

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 52A407	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/15/2025
NAME OF PROVIDER OR SUPPLIER Trempealeau Cty Hcc lmd		STREET ADDRESS, CITY, STATE, ZIP CODE W20410 State Rd 121 Whitehall, WI 54773	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30570</p> <p>Based on observation, interview and record review, the facility did not provide activities of daily living (ADLs) for residents who are dependent on staff. The facility practice affected 1 of 4 residents observed for care (R23).</p> <p>Certified Nursing Assistants (CNA) C and D did not provide ADLs of washing, rinsing and drying R23's face, hands or body as part of R23's morning ADLs.</p> <p>This is evidenced by:</p> <p>Surveyor reviewed R23's most recent annual Minimum Data Set (MDS) dated [DATE] which notes he sometimes understands, sometimes is understood and is cognitively impaired. R23 is dependent on staff for transfers and bed mobility. R23 requires substantial assistance to wash, rinse and dry self, for hygiene.</p> <p>Surveyor reviewed R23's care plan and noted:</p> <p>Problem: This is my usual performance of my functional abilities for my ADLs.</p> <p>Category</p> <p>ADLs Functional Status/Rehabilitation Potential</p> <p>Start Date</p> <p>10/11/2023</p> <p>Last Reviewed/Revised</p> <p>01/09/2025</p> <p>Goal(s)</p> <p>I want to remain as independent as I can while performing my ADLs.</p> <p>Target Date: 04/22/2025 (Long Term Goal)</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Approach: PERSONAL HYGIENE (from the neck up and washing hands): Setup/Touch assist is my usual performance for personal hygiene. Assist of 1</p> <p>BATHING (washing, rinsing and drying): Substantial is my usual performance for showering/bathing Assist of 1</p> <p>Surveyor requested and received the facility policy for expected ADLs for residents who are dependent on staff for care. Surveyor was provided Standard Protocol for ADL's dated as effective July 2012 and most recently reviewed/revise on 1/2024. The protocol in part read: Encourage resident to complete hygiene, grooming and dressing tasks as independently as possible .assist as listed on plan of care.</p> <p>On 1/14/25 at 6:51 AM, Surveyor observed CNA C and D assist R23 with morning cares. CNA C and D rolled R23 side to side in bed to remove a soiled brief, provide peri care and donned a clean brief. CNA C and D dressed R23's lower body in bed and transferred R23 with a mechanical lift to his wheelchair. Once in wheelchair CNA D exited R23's room and CNA C wiped under R23's arms, applied deodorant, sprayed R23 with body spray and donned a clean shirt. CNA C brushed R23's dentures and placed them in his mouth, provided R23 with his glasses and baseball cap and wheeled him from his room.</p> <p>On 1/14/25 at 7:04 AM, Surveyor spoke with CNA C about the observation. Surveyor asked CNA C if the care provided to R23 was his morning care and what R23's morning cares consist of. CNA C indicated this was R23's morning care and she should have washed R23's hands, face and body along with his peri area when R23 was in bed. Surveyor asked CNA C why the care was not done. CNA C responded, It slipped my mind.</p> <p>On 1/14/25 at 7:10 AM, Surveyor spoke with CNA D about the observation and what is expected with morning ADLs. CNA D explained care expectation would be to wash arms, face, hands body and peri care in bed, as well as do teeth or dentures and comb hair. Surveyor asked CNA D why R23 was not provided the ADLs of washing face, hands and body. CNA D responded, Should have, not sure why not done, maybe nerves.</p> <p>On 01/14/25 at 7:18 AM, Surveyor spoke with Director of Nursing (DON) B about R23's expected morning ADLs. DON B expressed she would expect staff to wash, rinse and dry R23 top to bottom, face to bottom, clean to dirty. Surveyor asked DON B for the facility policy regarding ADL care. DON B responded expected ADLs is part of basic nurse aide training and nurse aide expectations to thoroughly wash resident top to bottom with morning cares. Face to peri care, all areas.</p>

