

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525684	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/11/2025
NAME OF PROVIDER OR SUPPLIER Three Oaks Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 209 Wilderness View Drive Marshfield, WI 54449	

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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p>30570</p> <p>Based on record review and interview, the facility did not inform R1's power of attorney (POA) for health care when medication was initiated and dosage was changed. The facility practice affected 1 of 3 residents reviewed.</p> <p>R1 was started on Tramadol as needed and scheduled Tramadol was added without informing R1's power of attorney for health care of the risks and benefits of the medication.</p> <p>This is evidenced by:</p> <p>Surveyor requested and reviewed the facility policy titled Pain Management dated 8/09/2022. The policy in part read:</p> <p>Policy: This facility must ensure that pain management is provided to residents who require such services. consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents goals and preferences.</p> <p>Pain Management and Treatment:</p> <p>The facility in collaboration with the attending physician/prescriber, other health care professionals .and the resident and or the residents representative will develop, implement, monitor and revise as necessary interventions to prevent or manage each individual residents pain .</p> <p>Surveyor reviewed R1's record and noted the following:</p> <p>R1's most recent quarterly Minimum Data Set (MDS) completed 1/26/25, noted R1 has frequent pain rated at a 5 with both scheduled and as needed pain medications.</p> <p>R1's care plan noted:</p> <p>Focus: I have pain or the potential for pain .</p> <p>Intervention: Educate me and my family about pain.</p> <p>R1's physician orders included:</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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>11/01/24: Tramadol HCl oral tablet 50 MG (milligrams): give one tablet by mouth every 8 hours as needed for pain.</p> <p>2/18/25: Tramadol HCl oral tablet 50 MG (milligrams): give one tablet by mouth every 8 hours as needed for pain</p> <p>2/18/25: Tramadol HCl oral tablet 50 MG (milligrams): give one tablet by mouth at bedtime for pain.</p> <p>R1's record showed POA F was the activated power of attorney (POA) for health care.</p> <p>R1's medication administration record showed:</p> <p>November 2024: Tramadol administered 5 times prn</p> <p>December 2024: Tramadol administered 10 times prn</p> <p>January 2025: Tramadol administered 6 times prn</p> <p>February 2025: Tramadol administered 9 times prn and daily at bedtime from 2/18/25 to 2/24/25.</p> <p>R1's record showed no evidence POA F was informed when R1's as needed Tramadol was ordered as needed on 11/01/14 or when the scheduled Tramadol was added on 2/18/25.</p> <p>On 2/24/25 at 9:20 AM, Surveyor spoke with POA F regarding R1's Tramadol. POA F indicated he took R1 out for an overnight stay at home a few weeks ago. The nurse provided POA F Tramadol to administer to R1 when she was home. POA F informed the facility he had not been informed R1 was prescribed the Tramadol. The facility did not inform POA F that R1 had started taking Tramadol for pain.</p> <p>On 2/25/25 at 9:55 AM, Surveyor spoke with Director of Nursing (DON) B about R1's prescriptions for Tramadol and whether the facility informed POA F when the Tramadol was initiated as needed on 11/01/24, or when the scheduled Tramadol was added on 2/18/25. DON B explained when an order is put in the system by a prescriber the nurse who removes the new order is expected to notify the resident and/or power of attorney of the medication change. POA F was not informed of the Tramadol prescriptions on either occasion and should have been. The facility did not recognize the error and did not put a process improvement plan in place to address the concern.</p>

