STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525706	A. Building B. Wing	05/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Christian Community Home of Osceola, Inc	2650 65th Ave Osceola, WI 54020

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48793 Based on observation, interview and record review, the facility did not notify the physician on call of R4's refusal of insulin for 1 of 1 resident (R) reviewed for insulin administration (R4). Findings include: R4 was admitted to the facility on [DATE] with diagnoses including in part, type 2 diabetes mellitus with diabetic neuropathy, metabolic encephalopathy, chronic kidney disease stage 4, and acute and subacute hepatic failure without coma. Review of 4's medical record identified the following physician orders: - Insulin Aspart Injection Solution, inject 6 unit subcutaneously before meals for diabetes mellitus type 2 related to diabetes mellitus type 2 with hyperglycemia. Do not give insulin if Blood Glucose (BG) is less than 100. Observations: On 05/05/25 at 11:13 AM, Surveyor observed Registered Nurse (RN) C go into R4's room to check BG for insulin administration. R4's BG was 169. RN C indicated R4 is on sliding scale but does not require any insulin since BG is adequate. RN C indicated that R4 has been refusing R4's insulin due to hypoglycemic episodes in the past. On 05/06/25 at 9:52 AM, Surveyor interviewed RN C and asked RN C when R4 refuses insulin lispro what does RN C do afterwards. RN C indicated that RN C documents the refusal and kind of keeps an eye on R4 throughout the day. RN C indicated that RN C feels R4 knows R4's self very well that R4 can make that decision. Surveyor asked RN C if RN C is supposed to notify physician of R4's refusal of R4's insulin lispro order for base of 6 units to be given before meals. RN C indicated that RN C probably should be notifying physician of refusals so facility can readjust medications or discontinue altogether. RN C indicated to Surveyor that RN C has not been notifying the provider. Surveyor reviewed R4's progress notes and found no documentation that provider was contacted regarding R4's refusal of insulin on 05/05/25. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 05/06/25 at 11:25 AM, Surveyor interviewed Director of Nursing (DON) B and asked expectation if R4 refuses insulin. DON B indicated that RN C is to notify provider every time there is a refusal for insulin. DON B indicated that nurses should be notifying physician about refusals of insulin so that the insulin can be readjusted if not needed as often.

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F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. 48793 Based on record review and interview, the facility did not implement policy and procedures related to screening employees for a prior history of abuse, neglect, exploitation of residents, or misappropriation of resident property for 1 of 8 employees reviewed. The facility did not ensure their abuse policy was implemented when one employee's background information disclosure (BID) was not obtained before employee started working at facility. (RN O). Findings include: The facility policy, titled Abuse, Neglect, Mistreatment, and Misappropriation of Resident Property, revised November 2022 states in part, Employee screening and training: a. Before new employees are permitted to work with resident's board registrations and certifications regarding prospective employee's background will be checked. d. A criminal background check will be conducted on all prospective employees as provided by the facility's policy on criminal background checks. On 05/06/25 at 8:14 AM, Surveyor reviewed 8 random staff Background Information Disclosures (BID). Registered Nurse (RN) O was hired on 02/04/25. Surveyor found no BID, Department of Justice (DOJ), or Integrated Background information System (IBIS) completed for RN O. On 05/06/25 at 11:42 AM, Surveyor interviewed Nursing Home Administrator (NHA) A and asked where RN O's BID, DOJ, and IBIS were. NHA A indicated that somehow RN O was missed and will be completed today right away. NHA A indicated when old DON had left facility, facility called RN O who is a contracted staff member and did not complete a background. Surveyor asked NHA A to reach out to contracted company for the contracted company's BID. NHA A indicated that NHA A already reached out to contracted company and there was no BID completed upon RN O's hire. NHA A indicated that NHA A will complete right away.

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F 0628 Level of Harm - Potential for minimal harm Residents Affected - Many	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31086 Based on interview and record review, the facility failed to notify the State Long-Term Care Ombudsman of hospital transfer and discharge for 2 residents (R11 and R31) of 2 residents reviewed in the sample of 12. The facility failed to have a system in place to ensure notifying the State Long-Term Care Ombudsman of hospital transfers and discharges. This had the potential to affect all 33 residents that reside in the facility. R11 was hospitalized from 04/02/25 through 04/05/25 and the Ombudsman was not notified of that transfer to the hospital. R31 was discharged from the facility on 03/06/25 and the Ombudsman was not notified of discharge. This is evidenced by: Example 1 R11 was admitted to the facility on [DATE] with diagnoses, in part, of aortic stenosis, constipation, type 2 diabetes mellitus and irritable bowel syndrome with constipation. Record review identified R11 as having moderate impaired cognition and had an activated Power of Attorney for Health Care (POAHC). Record review identified R11 was transferred to the hospital on 04/02/25 due to urinary retention and constipation with soft tissue thickening near the anus and urethra. A notice of bed hold and reason of transfer was signed by the POAHC. Example 2 R31 was admitted to the facility on [DATE] with diagnoses, in part, cerebral infarction, chronic headaches, dizziness and chronic kidney disease stage 3. Record review identified R31 was assisted with discharge planning to an assisted living home. R31 discharged on [DATE] to an assisted living home. Review of the list of residents sent to the Ombudsman did not include R31. On 05/07/25 at 11:32 AM, Surveyor interviewed Nursing Home Administrator (NHA) A about notification of transfer and discharge to Ombudsman. NHA A indicated the Social Worker (SW) notifies the Ombudsman. The SW is out of the facility today. NHA A provided a list of residents each month that was provided to the Ombudsman. The lists of resident names were of hospital re-admissions and did not include residents which were transferred, discharged , or passed away. NHA A indicated SW only sends the list of residents who were readmitted from the hospital. NHA A indicated NHA A will have SW add residents that have transferred and discharged .

