

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 12/12/2024
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 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>47657</p> <p>Based on interviews and record reviews, the facility did not consult with a physician as indicated by ordered parameters with a significant weight increase for 1 of 17 residents (R) R6.</p> <p>This is evidenced by:</p> <p>The facility policy titled Change in Condition of the Resident, dated September 2022, states in part, A facility should immediately consult with the resident's physician when there is the potential for requiring physician intervention; or a need to alter treatment significantly that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment.</p> <p>R6 was admitted to facility on 05/25/18 and has diagnoses that include chronic obstructive pulmonary disease, hypertensive heart and chronic kidney disease with congestive heart failure (CHF).</p> <p>R6 has a Brief Interview for Mental Status (BIMS) score of 14 out of 15, indicating cognitively intact.</p> <p>R6's Quarterly Minimum Data Set (MDS) with target date of 10/23/24, Section K: weight 150#.</p> <p>R6's care plan initiated 04/19/24, with a target date of 01/08/25, states, Edema/excess fluid volume as evidenced by CHF.</p> <p>Goal: Will be free of complications r/t edema/excess fluid volume.</p> <p>R26's physician orders dated 04/26/24 states: Daily weight - call the Heart Failure Clinic (HFC), if the patient has a weight gain of greater than or equal to 3 lbs overnight, or a weight gain greater than or equal to 5 lbs in a week. Also, if resident shows worsening signs of heart failure such as weight gain.</p> <p>On 12/10/24 at 12:57 PM, Surveyor reviewed R6's daily weight record which showed on 12/02/24, R6 weighed 148.2 lbs and on 12/08/2024, the R6 weighed 153.4 lbs, indicating R6 had a weight gain of 5.2 lbs in a 5-day period.</p> <p>On 12/11/24, the facility record indicated that R6's daily weight was 156.9 lbs.</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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 12/17/24 at 12:57 PM, Surveyor reviewed R6's medical record and was unable to locate documentation to support the HFC or primary physician was updated of weight results.</p> <p>On 12/12/24 at 10:05 AM, Surveyor interviewed Registered Nurse (RN) E, regarding process of monitoring and contacting a provider if a resident with CHF has increased weight or signs and symptoms of heart failure. RN E stated after checking R6's physician orders, Per orders would need to contact the HFC if R6 gains 3 lbs in 1 day or 5 lbs in 5 days. RN E confirmed that R6 had a weight gain of 5+lbs from 12/03/24 to 12/08/24. RN E was unable to locate any notification to HFC or primary physician in progress notes of weight gain.</p> <p>On 12/12/24 at 10:18 AM, Surveyor interviewed Director of Nursing (DON) B and Licensed Practical Nurse (LPN) D regarding increase of R6's daily weight and following physician orders. LPN D reviewed R6's medical record and confirmed was not able to find any assessments conducted of R6's current health status related to CHF, or contact to HFC or primary physician per physician orders.</p> <p>On 12/12/24 at 10:25 AM, Surveyor interviewed DON B, who stated that expectation would be for the nurse to contact the HFC per physician orders.</p> <p>On 12/12/24 at 12:19 PM, Surveyor interviewed Nursing Home Administrator (NHA) A regarding facility policy for following physician orders. NHA A stated the facility does not have a policy for following physician orders, as it would be a standard of practice for staff to follow physician orders.</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>49353</p> <p>Based on record review and interview, the facility failed to develop and/or implement policies and procedures for ensuring the reporting of a reasonable suspicion of a crime in accordance with section 1150B of the Act when an allegation of verbal abuse was not reported immediately but not later than 2 hours after the allegation is made to local law enforcement in accordance with state law through established procedures. The facility practice affected 1 of 3 residents (R) reviewed. (R47).</p> <p>This is evidenced by:</p> <p>Surveyor requested and reviewed the facility policy titled, Reporting Reasonable Suspicion of a Crime which was last revised on 08/16/2022, which indicated the following:</p> <p>Policy: It is the policy of this center, pursuant to Section 1150B of the Social Security Act, to report any reasonable suspicion of a crime committed against a resident of this facility.</p> <p>Crime is defined by law of the applicable political subdivision where the facility is located.</p> <p>Law enforcement is the full range of potential responders to elder abuse, neglect and exploitation including: police, sheriffs, detectives, public safety officers, corrections personnel, prosecutors .</p> <p>Guidelines:</p> <p>The facility will coordinate with state and local law enforcement entities to determine what actions are considered crimes in the facility's political subdivision and will work with law enforcement to determine which crimes are reported. Examples of situations that would be considered crimes in all subdivisions include, but are not limited, to: murder, manslaughter, rape, assault and battery, sexual abuse, theft/robbery, drug diversion for personal use or gain, fraud and/or forgery, certain cases of abuse, neglect, and exploitation, others as required by local jurisdiction and/or specific circumstances of the incident(s).