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</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** 30570</p> <p>Based on observation, record review, and interview, the facility did not provide a resident the needed supervision and assistance to eat safely per speech therapy recommendations. The facility practice affected 1 of 3 residents reviewed (R1).</p> <p>R1 has cancer of the larynx (throat) and a history of dysphagia (difficulty swallowing) and aspiration pneumonia. On 02/06/25, R1's speech therapy guidelines were not followed when R1 was not given assistance and supervision at mealtime. R1 choked on sweet potatoes. R1's POA, who had just come to visit, found R1 red in the face. No staff were present. R1's POA performed the Heimlich maneuver. The approach to be supervised while eating or drinking was not followed again as observed on survey 02/24/25.</p> <p>The facility's failure to provide the necessary supervision and assistance for R1 to eat safely during meals created a finding of immediate jeopardy that began on 02/06/25. The State Agency (SA) notified Nursing Home Administrator (NHA) A of the immediate jeopardy on 02/27/25 at 2:45 PM. The immediate jeopardy was removed on 02/27/25; however, the deficient practice continues at a scope/severity level D (potential for harm/isolated) as the facility continues to implement their interventions for residents requiring supervision with meals.</p> <p>This is evidenced by:</p> <p>The facility policy titled NSG Accidents and Supervision dated 7/14/2022, reads in part:</p> <p>Policy: The resident environment will remain free of accidents hazards as is possible. Each resident will receive adequate supervision .to prevent accidents. This includes:</p> <ol style="list-style-type: none"> 1. Identifying hazard(s) and risk(s). 3. Implementing interventions to reduce hazard(s) and risk(s). <p>'Accident' refers to any unexpected or unintentional incident, which results in injury or illness to a resident.</p> <p>'Environment' refers to any environment or area in the facility that is frequented by or accessible to residents, including (but not limited to) .activity areas.</p> <p>Policy Explanation and Compliance Guidelines:</p> <ol style="list-style-type: none"> 1. Identification of Hazards and Risks-the process through which the facility becomes aware of potential hazards in the resident environment and the risk of a resident having an avoidable accident. <p>a. All staff .are to be involved in observing and identifying potential hazards in the resident environment, while taking into consideration the unique characteristics and abilities of the resident.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>b. The facility should make a reasonable effort in identifying hazards and risk factors for each resident.</p> <p>2. Evaluation and Analysis-the process of examining data to identify specific hazards and risks and develop targeted interventions to reduce potential accidents .</p> <p>i. Implementing specific interventions as part of the care plan.</p> <p>ii. Supervising staff and residents etc.</p> <p>4. Monitoring and Modification-Monitoring is the process of evaluating the effectiveness of care plan interventions .</p> <p>a. Ensuring that interventions are implemented correctly and consistently.</p> <p>5. Supervision-Supervision is an intervention and a means of mitigating accident risk. The facility will provide adequate supervision to prevent accidents. Adequacy of supervision:</p> <p>a. Defined by type and frequency.</p> <p>b. Based on individual resident's assessed needs and identified hazards in the resident's environment.</p> <p>Surveyor reviewed R1's record and noted the following:</p> <p>R1's most recent quarterly Minimum Data Set (MDS) completed 1/26/25 noted R1 eats with supervision.</p> <p>R1's Speech Therapy SLP (Speech Language Pathology) Discharge Summary, dates of service 11/08/24-11/26/24, reads Dysphagia Therapy: Diagnosis of dysphagia, oropharyngeal (mouth to throat) phase.</p> <p>Current level of function: thin liquids and mechanical soft/ground textures, minced and moist.</p> <p>R1's nutritional assessment dated [DATE] specifies:</p> <p>Specify other swallowing disorder: H/O (history of) dysphagia, need for altered diet per SLP/MD. H/O radiation to throat. H/O aspiration pneumonia. High risk for aspiration per MD. Recommended to eat with supervision.</p> <p>Diet Order: Regular diet, L2 Mech. Alt texture. Regular/Thin consistency liquids-Regular textured breads, pastries, desserts, and tater tots .Add moisture, gravies and sauces.</p> <p>R1's care plan noted:</p> <p>Focus: I'm at risk for altered nutrition status r/t (related to) dysphagia (difficulty swallowing) and need altered texture diet. I also have a PMH (past medical history) of malignant neoplasm of larynx (throat cancer) s/p (status post) chemoradiation, Parkinson's disease, malnutrition, GERD (gastroesophageal reflux disease), h/o (history of) weight loss. Date Initiated: 5/19/2022.</p> <p>(continued on next page)</p>