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F 0659 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care by qualified persons according to each resident's written plan of care. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48793 Based on observation, interview and record review, the facility did not ensure prescription medications were administered by qualified staff for 1 of 8 residents (R) observedduring medication administration (R4). -Surveyor observed prescribed Nystatin powder at R4's bedside table. During medication administration, Registered Nurse (RN) O stated Certified Nursing Assistant (CNA) I applied prescribed Nystatin powder to resident (R4)'s skin earlier in the AM. Findings include: R4 was admitted to the facility on [DATE] with diagnoses including in part, type 2 diabetes mellitus with diabetic neuropathy, metabolic encephalopathy, chronic kidney disease stage 4, and acute and subacute hepatic failure without coma. Review of R4's medical record identified the following physician orders: -On 03/31/25, Nystatin external powder 100000 unit/GM, Apply to Skin topically three times a day for skin infection due to candida yeast. Apply 1 application to folds/under breasts. On 05/05/25 at 11:13 AM, Surveyor followed RN O into R4's room. Surveyor observed prescribed Nystatin powder on R4's bedside table. RN O indicated that Nystatin didn't need to be administered because CNAs completed Nystatin powder administration this morning after R4's shower. Surveyor interviewed RN O and asked RN O if this is a normal process for CNAs to administer Nystatin to R4's folds. RN O indicated that CNAs are good on this unit so CNAs will apply Nystatin to affected areas. On 05/05/25 at 11:29 AM, Surveyor interviewed R4 and asked about the prescribed Nystatin powder located on R4's bedside table. R4 indicated the CNAs apply this powder to R4's groin area after showers. R4 indicated that R4 received a shower this morning and CNA I applied the Nystatin powder to R4's groin folds. On 05/05/25 at 11:58 AM, Surveyor interviewed CNA I and asked if CNA I showered R4 this morning. CNA I indicated that CNA I did shower R4 this morning. Surveyor asked CNA I if CNA I applied prescribed Nystatin powder to R4's folds. CNA I stated CNA I did apply Nystatin powder under R4's groin folds after R4's shower. CNA I stated that CNA I always applies R4's Nystatin powder when needed. CNA I stated it is always a hassle trying to find the nurse to administer when it is shower day. On 05/05/25 at 12:53 PM, Surveyor interviewed Director of Nursing (DON) B and asked if it was normal for R4 to receive prescribed Nystatin powder to groin folds by CNA I and if storage of prescribed nystatin powder was proper at R4's bedside table. DON B stated, Storage of prescribed Nystatin powder at bedside is ok if [R4] can self-administer medications. Surveyor asked DON B if it was DON B's expectation that CNAs can apply Nystatin powder to R4's groin folds. DON B stated it is not ok for CNAs to apply prescribed medication, and it is the nurses' job to apply this. The resident may apply if a successful assessment of safe administration of medications is completed.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51804 Based on record review, observation and interview, the facility did not ensure a resident who required substantial assistance for repositioning and toileting received timely assistance for 1 of 12 residents (R) reviewed for Activities of Daily Living (ADLs) (R23). R23 requested to use the bathroom and waited 36 minutes before being assisted into restroom, resulting in clothing change, feeling embarrassed and like she is a burden. Findings include: R23 was admitted to the facility on [DATE] with diagnoses of cerebral infarction (stroke) affecting the left side, hemiplegia and hemiparesis (partial paralysis), absence of part of digestive tract, history of urinary tract infections and vascular dementia with psychotic disturbance. R23's Minimal Data Set (MDS) assessment, dated 1/7/2025, indicates that R23 is cognitively intact, has clear speech, and understands others. R23's physical abilities are limited, requiring substantial assistance for position changes, transfer from bed to chair and transfers to the toilet. R23's care plan had the following focus area: TOILETING/CONTINENCE: Requires assistance/potential to restore function to maximum self-sufficiency for the physical process of toileting. Will ask for and receive the necessary assistance On 5/5/25 at 10:03 AM, R23 asked CNA I to use the bathroom. CNA I replied to R23 that she needed to find a 2nd person to help, she might have to wait a bit. On 5/5/25 at 10:38 AM, Surveyor observed R23's cares requiring the assist of 2 and use of the EZ Way Smart Stand mechanical lift (sit to stand). CNA I and CNA F attached sling, assisted R23 to bathroom, assisted R23 into new pants and socks, completed peri-cares and assisted back to her wheelchair. While clothing was being changed, R23 stated, I am sorry. I know you're busy. I don't mean to be such a problem. CNA I reassured R23. R23 waited 36 minutes for the assistance. On 5/6/25 at 8:22 AM, Surveyor observed R23 being pushed back from dining room. Dining room staff member told R23 they would let the CNAs know R23 asked to use the bathroom. Surveyor observed dining staff member go straight over to CNA F and talk with her. At 8:52 AM, CNA F and CNA H came to assist R23 to the bathroom. R23 had waited 30 minutes for assistance. On 5/5/25 at 11:03 AM, Surveyor interviewed R23. R23 stated R23 would not recommend this place, primarily because of how long you have to wait to get care. Primarily for that reason I wouldn't come here again. R23 indicated R23's son is trying to have R23 moved to another nursing home. R23 stated, It is embarrassing when I am incontinent. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 5/5/25 at 11:20 AM, Surveyor interviewed R23's Family Member (FM) J. FM J stated that R23 has complained about that before. FM J indicated that R23 reports she waits a long time for assistance as the norm. FM K stated it is typical to wait 36 minutes or more. FM K indicated R23 complains of them taking long. FM J confirmed R23 is on a waiting list at another nursing home. On 5/6/25 at 2:12 PM, Surveyor interviewed Registered Nurse (RN) C. Surveyor asked RN C if R23 was on a toileting program. RN C replied that everyone is on a toileting program basically; we get everyone up every 2 hours or so. RN C indicated R23 does not have a formal program. R23 is not always incontinent, but frequently. R23 does not always require clothing changes when she is incontinent. RN C stated she did not hear a radio call to help R23 yesterday, nor did she know R23 waited 36 minutes. RN C replied she did not notice a call light on that long. Surveyor informed RN C that R23 had told CNA verbally she needed to use the bathroom; there was no call light. On 5/7/25 at 11:23 AM, Surveyor interviewed CNA F regarding 36-minute wait. CNA F stated that was when she went on break. When CNA F came back, CNA I told CNA F that R23 needed to go to the bathroom. CNA F indicated when your partner is on break you can always ask the nurse or call for another CNA on E Wing to help. CNA F stated she would have asked RN C; she is more than willing to help. Surveyor asked CNA F about the 30-minute wait on Tuesday. CNA F replied we were in the middle of things; I do not think R23 waited that long. On 5/7/25 at 12:12 PM, Surveyor interviewed Director of Nursing (DON) B who indicated DON B's expectation is to answer call lights and respond to resident requests within 5 minutes. Sometimes they (CNAs) get stuck in a room. DON B indicated she does not expect resident care to stop or residents to wait because staff go on break. DON B stated staff are to do a room check of all for needs before they go on break. The staff left on a unit shouldn't get stuck. If they need to, there is a walkie to use to call for help. Surveyor asked how staff know they can call for help. DON B replied staff have orientation and then when they come on the floor, staff shadow and spend time with a restorative aide. On 5/8/25 at 8:54 AM, CNA I returned call to Surveyor. CNA I stated R23 waited because we need 2 people to transfer with the EZ stand. CNA I stated her partner, CNA F, was on break. CNA I stated she did not get a chance to ask the nurse for help. Surveyor asked CNA I if she works only with those on her unit or if she could have called for help. CNA I replied CNA I could have used the walkie to call for help, and it would have been a good solution. CNA I indicated she assumed everyone was busy on the other side. CNA I stated in the future she should think more about other resources so the residents don't have to wait so long.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51804 Based on record review, observation and interview, the facility did not ensure the resident environment remains free of accident hazards possible and each resident receives adequate supervision and assistance devices to prevent accidents. Facility did not assess residents for safe use of the EZ sit to stand lift for 5 out of 5 residents (R) (R23. R9, R21, R12, R17). Facility does not have a procedure in place to assess appropriate EZ Way Smart Stand mechanical lift (sit to stand) slings for accurate size and fit for each resident requiring use of the EZ stand lift for transfers. Certified Nursing Assistants (CNA) are determining what size sling to use for each resident. Findings include: EZ Way Smart Stand Manufactures Guidelines, dated10/24/24, states: To determine the correct sling size for an EZ Way Smart stand, consider the patient's weight, height, and girth. A proper sling size will comfortably support the patient and prevent any portion of them from overlapping the edges of the sling. Harness Color Coding System states there a small, medium, large, x-large, xx-large and xxx-large sling sizes available for the EZ Way Smart Stand. Medium sling is for 90 -220# with a torso circumference of 34- 46 Large sling is for 190 - 320# with a torso circumference of 40-56 XL sling is for 280-450# with a torso circumference of 50-64 Sling size is to be determined by both weight and circumference of individuals torso (chest) due to how individuals are shaped different and can carry their weight differently. Slings fit around one's torso (chest.) Example 1 R23 was admitted to the facility on [DATE] with diagnoses of cerebral infarction (stroke) affecting the left side, and hemiplegia and hemiparesis (partial paralysis). R23's Minimum Data Set (MDS) assessment, dated 1/7/2025, indicates that R23 is cognitively intact, has clear speech, and understands others. R23's physical abilities are limited, requiring substantial assistance for position changes, transfer from bed to chair and transfers to the toilet. R23's care plan states: Can use EZ stand if not comfortable with pivot transfer. CNA care guide from today 5/7/25, states, A2 EZ stand prn. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	No care plan or CNA care guide for sling size to use for R23 with the sit to stand. R23's weight is 127.6 pounds on 5/2/25. No assessment of torso circumference was completed to determine appropriate fit of sit to stand device sling. R23 is assisted with the EZ stander using the medium sling. Based on R23's torso circumference, R23 could need a small or medium sling. On 5/5/25 at 10:38 AM, Surveyor observed R23 cares requiring the assist of 2 and use of the sit to stand lift. CNA I grabbed the sling on the top of the lift and CNA F stated, No she is smaller, we should use the other one. CNA I grabbed the other sling with the lift, the medium sling. There were only two slings available, medium and XL. CNA I attached the sling to R23. R23 was lifted, transferred to toilet, lifted again and transferred to R23's chair. Sling was removed and wiped off. Surveyor observed R23 hanging from her armpits while being transferred by the sit to stand lift. On 5/06/25 at 12:56 PM, Surveyor interviewed CNA F, who stated I have been here 6 years. I had training a long time ago. CNA F indicated staff use the sling which fits each resident's size. CNA F replied sling size not on their care guide. CNA F stated, Nurses do not tell us what size, I just know. On 5/7/25 at 10:57 AM, Surveyor interviewed Occupational Therapist (OT) E, who indicated Physical Therapy (PT) is not available today. OT E replied she can speak to the question. OT E indicated therapy does the assessment, usually