

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>525656</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/04/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>FOUR WINDS MANOR</b>		STREET ADDRESS, CITY, STATE, ZIP <b>303 S JEFFERSON ST VERONA, WI 53593</b>	
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 0688  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview and record review, the facility did not assess 1 of 3 residents sampled for appropriate assistive devices (R26). When R26 was no longer supported in her wheel chair, PT F (Physical Therapist Director) placed her in a broda chair (a large supportive chair) without assessing R26 for correct fit, R26's feet were not supported by the foot board. This is evidenced by: R26 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. R26's most recent MDS (Minimum Data Set) dated 1/23/2020 documents: -Cognitive ability is moderately impaired; -For bed mobility and transfers she is total dependent on two staff; -Has upper and lower extremity impairment -Has received one day of passive and active range of motion for the MDS's look back period of seven days. The facility does not have a policy or procedure for device assessment for residents. R26's Care Plan documents on [DATE] her transfer status is hoyer lift (mechanical lift) to/from bed to broda chair. During observation: -On 3/2/20 at 11:55 AM, R26 sat in her broda chair at lunch-both feet in socks with toes touching foot support of broda chair but heels and instep midair; -On 3/2/20 at 4:10 PM, R26 sat in her room in broda chair-feet just toe touching foot support board-heels and instep mid air-socks on; - On 3/3/20 at 7:52 AM, R26 is in broda chair in dining room-sitting at table--feet toe touching on foot support -wearing socks; - On 3/3/20 at 10:04 AM, R26 sits in broda chair-feet toe touching-wearing socks-now right foot with blue boot on. On 3/3/20 at 12:40 PM, Surveyor spoke with PT F. PT F said R26 was slumping in her wheelchair; we assessed her in May 2019 we had a broda chair downstairs and we put her in that. PT F stated I didn't assess her in the broda chair she didn't have foot drop or a contracture when we saw her in May, Surveyor and PT F observed R26 and PT F touched and moved R26's foot in a ROM movement. PT F asked R26 to move her foot and she was able to move her foot up and down. Surveyor asked PT F if R26 had foot drop and PT F said not yet the potential is there. Surveyor noted a foot support board was positioned so the foot board could be touched only by R26's toes if the resident tilted foot in a plantar flexion position. PT F said if I had assessed her, I would have seen that her feet were not supported since her legs are so short. On 3/3/20 at 1:41 PM, Surveyor spoke with RN H (Registered Nurse). RN H said R26 received the broda chair about a month ago. 03/04/20 12:43 PM, Surveyor spoke with CNA G (Certified Nurse Assistant). CNA G said if a resident is not fitting right into their chair or device, we tell PT F right away. She is always quick to help the residents with their chairs and walkers. Surveyor asked CNA G, Did you notice R26's foot board not fitted to her feet? Kim-I noticed that. The foot board doesn't go up any more, so we just let her feet hang. Surveyor asked if CNA G told PT F about R26's chair not fitting her correctly? CNA G said since the chair came from physical therapy, she thought they knew about R26's feet not touching the foot board. On 3/4/2020 at 2:04 PM, Surveyor spoke with DON B (Director of Nursing). DON B said each resident should be assessed by physical or occupational therapy to make sure the devices fit correctly.</p>		