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Goal: I will show no signs/symptoms of chewing/swallowing difficulty .</p> <p>Date Initiated: 8/22/23</p> <p>Revised on: 10/08/24</p> <p>Target Date: 7/21/2025</p> <p>Interventions/Tasks:</p> <p>Instructions per Speech Therapy:</p> <p>Small bites and sips.</p> <p>Slow rate with dabble swallow after food as needed.</p> <p>Multiple swallows, give extra time to clear.</p> <p>Frequent and thorough mouth cares.</p> <p>Supervision with eating.</p> <p>R1's Certified Nursing Assistant (CNA) care card included:</p> <p>Instructions per Speech Therapy:</p> <p>Small bites and sips.</p> <p>Slow rate with dabble swallow after food as needed.</p> <p>Multiple swallows, give extra time to clear.</p> <p>Frequent and thorough mouth cares.</p> <p>Supervision with eating.</p> <p>R1's nurses notes included:</p> <p>2/7/2025 00:08 (12:08 AM) Health Status Note</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Note Text: When writer approached sight [sic] where resident was her son was putting her back into her wheelchair. ADON (Assistant Director of Nursing) .was there and some other staff members. ADON and son stated that resident was choking on sweet potatoes from supper. The son stated that resident was not able to breathe when he approached her, so he took her to just outside the dining room for help. Writer was in STR (short term rehab) heard To the dining room over the walkie talkie x 2. Then writer was paged to come to area. Resident was noted with coughing up pieces of sweet potatoes into a tissue several times. Unclear to everything that was done or happened, please see ADON assessment and charting. Resident food needs to be the right consistency, easy to chew, with no large or hard pieces that she could choke on. Oak Medical called and updated .with order to continue to monitor and to take vitals q shift for 24 hours.</p> <p>Surveyor reviewed Assistant Director of Nursing (ADON) D's assessment of the incident above. The assessment noted vital signs as stable and lung sounds clear. Recommending a trial period of pureed foods.</p> <p>On 2/24/25 at 9:20 AM, Surveyor interviewed Power of Attorney (POA) F (R1's son) regarding R1's incident on 2/06/25. POA F indicated he came to visit R1 a few weeks ago. R1 was seated in the activity area across from the dining room with her meal and no staff were present. R1 was red in the face and nodded her head Yes when POA F asked her if she was choking. POA F wheeled R1 across the hallway to the dining room and told staff R1 was choking. R1 was stood from wheelchair by POA F and a Certified Nursing Assistant (CNA) who called for help and started patting R1 on the back. POA F attempted the Heimlich, and R1 started coughing and spitting out sweet potato for 2-3 minutes before a nurse arrived. By the time the nurse arrived R1 was able to talk and was no longer choking. R1 has history of throat cancer and dysphagia. R1 is supposed to be supervised by staff when eating and no staff were in the area where R1 was eating in the lounge/activity room.</p> <p>On 2/24/25 at 12:27 PM, Surveyor observed R1 seated in the small dining room, which is a separate room adjoined to the large dining room. R1 was observed with 2 small regular consistency glasses of orange juice in front of her on the table. Surveyor saw no staff present in the dining room. At 12:32 PM, Surveyor observed staff in and out of the small dining room, the adjoined kitchen and the large dining room. R1 continued with the 2 glasses of orange juice at table. At 12:45 PM, R1 was served her pureed meal with gravy on foods and ice cream. Surveyor observed staff serve R1's peer at table and sit down at table across from R1.</p> <p>On 2/25/25 at 10:10 AM, Surveyor spoke with Director of Nursing (DON) B about R1's incident on 2/06/25 and her swallowing guidelines that were in place per her care plan at the time of the incident. DON B verified the swallowing guidelines were in R1's care plan at the time of the incident. The approaches are also on the Kardex (care card) staff use. At the time of the incident R1's approaches based on the guidelines were not followed as staff were not present with her. R1's diet was downgraded after the incident. DON B expressed there was no reeducation of staff or audits done to ensure staff are implementing R1's guidelines post incident.