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30570</p> <p>Based on observation, interview and record review, the facility did not ensure the resident environment remained as free of accidents as possible for 1 of 4 residents reviewed for accidents (R23).</p> <p>Certified Nursing Assistant (CNA) C and D did not remain at bedside when R23's bed was in a high position when providing morning care.</p> <p>This is evidenced by:</p> <p>Surveyor requested and received the facility policy titled Falls and Fall Risk Management dated as most recently reviewed 1/2024. The policy in part read:</p> <p>Policy Statement: Preventing falls requires a substantial interdisciplinary team effort. Such efforts should focus on minimizing fall risk and risk of fall-related injuries .</p> <p>~Staff will seek to identify environmental factors .that may contribute to falling.</p> <p>~Strategies for reducing the risk of falls:</p> <p>Risk Factor: Environment. Strategy: Beds: low position and brakes on at all times.</p> <p>Surveyor reviewed R23's record and noted:</p> <p>R23's most recent annual Minimum Data Set (MDS) dated [DATE] notes he sometimes understands, sometimes is understood and is cognitively impaired. R23 is dependent on staff for transfers and bed mobility. R23 has range of motion limitations in one lower extremity. R23 has not experienced falls.</p> <p>R23's most recent fall risk assessment dated [DATE] notes R23 is high risk for falls (19). Assessment notes 10 or higher represents a high risk for falls with R23 scoring a 19. Risk factors include R23's cognition, medications and osteoarthritis. R23 is unable to ambulate without assistance. At risk medications include antidepressants, antihistamines, antihypertensive, diuretics, cathartics and narcotics.</p> <p>R23's care plan included:</p> <p>Problem: I am at risk for falls r/t (related to) medications, right knee pain r/t osteoarthritis.</p> <p>Falls</p> <p>Start Date</p> <p>10/25/2021</p> <p>Last Reviewed/Revised</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>01/05/2025</p> <p>Goal(s)</p> <p>I will remain safe from injury r/t falls.</p> <p>Target Date: 04/22/2025 (Long Term Goal)</p> <p>Approach(s)</p> <p>Approach: Reminder signs will also placed in room to remind to use the call light for assistance with transferring.</p> <p>Approach: Follow Altered Mobility/Fall Protocols.</p> <p>On 1/14/25 at 6:51 AM, Surveyor observed CNA C and CNA D provide peri care and dressing of R23 in bed. CNA C and D raised R23's bed to high position to provide care. CNA C went into R23's bathroom to gather supplies, and CNA D joined CNA C in the bathroom to wash his hands after going to R23's wardrobe closet to gather clothing for R23. R23 was left in bed with no staff at bedside with his bed in high position. CNA D walked across R23's room to remove his personal protective equipment and obtain a mechanical lift as CNA C went back to the bathroom to wash her hands. Again R23 was left with no staff at bedside as his bed was in high position. CNA C and D transferred R23 to his wheelchair after placing sling under R23 in bed.</p> <p>On 1/14/25 at 7:10 AM, Surveyor spoke with CNA D about the observation. Surveyor asked CNA D if R23 is a fall risk and if leaving R23 in bed without staff at bedside was a safe practice. CNA D respond R23 does attempt to self transfer and relies on two staff to safely transfer him. CNA D stated, Oh god no, not a good practice to leave [R23] in bed in high position without staff at bedside.</p> <p>On 1/14/25 at 7:04 AM, Surveyor spoke with CNA C about the observation. and R23's fall risk. CNA C expressed she was not aware of recent falls. Surveyor asked CNA C if leaving R23's bed in high position with resident in bed was a safe practice. CNA C responded, I can go and grab stuff. I think is ok to leave bed high. I think I can leave alone but not 100 percent sure.</p> <p>On 01/14/25 at 7:18 AM, Surveyor spoke with Director of Nursing (DON) about the observation and if R23 was at risk for falling. DON B referenced R23's electronic record and explained R23 was last assessed for fall risk 10/2025 and the assessment deemed R23 scored (19) which indicated R23 was high risk for falling. Surveyor asked DON B if R23 is care planned for low bed. DON B explained R23 was admitted with his wife and slept in a recliner. Sleeping in a bed is new for resident and he has only slept in bed for approximately 6-9 months. R23 will attempt to self transfer and is a fall risk. DON B indicated R23's care plan does not indicate he needs a low bed, and it is not ok to leave bedside when his bed is in high position as it is an unsafe practice.