</p> <p>Surveyor reviewed the Facility Reported Incident (FRI) and noted:</p> <p>On 11/09/24 at 10:15 AM, R47 was in the dining room in his wheelchair sitting at the dining table with another resident. R16 attempted to manually wheel himself through the dining room behind the table where R47 was sitting and came too close to R47's wheelchair where the two wheelchair wheels came into contact. R16 was unable to maneuver his wheelchair to get around R47. R47 could not move his wheelchair as he was blocked by R16's wheelchair. R16 became angry when he could not get his wheelchair around R47 and hit R47 on the back of his head. Licensed Practical Nurse (LPN) C had witnessed the incident and immediately intervened. Both residents were separated and R47 was assessed. No physical injury or bruising was observed. R47 denied pain. LPN C notified hospice provider, R47's Activated Power of Attorney (APOA), and Director of Nursing (DON). Law enforcement was not notified.</p> <p>(continued on next page)</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>On 12/10/24 at 12:12 PM, Surveyor attempted to interview R47 about the incident. R47 was unable to recall any details of the incident or it even occurring.</p> <p>On 12/12/24 at 10:32 AM, Surveyor interviewed Nursing Home Administrator (NHA) A regarding the reported incident. Surveyor asked NHA A why this incident was not reported to local law enforcement. NHA A stated that she had been on the fence about whether to call the police because no major injury was sustained. Surveyor asked NHA A if their policy for reporting a suspicion of a crime would include what had happened in this incident. NHA A stated that after reviewing the policy, which included physical abuse, that this incident should have been reported to the local police at the time of the incident.</p>		

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30570</p> <p>Based on interview and record review, the facility did not notify the resident and/or the resident's representative of resident transfer in writing including the reasons for the transfer. The facility did not give written notice of transfer or send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. The facility practice affected 5 of 5 residents reviewed (R49, R52, R6, R3 and R22).</p> <p>Findings include:</p> <p>Surveyor requested and received the facility policy titled Transfer and discharge date d as most recently revised on 7/15/22. The policy in part read:</p> <p>Policy Explanation and Compliance Guidelines:</p> <p>Emergency Transfers/Discharges-</p> <p>Complete and send with the resident (or provide as soon as practicable) a transfer form which documents:</p> <ul style="list-style-type: none"> ~Resident status, including baseline and current mental, behavioral and functional status and recent vital signs. ~Current diagnosis, allergies and reason for transfer. ~Contact information for the practitioner responsible for the care of the resident. ~Resident representative information including contact information. ~Current medications (including when last received), treatments, most recent relevant lab and/or radiological findings and recent immunizations. ~Special instructions or precautions for ongoing care to include precautions such as isolation or contact. ~Special risks such as risk for falls, elopement, bleeding or pressure injury and/or aspiration precautions. ~Any other documentation as applicable to ensure a safe and effective transition of care. ~Provide transfer notice as soon as practicable to resident and representative. <p>Example 1</p> <p>Surveyor reviewed R49's record and noted the following:</p> <p>(continued on next page)</p>		

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R49's discharge return anticipated minimum data set (MDS) noted R49 discharged to the hospital on 11/23/24. R49's entry MDS noted she returned to the facility on [DATE].</p> <p>R49's nurses notes were reviewed. Surveyor noted the following:</p> <p>~11/23/2024 9:37 AM General Note: Note Text: unwitnessed fall, hit head c/o (complaint of) R (right) hip and knee pain, vitals taken and recorded called 911 transferred resident to ED (emergency department) at 930 for low O2 (oxygen) .</p> <p>~11/23/2024 1:43 PM General Note: Note Text: Called ED for update, being admitted for hypoxia.</p> <p>~11/25/2024 8:25 PM Clinical Follow Up: Note Text: Resident is on follow up for: Resident was readmitted to facility from hospital after being treated for, acute hypoxic, respiratory failure, submassive PE (pulmonary embolism) with right heart strain thrombectomy, generalized weakness and fall .</p> <p>Surveyor reviewed R49's record and found no written notice of transfer given to R49 when sent to the hospital.</p> <p>On 12/11/24 at 1:28 PM, Surveyor interviewed R49. R49 indicated she is her own legal decision maker. Surveyor asked R49 if she was provided a written notice of her transfer to the hospital when she was transferred on 11/23/24. R49 expressed she knew why she was being transferred and was in agreement with the decision to transfer to the hospital but was not provided a written notice of her transfer.</p> <p>Example 2</p> <p>R52's record shows discharge return anticipated to hospital on 1/17/24 and entry from hospital on 1/25/24.</p> <p>R52's nurses notes indicated:</p> <p>~1/17/2024 2:44 AM General Note: Note Text: Resident complaining of not feeling well, states it burns when takes a sip of water. Resident was given a suppository and MOM per his request with a large bowel movement noted, complained of nausea on the evening shift, bowel sounds active times Resident requesting to go to the ER, call placed to on call Dr, order obtained to send to ER (emergency room) for evaluation and treatment.</p> <p>~1/18/2024 9:17 AM General Note: Note Text: Writer called MMC this am to check on status of resident, resident has been admitted to MMC for altered mental status and complications of UTI (urinary tract infection).</p> <p>Surveyor reviewed R52's record and could not locate a written notice for transfer or notification to State Ombudsman of R52's transfer.</p> <p>On 12/11/24 at 1:39 PM, Surveyor interviewed R52 about his transfer to the hospital and whether he was provided information in writing of his transfer. R52 indicated he did not recall being provided written notice of his transfer when he went to the hospital.</p> <p>(continued on next page)</p>		