it is PT. OT E indicated PT or OT will assess residents for abilities, what is needed for transfer, how many staff are needed, and determine if they need a lift or stander. OT E stated, We do not determine the sling to use. I think the nurse does that. On 5/7/25 at 11:19 AM, Surveyor interviewed Licensed Practical Nurse (LPN) D who stated, nurses can help with the mechanical lifts if needed. LPN D stated, Not sure who determines which sling is used. I think it goes by size. There is a small, medium (med) and large (L) size. After a pause, LPN D replied, I think there is extra-large (XL). LPN D indicated CNAs determine based on body size. On 5/7/25 at 12:15 PM, Surveyor interviewed Director of Nursing (DON) B, who stated the sling size should be on their care guide (CNA plan of care). Surveyor and DON B reviewed the current CNA care guide together. DON B replied it is not on this care guide for R23. Surveyor asked if DON B could show Surveyor a resident who does have it listed. DON B looked and then replied it is not listed for anyone. DON B stated, I'm not sure who does it [assigns sling size]. DON B offered to check. DON B indicated extra slings in laundry room on each unit. On 5/7/25 at 12:47 PM, Surveyor interviewed CNA H, who showed Surveyor the sling being used for R23 and stated sling size is a medium. On 5/7/25 at 12:49 PM, DON B stated DON B Can't figure it out. DON B does not know who is determining sizes of slings. DON B indicated facility will put a plan into place. Example 2 R9 was admitted on [DATE] with the diagnoses of deep venous thrombosis (clots), and history of stroke with partial paralysis. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	R9's Minimum Data Set, dated dated [DATE], indicates R9 is cognitively intact and requires substantial to maximal assistance with personal hygiene, and showering, and dependent with position changes, transfers and mobility. R9's care plan, dated 4/15/25, states, Transfers: EZ stand A2 staff, if sitting on edge of bed, needs trunk support, use medium sling, make sure left leg/knee is fully in green support, use support strap on legs, do not leave alone in EZ stand for toileting. CNA care guide from today 5/7/25, states, Transf: EZ stands A2, EZ stand for toileting No care plan or CNA care guide for sling size to use for R9 with EZ Stander (sit to stand device). R9's weight is 238.8 pounds on 5/5/2025. CNAs are using a medium size sling. Surveyor did not find documentation of an assessment for torso circumference for appropriate fitting of sling size. On 5/7/25 at 1:07 PM, Surveyor interviewed CNA G, who stated the sit to stand lift is used with R9 with a medium sling. When asked, CNA G indicated no residents have slings in their room. (E wing) Example 3 R21 was admitted on [DATE], with the diagnoses of cardiac history, diabetes, history of stroke with partial paralysis. R21's Minimum Data Set (MDS), dated [DATE], indicates R21 is cognitively intact and requires substantial to maximal assistance with toileting, showering, personal hygiene, position changes, and mobility and transfers. R21's care plan, updated 8/9/24 states, Ok to use EZ stand when she [R21] struggles with freezing or difficulty pivoting with transfers. She [R21] typically can recognize when she's off and is ok with lift prn. CNA care guide from today 5/7/25, states, A2 Ez stand. No care plan or CNA care guide for sling size to use for R21 with EZ Stander (sit to stand device). R21's weight is 242.9 pounds on 3/7/2024. No assessment of torso circumference done to determine appropriate fit of sit to stand device sling. On 5/7/25 at 12:49 PM, Surveyor interviewed CNA H, who stated we use the XL size with R21. When asked, CNA H replied no one has a sling in their room. (D wing) Example 4 R12 was admitted on [DATE] with diagnosis of Parkinson's disease. R12's Minimum Data Set, dated dated [DATE], indicates R12 is cognitively intact and requires assistance of one with cares and is dependent to substantial assistance needed for position changes, transfers and mobility. R12's care plan updated 1/14/25 states: Transfers: Assist of 1-2 (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	1/4/25 OK for EZ stand if needed with A2. CNA care guide from today 5/7/25, states, EZ stand PRN. No care plan or CNA care guide for sling size to use for R12 with EZ Stander (sit to stand device). R12 's weight is 117.5 pounds on 5/7/2025. No assessment of torso circumference done to determine appropriate fit of sit to stand device sling. On 5/7/25 at 1:07 PM, Surveyor interviewed CNA G, who stated sit to stand is used with R12. CNA G stated they use the medium sling with R12. Example 5 R17 was admitted on [DATE] with diagnoses of dementia, hypertension and thyroid disorder. R17's Minimum Data Set, dated dated [DATE], indicates R17 is cognitively intact and needs substantial/ maximal assistance with toileting hygiene, shower/bathing, and personal hygiene and substantial assistance to dependent with position changes, transfers and mobility. R17's care plan, dated 4/28/24, states, Toilet Use: assist of 2 to toilet with EZ stand . Transfer utilize the EZ stand if able. Most often hoyer lift is required for transfer. CNA care guide from today 5/7/25, states, A2 Ez stand and Trans: A2/ez stand. No care plan or CNA care guide for sling size to use for R17 with EZ Stander (sit to stand device). R17's weight was 179.6 pounds on 5/5/2025. No assessment of torso circumference done to determine appropriate fit of sit to stand device sling. On 5/7/25 at 1:07 PM, Surveyor interviewed CNA G, who indicated the sit to stand is used with R12. CNA G showed Surveyor the sling used. CNA G confirmed the medium sling is what they use with R12. CNA G stated it is the only one we need on this side. (R9 is on this side.) On 5/7/25 at 12:03 PM, Surveyor and CNA H confirmed the sling sizes for the sit to stand device on D unit. There was a med and XL sling with the sit to stand device. CNA H indicated use of slings is determined by resident's size. CNA H indicated CNA H thinks facility has the same sizes on the other side. CNA H stated, I would not think to call them to find a different size. CNA H confirmed R21 and R23 are the only residents on D unit that use the sit to stand. On 5/7/25 at 