F 0689  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<p><b>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</b></p> <p>Based on observation, interview and record review, the facility did not ensure that resident environment remains free of accident hazards as is possible for safe water temperatures for 9 (R6, R16, R24, R27, R21, R14, R8, and R17) of 13 sampled residents and 4 ( R19, R22 R184 and R5) of 6 supplemental residents observed. On 3/2/20, 3/3/20 and 3/4/20 hot water temperatures for resident rooms and the A and B unit shower rooms, were observed to exceed the recommended safe water temperatures of 110-115 degrees F (Fahrenheit). The facility was not aware of the recommended safe water temperatures. The facility did not have a written policy with desired safe water temperatures noted, and did not document follow up temperatures when temperatures were noted to be high. Hot water temperatures were observed on A Unit in resident rooms for R6, R16, R24 and R21. Hot water temperatures were observed on B Unit in resident rooms for R27, R14, R184, R19, and R22. Hot water temperatures were observed on D unit in resident rooms for R8, R17, and R5. Example 1 On 3/2/20 resident water temperatures were observed by Surveyor as follows: A Unit At 10:45 AM Room A-4 (R6) water temperature at sink =121.1 degrees F At 11:00 AM Room A-2 (R16) water temperature at sink= 121.8 degrees F At 11:12 AM Room A-8 (R24) water temperature at sink = 121.3 degrees F Surveyor interviewed R24 who stated he uses the sink independently and has not noted the water being too hot. At 11:20 AM Room A-3 (R27) water temperature at sink = 134.6 degrees F Surveyor interviewed R27 who stated she uses the sink and has not noted the water being too hot. At 11:25 AM Surveyor checked water temperatures in Shower Room A, for 2 shower heads one shower head =122.8 degrees F and the other shower head =123.4 degrees F. At 11:27 AM Shower Room B = 124.6 degrees F. On 3/20/20 at 11: 30 AM Surveyor interviewed CNA J (Certified Nursing Assistant) about water temperatures who stated that she had not noted the water being too hot in the resident rooms or showers. CNA J stated that no residents had reported that water temperatures were too hot. CNA J stated if she did notice water was too hot she would report it to the nurse or to maintenance staff. On 3/20/20 at 11:35 AM Surveyor interviewed MT D (Maintenance Tech) about what the water temperatures should be in resident rooms and showers. MT D stated anything over 120 degrees would be a concern, MT D stated if water temperatures are too hot they adjust the water temperature. Surveyor asked how water temperature monitoring is completed. MT D stated that maintenance staff monitors random room temperatures weekly and check the temperature on the mixing valve daily. MT D stated that he had not received reports of the water being too hot from residents or staff. Surveyor reported to MT D observations of high hot water in resident rooms and showers. MT D and Surveyor went to A Unit shower room noting the temperature was 135.5 degrees F at one shower head and 123.0 at the other shower head, checked B Unit shower room and temperature was 130.4 degrees F. MT D stated that was the hottest temperature that he had seen and needed to adjust it right away. MT D reported that there were logs for monitoring water temperatures and of the mixing valve monitoring. Surveyor and MT D went to the boiler room. At 11:55 AM MA E (Maintenance Assistant), came to the boiler room, MA E stated that he had not received reports of water being too hot from residents or staff. Surveyor, MA E and MT D observed the needle on the mixing valve gauge to register maxed out above the register of 140 degrees F. MA E stated that he has not seen that before and that maybe it was the mixing valve. MA E stated that he checks the mixing valve gauge every morning. MA E stated if the water is too hot we turn down the temperature. MA E and MT D stated they would adjust and monitor water temperatures on the Units. Surveyor requested the monitoring logs. On 3/2/20 at 12:05 PM Surveyor reported to NHA A (Nursing Home Administrator) about Surveyors observations of hot water temperatures, NHA A said she would alert all the staff. Surveyor asked NHA A what water temperatures should be, NHA A stated that she thought 110 degrees but had to check with FM C (Facilities Manager) who was at lunch. NHA A stated a plumber would be called and staff would monitor water temperatures. Surveyor requested the facility's policy for water temperature</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER  
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.