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Surveyor requested evidence of reporting R52's transfer to the hospital and notification to State Ombudsman.</p> <p>On 12/10/24 at 1:31 PM, Surveyor interviewed Nursing Home Administrator (NHA) A and Director of Nursing (DON) B about R49 and R52's notice of transfer to the hospital. NHA A and Director DON B expressed the floor nurses are responsible for completing the notice of transfer when residents are transferred to the hospital. The facility identified an issue with incomplete transfer information being done when residents are transferred to the hospital. In October the facility developed a Process Improvement Plan to re-educate nurses on the process. The facility is conducting audits to ensure compliance and continues to have concerns with the information being completed. NHA A expressed R49's transfer was after the PIP was put into place and was not done. NHA A expressed she understands that past non-compliance cannot be considered as the facility is not in current compliance.</p> <p>47657</p> <p>Example 3</p> <p>R6 was admitted to facility on 05/25/18 and has diagnoses that include chronic obstructive pulmonary disease, hypertensive heart, and chronic kidney disease with heart failure.</p> <p>R6 has a BIMS of 14, indicating cognitively intact.</p> <p>On 09/22/24, R6 was transferred to hospital via ambulance for myoclonic jerking movements that were increasing in frequency. R6 returned back to facility on same day.</p> <p>A review of MDS record documented on 05/06/24, R6 was discharged with return anticipated and returned to the facility on [DATE].</p> <p>Surveyor reviewed R6's medical record and was unable to locate documentation to support R6 received a notice of transfer or notification was sent to State Ombudsman of transfer.</p> <p>On 12/11/24 at 1:36 PM, Surveyor interviewed R6 about transfers to hospital and not receiving notice of rights for transfers on the two transfers to hospital. Surveyor asked how would R6 feel if not aware of rights to return to facility and financial responsibility. R6 indicated, That would be bad, that would not be good.</p> <p>Example 4</p> <p>R3 was admitted to facility on 09/22/22 and has diagnoses that include paraplegia, Spina Bifida, hypertension, and neurogenic bladder.</p> <p>A review of MDS records, documented on 02/13/24, 09/04/24 and 11/24/24, R3 was discharged with return anticipated.</p> <p>On 02/12/24, R3 was transferred to hospital for abnormal labs, fever, and chills. R3 returned to facility on 02/15/24.</p> <p>(continued on next page)</p>		

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 09/04/24, R3 was transferred to hospital for chills and not feeling well. R3 returned to facility on 09/06/24.</p> <p>On 11/24/24, R3 was transferred to hospital due to change in condition of feet. R3 returned to facility on 11/25/24.</p> <p>Surveyor reviewed R3's medical records and was unable to locate documentation to support R3 received a notice of transfer for all 3 hospitalizations and 2 of 3 notifications of transfer to state Ombudsman (02/12/24 and 09/04/24).</p> <p>On 12/11/24 at 12:42 PM, Surveyor interviewed R3 regarding not receiving notice of transfer on 3 hospitalizations and asked how would R3 feel if not aware of rights to return to facility and financial responsibility. R3 indicated R3 would be mad.</p> <p>On 12/11/24 at 2:47 PM, Surveyor interviewed Registered Nurse (RN) E regarding responsibility when sending a resident to hospital for change in condition. RN E stated that they would provide documentation to resident to sign if able or receive verbal consent. If they are not their own person, the resident's representative would be contacted and provide information and receive verbal consent to transfer out of building.</p> <p>49353</p> <p>Example 5</p> <p>R22 was admitted to the facility on [DATE] with pertinent diagnoses of obstructive and reflux uropathy, dementia, congestive heart failure, and chronic ulcer of the foot.</p> <p>Review of R22's Minimum Data Set (MDS) record shows discharge return anticipated on 01/05/24, 03/01/24, 03/16/24, and 03/25/24.</p> <p>Surveyor reviewed R22's record and noted the following:</p> <p>On 01/05/24, R22 was transferred to the hospital with left sided weakness and facial drooping. R22 returned to the facility on [DATE]. Nursing notes indicated:</p> <p>-1/5/2024 06:24 Resident had increased left sided weakness and shakes at 0400. Resident unable to transfer increased confusion and emotional. Resident had slurred speech. 0530 resident had facial drooping. Called Provider, POA, and DON.</p> <p>On 03/01/24, R22 was transferred to the hospital with increased weakness and impaired speech. R22 returned to the facility on [DATE]. Nursing notes indicated:</p> <p>(continued on next page)</p>

