STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525684	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Three Oaks Health Services	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)
F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Dispose of garbage and refuse properly. Based on observation, interview, and record review, the facility did not ensure proper disposal of garbage and refuse.-Grease dumpster was open.-Cigarette butts all over the ground outside the back door.-Cardboard box with plastic and other garbage materials frozen to the ground outside the dumpster.Findings include:Facility Policy titled, Dispose of Garbage and Refuse, last revised 02/2025, reads in part: All garbage and refuse will be collected and disposed of in a safe and efficient manner .The Dining Services Director coordinates with the Director of Maintenance to ensure that the area surrounding the exterior of the dumpster is maintained in a manner free of rubbish or other debris .All trash will be properly disposed of in external receptacles (dumpsters) with lids covered when not in use.On 03/02/26 at 9:06 AM, Surveyor completed the initial kitchen tour with Dietary Manager (DM) N. DM N showed Surveyor the location of the dumpsters outside a back door. Upon exiting the building, Surveyor observed a large amount of cigarette butts scattered across the ground outside the back door. Surveyor observed the grease dumpster door on top was open. DM N closed it. Surveyor observed a large cardboard box which contained plastic and other debris behind the dumpster. DM N stated DM N was going to pick it up immediately but was unable to as it was frozen to the ground. DM N stated if staff ever have concerns with pests or rodents, there are people that come and take care of it.On 03/03/26, Surveyor observed the cigarette butts were still present on the ground, and the box behind the dumpster was still frozen to the ground.On 03/04/26 at 11:15 AM, Surveyor interviewed Nursing Home Administrator (NHA) A. NHA A acknowledged the garbage should not be on the ground and around the dumpster and the dumpsters should be closed.

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 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** Based on observation, interview, and record review, the facility did not provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections which had the potential to affect all 65 residents (R).-Residents were not offered hand hygiene prior to meals.-Improper use of Personal Protective Equipment (PPE) by kitchen staff.-Staff did not wear gloves and/or gown during observation of wound care for resident R10.Findings include: Example 1 Facility policy titled, Hand Hygiene, last revised 11/02/22, reads in part, All staff will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors.Hand hygiene is indicated and will be performed.Before and after eating.before performing invasive procedures.before and after performing care to residents in isolation. On 03/02/26 at 12:35 PM, Surveyor observed no hand hygiene offered to residents prior to receiving meal. On 03/03/26 at 8:04 AM, Surveyor observed residents entering the dining room for breakfast were not offered hand hygiene prior to being served their meals. On 03/03/26 at 8:36 AM, Surveyor interviewed Certified Nursing Assistant (CNA) G. CNA G stated they usually wash the residents' hands prior to bringing them out of their rooms. CNA G stated she was unsure about the residents that go to the dining room independently after touching walkers and wheelchair wheels. Example 2 On 03/03/26 at 10:58 AM, Surveyor entered the kitchen to watch temping. Surveyor observed [NAME] Q and Dietary Manager (DM) N with their face masks down. Masks were pulled up into place once [NAME] Q and DM N were aware that Surveyor was present. DM N acknowledged the masks should have been on properly. On 03/04/26 at 10:20 AM, Surveyor interviewed Nursing Home Administrator (NHA) A. NHA A stated it would be the expectation if utilizing a universal masking for staff, all staff should have their masks on. NHA A also stated the kitchen staff should definitely have their masks on. Surveyor updated NHA A that upon walking into the kitchen for follow up, staff present had their masks down. Example 3 R10 was admitted to the facility on [DATE] with a diagnosis including peripheral vascular disease. R10 had wounds that developed from a bunion on second left toe and second right toe. On 10/11/24, R10 was placed on Enhanced Barrier Precautions (EBP) for her indwelling Foley catheter. On 12/29/25, progress note indicated a skin assessment post fall included, open areas to knuckle on (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	the 2nd and 3rd toe of the left foot and on 1/16/26 noted wound to right foot open area of bunion of 2nd toe on right foot. Most recent wound care order on 2/21/26 includes, wound of the left 2nd toe & right bunion: cleanse with normal saline, apply iodosorb, apply calcium alginate, cover with dry dressing daily, one time a day for wound healing. On 3/04/2026 at 6:31 AM, Surveyor observed Registered Nurse (RN) J provide wound care to