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F 0689  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<p>(continued... from page 1)</p> <p>monitoring, NHA A stated if there was not a policy there should be. On 3/2/20 at 12:10 PM Surveyor interviewed DON B (Director of Nursing) who stated that there had been no reports of hot water. DON B reported that no residents in facility shower alone. DON B reported there had been no injuries related to hot water. Review of the facility's weekly Building Water Temp Logs note in part, that water temperatures were monitored weekly for each unit and Shower room A and B as follows: [DATE] -highest temperature recorded was 121.0 degrees F, Shower room B. Mixing valve-115 degrees F, 12/11/19- highest temperature 120 degrees B Unit. Mixing Valve-115 degrees F, 12/17/19-highest temperature (circled) 128 degrees B unit. Mixing Valve-120 degrees F 12/24/19- no temperatures above 117. Mixing Valve-108 degrees F 12/30/10- highest temperature 119 degrees F, D Unit. Mixing Valve-114 degrees F 1/10/20-highest temperature was 120 degrees F, Shower room A &amp; B. Mixing Valve-122 degrees F 1/16/20- highest temperature was 123 degrees F, D unit. Mixing Valve-117 degrees F 1/22/20-highest temperature was 120 degrees F. B unit. Mixing Valve-118 degrees F 1/30/20- no temperatures above 116 degrees F. Mixing Valve -108 degrees F 2/3/20 - highest temperature was 118 degrees F, A Unit. Mixing valve-113 degrees F 2/13/20- highest temperature was 120 degrees F, D Unit. Mixing Valve-118 degrees F 2/19/20- highest temperature was 117 degrees F, D Unit. Mixing Valve-109 degrees F 2/25/20- highest temperature was 119 degrees F, D Unit. Mixing Valve-118 degrees F It is important to note that the facility's recorded water temperatures exceed the recommended 110-115 degrees F. On 3/2/20 at 2:00 pm FM C reported to Surveyor that before today, FM C thought water temperatures should be 115-120 degrees F, and was not aware temperatures should be 110-115 degrees F. FM C stated the facility did not have a written policy for monitoring water temperatures but followed their process of monitoring rooms temperatures weekly and monitoring the boiler operation and mixing valve daily Monday-Friday and that FM C reviewed these logs. FM C provided copies of receipts of the facility's mixing valve being replaced 1/30/18 and rebuilt by plumbing company on 11/5/19. Surveyor reviewed logs with FM C. FM C stated when the water temperatures were above 120 degrees F, he adjusted the temperature but did not document this adjustment and the follow up temperatures and should have. FM C reported to Surveyor that staff would be monitoring water temperatures every shift. On 3/3/20 at 7:59 AM, Surveyor checked water temperatures on A Unit noting A-3 (R27s) water temperature was 118.5 degrees which was reported to MA E. MA E reported the plumber was arriving this morning, and that MA E would adjust the temperature and recheck R27's water temperature. On 3/4/20 at 9:06 AM Surveyor noted water temperature on B Unit B-1 was 121.1 degrees F, reported to FM C, checked with Surveyor noting temperature was 123.0 degrees F. FM C stated he would make adjustments and recheck. On 3/2/20-3/4/20 the facility was observed to have hot water temperatures above a safe level which could have exposed residents to injury.</p> <p>Example 2 On 3/4/20 at 1:01 PM, Surveyor tested the hot water in D7-R17's room. The temperature of the hot water was 122.8 degrees Fahrenheit. On 3/04/20 at 1:05 PM Surveyor tested the hot water in D5-R5's room. The temperature of the hot water was 128.9 degrees Fahrenheit. On 3/4/20 at 1:09 PM, Surveyor tested the hot water in D6-R8's room. The temperature of the hot water was 122.5 degrees Fahrenheit. On 3/4/2020, Surveyor spoke to CNA G (Certified Nurse Assistant). CNA G said she had not noticed the hot water being too hot and no residents had complained to her about it.