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-3/1/2024 14:02 Resident was sent out at 0700 for increased weakness and impaired speech. Resident was in visible pain. Resident was hypotensive, crying and was diagnosed with an acute kidney injury and a UTI on 2-29-24. Resident was sent nonemergency to the ER due to being out of parameters with vitals as her blood pressure was 96/56, her temperature was 98.3, pulse of 74 and respirations of 18. The POA was called and agreed to have resident sent out. Resident was sent out at 0700. Nurse called the ER at 1200 for an update and the resident was admitted with an acute kidney injury and cellulitis.</p> <p>On 03/16/24, R22 was transferred to the hospital with increased fluid. R22 returned to the facility on [DATE]. Nursing notes indicated:</p> <p>-3/14/2024 14:04 Resident seen by MD today- Restart furosemide 20mg BID. BMP next lab day. Follow up with heart failure clinic.</p> <p>-3/15/2024 14:28 Voiding trial was unsuccessful. NP placed foley catheter. Since catheter has been placed, resident has had 800cc of urine output. Resident is not complaining of pain or discomfort. Resident has been resting in bed comfortably.</p> <p>-3/16/2024 20:41 Spoke with medical center. Updated that R22 has been admitted with diagnosis of CHF exacerbation. Will be diuresed.</p> <p>On 03/25/24, R22 was transferred to the hospital with increased weakness. R22 returned to the facility on [DATE]. Nursing notes indicated:</p> <p>-3/24/2024 14:00 Resident refused lunch this afternoon, ate breakfast. Slept through most of shift. Required increased assistance with transfers and ADL's this AM. Resident denies increased pain or discomfort. VS stable. Continues to be able to make needs known, speech appropriate.</p> <p>-3/25/2024 10:51 Resident was unable to sit up or stand this AM, resident was unable to tell staff her name or respond at all. MD gave VO to send resident to ER for evaluation. Resident's POA was contacted and approved resident to be sent out.</p> <p>Surveyor reviewed R22's medical record and was unable to locate documentation to support R22 received a notice of transfer for any of the discharges.</p> <p>On 12/11/24 at 12:14 PM, Surveyor requested information of notification to the State Long Term Care Ombudsman for R22's discharges to the hospital and written notice of transfer. NHA A stated the facility did not have documentation for notice of transfer or ombudsman notification for any of these discharges.</p>		

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<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30570</p> <p>Based on interview and record review, the facility did not provide notification of bedhold, including the resident right to appeal, to 4 of 5 residents and/or their representatives reviewed for hospital transfer (R52, R6, R3 and R22).</p> <p>Findings include:</p> <p>Surveyor requested and received the facility policy titled Transfer and discharge date d as most recently revised on 7/15/22. The policy in part read:</p> <p>Policy Explanation and Compliance Guidelines:</p> <p>Emergency Transfers/Discharges .(nursing responsibilities unless other wise specified)</p> <p>Provide a notice of the resident bedhold policy to the resident and representative at the time of transfer, as possible, but no later than 24 hours of the transfer.</p> <p>Example 1</p> <p>R52's record shows discharge return anticipated Minimum Data Set to hospital on 1/17/24 and entry from hospital on 1/25/24.</p> <p>R52's nurses notes indicated:</p> <p>~1/17/2024 2:44 AM General Note: Note Text: Resident complaining of not feeling well, states it burns when takes a sip of water. Resident was given a suppository and MOM per his request with a large bowel movement noted, complained of nausea on the evening shift, bowel sounds active times Resident requesting to go to the ER, call placed to on call Dr, order obtained to send to ER (emergency room) for evaluation and treatment.</p> <p>~1/18/2024 9:17 AM General Note: Note Text: Writer called MMC this am to check on status of resident, resident has been admitted to MMC for altered mental status and complications of UTI (urinary tract infection).</p> <p>Surveyor reviewed R52's record and a notice of R52's bedhold, including right to appeal, was not located when he transferred to the hospital on 1/17/24.</p> <p>On 12/11/24 at 1:39 PM, Surveyor interviewed R52 about his transfer to the hospital and whether he was provided information about a bedhold and his right to appeal when he transferred to the hospital. R52 indicated he was able to return to his room/bed when he returned. R52 expressed he would not be a happy camper and would not be happy if he was not accepted back to facility or have a bed when he returned.</p> <p>Surveyor requested evidence of reporting R52's bedhold when he transferred to the hospital.</p> <p>(continued on next page)</p>		

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<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 12/10/24 at 1:31 PM, Surveyor interviewed Nursing Home Administrator (NHA) A and Director of Nursing (DON) B about R49 and R52's notice of bedhold when he transferred to the hospital. Nursing Home Administrator (NHA) A and Director of Nursing (DON) B expressed the floor nurses are responsible for completing the notice of bedhold when residents are transferred to the hospital. The facility identified an issue with incomplete transfer information, including notice of bedhold being done when residents are transferred to the hospital. In October the facility developed a Process Improvement Plan to re-educate nurses on the process. The facility is conducting audits to ensure compliance and continues to have concerns with the information being completed.