated R7 had Parkinson's disease and contained the following interventions: Adaptive devices as recommended by therapy or Medical Doctor (MD); Monitor for safe use; Monitor/document to ensure appropriate use of safety/assistive devices. The care plan did not mention bed rail use as of 7/2/24. R7's care plan history indicated R7 had an intervention, initiated on 9/18/23 and discontinued on 6/11/24, for side rails and used 2 half rails per MD order to assist with bed mobility. The care plan also indicated staff should observe for risk of injury or entrapment related to side rail use. On 7/2/24 at 12:17 PM, Surveyor interviewed R7 who stated R7 used to have bed rails on both sides of R7's bed, but now only had a bed rail on the left side. R7 stated, I need one on the right side for positioning. R7 stated if R7 had bilateral bed rails, R7 would be able to turn R7's self. Surveyor observed a bed rail on the upper left half of R7's bed but not on the right side of R7's bed. R7's medical record did not contain a physician's order for bed rail use. (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 7/2/24 at 2:23 PM, Surveyor interviewed Registered Nurse (RN)-D who said the facility was trying to be more compliant with bed rail safety and stated R7 told RN-D that R7 did not need or want bed rails. RN-D stated, Once they were gone (from R7's bed), (R7) asked for them back. RN-D stated R7 needed therapy to get stronger and R7 was not reapproved for bed rails. Following a discussion of the above observation and conversation with R7, RN-D stated, (R7's) not approved to have bed rails. RN-D said many of the facility's beds are designed so that bed rails are not removable and stated staff are supposed to leave the rails down on those beds. On 7/2/24 at 2:34 PM, Surveyor interviewed Director of Rehab (DOR)-E who stated R7 received physical therapy (PT) and occupational therapy (OT). DOR-E reviewed R7's therapy notes and stated one of R7's goals was to increased independence with bed mobility and transfers. DOR-E stated R7's therapy notes did not contain anything specific about bed rail use but contained a long term goal of completing bed mobility with contact guard assistance of one staff. On 7/2/24 at 3:31 PM, Surveyor interviewed Director of Nursing (DON)-B who stated an assessment should have been completed and verified R7 should not have bed rails unless therapy indicates R7 requires bed rails. On 7/2/24 at 3:47 PM, Surveyor interviewed RN-D who stated RN-D asked a Certified Nursing Assistant (CNA) last week to give RN-D input about which residents need bed rails. Surveyor reviewed an undated list of residents provided by RN-D. Next to R7's name was hand-written .uses them (bed rails) to turn and boost self. 2. On 7/1/24, Surveyor reviewed R15's medical record. R15 was admitted to the facility on [DATE] with diagnoses including cerebral infarction and congestive heart failure. R15's MDS assessment, dated 4/10/24, had a BIMS score of 12 out of 15 which indicated R15 had moderate cognitive impairment. R15 was responsible for R15's healthcare decisions. R15's care plan stated R15 experienced trauma related to being bullied and sexually assaulted. On 7/1/24 at 9:05 AM, Surveyor interviewed R15 who reported no concerns with most of the staff except CNA-F and stated, I can't stand that bastard. (CNA-F) tried coming in last night. I wouldn't let (CNA-F) in here. R15 would not give details about why R15 disliked CNA-F. On 7/2/24 at 2:12 PM, Surveyor interviewed Human Resources (HR)-G who stated CNA-F had not had any disciplinary actions related to work performance. Surveyor reviewed a Performance Evaluation, dated 2/10/23, that indicated no concerns with CNA-F's work performance or competency skills. On 7/2/24 at 3:39 PM, Surveyor interviewed DON-B who was not aware of concerns R15 or any resident had with CNA-F. DON-B stated R15 preferred not to have staff of the opposite gender care for R15. DON-B verified the individualized intervention was not on R15's care plan but should have been, especially with R15's history of sexual assault.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. 