STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	52A407	A. Building B. Wing	03/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Trempealeau Cty Hcc Imd	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)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. Based on observation, interview, and record review, the facility failed to secure controlled substances in a locked container separate from containers for any non-controlled medications, and to linit access to authorized personnel consistent with state or federal requirements and professional standards of practice for all 31 residents in the facility.Surveyor observed a medication refrigerator inside the locked medication room that did not have a lock in place securing entry to medications. Surveyor observed a box of liquid oral lorazepam and a vial for IV injection of lorazepam. Both packages were unopened.This is evidenced by:Facility policy, titled Controlled Substances, with a reviewed date of 10/29/25, states in part: The facility shall comply with all laws, regulations, and other requirements related to handling, storage, disposal, and documentation of Schedule II and other controlled substances. Policy Interpretation and Implementation: 5. Controlled substances must be stored in the medication room in a locked container, separate from containers for any non-controlled medications. This container must always remain locked, except when it is accessed to obtain medications for residents.On 03/09/26 at 10:06 AM, Surveyor toured the locked medication storage room on [name of unit] with Registered Nurse (RN) H. Surveyor observed a medication refrigerator inside that did not have a lock in place securing entry to medications. Surveyor asked RN H to open the refrigerator door and observed a box of liquid oral lorazepam and a vial for IV injection of lorazepam. Both packages were unopened. Surveyor asked RN H about the lorazepam. RN H stated it was for emergency supply and not prescribed for a specific resident. Surveyor asked RN H if there was a lock for the refrigerator. RN H stated no.On 03/09/26 at 1:12 PM, Surveyor interviewed Director of Nursing (DON) B regarding observation. DON B stated not being aware of the requirement to store the controlled medication in refrigerator in a separate locked compartment. DON B stated that this would be addressed and fixed immediately.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	52A407	A. Building B. Wing	03/10/2026

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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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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 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 2 residents (R)(R5) observed during cares.Certified Nursing Assistant (CNA) C and CNA D did not use Enhanced Barrier Precautions (EBP) when providing direct care for R5.This is evidenced by:Facility policy, titled Enhanced Barrier Precautions, with a reviewed date of 01/06/26, states in part: Enhanced barrier precautions (EBP) refers to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employ targeted gown and gloves use during high contact resident care activities. 2. Initiation of Enhanced Barrier Precautions: b. An order for enhanced barrier precautions will be initiated for residents with any of the following: i. wounds (e.g., chronic wounds such as pressure ulcers.) even if the resident is not known to be infected or colonized with a MDRO. 4. High-contact resident care activities include: a. dressing, b. bathing, c. transferring, d. providing hygiene, e. changing linens, f. changing briefs or assisting with toileting, g. device care or use: central lines, urinary catheters, feeding tubes, tracheostomy/ventilator tubes, h. wound care: any chronic skin opening requiring a dressing.R5 was admitted to the facility on [DATE] with pertinent diagnoses of pressure ulcer of sacral region stage 3 (09/25/23) and MRSA wound (03/09/25).R5's physician orders include:Dressing change order: Cleanse area with mild soap and water or wound wash, Pat Dry. Apply Vaseline to wound edges. Cut a piece of Hydrofera Blue, (Just lightly larger the wound). Moisten it with normal saline or sterile water. Squeeze out excess and place OVER wound bed. Cover with Gauze. Hold in place with tape. Change daily.- No orders for EBP noted.R5's care plan was reviewed and noted no EBP for care of R5's chronic pressure wound or during high-contact cares.On 03/10/26 at 6:56 AM, Surveyor observed R5's room door to have a sign posted stating EBP precautions. The EBP sign noted use of gown and gloves required when providing high-contact care. A large bag was hanging on R5's door filled with personal protective equipment (PPE) including disposable gloves and gowns. At 7:12 AM, Surveyor observed CNA C and CNA D providing morning cares for R5 in bed. CNA C and CNA D completed hand hygiene and donned gloves. CNA C and CNA D then removed R5's sleep clothes, washed R5's face and upper body, provided peri-care, and applied a new incontinent brief. CNA C and CNA D then transferred R5 from the bed to wheelchair. CNA C and CNA D did not use a gown at any point during R5's high-contact cares.On 03/10/26 at 7:26 AM, Surveyor interviewed CNA C and CNA D regarding observation. Both CNAs stated that they were under the impression that gown and glove use with EBP for R5 only needed to be used during wound care and not with other personal cares.On 03/10/26 at 8:35 AM, Surveyor interviewed CNA E and CNA D regarding EBP usage. Both CNAs stated that use of gowns was only needed if providing direct wound care or providing catheter care, otherwise only gloves were needed as PPE.On 03/10/26 at 8:40 AM, Surveyor interviewed Infection Preventionist (IP) G regarding observation and interviews. IP G stated that staff would be expected to use EBP when providing high-contact care for residents with wounds if they were not covered or were draining, based on CDC guidance. Surveyor then reviewed the facility's procedure/policy regarding EBP with IP G. Surveyor pointed out the facility's policy guidelines outlining that EBP was required with all high-contact care for all residents with chronic wounds and dressing changes. IP G stated having some confusion about this and stated recognition of the error in practice. IP G stated this would be addressed, and staff would be educated to use EBP in all high-contact cares with EBP residents.