</p> <p>47657</p> <p>Example 2</p> <p>R6 was admitted to facility on 05/25/18 and has diagnoses that include chronic obstructive pulmonary disease, hypertensive heart, and chronic kidney disease with heart failure.</p> <p>R6 has a BIMS of 14, indicating cognitively intact.</p> <p>On 09/22/24, R6 was transferred to hospital via ambulance for myoclonic jerking movements that were increasing in frequency. R6 returned back to facility on same day.</p> <p>A review of MDS record documented on 05/06/24, R6 was discharged with return anticipated and returned to the facility on [DATE].</p> <p>Surveyor reviewed R6's medical record and was unable to locate documentation to support R6 received Notice of bed hold for transfers to hospital.</p> <p>On 12/11/24 at 1:36 PM, Surveyor interviewed R6 about transfers to hospital and not receiving notice of rights for bed hold on the two transfers to hospital. Surveyor asked how would R6 feel if not aware of rights to hold bed. R6 indicated, That would be bad, that would not be good.</p> <p>Example 3</p> <p>R3 was admitted to facility on 09/22/22 and has diagnoses that include paraplegia, Spina Bifida, hypertension, and neurogenic bladder.</p> <p>A review of MDS records, documented on 02/13/24, 09/04/24 and 11/24/24, R3 was discharged with return anticipated.</p> <p>On 02/12/24, R3 was transferred to hospital for abnormal labs, fever, and chills. R3 returned to facility on 02/15/24.</p> <p>On 09/04/24, R3 was transferred to hospital for chills and not feeling well. R3 returned to facility on 09/06/24.</p> <p>On 11/24/24, R3 was transferred to hospital due to change in condition of feet. R3 returned to facility on 11/25/24.</p> <p>(continued on next page)</p>		

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<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Surveyor reviewed R3's medical record and was unable to locate documentation to support R3 received a notice of bed hold.</p> <p>On 12/11/24 at 12:42 PM, Surveyor interviewed R3 regarding not receiving notice of bed hold on 3 hospitalization s and asked how would R3 feel if not aware of rights to hold bed return to facility. R3 indicated R3 would be mad.</p> <p>49353</p> <p>Example 4</p> <p>R22 was admitted to the facility on [DATE] with pertinent diagnoses of obstructive and reflux uropathy, dementia, congestive heart failure, and chronic ulcer of the foot.</p> <p>Review of R22's Minimum Data Set (MDS) record shows discharge return anticipated on 01/05/24, entry to facility on 01/06/24, discharge return anticipated on 03/01/24, entry to facility on 03/11/24, discharge return anticipated on 03/16/24, entry to facility on 03/19/24, discharge return anticipated on 03/25/24, and entry to facility on 03/27/24.</p> <p>Surveyor reviewed R22's record and noted the following:</p> <p>On 01/05/24, R22 was transferred to the hospital with left sided weakness and facial drooping. R22 returned to the facility on [DATE]. Nursing notes indicated:</p> <p>-1/5/2024 06:24 Resident had increased left sided weakness and shakes at 0400. Resident unable to transfer increased confusion and emotional. Resident had slurred speech. 0530 resident had facial drooping. Called Provider, POA, and DON.</p> <p>On 03/01/24, R22 was transferred to the hospital with increased weakness and impaired speech. R22 returned to the facility on [DATE]. Nursing notes indicated:</p> <p>-3/1/2024 14:02 Resident was sent out at 0700 for increased weakness and impaired speech. Resident was in visible pain. Resident was hypotensive, crying and was diagnosed with an acute kidney injury and a UTI on 2-29-24. Resident was sent nonemergency to the ER due to being out of parameters with vitals as her blood pressure was 96/56, her temperature was 98.3, pulse of 74 and respirations of 18. The POA was called and agreed to have resident sent out. Resident was sent out at 0700. Nurse called the ER at 1200 for an update and the resident was admitted with an acute kidney injury and cellulitis.</p> <p>On 03/16/24, R22 was transferred to the hospital with increased fluid. R22 returned to the facility on [DATE]. Nursing notes indicated:</p> <p>-3/14/2024 14:04 Resident seen by MD today- Restart furosemide 20mg BID. BMP next lab day. Follow up with heart failure clinic.</p> <p>-3/15/2024 14:28 Voiding trial was unsuccessful. NP placed foley catheter. Since catheter has been placed, resident has had 800cc of urine output. Resident is not complaining of pain or discomfort. Resident has been resting in bed comfortably.</p> <p>(continued on next page)</p>		

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<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-3/16/2024 20:41 Spoke with medical center. Updated that R22 has been admitted with diagnosis of CHF exacerbation. Will be diuressed.</p> <p>On 03/25/24, R22 was transferred to the hospital with increased weakness. R22 returned to the facility on [DATE]. Nursing notes indicated:</p> <p>-3/24/2024 14:00 Resident refused lunch this afternoon, ate breakfast. Slept through most of shift. Required increased assistance with transfers and ADL's this AM. Resident denies increased pain or discomfort. VS stable. Continues to be able to make needs known, speech appropriate.</p> <p>-3/25/2024 10:51 Resident was unable to sit up or stand this AM, resident was unable to tell staff her name or respond at all. MD gave VO to send resident to ER for evaluation. Resident's POA was contacted and approved resident to be sent out.</p> <p>Surveyor reviewed R22's medical record and was unable to locate documentation to support R6 received notice of bed hold for transfers to hospital.</p> <p>On 12/11/24 at 12:14 PM, Surveyor requested documentation of notice for bed hold for R22's transfers on 01/05/24, 03/01/24, 03/16/24, and 03/25/24. NHA A was unable to find or provide documentation for any of the bed hold notices given.</p>