12:47 PM, Surveyor and CNA H went through the inventory in the D wing laundry for other sizes. CNA H stated she knew there were other slings in laundry and the other side, but the two we have work fine. Surveyor and CNA H confirmed there is one more sling for the sit to stand device in the D wing laundry, it is large in size. The D side has 1 XL, 1 medium, and 1 large sling (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 5/7/25 at 1:07 PM, Surveyor interviewed CNA G, who stated they use the sit to stand with R12, R9 and R17. CNA G stated no one has a sit to stand sling in their room. CNA G indicated if a sling is dirty CNAs would have to wash it before it could be used again. CNA G stated if a resident needed something before that we would get one from the other side. CNA G and Surveyor looked at inventory of sit to stand slings in the E wing laundry. There were 2 more medium slings, 1 XL sling, and no large slings available in the E wing laundry area. (Only one large sling was found in the facility, and it was in the laundry room on the D wing.)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48793 Based on record review and interview, the facility did not ensure that 1 of 1 resident (R) reviewed received appropriate respiratory care during administration of respiratory therapy (R6). Registered Nurse (RN) O did not perform pre-respiratory assessments for R6 when administering nebulizer treatments. Findings include: The facility policy titled Nebulizer Treatments, revised August 2023 states in part: #6. Complete a pre-treatment lung assessment and listen to breathe sounds . R6 was admitted to the facility on [DATE] with diagnoses including iron deficiency anemia secondary to blood loss, bipolar disorder, and major depressive disorder. Review of R6's medical record identified the following physician orders: -On 05/01/25, Give albuterol sulfate inhalation nebulization solution (2.5 MG/3ML) 0.083% (Albuterol Sulfate). Inhale 3 ml orally three times a day for cough for 10 Days. On 05/05/25 at 11:16 AM, RN O administered albuterol sulfate nebulizer inhalation to R6. RN O applied gloves and gave nebulizer treatment to R6. While administering nebulizer RN O stated, I can hear audible wheezing. RN O started nebulizer and walked out of R6's room. RN O walked to nurse's station and got a stethoscope. Surveyor asked RN O what the facility's process is for assessing lung sounds pre and post nebulizer. RN O said RN O should have listened to R6's lung sounds with a stethoscope before starting the nebulizer but did not. RN O stated RN O would listen to R6's lungs post nebulizer treatment in 10 minutes. On 05/06/25 at 11:24 AM, Surveyor interviewed Director of Nursing (DON) B and asked expectation for respiratory assessment pre nebulizer treatment. DON B stated RN O should have completed a respiratory assessment which includes listening to lung sounds in order to monitor if nebulizer treatment was effective after administration. DON B expects all nurses to perform a pre and post lung assessment before administering nebulizer treatments to residents consisting of using a stethoscope and auscultating the lungs.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 48793 Based on observation, interview and record review, the facility did not ensure all drugs and biologicals were stored and labeled in accordance with currently accepted professional principles for 5 of 5 residents (R) reviewed (R8, R14, R232, R11, R4). -Medication storage room had 2 opened unlabeled bottles of Lorazepam for resident (R8 and R14) with unknown expiration date. -Medication storage room had 1 opened and expired bottle of Amoxicillin for R232 stored in refrigerator that expired on 04/24/25. -Medication cart had R11's Morphine Sulfate liquid bottle opened unlabeled with unknown expiration date. -Observation of prescribed Nystatin powder left unattended in R4's room during 1 observation. Findings include: Facility policy titled, Storage of Medications, dated 05/2018 states in part: .Procedures: J. Medication storage conditions are monitored monthly basis by the consultant pharmacist or pharmacy designee and corrective action taken if problems are identified. K. Refrigerated medications are kept in closed and labeled containers, with internal and external medications separated and separate from fruit juices, applesauce, and other foods used in administering medications. Expiration Dating (Beyond use dating): D. When the original seal of a manufacturer's container or vial is initially broken, the container of vial will be dated. 1. The nurse shall place a date opened sticker on the medication and enter the date opened and the new date of expiration (Note: the best stickers to affix contain both a date opened and expiration notation line). The expiration date of the vial or container will be 30 days unless the manufacture recommends another date or regulations/guidelines require different dating. G. All expired medications will be removed from the active supply and destroyed in the facility, regardless of amount remaining. The medication will be destroyed in the usual manner. Facility policy titled, Bedside Medication Storage, dated 05/2018 states in part: (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	.A. A written order for the bedside storage of medication is present in the resident medical record. B. Bedside storage of medications is indicated on the resident medication administration record (MAR) and in the care plan for the appropriate medications. Surveyor reviewed Medication Storage Review monthly pharmacy reviews for 02/25/25-04/21/25. .