</p> <p>Example 3 On 3/2/20 at 11:07 AM during an interview, R14 indicated the water in his facet is hot. R184 indicated his shower gets too hot sometimes and he has to ask the girls to turn on the cold water. R14 and R184 stated they have not been burned by hot water but adjust the temperature if it is too hot. On 3/2/20 at 11:07 AM Room B-5 (R14 and R184) 124.6 degrees F On 3/3/20 at 8:13 AM Room B-1 (R19 and R21) 120.2 degrees F On 3/4/20 at 8:48 AM Room B-1 (R19 and R21) 122.1 degrees F On 3/4/20 at 8:50 AM Room B-3 (R22) 123.0 degrees F</p> <p><b>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure that gastrostomy tube (g- tube) was verified according to standards of practice before medication administration for 1 of 2 residents (R16) reviewed with a g - tube. R16's [DEVICE] placement was not verified prior to medication administration per current standards of practice. A [DEVICE] is a tube that is placed directly into the stomach through an abdominal wall incision for administration of food, fluids, and medications. Evidenced by: The facility's undated policy titled Enteral Tube Medication Administration states in part: Verify tube placement. Unclamp tube and use large volume syringe to aspirate stomach contents. Use gentle pressure to return aspirate. R16 was admitted on [DATE] with a [DIAGNOSES REDACTED]. On [DATE] at 11:33 AM, Surveyor observed RN H (Registered Nurse) administer medications to R16. RN H flushed R16's [DEVICE] with water, administered liquid [MEDICATION NAME] and flushed R16's [DEVICE] with additional water. On [DATE] at 2:33 PM, Surveyor interviewed RN H. Surveyor asked RN H what the facility procedure was for checking [DEVICE] placement. RN H stated the tube feeding runs at night and the night shift will check for placement once the feeding is done. Surveyor asked RN H how does she know if the night shift is actually checking for residual? RN H stated she would have to check and would get back to Surveyor. Surveyor asked RN H if she checks for residual before she flushes or administers medications? RN H stated No. On [DATE] at 4:10 PM, Surveyor was approached by RN H who stated she spoke with DON B (Director of Nursing) and residuals are not recorded unless they are over 200ML (Milliliter). Surveyor asked RN H how do you know if the [DEVICE] is in the correct place? RN H stated that she has never worked somewhere that she has had to check for residual. Surveyor asked RN H if she has reviewed the policy for [DEVICE] medication administration? RN H stated not since she had started. On 3/3/2020 at 9:45 AM, Surveyor interviewed DON B regarding the expectation for administering medications through a [DEVICE]. DON B stated that nurses should ensure that residents are in the proper position, flush [DEVICE] and then administer medications. DON B indicated she would have to review the policy. DON B reviewed the facility's policy for Enteral Tube Medication Administration with Surveyor. Surveyor asked DON B what the expectation would be prior to medication administration. DON B stated staff should be checking for placement according to policy. The facility did not ensure they were following current professional standards of practice for checking [DEVICE] placement prior to medication administration.</p>		
F 0693  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure that gastrostomy tube (g- tube) was verified according to standards of practice before medication administration for 1 of 2 residents (R16) reviewed with a g - tube. R16's [DEVICE] placement was not verified prior to medication administration per current standards of practice. A [DEVICE] is a tube that is placed directly into the stomach through an abdominal wall incision for administration of food, fluids, and medications. Evidenced by: The facility's undated policy titled Enteral Tube Medication Administration states in part: Verify tube placement. Unclamp tube and use large volume syringe to aspirate stomach contents. Use gentle pressure to return aspirate. R16 was admitted on [DATE] with a [DIAGNOSES REDACTED]. On [DATE] at 11:33 AM, Surveyor observed RN H (Registered Nurse) administer medications to R16. RN H flushed R16's [DEVICE] with water, administered liquid [MEDICATION NAME] and flushed R16's [DEVICE] with additional water. On [DATE] at 2:33 PM, Surveyor interviewed RN H. Surveyor asked RN H what the facility procedure was for checking [DEVICE] placement. RN H stated the tube feeding runs at night and the night shift will check for placement once the feeding is done. Surveyor asked RN H how does she know if the night shift is actually checking for residual? RN H stated she would have to check and would get back to Surveyor. Surveyor asked RN H if she checks for residual before she flushes or administers medications? RN H stated No. On [DATE] at 4:10 PM, Surveyor was approached by RN