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>49353</p> <p>Based on observation, policy review and interview, the facility did not ensure a medication error rate of 5% or less. During the medication administration task, Surveyor observed 2 errors out of 30 medication opportunities, resulting in an error rate of 6.67%. Surveyor had to intervene to stop Licensed Practical Nurse (LPN) C from administering eye drop to the wrong resident. This had the potential to affect 1 of 1 resident (R14) observed for medication administration.</p> <p>This is evidenced by:</p> <p>Facility policy titled, Medication Administration, stated in part, Prior to administration, review and confirm medication orders for each individual resident on the Medication Administration Record (MAR). Compare the medication and dosage schedule on the resident's MAR with the medication label .verify medication is correct three (3) times before administering .medications supplied for one resident are never administered to another resident.</p> <p>On 12/10/24 at 10:37 AM, Surveyor observed Licensed Practical Nurse (LPN) C prepare two ophthalmologic solutions (eye drops) for administration by removing them from the medication cart. Surveyor asked LPN C who the eye drops would be administered to. LPN C stated they were for R14. Surveyor observed LPN C compare the eye drops to the MAR for correct medication, resident, time, route, dosage. LPN C then handed the two eye drop bottles to Surveyor for review. Surveyor noted the medication label was prescribed for R43. LPN C then went and brought R14 into the nurse's station for administration of the eye drops. Surveyor handed the two eye drop bottles back to LPN C and asked who they were going to be administered to. LPN C stated again R14. Surveyor asked LPN C to verify the medications again. LPN C opened the MAR and stated out loud the medication, dose ordered, resident name as R14, and the order documented in the MAR while comparing to the two eye drop bottles for R43. LPN C then completed hand hygiene, donned gloves, and opened one of the eye drop bottles to administer to R14. Surveyor stopped LPN C prior to administering eye drops to R14 and asked LPN C to look at the bottle's prescription label. LPN C then stated, Oh my goodness! This isn't R14's eye drops. Somebody put them in the wrong slot. LPN C then replaced the two eye drops into the correct resident's slot and removed R14's correct eye drops from the medication cart and administered the correct medications ordered.</p> <p>Immediately following the incident, Surveyor asked LPN C what the expected procedure is for safely administering medications. LPN C stated to verify the resident name matches the label and order before administration. LPN C stated that she thought she had looked at the label and saw R14's name but must have just focused on the medication matching the MAR. LPN C stated recognition of almost administering the wrong medication to the wrong resident.</p> <p>On 12/12/24 at 11:43 AM, Surveyor interviewed Director of Nursing (DON) B and asked the facility policy for administering medications. DON B stated the nurses should verify the correct medication with the order in the MAR prior to administration.</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, policy review and interview, the facility did not store foods brought in for residents and snacks for residents in a manner to prevent contamination in 2 refrigerators with the potential to affect 47 of 66 residents.</p> <p>This is evidenced by:</p> <p>Surveyor requested and received the facility policy titled Food From Approved Source most recently dated 9/2017. The policy in part read:</p> <p>~Food may be brought into the facility by family, visitors or other outside sources. The facility staff will assist with proper food storage and handling as appropriate.</p> <p>Surveyor requested and received the facility policy titled Food Storage most recently dated 4/2018. The policy in part read:</p> <p>~All foods will be stored wrapped or in covered containers, labeled, dated and arranged in a manner to prevent cross contamination.</p> <p>On 12/09/24 at 8:34 AM, Surveyor conducted an initial tour with Account Manager (AM) G, who is responsible for food service operations at the facility. Surveyor observed refrigerators in the east and in the west kitchenettes with water pooled in the bottom of the refrigerators which was dripping from the freezers over snacks and beverages. Surveyor asked AM G about the dripping pooled water. AM G indicated the west kitchenette's freezer has been dripping into the refrigerator for several weeks and the east refrigerator has been dripping for 1-2 weeks. AM G expressed the refrigerators/freezer are used for resident snacks and foods brought in by visitors. Surveyor asked AM G what has been done for repairs of the freezers/refrigerators. AM G expressed she does not know what has been done. Surveyor asked AM G if foods continued to be stored in the freezers/refrigerators and if the dripping water posed a potential risk for contamination. AM G responded the facility has not had anyone look at the freezers/refrigerators for repairs, foods and beverages continued to be stored in the freezer/refrigerator and the dripping water poses a risk for contamination of residents' foods and beverages.</p> <p>On 12/09/24 at 1:14 PM, AM G reported to Surveyor the refrigerators had been wiped of water and foods removed from refrigerators/freezers.</p> <p>On 12/11/24 at 7:14 AM, AM G informed Surveyor the water that was dripping over food/beverages in east and west refrigerators was due to the freezer temperatures being set at too high of a temperature. The high temperature caused the freezers to defrost and drip water over the foods/beverages. Maintenance has adjusted the temperatures and AM G will monitor the temperatures to ensure they are maintaining a proper temperature for 2 days before placing any foods/beverages back in the units.</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>On 12/12/24 at 1:20 PM, Surveyor asked Director of Nursing (DON) B how many residents reside on the east and west wings that had the potential to be affected by storage of foods stored in the east and west wing's refrigerators/freezers. DON B responded 47 of 66 residents had the potential of being affected.</p>		