-On 02/25/25- E fridge has one expired Lorazepam concentrate and one undated Lorazepam concentrate. -On 03/27/25-E fridge has one undated Lorazepam concentrate. -On 04/21/25- E medication cart has 3 undated Morphine Sulfate solution and on D medication cart 2 undated Morphine Sulfate solution . On 05/05/25 at 10:20 AM, Surveyor toured medication storage room on E-115 hall at the nurse's station. Surveyor observed one bottle of lorazepam for R8 dispensed on 02/28/25 and opened. Surveyor could not identify when the bottle was opened. Surveyor interviewed Licensed Practical Nurse (LPN) N and asked process for when medications are opened. LPN N stated there was no open date label on the bottle. Upon opening the medication, and before giving the first dose, open date label should be placed on bottle. Surveyor observed one bottle of lorazepam for R14 dispensed on 01/17/25. Open label on the bag opened 02/02/25 but no label on the bottle. LPN N stated all bottles opened are to be labeled with open date, so staff know when to discard. On 05/05/25 at 10:57 AM, Surveyor toured medication storage room on D-115 hall at the nurse's station. Surveyor observed R232's bottle of amoxicillin expired in refrigerator with label showing an expired date of 04/24/25. Surveyor asked Registered Nurse (RN) O why the expired medication is still located in the refrigerator. RN O stated it needs to be discarded right away. RN O discarded medication. RN O stated expired medications should be disposed of when it expires. On 05/05/25 at 11:08 AM, Surveyor toured RN O's medication cart during medication administration. Surveyor observed R11's morphine sulfate liquid bottle opened, with a date on narcotic sheet 04/11/25 but no label on bottle. RN O stated RN O would label it now going off the narcotic sheet as the open date. RN O stated this is not best practice. RN O stated that whoever opened the bottle should have labeled once it was opened with the date, so staff knew when it would expire. On 05/05/25 at 11:13 AM, Surveyor observed prescribed Nystatin powder on R4's bedside table. On 05/05/25 at 11:29 AM, Surveyor interviewed R4 and asked about the prescribed Nystatin powder located on R4's bedside table. R4 indicated the CNAs apply this powder to R4's groin area after showers. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 05/05/25 at 12:10 PM, Surveyor interviewed Director of Nursing (DON) B and asked expectation for open date labels on bottle of lorazepam. DON B said staff should be placing an open date label on the lorazepam bottles once opened. Surveyor asked DON B who regulates the refrigerator medications. DON B stated each shift's nurse should be monitoring refrigerators for temperature and any expired medications. DON B stated pharmacy reviews refrigerator medications monthly. DON B asked RN O when pharmacy last visited the facility. RN O stated pharmacy was present at facility recently. Surveyor asked DON B who manages monthly pharmacy recommendations for residents. DON B stated DON B reviews the pharmacy recommendations monthly and fixes issues as needed. On 05/05/25 at 12:53 PM, Surveyor interviewed Director of Nursing (DON) B if storage of prescribed nystatin powder was proper at R4's bedside table. DON B stated, Storage of prescribed Nystatin powder at bedside is ok if [R4] can self-administer medications. Surveyor did not find any assessment for self administration of medications.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48793 Based on observation, interview, and record review, the facility did not prepare, distribute, and serve food in a manner that prevents foodborne illness to 33 out of 33 residents reviewed. The kitchen cooler contained a variety of foods not labeled with open or use-by dates. Cook Q had personal beverages on the food prep table. Findings include: Surveyor reviewed the policy titled, Food Safety and Sanitation, which states in part, .#4: All time and temperature control for safety (TSC) foods (including leftovers) should be labeled, covered, and dated when stored. Surveyor reviewed the policy titled, Personal Hygiene and Health Reporting, which states in part, .#1: Street clothing, coats, purses, packages, and other personal effects will be stored in employee lockers or designated storage areas and not in the kitchen . Example 1 On [DATE] at 9:12 AM, Surveyor toured kitchen area with [NAME] Q. Surveyor observed in kitchen cooler #10; Pulled pork opened with date of ,d+[DATE], red Jello in a container opened with no label, crushed pineapple in a container labeled ,d+[DATE], red tomato sauce in a container with no label. Surveyor observed refrigerator under prep table to have ham in a container labeled [DATE] when it was frozen, and then pulled to thaw on [DATE]. Ham was still sitting in the refrigerator. Surveyor interviewed [NAME] Q and asked what the timeframe is for food items to stay in a refrigerator after being opened, thawed, or expired. [NAME] Q stated typically it is around 5 days or so. [NAME] Q stated [NAME] Q was not working all weekend, so [NAME] Q is fixing all items expired or unlabeled today. Surveyor observed refrigerator #3 which had ham salad labeled [DATE]. [NAME] Q stated the ham salad should be tossed as well. [NAME] Q stated [NAME] Q is finding some expired foods in the storage areas from the weekend that should have been discarded, and [NAME] Q will make sure these items are discarded. Example 2 (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On [DATE] at 11:40 AM, Surveyor observed kitchen staff prepping and serving food. Surveyor observed 3 containers (soda can, water bottle, and milk) located on the prepping table near the rolls and bowl of lemons which were being served for lunch. Surveyor asked [NAME] Q what the containers sitting on the prep counter were. [NAME] Q immediately said to Surveyor that the items were not open but that the 3 containers were [NAME] Q's personal beverages located on the prep table. Surveyor asked [NAME] Q if storing [NAME] Q's personal beverages on the prep table was a normal process. [NAME] Q stated [NAME] Q probably should not have the personal beverages on the prep table but not sure where they would be good to go as [NAME] Q's break room is at the other end of kitchen. On [DATE] at 11:48 AM, Surveyor interviewed Dietary Manager (DM) P and asked DM P what the expectation is for storage in refrigerator with labeling foods when opened. DM P stated all foods opened need to have the open date on them when storing and need to be discarded within 5 days of open date, if not frozen. Surveyor asked DM P's expectation for personal beverages and where these items should be stored in the kitchen. DM P stated personal items and beverages should not go into the food prep and cooking area. DM P stated that [NAME] Q's personal beverages should not be on the prep table in the kitchen but left in the storage break room area where staff keep their belongings.