H who stated she spoke with DON B (Director of Nursing) and residuals are not recorded unless they are over 200ML (Milliliter). Surveyor asked RN H how do you know if the [DEVICE] is in the correct place? RN H stated that she has never worked somewhere that she has had to check for residual. Surveyor asked RN H if she has reviewed the policy for [DEVICE] medication administration? RN H stated not since she had started. On 3/3/2020 at 9:45 AM, Surveyor interviewed DON B regarding the expectation for administering medications through a [DEVICE]. DON B stated that nurses should ensure that residents are in the proper position, flush [DEVICE] and then administer medications. DON B indicated she would have to review the policy. DON B reviewed the facility's policy for Enteral Tube Medication Administration with Surveyor. Surveyor asked DON B what the expectation would be prior to medication administration. DON B stated staff should be checking for placement according to policy. The facility did not ensure they were following current professional standards of practice for checking [DEVICE] placement prior to medication administration.</p>		
F 0757  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Ensure each resident's drug regimen must be free from unnecessary drugs.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not ensure each resident's drug regime was free from unnecessary drugs for 1 supplemental resident (R20) of 16 residents reviewed. R20 was being treated with oral [MEDICATION NAME] starting on 2/4/20 without a stop date for the antibiotic or indication for use. This is evidenced by: The facility's Infection Control Program Policy dated 11/19 states in part: . The Infection Preventionist . reviews . daily orders and collaborates with facility staff to receive information and assist in management of residents . who may have or be developing an infectious process . Antibiotic prescriptions, appropriateness, type and length of therapy are monitored. Prescribing practitioner, DON (Director of Nursing), Medical Director may be consulted . Findings: R20 was admitted to the facility 8/27/18. R20 has a [DIAGNOSES REDACTED]. Diff, recurrent. R20's stool cultures on 6/14/19, 8/1/19 and 10/14/19 were positive for [DIAGNOSES REDACTED]. R20's Physician orders [REDACTED]. On 8/1/19 [MEDICATION NAME] 125 MG every 6 hours po. On 8/2/19 [MEDICATION NAME] 125 MG po 4 times per day x 14 days the twice a day x 7 days, then daily x 7 days the every other day x 14 days for [DIAGNOSES REDACTED]. On 10/16/19 [MEDICATION NAME] 125 MG po 4 times daily (every 6 hours) for 14 days (10/16/19- 10/30/19), then 125 MG po twice a day x 7 days (10/31/19-11/6/19), then 125 MG once daily for 7 days (11/7/19- 11/13/19) . 125 mg po every 2 days for 8 weeks (11/14/19-1/8/20). On 2/4/20 [MEDICATION NAME] HCL 250 MG/5ML (Milligrams/ Milliliters) solution: take 2.5 ML/125 MG po daily. It is important to note that there is no stop date noted for the [MEDICATION NAME] and no indication for use is documented on the order. Review of R20's bowel records notes that R20 had 1 loose stool on 2/3/20 and 3 loose stools on 2/4/20. It is noted that R20 started to have soft stools on 2/15/20 with no further loose stools noted. Review of R20's Nurses Notes on 2/4/20 notes R20 was having multiple loose stools, the facility notified R20's NP (Nurse Practitioner) who gave an order for [REDACTED]. On 3/3/20 at 2:20 PM Surveyor reviewed the facility's Infection Control line listing for 2/20 noting that R20 was receiving [MEDICATION NAME] 125 MG orally daily starting on 2/4/20 without a stop date noted. Surveyor interviewed DON B (Director of Nursing) who is charge of the facility's Infection Control Program. DON B stated R20 had been treated for [REDACTED]. DON B stated that the NP had told DON B that R20 was colonized with [DIAGNOSES REDACTED] and the [MEDICATION NAME] would be used for 6-8 weeks but DON B stated there was no documentation of this and there should have been. DON B stated the facility had not contacted the NP for clarification of the order. DON B stated that R20 had not had loose stools since 2/15/20. On 3/4/20 at 9:45 AM</p>		