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<p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>16692</p> <p>Based on interview and policy review, the facility did not ensure accurate reporting of the mandatory submission of staffing information based on payroll data to the Centers for Medicare and Medicaid Services (CMS). The facility failed to enter accurate data in their Payroll Based Journal (PBJ) system which triggered that they have excessively low weekend staffing. This has the potential to affect all 66 residents residing in the facility.</p> <p>This is evidenced by:</p> <p>Centers for Medicare & Medicaid Services (CMS) Electronic Staffing Data Submission Payroll-Based Journal, Long-term Care Facility Policy Manual, dated June 2022, states in part: Chapter 1: Overview, 1.1 introduction .(U) mandatory submission of staffing information based on payroll data in a uniform format. Long-term care facilities must electronically submit to CMS complete and accurate direct care staffing information, including information for agency and contract staff, based on payroll and other verifiable and auditable data in a uniform format according to specifications established by CMS.1.2 Submission Timelines and Accuracy. Direct care staffing and census data will be collected quarterly and is required to be timely and accurate . Report Quarter: staffing and census data will be collected for each fiscal quarter. Staffing data includes the number of hours paid to work by each staff member each day within a quarter. Census data includes the facility's census on the last day of each of the three months in a quarter. The fiscal quarters are as follows:</p> <p>Fiscal Quarter, Date range: 1 October 1 - December 31, (quarter 1) 2 January 1 - March 31, (quarter 2) 3 April 1 - June 30, (quarter 3) 4 July 1 - September 30 (quarter 4) .</p> <p>PBJ Staffing Data Report, CASPER Report (Certification and Survey Provider Enhanced Reports) 1705D for Fiscal year Quarter 2 2024 (January 1 - March 31), ran on 12/04/24, indicates the following: Submitted Weekend Staffing data is excessively low.</p> <p>PBJ Staffing Data Report, CASPER Report (Certification and Survey Provider Enhanced Reports) 1705D for Fiscal year Quarter 4 2024 (July 1 - September 30), ran on 12/04/24, indicates the following: Submitted Weekend Staffing data is excessively low.</p> <p>On 12/11/24 at 10:00 AM, Surveyor interviewed Nursing Home Administrator (NHA) A and Scheduler H in relation to facility staffing.</p> <p>Scheduler H reported the facility schedules the same number of RNs LPNs and CNAs on the weekends as they do during the weekdays. Scheduler H stated that at times they have a Nurse manager who is in a salaried position on duty on the weekend who may actually work the floor for a while depending on needs. Scheduler H also reported that agency staff works on weekends also.</p> <p>(continued on next page)</p>		

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<p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Surveyor asked about the low weekend staffing data that triggered on the PBJ reports. NHA A responded that a while back they discovered that agency staff were not punching in on the facility's time clock. They also discovered that on weekends, if a nurse manager covered the floor, they were not clocking in. This would lead to an under reporting of hours as the PBJ data was reported from their time clock system. The NHA stated she feels the PBJ data triggered for low weekend staffing, due to agency staff not clocking in to the time system. NHA A stated this problem was discovered in mid-September and they implemented a change that now all agency staff and nurse manager/weekend supervisors' hours are clocking into the system here.</p> <p>On 12/11/24 at 3:20 PM, NHA A reported Elite staffing agency is not in their system - and was not reporting hours worked via their payroll system.</p> <p>On 12/12/24 at 8:00 AM, NHA A reported she has reviewed past schedules and staffing data and does not see any significant changes in staffing on weekends. She stated she saw occasional call in's and the like, but no other changes. The facility currently is budgeted for a PPD of 3.0 for nursing staff.</p> <p>On 12/12/24 at 12:34 PM, NHA A provided this Surveyor with a document titled PBJ Action Plan, dated 03/05/24, which states in part, A discrepancy was identified as agency hours were not pulling when the PBJ hours were submitted. The document goes on to state, in part; that if excessively low weekend staffing occurs, an investigation into why this occurs, root cause analysis and systemic changes as applicable will be implemented.</p> <p>Excessively low weekend staffing triggered after the 03/05/24 date, but no further evidence of the root cause analysis or systemic changes was provided.