</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** 46694</p> <p>Based on observation, interview and record review, the facility did not maintain an infection prevention and control program designed to help prevent the development and transmission of communicable diseases and infections for 2 of 4 residents (R) observed for morning cares (R16 and R24).</p> <p>Staff did not perform hand hygiene with glove use when washing residents from a dirty location to a clean location or perform perineal care from clean to dirty for R16 and R24.</p> <p>Findings:</p> <p>Facility policy titled, Hand Hygiene revised 01/09/2024, stated in part, .5. In most situations, the preferred method of hand hygiene is with an alcohol-based hand rub. If hands are not visibly soiled, use an alcohol-based hand rub containing 60-95% ethanol or isopropanol for all the following situations: .</p> <p>F. Before moving from a contaminated body site to a clean body site during resident care .</p> <p>Example 1</p> <p>R16 was admitted to the facility on [DATE] with urologist diagnosis of retention of urine.</p> <p>On 01/14/25 at 7:06 AM, Surveyor observed Certified Nursing Assistant (CNA) E perform morning cares with R16. CNA E performed proper hand hygiene and placed a gown and face shield per the facility's enhanced barrier precautions (EBP). CNA E took a clean wet washcloth from the basin of warm water, applied soap to washcloth then cleaned R16's groin and scrotum. CNA E then folded the washcloth using a clean area of the washcloth and began to clean the tip of the penis, the opening of the penis where the catheter comes out, without performing any glove changes and hand hygiene. CNA E then began to clean the catheter tube from the tip of the penis and away. When CNA E had finished this area CNA E noted that the resident was soiled with stool and began to clean that area. The rest of the observation was appropriate. Immediately after the observation, Surveyor asked CNA E, When you finished cleaning the arm pits, where should you start washing the perineal area and what infection control practice should be done when going from a dirty area to a clean area of the body? CNA E replied, I should have changed my gloves and washed my hands. Surveyor indicated that CNA E should start from the urethra and clean in a circular motion toward their scrotum, as the urethra is considered the cleanest part.</p> <p>On 01/14/24 at 12:44 PM, Surveyor interviewed the Director of Nursing (DON) B about this observation made of CNA E. DON B indicated that the staff should be cleaning the residents from cleanest areas to dirty areas of the body, and they should change gloves and perform hand hygiene when going from dirty to clean areas of the body.</p> <p>Example 2</p> <p>R24 was admitted to the facility on [DATE] with diagnoses that include malignant neoplasm of the prostate (prostate cancer) and urine retention.</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 01/14/24 at 9:38 AM, Surveyor observed morning cares provided to R24 by CNA F. CNA F put on the proper personal protective equipment (PPE) for a resident with EBP as well as performed proper hand hygiene before entering the room. CNA F placed clean washcloths in a warm basin of water and then assisted R24 in taking R24's pants down to R24's knees. CNA F then took a clean washcloth and dipped in the basin of water, applied soap to washcloth then cleaned R24's scrotum. CNA F then placed the dirty/used washcloth back into the basin with the clean washcloths and took out an unused washcloth, that was in the dirty basin of water, put soap on it and began to wash R24's tip of his penis and catheter tube.</p> <p>On 01/14/24 at 10:09 AM, Surveyor asked CNA F about this specific observation. CNA F indicated that she should not have put a dirty washcloth into the clean basin of water, and she should have removed her gloves and washed her hands and put new gloves on when washing the tip of the penis.</p> <p>On 01/14/25 at 12:44 PM, Surveyor interviewed DON B about this observation of CNA F. DON B indicated that a dirty or used washcloth should not go back into the clean water, and they should clean from clean areas of the body to dirty. The CNAs should change gloves and perform hand hygiene when going from dirty to clean areas of the body.</p>