49563 Based on observation, staff and resident interview, and record review, the facility did not ensure nail care was provided for 1 resident (R) (R21) of 14 sampled residents who required assistance with activities of daily living (ADL). Staff did not provide toenail clipping and cleaning for R21. Findings include: The facility's undated Nail Care Policy indicates: The purpose of this procedure is to provide guidelines for the provision of care to a resident's nails for good grooming and health .2. Identify conditions that increase risk for foot or nail problems, such as diabetes .4. Routine nail care, to include trimming and filing, will be provided on a regular schedule (such as weekly on Wednesday 3-11 shift or shower day). Nail care will be provided between scheduled occasions as the need arises .Principles of nail care: a. Nails should be kept smooth to avoid skin injury. On 7/2/24, Surveyor reviewed R21's medical record. R21 had diagnoses including fractured left pubis, emphysema, and asthma. R21's Minimum Data Set (MDS) assessment, dated 5/15/24, had a Brief Interview for Mental Status (BIMS) score of 5 out of 15 which indicated R21 had severe cognitive impairment. R21 had an activated Power of Attorney for Health Care (POAHC) since 5/15/24. R21's care plan indicated R21 was dependent on staff for all cares On 7/1/24 at 12:25 PM and 7/3/24 at 9:07 AM, Surveyor observed R21 in a wheelchair in R21's room. Surveyor noted R21's toenails were thick, discolored, had 1/4 inch long growth with substance underneath, and had started to curl over. On 7/3/24 at 12:55 PM, Surveyor interviewed R21 who stated sometimes R21's big toe hurts. Surveyor reviewed R21's weekly bath/shower assessments and noted R21's toenails had not been trimmed since admission. On 7/2/24 at 9:00 AM, Surveyor interviewed Certified Nursing Assistant (CNA)-F who stated CNA-F provides nail care during daily grooming. CNA-F stated grooming includes clipping of nails. On 7/3/24 at 9:13 AM, Surveyor interviewed Assistant Director of Nursing (ADON)-C who stated nail care was provided weekly on the resident's shower day. ADON-C also verified the facility had access to a podiatrist. On 7/3/24 at 12:38 PM, Surveyor and DON-B observed R21's toenails. DON-B verified R21's toenails needed trimming and stated R21's toenails should be trimmed with weekly showers. DON-B stated DON-B would have the Medical Doctor (MD) assess R21's toenails.

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40342 Based on observation, staff and resident interview, and record review, the facility did not ensure medical records contained accurate and complete documentation for 2 residents (R) (R7 and R10) of 14 sampled residents. On 7/2/24, Surveyor observed a bed rail on R7's bed. R7's care plan did not indicate the need for a bed rail and R7's medical record did not contain documentation of assessments staff indicated were completed. R10's cane was taken away by staff. R10's medical record did not contain documentation of a discussion with R10 regarding the removal and under what conditions R10 could have the cane returned. Findings include: 1. On 7/1/24, Surveyor reviewed R7's medical record. R7 was admitted to the facility on [DATE] with diagnoses including Parkinson's disease and fibromyalgia. R7's Minimum Data Set (MDS) assessment, dated 4/6/24, had a Brief Interview for Mental Status (BIMS) score of 11 out of 15 which indicated R7 had moderate cognitive impairment. The MDS assessment did not indicate R7 used bed rails. R7's Power of Attorney for Healthcare (POAHC) was responsible for R7's healthcare decisions. R7's care plan indicated R7 had Parkinson's disease and contained interventions including: Adaptive devices as recommended by therapy or Medical Doctor (MD); Monitor for safe use; Monitor/document to ensure appropriate use of safety/assistive devices. R7's care plan did not mention bed rail use as of 7/2/24. R7's care plan history indicated R7 had an intervention for side rails, initiated on 9/18/23 and discontinued on 6/11/24, and used 2 half rails per MD order to assist with bed mobility. The care plan also instructed staff to observe for risk of injury or entrapment related to side rail use. On 7/2/24 at 12:17 PM, Surveyor interviewed R7 who stated R7 used to have bed rails on both sides of R7's bed, but now only had a bed rail on the left side. R7 stated, I need one on the right side for positioning. R7 stated if R7 had bilateral bed rails, R7 would be able to turn R7's self. Surveyor observed a bed rail on the upper left half of R7's bed but not on the right side of the bed. R7 did not have a physician order for bed rail use as of 7/2/24. (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 7/2/24 at 2:23 PM, Surveyor interviewed Registered Nurse (RN)-D who said the facility was trying to be more compliant with bed rail safety and stated R7 told RN-D that R7 did not need or want bedrails. RN-D stated, Once they (the bedrails) were gone (from R7's bed), (R7) asked for them back. RN-D stated R7 needed therapy to get stronger and R7 was not reapproved for bed rail use. Following a discussion of the above observation