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On 2/25/25 at 11:15 AM, Surveyor interviewed Speech Language Pathologist (SLP) E regarding R1's diet and recommendations for safe eating. SLP E explained R1 had a choking episode late last fall. SLP E picked R1 up for services at that time and determined R1 was safe with a mechanical soft diet with foods cut up and gravy on top with regular breads/pastries and regular liquids. R1 had guidelines developed that included staff in proximity encouraging small bites and sips. R1 was recommended to use a Provale (sippy) cup which she would not use. R1 is at high risk for swallowing issues without the use of the cup. R1 had a subsequent choking episode recently and her diet was downgraded to pureed foods and she was moved to the assisted dining room to ensure staff supervise her while eating. SLP E expressed she would expect staff to be present when R1 is eating and/or drinking. Surveyor asked SLP E if she has reeducated staff on R1's guidelines post incident on 2/06/25. SLP E responded the guidelines are unchanged and she has not reeducated staff on the guideline expectations. Surveyor shared observation of R1 being in the dining room with beverages with no staff present. SLP E expressed she is concerned about lack of supervision due to R1's potential risk of choking; she would expect someone be present.</p> <p>On 2/25/25 at 12:18 PM, Surveyor interviewed CNA C regarding R1's incident on 2/06/25 and R1's swallowing guidelines at the time of the incident. CNA C stated on 02/06/25, R1 was set up for supper meal in the lounge across from the dining room with no direct staff supervision. Staff were in dining room across the hall. POA F brought R1 across the hallway to the dining room and said Help, help. CNA C and POA F assisted R1 to stand and started patting her on the back. POA F attempted the Heimlich, and R1 started coughing up sweet potatoes which were partially chewed up. ADON D came to the dining room about 2 minutes later. R1 was coughing up food by then and was talking. ADON D instructed R1 to cough and spit out the food and R1 began laughing. R1 is now on pureed foods and sits in the assisted dining room to eat. Surveyor asked CNA C if R1 required supervision or if R1 had any swallowing guidelines in place at the time of the incident. CNA C responded R1 has always sat by herself with her meal set up in the lounge across the hallway from the dining room. CNA C further expressed she was unaware of any swallowing guidelines at the time of the incident. CNA C said she was unaware R1 required supervision with eating, and R1 was never supervised prior to moving to the assisted dining room.</p> <p>On 2/25/25 at 12:47 PM, Surveyor interviewed ADON D regarding R1's incident and swallowing guidelines at the time of the incident. ADON D stated she heard a page for an RN (Registered Nurse) to the dining room. ADON D responded and found R1 standing up with CNA C and POA F. POA F was saying, Mom, cough. R1 responded, No. POA F reported R1 had choked, was not breathing or speaking. ADON D observed R1 to be talking and coughing. R1 was coughing up a couple of pieces of sweet potato. R1's nurse from her unit then came on site and by then R1 was no longer coughing, was breathing per baseline, and was spitting up phlegm. ADON explained she did not know if staff were present with R1 after she was served dinner.</p> <p>The facility's failure to provide the necessary supervision and assistance during meals for a resident at risk for difficulty swallowing/choking created a reasonable likelihood for serious harm, which created a finding of immediate jeopardy. The immediate jeopardy was removed 03/11/25 when the facility implemented the following:</p> <ol style="list-style-type: none"> 1. Reeducation with nursing staff (CNAs and Licensed Nurses) on following physician orders or Speech Therapy recommendations to include but not limited to, level of required supervision or cueing needed, and ensuring those residents requiring supervision while eating or drinking snacks or meals, have nursing staff at the