</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49353</p> <p>Based on observation, record review and interview, the facility did not establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment, and to help prevent the development and transmission of communicable diseases and infections for 1 of 1 (R) resident observed for wound care while on Enhanced Barrier Precautions (R47), staff did not change gloves or perform hand hygiene during 1 of 5 observations (R6) of incontinence cares.</p> <p>This is evidenced by:</p> <p>Facility policy titled, Enhanced Barrier Precautions, with a most recent revised date of 08/08/24, stated in part: 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 care activities .high-contact resident care activities include: .wound care: any chronic skin opening requiring a dressing.</p> <p>R47 was admitted to the facility on [DATE] with pertinent diagnoses of diabetes and chronic obstructive pulmonary disease.</p> <p>R47's most recent Minimum Data Set (MDS) completed 08/29/24 indicated no current pressure injuries or other skin/wound concerns.</p> <p>R47's care plan dated 11/15/24 and target date of 12/26/24 stated, At risk for alteration in skin integrity related to: impaired mobility. Skin will remain intact, free from erythema, breakdown, excoriation, or bruising until next review. Wound nurse to assess weekly. Enhanced Barrier Precautions will be maintained.</p> <p>On 12/10/24 at 9:44 AM, Surveyor observed an EBP sign on R47's door and a PPE bin located just outside of R47's room containing disposable gowns and gloves. Surveyor observed Licensed Practical Nurse (LPN) C don gown and gloves after completing hand hygiene outside of R47's room prior to entering to provide wound care for R47's pressure injury on left ear. LPN C placed a barrier on bed linens to set down wound care supplies. LPN C removed the dressing from R47's ear and cleansed the area. LPN C then removed gloves and donned new gloves without completing hand hygiene. LPN C dried area with sterile dressing gauze and then disposed gauze. LPN C removed gloves and donned new gloves without completing hand hygiene. LPN C then applied a new dressing to R47's ear. LPN C then disposed of used supplies in garbage, removed gloves, and washed hands in sink. LPN C then returned to R47 to assess ear again and touched R47's ear and head without gloves on. LPN C then removed gown, donned gloves, gathered garbage to remove from R47's room, and placed in soiled linen utility closet for disposable. LPN C then completed hand hygiene.</p> <p>Immediately following observation, Surveyor asked LPN C about the care provided. Surveyor asked LPN C about EBP and use of gloves. LPN C stated that she realized afterward that she didn't complete hand hygiene in-between glove changes and should have. Surveyor asked LPN C when gloves should be used. LPN C stated while completing all contact care for residents on EBP. Surveyor asked if LPN C had followed this policy. LPN C stated no, that gloves should be worn all the time while providing cares and hand hygiene should be completed whenever they are removed.</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 12/12/24 at 11:43 AM, Surveyor interviewed Director of Nursing (DON) B regarding observation of wound care and EBP. Surveyor asked DON B what the expectation is for providing wound care for residents on EBP. DON B stated that staff are to wear gown and gloves when providing high-contact care, like wound care, and complete hand hygiene whenever gloves are removed. DON B stated that staff are educated regularly regarding EBP and are audited on this practice due to the high-risk of transmission of infections. DON B stated disappoint in this observation as all staff are aware of the importance of hand hygiene and use of PPE to protect all residents and will complete additional training with staff.</p> <p>47657</p> <p>The facility policy titled Hand Hygiene dated 11/02/22 states, All staff will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents and visitors. Policy explanation and compliance guidelines .2. Hand hygiene is indicated and will be performed under the conditions listed in, but not limited to, the attached hand hygiene table.</p> <p>The attached Hand Hygiene Table per facility policy indicates hand hygiene should be conducted . when, during resident care, moving from a contaminated with .body fluids, secretions or excretions.</p> <p>On 12/11/24 at 7:31 AM, Surveyor observed Certified Nursing Assistant (CNA) F complete AM cares on R6. After completing upper body cleansing, CNA F cleansed R6's frontal peri care with a washcloth and dried with a towel. Without removing gloves and conducting hand hygiene, CNA F proceeded to dress R6's upper body with a bra and shirt, rolled R6 onto right side and fastened bra and pulled down back of shirt, removed wet incontinent product, washed and dried R6's buttocks and proceeded to position a clean incontinent product under R6. CNA F then fastened the incontinent product and pulled up R6's pants with contaminated gloves.</p> <p>On 12/11/24 at 7:40 AM, Surveyor interviewed CNA F, regarding observation of removing and/or conducting hand hygiene when moving from a dirty to clean area. CNA F confirmed removal of gloves and hand hygiene should have been conducted after conducting peri care and continuing cares.</p> <p>On 12/11/24 at 9:18 AM, Surveyor interviewed DON B regarding observation of CNA F not removing gloves and conducting hand hygiene following completion of R6's peri care. DON B stated expectation would be to remove gloves and conduct hand hygiene before continuing cares after going from a dirty to clean area.</p>		