and conversation with R7, RN-D stated, (R7's) not approved to have bed rails. RN-D stated many of the facility's beds were designed so that bed rails were not removable and stated staff were supposed to leave the rails down on those beds. When asked if assessments were completed regarding whether or not R7 should have bed rails, RN-D stated, I just had (R7) show me (R7) could roll without the rails. RN-D verified RN-D did not document the assessment in R7's medical record. RN-D stated RN-D removed the bed rail's from R7's care plan on 5/23/24. RN-D stated R7 started with therapy on 6/10/24 to determine bed rail need and safety. When asked what assessment should have been documented to determine the need for bed rails, RN-D stated RN-D went to residents that had bed rails, discussed the need, and had the residents demonstrate how they used the bed rails. RN-D verified the assessments should be documented residents' medical records. On 7/2/24 at 2:34 PM, Surveyor interviewed Director of Rehab (DOR)-E who stated R7 received physical therapy (PT) and occupational therapy (OT). DOR-E reviewed R7's therapy notes and stated one of R7's goals was related to increased independence with bed mobility and transfers. DOR-E verified R7's therapy notes did not contain anything specific to bed rail use and stated the notes contained a long term goal of completing bed mobility with contact guard assistance of one staff. On 7/2/24 at 3:31 PM, Surveyor interviewed Director of Nursing (DON)-B who stated an assessment should have been completed and documented in R7's medical record. On 7/2/24 at 3:47 PM, Surveyor interviewed RN-D who stated RN-D asked a Certified Nursing Assistant (CNA) last week to give RN-D input about which residents need bed rails. Surveyor reviewed an undated list of residents provided by RN-D. Next to R7's name was hand-written .uses them (bed rails) to turn and boost self. 2. On 7/1/24, Surveyor reviewed R10's medical record. R10 was admitted to the facility on [DATE] with diagnoses including cerebral infarction (commonly known as stroke). R10's MDS assessment, dated 5/18/24, had a BIMS score of 15 out of 15 which indicated R10 had intact cognition. R10 was responsible for R10's healthcare decisions. On 7/2/24 at 10:59 AM, Surveyor interviewed R10 who stated a cane that belonged to R10's grandfather was removed from R10's room by staff. R10 stated DON-B knew where the cane was but wouldn't give it to R10. R10 stated staff took the cane because they were afraid R10 was going to hit them with it. On 7/2/24 at 11:20 AM, Surveyor interviewed Licensed Practical Nurse (LPN)-H who stated LPN-H was not aware of any concerns regarding a cane for R10. When asked if R10 had ever threatened to harm staff, LPN-H stated, Not that I am aware of. On 7/2/24 at 2:38 PM, Surveyor interviewed DOR-E who stated DOR-E did not know anything about R10's cane. DOR-E stated DOR-E was R10's therapist and indicated a cane would not be appropriate or safe for R10's mobility. DOR-E stated DOR-E had not seen a cane in R10's room since R10 started therapy on 5/17/24. (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 7/2/24 at 3:36 PM, Surveyor interviewed DON-B who stated R10 swung the cane at staff when they tried to assist R10 out of bed. DON-B stated, It is sitting in my office behind my door. I told (R10) when therapy says its safe for (R10) to have it, (R10) can have it back. When asked if the discussion was documented, DON-B stated, No, just verbal between (R10) and I. A progress note in R10's medical record, dated 4/10/24, indicated: R10 used vulgar language and raised R10's voice. R10 made multiple threats to staff and said R10 was going to smack staff. R10 was upset because R10 was taken out at 7:30 AM for a cigarette. R10 had R10's hand on the cane, raised it up, and said, I am going to start kicking asses with my cane! R10 also said R10 was going to get R10's self up and go outside and if R10 fell it would be all our asses fault because R10 couldn't walk. Surveyor reviewed an undated handwritten note signed by CNA-F that indicated R10 tried to hit CNA-F with R10's cane on the PM shift. On 7/3/24 at 11:56 AM, Surveyor interviewed Nursing Home Administrator (NHA)-A who stated NHA-A was aware R10's cane was taken away because R10 tried to hit staff with it. When asked if the cane removal should have been documented in R10's medical record, NHA-A stated NHA-A did not know where R10's cane was but verified there should be documentation of the discussion with R10 about the cane removal.