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F 0757  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<p>(continued... from page 2)</p> <p>Surveyor interviewed NP I on the phone asking about R20's [MEDICATION NAME] order on 2/4/20 which had no stop date. NP I stated that R20 had recurrent [DIAGNOSES REDACTED] and when she developed loose stools on 2/4/20, NP I had ordered [MEDICATION NAME]. NP I stated that she had intended to contact Infectious Disease about R20's [MEDICATION NAME] treatment and that she had not done that yet and should have. NP I indicated that it was her responsibility to have a stop date and indication for use for the [MEDICATION NAME] and did not. R20 was being treated with a antibiotic without a stop date, from 2/4/20-3/4/20 without documented indication for use and without having current symptoms of loose stools.</p>		
F 0812  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p><b>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</b></p> <p>Based on observation and interview, the facility did not maintain a safe and sanitary environment in which food is prepared, stored and distributed. This has the potential to affect 34 of 35 residents who reside in the facility. Surveyor and DM K observed a thick coat of gray fuzzy dust on the piping in the stovehood unit. Surveyor observed Dietary Aide L (DA) and DA M with facial hair in food preparation and serving areas without hair restraints. Surveyor observed Cook N touch his face, glasses, and nose with his gloved hands while serving food and remove his gloves and reglove without handwashing. Surveyor observed 10 cartons of Sysco Nutritional juice with thaw dates pass the manufacturer's 14 day recommendation for use after thawed. Surveyor observed a mixer being stored in kitchen and when uncovered food particles were observed on the top underside of the mixer head. A microwave was also observed with food particles on the inside top and sides. Evidenced by: Facility policy, entitled Personal Hygiene Policy, updated 3/4/2020, includes, in part: follow facility personal hygiene code. follow handwashing protocol. Wear single use gloves appropriately and follow glove and hand washing procedures. Facility policy, entitled Handwashing- All Staff, includes, in part: handwashing is indicated when: before and after food handling. after touching hair. after coughing, sneezing, or blowing nose. before and after glove use. Facility policy, updated 3/4/2020, includes, in part: Food service equipment (mixers, food processor, microwaves, ovens, etc.) will be cleaned weekly by food service employees. Food service equipment will be cleaned after every use when equipment becomes soiled. When mixer is not in use, bowl and attachments should be covered to prevent soiling. Food processor container will not be placed onto base until base has been cleaned properly. The kitchen manager and Certified Dietary Manager will inspect equipment weekly to ensure proper cleaning and storage above taken place. Example 1 On 3/2/20 at 9:05 AM Surveyor and DM K observed the piping in the stovehood unit, directly above where food is prepared, to be covered in a thick layer of gray/brown fuzzy dust. DM K indicated the unit is unclean and the dust has potential to fall into the food being prepared. DM K also indicated the unit is due to be cleaned this month, but the kitchen staff should be wiping down as needed in between the cleanings. Example 2 On 3/2/20 at 9:05 AM Surveyor observed DM K in the facility's main kitchen with a hat on. DM K's bangs were exposed and styled on the outside of her hat. On 3/2/20 at 11:42 AM during dining observation, Surveyors observed DA L to have a full mustache. DA L was preparing resident salads without a hair restraint. Surveyors also observed DM K in the serving area with a hat on. DM K's hat did not restrain her bangs. On 3/3/20 at 8:20 AM Surveyor observed DA M, who has a full thick mustache, in the serving area without a beard restraint. On 3/4/20 at 12:07 PM during an interview, DM K indicated all hair, including facial hair must be restrained and she was not sure if the facility had beard restraints, but she would be ordering them for men working in kitchen and food service areas. Example 3 On 3/2/20 at 11:42 AM during dining observation, Cook N was observed serving resident lunches. Cook N pushed his glasses up the bridge of his nose three times with his gloved hands and continued to dish up plates. Cook N also wiped his nose on the back of his gloved hand and his bare arm three times and did not wash hands before continuing to serve food. Surveyor observed Cook N