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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** 48793 Based on observation, interview and record review, the facility did not establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment, to help prevent the development and transmission of communicable diseases. The facility was not tracking infection surveillance accurately. These failures have the potential to affect 31 of the 31 residents. LPN L was observed touching medications with bare hands for 2 of 2 residents (R133 and R1) during medication pass. Improper hand hygiene observed for 2 of 4 residents (R8 and R23). Findings: The facility policy titled Nosocomial Infection Surveillance/Antibiotic Stewardship Program, states in part: The infection Preventionist is responsible for monitoring; investigating and setting forth a control plan to prevent unnecessary infections. The IP is responsible for monitoring and trending the facility infection incidence rates and this information is reviewed quarterly assurance committee with the interdisciplinary team and medical director each at least quarterly . .Procedure: - #1. An infection Control Log sheet/daily surveillance will be kept for each hallway/unit and updated by nursing staff when suspected/actual infections occur. See Infection Criteria list-reference McGeer's infection Criteria. -#2. The IP will confer with the licensed nurse/nurse manager/DON for each resident group and maintain an updated list of suspected/actual residents exhibiting signs and symptoms of an infection. -#3. The interdisciplinary team will review infections weekly. -#4. The list of residents with infections will be reviewed at the Quality Assurance meeting with the interdisciplinary team and Medical Director each quarter. -#5. The IP verifies the signs and symptoms/dx are documented in the resident medical record. -#6. The IP will evaluate each resident for: a. Adequate/inadequate antibiotic use -monitor for urine analysis/urine culture results and if lab results are negative or mixed will notify MD to DC antibiotics if ordered. b. Proper follow-up care. c. Lab/Xray results. d. Causative agent. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	e. Improvement in resident signs and symptoms. f. Determination if infection is pre-existing of nosocomial. g. Risk factors for infection. h. Need for hospitalization . i. Preventative measures for residents' risk of future infection. -#7. The IP is responsible for keeping a monthly list of infections and completing the cumulative nosocomial infection data. -#8. Infection incident rates are calculated monthly and compared to the previous month and trended over the year. -#10. On-going audits/real-time surveillance will be completed . Example 1 Surveyor reviewed the resident monthly infection control log line lists from March 2024-March 2025. Surveyor found missing data for all months. Facility was not tracking what the organism was for all infections, what test was utilized to determine infection, the well date of the resident or staff member, was not tracking isolation precautions and when each infected resident or staff members were placed or stopped isolation. On 05/06/25 at 2:35 PM, Surveyor reviewed infection surveillance logs and found missing data needed to prevent the spread of infection for an Influenza outbreak that occurred in February and March of 2025. Surveyor did not find what type of outbreak occurred, the location of the outbreak, what testing was determined for the outbreak, the well date of residents and staff members who were infected, and when and what precautions/isolations staff and residents were placed on. On 05/06/25 at 2:48 PM, Surveyor interviewed Nursing Home Administrator (NHA) A and asked NHA A about missing data on infection surveillance logs. Surveyor stated to NHA A infection logs were missing data needed to prevent the spread of infection for an Influenza outbreak that occurred in February and March 2025. Surveyor did not find location of outbreak, what testing was determined for outbreak, well date of residents and staff members, and when and what precautions and isolations staff and residents were placed on. NHA A stated facility was using the spreadsheet the county sent over and didn't realize that more data was needed to monitor infections. Surveyor asked NHA A how NHA A monitors staff infections. NHA A stated staff are screened and must fill out a form. Staff does not always complete form. NHA A stated it is something NHA A and DON B, once DON B is trained into Infection Control (IC), will be fixing. Example 2 (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Facility policy titled, Handwashing, reviewed December 2024 states in part: .The procedure must be followed by all staff to prevent cross-contamination, including hand washing or changing gloves after providing personal care, or when performing tasks among individuals which provide the opportunity for cross contamination to occur. All staff and volunteers must wash their hands before and immediately after coming in direct contact with each resident, and after contact with material that may be contaminated and/or potentially infectious. It is essential after contact with a source of body fluids, mucous membranes and after removing gloves. Appropriate 10-15 second handwashing must be performed under the following conditions: *Before and after duty. *Before and after resident cares *Before performing invasive procedures *Before medication and food handling *Before and after gloving for procedures . On 05/06/25 at 7:52 AM, Surveyor observed Licensed Practical Nurse (LPN) L prep R133's medications. LPN L popped medications into medication cup and realized one medication was discontinued. LPN L placed bare fingers inside R133's medication cup and pulled the medication out. LPN L then administered medications to R133. Surveyor did not observe LPN L sanitize hands before touching R133's pills in medication cup. On 05/06/25 at 8:03 AM, Surveyor observed LPN L prepping R1's medications. Surveyor observed LPN L drop Furosemide on the contaminated medication cart. LPN L grabbed the medication tablet with bare contaminated hands and placed back in R1's medication cup. Surveyor observed LPN L administer R1's medications. On 05/06/25 at 8:16 AM, Surveyor interviewed LPN L and asked what normal process is when a pill falls onto top of contaminated medication cart. LPN L stated LPN L should have disposed of medication and got a new medication, but medications are so expensive. Surveyor asked LPN L if it is normal for LPN L to stick fingers in medication cup and pull a medication out of the medication cup. LPN L stated LPN L should have sanitized hands and donned gloves before picking medication out of the medication cup. 46694 Example 3 R8 was admitted to the facility on [DATE] with a Brief Interview for Mental Status score of 5/15, indicating R8 had severely impaired cognition. R8's diagnoses include multiple sclerosis (a disease that causes breakdown of the protective covering of nerves and can cause numbness, weakness, trouble walking, vision changes, and other symptoms), neuromuscular disorder of the bladder, and artificial opening of the urinary tract. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	R8's quarterly minimum data set (MDS) dated [DATE] indicated R8 had an indwelling catheter including suprapubic catheter and nephrostomy tube. R8's doctor's orders included the following: -Suprapubic Catheter twice a day flush with sterile saline solution (30cc) once after lunch and once after dinner/before bed. -Renacidin Irrigation Solution Use 30 milliliters (mls) via irrigation every day shift for catheter care Instill 30mL into catheter, clamp catheter for 10 minutes and unclamp and allow to naturally drain into foley bag. -Change Suprapubic Catheter one time every month as well as PRN clogging (use 18 French 5 cubic centimeter (cc) balloon foley when changing). -Suprapubic catheter care daily- cleanse around insertion site with saline, cleanse catheter with alcohol wipe, cover insertion site with T-drain sponge. Monitor for signs of skin breakdown and report to provider/hospice if noted. -Enhanced Barrier Precautions due to indwelling catheter and wound. Indwelling medical device examples include central lines, urinary catheters, feeding tubes, and tracheostomies. On 05/06/25 at 7:49 AM, Surveyor observed CNA M perform cares for R8. Proper personal protective equipment (PPE) was utilized for enhanced barrier precautions (EBP). CNA M washed R8's suprapubic catheter insertion site, then the catheter tube, then R8's penis, and then scrotum. CNA M did not change gloves or wash hands. CNA M used same soiled gloves to open sterile drain sponge and placed it over the catheter insertion site. On 05/07/25 at 10:09 AM, Surveyor interviewed Director of Nursing (DON) B and Nursing Home Administrator (NHA) A regarding observation of R8's personal cares. DON B replied, This CNA should have changed gloves and performed hand hygiene when moving from a dirty location to a clean location during cares like the suprapubic catheter site, especially with this dressing. Example 4 On 05/06/25 at 2:21 PM, Surveyor observed suprapubic catheter flush performed by Licensed Practical Nurse (LPN) L for R8. Proper PPE was utilized for EBP. LPN L was unable to flush catheter due to some obstruction. LPN L then changed the suprapubic catheter. After changing the suprapubic catheter LPN L noted there was no urine coming out of the new catheter. LPN L removed the sterile glove used for insertion of the catheter from LPN L's right hand and placed a non-sterile single use glove on the right hand without performing any hand hygiene with this glove change. LPN L then aspirated 10mls from R8's foley catheter balloon, then attempted to pull the catheter back. LPN L replied, The tip of the catheter may be against the bladder wall. LPN L then inserted the catheter back into R8 while wearing the non-sterile gloves. LPN L then replied, Oh shoot, I did not perform hand hygiene between my glove changes. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525706	A. Building B. Wing	05/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Christian Community Home of Osceola, Inc	2650 65th Ave Osceola, WI 54020

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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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 05/07/25 at 10:20 AM, Surveyor interviewed DON B about the observation made of LPN L while performing catheter procedures with R8. DON B replied, This LPN should have washed her hands and put on sterile gloves when manipulating this catheter. 51804 Example 5 R23 was admitted to the facility on [DATE] with diagnoses of Cerebral Infarction (stroke) affecting the left side, hemiplegia and hemiparesis (partial paralysis), absence of part of digestive tract, history of urinary tract infections, and vascular dementia with psychotic disturbance. R23's Minimum Data Set (MDS) assessment, dated 1/7/2025, indicates that R23 is cognitively intact, has clear speech, and understands others. R23's physical abilities are limited, requiring substantial assistance for position changes, transfer from bed to chair, and transfers to toilet. On 5/5/25 at 10:38AM, Surveyor observed CNA F provide cares to R23. CNA F did not complete hand hygiene before entering the room or in the room and put on gloves with contaminated hands. CNA F managed EZ stand, assisted with R23 taking off soiled pants and soiled brief and took off gloves. CNA F left room to get new washcloths, came back in put on new gloves (no hand hygiene observed being completed in the room), pulled new pants back up, used lift to raise resident, transferred R23 to the chair and adjusted R23's clothes with same contaminated gloves. CNA F took off gloves in room and left the room. CNA F was not observed to use hand hygiene while in room or after leaving the room; CNA F went to the next room with contaminated hands. Note: Surveyor asked other Surveyor in the hall who stated 2nd Surveyor noticed CNA F coming out of R23's room, so she continued observation for initial Surveyor. 2nd Surveyor observed CNA F leaving the room, did not perform hand hygiene, watched her get clean washcloths and go back into R23's room without performing hand hygiene. On 5/6/25 at 9:05 AM, Surveyor observed CNA F provide cares to R23. CNA F completed no hand hygiene prior to entering room and putting on gloves. CNA F used EZ stand, assisted with R23's pants and soiled brief, pulled pants back up, used EZ stand to put resident back in R23's chair and went to turn on R23's radio with contaminated gloves. R23 did not want radio on, so CNA F turned it off while still wearing contaminated gloves. CNA F took off her gloves, did not perform hand hygiene and radio was not wiped off. CNA F left the room, wiped down EZ stand, and walked across the TV room, looked at iPad call screen on CNA's desk, and went into another's room. No hand hygiene observed. On 5/6/25 at 2:12 PM, Surveyor interviewed CNA F. CNA F stated, I probably use hand hygiene more than I need to. CNA F indicated she is always using hand gel. Surveyor asked when CNA F uses hand hygiene. CNA F replied hand hygiene should be done anytime you go in a room, out of room, provide cares, or do anything with the resident. Surveyor asked CNA F if she carried hand gel in her pocket. CNA F replied no, it is all over the place on hall walls. CNA F was informed Surveyor did not see her use hand hygiene during cares. CNA F stated, No, I used hand gel. I wash my hands anytime I work with the catheter or bowel and use alcohol gel before I go in their room. Surveyor stated that CNA F was not observed to use hand gel or wash their hands. CNA F did not make further comments. (continued on next page)

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	525706	A. Building B. Wing	05/07/2025

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 5/6/25 at 3:11 PM, Surveyor interviewed DON B. DON B indicated the expectation is for staff to wash their hands before they enter and exit a room, before donning (putting on) and doffing (taking off) gloves, and anytime they provide cares with a resident. On 5/7/25 at 11:30 AM, Surveyor reviewed findings with NHA A, since NHA A is the Infection Preventionist (IP). NHA A indicated the expectation for hand hygiene is before entering, before gloves, after gloves, changing gloves after care, and leaving a room.