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40342 Based on observation, staff and resident interview, and record review, the facility did not maintain an infection prevention and control program designed to provide a safe and sanitary environment to prevent the transmission of communicable disease and infection for 2 (Human Resources (HR)-G and Certified Nursing Assistant (CNA)-F) of 3 staff reviewed for infection surveillance and 4 residents (R) (R13, R32, R23, and R189) of 14 sampled residents. This practice had the potential to affect all 35 residents residing in the facility. The facility did not complete details of a staff illness line list used for infection surveillance for HR-G and CNA-F. During an observation on 7/2/24, CNA-I did not perform appropriate hand hygiene during the provision of care for R13. During an observation on 7/2/24, R32's room contained used personal protective equipment (PPE). In addition, medical supplies were stored in R32's room. During an observation on 7/2/24, Licensed Practical Nurse (LPN)-J did not sanitize a blood pressure cuff between use for R189 and R23. Findings include: The facility's Infection Surveillance policy, with a revised date of 5/21/23, indicates: A system of infection surveillance serves as a core activity of the facility's infection prevention and control program. Its purpose is to identify infections and to monitor adherence to recommended infection prevention and control practices in order to reduce infections and prevent the spread of infections .1. The Infection Preventionist serves as the leader in surveillance activities, maintains documentation of incidents, findings, and any corrective actions made by the facility .10. Employee, volunteer, and contract employee infections will be tracked .Equipment protocol: a. All reusable items and equipment requiring special cleaning, disinfection, or sterilization shall be cleaned in accordance with our current procedures governing the cleaning and sterilization of soiled or contaminated equipment. The facility's Hand Hygiene policy, with a copyright date of 2024, indicates: All staff will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors. This applies to all staff working in all locations in the facility .1. Staff will perform hand hygiene when indicated, using proper technique consistent with accepted standards of practice .A Hand Hygiene Table attached to the policy stated staff should perform hand hygiene: After handling contaminated objects; Before applying and after removing personal protective equipment (PPE), including gloves; Before and after handling clean or soiled dressings, linens, etc.; Before and after providing care to residents in isolation; After handling items potentially contaminated with blood, body fluids, secretions, or excretions; When moving from a contaminated body site to a clean body site during resident care. (continued on next page)

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	525670	A. Building B. Wing	07/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oconto Health and Rehab Center	101 First St Oconto, WI 54153

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	The facility's Enhanced Barrier Precautions policy, with a review date of 6/1/24, indicates: It is the policy of this facility to implement enhanced barrier precautions (EBP) for the prevention of transmission of multidrug-resistant organisms .EBP refer to infection control interventions designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and glove use during high-contact resident care activities .2. b. An order for EBP will be obtained for residents with any of the following: i. Wounds .and/or indwelling medical devices .3. a. Make gowns and gloves immediately available near or outside the resident's room .d. Position a trash can inside the resident's room near the exit for discarding PPE after removal, prior to exit of the room .4. High-contact resident care activities include: .d. Providing hygiene .f. Changing briefs or assisting with toileting. The facility's Transmission Based Precautions Policy, with a review date of 5/21/23, indicates: Donning personal protective equipment (PPE) upon room entry and discarding before exiting the room is done to contain pathogens, especially those that have been implicated in transmission through environmental contamination. The facility's undated Personal Protective Equipment policy indicates: 1. All staff who have contact with residents and/or their environments must wear PPE as appropriate during resident care and at other times in which exposure to blood, body fluids or other potentially infectious materials is likely .4. a. Gloves .vii. Dispose of used gloves in appropriate waste receptacle. viii. Do not reuse gloves. b. Gowns .v. Dispose of used gowns in appropriate waste receptacle. vi. Do not reuse gowns. 