dining table or bedside table when food/fluids are in front of the resident. <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>2. DON/designees completed an audit of current residents to validate:</p> <ul style="list-style-type: none"> a. Speech therapy recommendations pertaining to swallowing precautions are reflected in the care plan and Kardex. b. Physician orders pertaining to swallowing precautions are reflected in the care plan and Kardex. c. Level of supervision during meals and snacks for residents with swallowing precautions are reflected in the care plan and Kardex. <p>3. DON/designee completed random observations (audits) of dining room service or snack pass daily for 7 days to verify that residents in need of supervision related to swallowing precautions receive assistance as per plan of care.</p> <p>4. DON/designee will continue these observations on varying meals or snacks 3 times per week for 4 additional weeks, then 2 times per week for 4 additional weeks.</p> <p>5. Results of audits will be presented to facility QAPI (Quality Assurance Performance Improvement) committee for review and any recommendations.</p> <p>6. Ad hoc QAPI meeting held on 02/27/25 to review this plan.</p>

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30570</p> <p>Based on record review and interview, the facility continued administration of a psychotropic medication after the medication was no longer necessary and recommended to be discontinued. The facility practice affected 1 of 3 residents (R) R2, reviewed.</p> <p>This is evidenced by:</p> <p>Surveyor requested and reviewed the facility policy titled, Psychotropic Medications dated 10/24/2022. The policy, in part, read:</p> <p>Policy: Residents should not receive psychotropic drugs unless the medication is necessary to treat a specific condition, as diagnosed and documented in the clinical record, and the medication is beneficial to the resident, as demonstrated by monitoring and documentation of the residents response to the medication.</p> <p>Policy Explanation and Compliance Guidelines:</p> <p>3. The attending physician will assume leadership in medication management by developing, monitoring and modifying medication regimen in collaboration with the residents, their families and/or representatives .</p> <p>Surveyor reviewed R2's record and noted the following:</p> <p>R2's power of attorney (POA) for health care was her spouse (POA) G.</p> <p>R2's diagnoses included dementia without behavioral disturbance, psychotic disturbance, mood disturbance, anxiety, Parkinson's disease and depressive disorder.</p> <p>R2's minimum data set (MDS) dated [DATE] notes R2 had no hallucinations or delusions.</p> <p>R2's care plan included:</p> <p>Focus: Exhibits changes in mood and/or behavior related to dementia, major depressive disorder and mild cognitive impairment of uncertain etiology.</p> <p>Goal: Will accept care and medications as prescribed.</p> <p>Date Initiated; 7/16/24</p> <p>Interventions/Tasks:</p> <p>Administer medications as ordered.</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Behavior 1: Hallucinations</p> <p>Interventions included: Psych referral as needed.</p> <p>R2's physician orders included:</p> <p>~Duloxetine HCL DR 20 MG cap, give 1 cap by mouth daily for hallucinations. Start 10/26/23. Discontinued 12/02/24.</p> <p>R2's Behavioral Care Solutions/Psychiatry Follow up for medication review visits noted:</p> <p>~10/30/24: Admission: 11/24/23</p> <p>R2 seen today with husband .discussed stopping duloxetine 20 mg. Indicated use in the chart for hallucinations which she has not had any since our initial visit.</p> <p>Thought content: No delusions, no paranoia, no hallucinations, no perceptual disturbances, no delusional or bizarre material expressed.</p> <p>Assessment and Plan: discussed with husband and [R2] about stopping duloxetine. Monitor for mood and pain. No hallucinations for several years as indicated it is used for hallucinations. Husband in agreement with plan .</p> <p>~11/24/24: Discussed stopping duloxetine 20 mg. Indicated use in chart is hallucinations which she has not had any since initial visit. We asked duloxetine be stopped .It was not stopped .</p> <p>Patient seen with husband today .Plan: discussed with husband and [R2] about stopping duloxetine .no hallucinations in several years .husband in agreement with plan .duloxetine was not discontinued after last visit. Husband appeared as it had been stopped, email sent to .Director of Nurses to follow up.