R10. RN J obtained a bin of R10's wound supplies from the nurse's station. Prior to entering R10's room, RN J put on a gown. RN J did not put on gloves before taking off R10's socks, touching R10's feet that were bandaged, and positioning R10's feet over a disposable gown on the floor. RN J then put on gloves. During wound care, Surveyor observed RN J remove her gloves, leave R10's room to get bandage scissors out of her lab coat pocket left in the hallway, return to resident's room, handle contents of wound care tub without gloves and cut a piece of dressing to apply to R10's wound. During wound cares, R10 expressed discomfort while cleansing her 2nd wound. RN J stopped to give R10 her Tylenol. RN J stated she doesn't typically do R10's dressing change so she is uncertain for the need to pre-medicate R10 before doing wound care. On 3/04/2026 at 6:40 AM, Surveyor observed RN J reenter R10's room without putting on gloves or a gown and bent over top of R10's legs with R10's wound exposed. RN J put R10's sock on her left bandaged foot. RN J, with ungloved hands and no gown, then took a towel placed under R10's right foot with exposed, uncovered wound, lifting up R10's right leg, and gathered old dressing off the floor to dispose of. Immediately after this observation, Surveyor interviewed RN J regarding EBP with wound care. RN J stated she should have worn a gown and gloves when providing direct care such as dressing R10 and repositioning R10's legs, during R10's wound care and with R10's exposed wound. On 3/4/26 at 7:45 AM, Surveyor interviewed Director of Nursing (DON) B, who reported her expectations would be that staff wear gowns and gloves when performing wound care and when dressing resident on EBP.

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. Based on interview and record review, the facility did not ensure that a resident who requires dialysis receives such services, consistent with professional standards of practice, the comprehensive person-centered care plan and the residents' goals and preferences for 1 of 1 sampled resident (R52) reviewed for dialysis.The facility failed to provide ongoing assessments of R52's condition and monitoring for complications before and after dialysis treatments received at a certified dialysis facility. This is evidenced by:Facility's policy titled Hemodialysis with revised date of 09/10/23 documented in part, The ongoing assessment of the resident's condition and monitoring for complications before and after dialysis treatment received at a certified dialysis facility.4. The licensed nurse will communicate to the dialysis facility by utilizing the Pre-dialysis Communication UDA, that will include, but not limit itself to:.b. Physician/treatment orders, laboratory values, and vital signs; On 2/21/26 at 12:04 PM, post dialysis assessment documented the weight that was obtained prior to dialysis of 169.2 at 5:24 AM. The facility staff did not obtain a weight when R52 returned from dialysis. On 02/24/26 at 7:53 PM, post dialysis assessment documented the blood pressure, pulse and respirations that were obtained prior to dialysis at 4:37 AM. The facility staff did not obtain blood pressure, pulse and respirations when R52 returned from dialysis.On 02/26/26 at 1:34 PM, post dialysis assessment documented the weight that was obtained prior to dialysis at 5:24 AM of 183.6 pounds. The facility staff did not obtain a weight when R52 returned from dialysis.On 02/28/26 at 5:44 AM, pre dialysis assessment, that is sent to the dialysis center, documented vitals of blood pressure, temperature, pulse, and respirations that were obtained on 02/26/26 at 1:35 PM. Oxygen saturations were documented from 02/26/26 at 5:22 AM. Weight was documented from 02/27/26 at 1:12 PM of 182.4 pounds. The facility staff did not complete a current assessment of R52's condition prior to dialysis.On 02/28/26 at 12:49 PM, post dialysis assessment documented blood pressure, temperature, pulse, and respirations from 02/27/26 at 5:38 PM.On 03/03/26, no pre dialysis assessment was documented prior to R52 going to dialysis.On 03/03/26 at 12:00 PM, post dialysis assessment documented the weight that was obtained on 03/01/26 at 10:14 AM of 178.3 pounds.On 03/03/26 at 2:00 PM, Surveyor interviewed Director of Nursing (DON) B to ask if assessments are to be completed pre and post dialysis. DON B stated assessments are completed and entered on the pre and post dialysis forms. Reviewed with DON B the documented assessments did not have completed current assessments. DON B stated will look for additional information. No further information was providedOn 03/04/26 at 10:43 AM, Surveyor interviewed Registered Nurse (RN) O and RN P asking if pre and post dialysis assessments of R52 are to be completed. RN O and RN P stated R52 leaves before 6 AM and is completed from the prior shift. We would do weight and vitals and everything that pre dialysis form requires. The form is given to dialysis. When R52 returns we would get all the vitals and enter in the computer and on the post dialysis form. If there are new orders from dialysis will be written on the pre dialysis form or call.