1. On 7/3/24, Surveyor reviewed a staff line list used for infection surveillance that indicated HR-G had an illness onset date of 6/11/24 with symptoms including fatigue, chest congestion, and cough. HR-G tested negative for COVID-19 and returned to work on 6/12/24. The line list did not contain a well date for HR-G. A staff line list also indicated CNA-F had an illness onset date of 5/24/24 with symptoms including sore throat and cough. The line list contained a well date of 5/25/24 and a return to work date of 5/27/24. The line list did not indicate CNA-F was tested for COVID-19. On 7/3/24 at 10:34 AM, Surveyor interviewed Director of Nursing (DON)-B who stated DON-B was the facility's Infection Preventionist (IP). DON-B stated HR-G wore a mask when HR-G returned to work, stayed in HR-G's office, and stayed away from residents. DON-B verified HR-G's well-date should have been documented on the line list. DON-B verified CNA-F should have been tested for COVID-19 and indicated DON-B had a sheet staff completed when they entered the facility. DON-B verified the results of CNA-F's COVID-19 test should have been documented on the line list and indicated the missing information was DON-B's error. The facility did not provide Surveyor with proof of CNA-F's COVID-19 test. 2. On 7/1/24, Surveyor reviewed R13's medical record. R13 was admitted to the facility on [DATE] with diagnoses including cerebral infarction (commonly known as stroke). R13's Minimum Data Set (MDS) assessment, dated 4/23/24, had a Brief Interview for Mental Status (BIMS) score of 13 out of 15 which indicated R13 had minimal cognitive impairment. R13 was responsible for R13's healthcare decisions. R13 had a urinary catheter and was placed on EBP to help protect R13 from infection. On 7/1/24 at 9:33 AM, Surveyor observed a sign near R13's door. The sign indicated R13 was on EBP and listed PPE staff should wear for care, including a gown and gloves for personal hygiene. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 7/2/24 at 11:45 AM, Surveyor observed CNA-I and Licensed Practical Nurse (LPN)-H provide perineal care for R13. Surveyor observed CNA-I and LPN-H enter R13's room and provide care without donning a gown. During the provision of care, Surveyor observed CNA-I complete front perineal care, remove gloves, and without performing hand hygiene, don new gloves. CNA-I then provided catheter care, removed gloves, donned new gloves, provided additional catheter care, and removed gloves. Without performing hand hygiene, CNA-I donned new gloves, provided catheter tubing care, and removed gloves. CNA-I then donned new gloves, dried R13's front perineal area, removed gloves, donned new gloves, dried R13's catheter area, and removed gloves. Without performing hand hygiene, CNA-I obtained wet wipes, donned new gloves, rolled R13 onto R13's left side, cleansed R13's right buttocks, and removed gloves. CNA-I then donned new gloves, cleansed R13's left buttocks, removed gloves, donned new gloves, cleansed R13's left buttocks again, and removed gloves. Without performing hand hygiene, CNA-I donned new gloves, provided rear perineal care, removed gloves, donned new gloves, provided additional rear perineal care, and removed gloves. Without performing hand hygiene, CNA-I donned new gloves, dried R13's rear perineal area, removed R13's soiled brief, and removed gloves. CNA-I then put a clean brief partially under R13, donned new gloves, assisted LPN-H with repositioning R13, fastened R13's brief, put soiled linen in a garbage bag, removed gloves, and washed hands. On 7/2/24 at 12:05 PM, Surveyor interviewed CNA-I who verified CNA-I should have worn the appropriate PPE for EBP and should have performed hand hygiene between gloves changes and before touching clean items. On 7/2/24 at 3:14 PM, Surveyor interviewed R13 and asked if staff wore gowns when they provided personal care. R13 stated, They do once in a while. They don't do it all the time. On 7/2/24 at 3:28 PM, Surveyor interviewed DON-B who verified staff should wear the appropriate PPE for EBP when caring for R13 and verified CNA-I should have performed hand hygiene between gloves changes, when gloves were removed, and before CNA-I touched clean items. 