</p> <p>~12/23/24: Duloxetine was not discontinued in October .Husband expressed his concern for the duloxetine not being stopped when it was discussed .</p> <p>Surveyor reviewed R2's Medication Administration Record (MAR) and noted R2 was administered duloxetine from 10/30/24 to 12/02/24 after the provider and power of attorney agreed on the discontinuation of the medication.</p> <p>Surveyor reviewed R2's documentation for behaviors of hallucinations from February 2024 through October 2024 and noted no hallucinations as noted by R2's provider.</p> <p>On 2/24/25 at 10:18 AM, Surveyor interviewed POA G who indicated he is R2's power of attorney for health care. POA G indicated his only concern at the facility was Director of Nursing (DON) B missed a medication change. DON B did not discontinue the use of duloxetine when R2 had not experienced hallucinations and the duloxetine was recommended to be discontinued by R2's psychiatry provider.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525684	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/11/2025
NAME OF PROVIDER OR SUPPLIER Three Oaks Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 209 Wilderness View Drive Marshfield, WI 54449	
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 2/25/25 at 12:35 PM, Surveyor interviewed DON B about R2's psychiatry provider's recommendation for discontinuation of R2's duloxetine on 10/30/24. DON B indicated she receives the psychiatry provider notes via email. DON B further expressed she does not know how she did not catch the recommendation for discontinuing the duloxetine as recommended by the provider in the October and November notes. DON B further expressed she did not read the notes and did not act on the recommendation to discontinue the medication until 12/02/24 which is unacceptable. DON B indicated R2 continued to receive the medication after it was deemed unnecessary.</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>30570</p> <p>Based on observation, interview, and record review, the facility did not prepare, store, and distribute foods under sanitary conditions. The facility practice had the potential to affect all 61 residents.</p> <p>Floors in the kitchen, dish room and walk-in refrigerator/freezer had dirt and debris present during the initial tour of the kitchen.</p> <p>Carts used to transport foods and beverages to residents were discolored and had visible debris.</p> <p>Refrigerators in the ACU (Alzheimer's Care Unit) and East dining room, where resident foods are stored, had dried beverages and discolored ice pooled on the bottom.</p> <p>This is evidenced by:</p> <p>Example 1</p> <p>The facility policy titled Food Preparation dated 9/2017. The policy in part read:</p> <p>Policy Statement All Foods are prepared in accordance with FDA (Food and Drug Administration) food code.</p> <p>Procedures</p> <p>2. Dining Services staff will be responsible for food procedures that avoid contamination by potentially harmful physical, biological and chemical contamination.</p> <p>3. All utensils, food contact equipment and food contact surfaces will be cleaned and sanitized after each use.</p> <p>The facility policy titled, Food Storage dated 4/2028. The policy, in part, read:</p> <p>Policy Statement All time/Temperature for Safety foods, frozen and refrigerated, will be appropriately stored with guidelines of the FDA food code.</p> <p>Procedures</p> <p>5. All foods will be stored .and arranged in a manner to prevent cross contamination.</p> <p>The facility policy titled Food Storage: Dry Goods dated 9/2017. The policy in part read:</p> <p>Policy Statement All dry goods will be appropriately stored in accordance with the FDA food code.</p> <p>Procedures</p> <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>6. Storage areas will be neat .</p> <p>On 2/24/25 at 8:45 AM, Surveyor conducted an initial tour of the facility's kitchen. Surveyor noted the floors in the kitchen, dish room, and walk-in refrigerator/freezer with dirt, debris, and food particles throughout.