49010 3. On 7/1/24, Surveyor reviewed R32's medical record. R32 was admitted to the facility on [DATE] with diagnoses including Cauda equina syndrome (a condition that occurs when the bundle of nerves below the end of the spinal cord is damaged), unstageable pressure ulcer, neuromuscular dysfunction of bladder, and anxiety. R32 had an indwelling catheter. R32's Minimum Data Set (MDS) assessment, dated 5/19/24, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R32 had intact cognition. R32 was responsible for R32's healthcare decisions. On 7/1/24 at 10:44 AM, Surveyor observed an EBP sign outside R32's room. Surveyor interviewed R32 who confirmed R32 was on EBP due to an indwelling catheter and pressure injuries. R32 stated staff wore a gown and gloves most of the time when providing care. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 7/2/24 at 2:13 PM, Surveyor interviewed R32 in R32's room. When Surveyor asked about a barrier cream, R32 opened a cupboard which was in a state of disarray. The cupboard contained 3 plastic basins filled with medical supplies, some of which appeared used. The supplies included open boxes of gloves, open boxes of bandages, wound dressings, Foley catheter tubing, plastic syringes, bottles of solution, tubes of cream, and empty plastic packaging. A second Surveyor also entered the room to observe the items. Surveyors observed an unpackaged syringe on top of gloves on the floor of the cupboard and a partially opened syringe in a basin. Surveyors also observed 4 open saline containers with dates from June of 2024. Surveyors observed gloves on top of the basins, scattered on top of various items, and along the front of the cupboard floor. Some of the gloves were balled up and inverted and appeared to be used. A balled up white gown was also observed on top of a basin of supplies. When Surveyor asked about the items, R32 stated the items were R32's personal supplies and staff used the items to provide care. Surveyor also observed a PPE cart at the back of the room (not at the entrance or in the hallway) and an open, unpackaged, blue PPE gown draped across an area to the left of the PPE cart that contained a table/dresser and clothing. Surveyor did not observe a garbage can near the exit for PPE disposal. On 7/2/24 at 2:22 PM, Surveyor interviewed DON-B in R32's room and R32 showed DON-B the cupboard of supplies. DON-B observed the cupboard and stated it was not acceptable. R32 told DON-B that staff used R32's personal supplies to provide care. R32 asked DON-B to tell staff to use R32's supplies instead of the facility's supplies. DON-B told R32 that staff should use the facility's supplies. DON-B verified the 4 bottles of saline were out-of-date and used to flush R32's catheter. DON-B confirmed R32's room contained used gloves and gowns. DON-B also verified the room contained used catheter flush syringes and indicated the cupboard and supplies were a mess. DON-B stated the items should not be in R32's room and stated staff should not use R32's personal supplies. DON-B started to remove the gowns, gloves, saline solution, and syringes, and stated the PPE cart should be by the door. When DON-B picked up the blue gown near the PPE cart, R32 stated staff took off the used gown and left it by the PPE cart. On 7/2/24 at 3:25 PM, Surveyor interviewed DON-B who stated DON-B cleaned up the medical supplies in R32's room. DON-B verified most of the items were from R32's personal supply. DON-B stated DON-B expects staff to follow PPE and infection control policies and stated staff should dispose of used medical items and PPE in a garbage can inside the door. DON-B confirmed R32 was on EBP due to wounds and a catheter and stated staff received education regularly. 49563 4. On 7/2/24, Surveyor reviewed R23's medical record. R23 was admitted to the facility on [DATE] with diagnoses including cerebral infarction (commonly known as stroke), diabetes, and thyrotoxicosis. R23's MDS assessment, dated 4/30/24, had a BIMS score of 15 out of 15 which indicated R23 had intact cognition. On 7/2/24, Surveyor reviewed R189's medical record. R189 was admitted to the facility on [DATE] with diagnoses including encephalopathy, polyneuropathy, and carcinoma of cervix. R189's MDS assessment, dated 6/19/24, had a BIMS score of 10 out of 15 which indicated R189 had moderate cognitive impairment. On 7/2/24 at 7:46 AM, Surveyor observed LPN-J obtain R189's blood pressure. LPN-J did not sanitize the blood pressure cuff after use. LPN-J then used the cuff to obtain R23's blood pressure. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 7/2/24 at 8:01 AM, Surveyor interviewed LPN-J who stated LPN-J does not sanitize blood pressure cuffs between residents unless a resident is on transmission-based precautions. On 7/2/24 at 12:37 PM, Surveyor interviewed DON-B who verified DON-B expects staff to sanitize blood pressure cuffs between residents unless the cuff is disposable.