</p> <p>On 2/24/25 at 12:12 PM, Surveyor spoke with Dietary Manager (DM) H about the dirty floors. DM H agreed the floors were visibly dirty and indicated the floors are supposed to be swept and mopped daily per the dietary staff daily cleaning logs to ensure sanitation in the kitchen. Surveyor requested the daily cleaning logs since the facility's last recertification survey on 12/12/24.</p> <p>Surveyor reviewed the daily cleaning logs and noted the logs titled, Nightly Closing Checklist included Floors in dining room and kitchen are swept and mopped. Surveyor noted the sheets were missing or not initialed as swept or mopped on 24 days.</p> <p>Example 2</p> <p>The facility policy regarding resident storage of foods brought in by visitor including clean storage of the food items. The policy titled Food Storage dated 4/2028 was provided and read in part:</p> <p>Policy Statement All time/Temperature for Safety foods, frozen and refrigerated, will be appropriately stored with guidelines of the FDA food code.</p> <p>Procedures</p> <p>5. All foods will be stored .and arranged in a manner to prevent cross contamination.</p> <p>On 2/24/25 at 8:45 AM, as part of the initial tour, Surveyor observed the refrigerator in the east dining room kitchenette with discolored water that had frozen to the bottom of the refrigerator. The refrigerator contained resident food items brought in and snacks provided by the kitchen. Surveyor observed dried red fluid that was sticky to the touch across the bottom of the refrigerator on the Alzheimer's Care Unit (ACU). The refrigerator contained snacks provided by the kitchen and foods brought in for residents.</p> <p>On 2/24/25 at 12:12 PM, Surveyor spoke with DM H about the observation. DM H accompanied Surveyor to the refrigerators and observed the refrigerators as Surveyor had during the initial tour. DM H commented, Not at all clean, with observation of the east refrigerator and expressed the refrigerator is supposed to be cleaned daily. DM H expressed the ACU refrigerator is supposed to be cleaned daily and is obviously not. DM H expressed the refrigerators pose a risk of cross contamination. Surveyor requested the daily cleaning logs and noted the logs do not include cleaning of the refrigerators. DM H indicated the Dietary Aide tasks lists include cleaning the refrigerators. Surveyor reviewed the task list and noted: If fridge is dirty wash it out immediately.</p> <p>Example 3</p> <p>The facility policy titled, Food Preparation dated 9/2017. The policy, in part, read:</p> <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>Policy Statement All Foods are prepared in accordance with FDA (Food and Drug Administration) food code.</p> <p>Procedures</p> <p>2. Dining Services staff will be responsible for food procedures that avoid contamination by potentially harmful physical, biological and chemical contamination.</p> <p>3. All utensils, food contact equipment and food contact surfaces will be cleaned and sanitized after each use.</p> <p>On 2/24/25 at 12:12 PM, during observation of food service for lunch in the kitchen, Surveyor observed dietary staff placing resident beverages and foods on 3-tiered carts for distribution. Surveyor observed the carts to be dirty, discolored and containing dried food matter on the surfaces. Surveyor brought the dirty carts to the attention of DM H who stated the carts were not clean, less than cleanly for service. DM H used a wet rag to wipe one of the carts and the rag was visibly dirty after wiping the surface of the top tier of the cart. DM H had staff move the beverages from the cart which were then placed on another cart that was visibly dirty. Surveyor noted seven 3-tiered carts in the kitchen for food service which were visibly dirty.</p> <p>On 2/25/25 at 7:44 AM, Surveyor interviewed DM H about the sanitation concerns in the kitchen and the refrigerators on the east and ACU units. DM H expressed her expectation is for floors to swept and mopped daily including the kitchen, dish room and walk-in refrigerator to maintain sanitation and prevent rodents. DM H's expectation is the refrigerators on the ACU and East wings to be checked daily and cleaned immediately if dirty to prevent cross contamination. Her expectation is for cleaning to be done daily. The current system is failing for cleaning and does not hold staff responsible or accountable for the cleaning. Going forward a new checklist for cleaning will be developed and follow through will be done with staff who are not meeting the expectations.</p>		