unglove and reglove two times during meal serving without washing his hands in between. Surveyor also observed Cook N to have a personal beverage on the food cart with resident food and to take drinks from it several times while serving/handling resident food. On 3/4/20 at 12:07 PM during an interview, DM K indicated Cook N should wash his hands after touching his person, wiping his nose, pushing up his glasses, and each time he removes his gloves. Example 4 On 3/2/20 at 9:05 AM during initial tour, Surveyor observed 10 Lyon Nutritional juice drink with a label stating: pulled 2/4. On the carton is a manufacturer's written directions for use: use within 14 days of thawing. Manufacturer's Recommendations, Lyon Nutritional Juice Drink, include, in part: Shelf Life: Once thawed refrigerator shelf life- 14 days. During an interview, DM K indicated these drinks are to be used within 14 days of being thawed and these should have been thrown in the garbage. (It is important to note the pulled from freezer date of 2/4/20 and the date Surveyor observed these in circulation, 3/2/20). Example 5 On 3/2/20 at 9:05 AM during initial tour, Surveyor observed a mixer with a linen cover on it. DM K indicated the mixer was being stored. Surveyor and DM K observed food on the underside of the mixer's head. DM K indicated this should have been cleaned before it was stored. Surveyor observed a microwave to have two different colored food spatters on the inside top and sides. DM K indicated the microwave is cleaned once a week, but may need to be cleaned more often.</p>		
F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on interview and record review, the facility did not establish and maintain an Infection Prevention and Control Program (IPCP) designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. This has the potential to affect 35 of 35 residents residing in the facility. Additionally, the facility did not obtain culture reports for 2 residents admitted on antibiotics 1 of 16 sampled residents (R34) and 1 of 6 supplemental residents (R86). R34 and R86 were admitted with antibiotic orders to treat UTI's (Urinary Tract Infections) and the facility did not have culture reports to assure the antibiotic was appropriate. Since 5/19, the facility's system for infection surveillance is incomplete, the facility did not: -Obtain cultures reports for residents admitted with UTI's and receiving antibiotics. -Track resident organisms of infections. -Have definitions for HAI (Healthcare Associated Infections) or CAI (Community Acquired Infections) and was not tracking these separately, which may help to identify trend of in-house developed infections. -Document if McGeer's criteria was met for tracking and treating residents with infections. -Consistently document dates residents were placed on isolation precautions and did not document resident well dates. This is evidenced by: The facility's Infection Control Program Policy dated 11/2019 states in part: Clinical observation and data collection via tracking, trending and line listing is performed in a timely ongoing manner. Analysis of facility data is completed monthly. Elements of the Infection Control Program include but are not limited to: A. Definitions of terminology or terms related to infection control practices. B. Provision of early, uniform identification and reporting of infections. C. Determination of pertinent infection rates. 2. Responsibility for the management of resident infection surveillance, prevent and control is assigned to a designated staff nurse. 3. The Infection Preventionist is responsible for reporting evaluating, and maintenance of records of infections among residents and for identifying trends in resident and staff illness. 4. The Infection Preventionist reviews admission records to receive information and assist in management of residents who admitted with an infection. It is important to note that this policy does not include the process for conducting daily infection surveillance or definitions of infections. Findings: Surveyor reviewed infection surveillance data from 1/19 to 2/20. Review of the facility's Monthly Line Listing forms for infections notes headings for the facility to track Organism, Antibiotic Resistant. Def (McGeer's Definition) Met, Not infected, Community, Nosocomial, Isolated Surveyor noted that the above data was not documented/tracked from 5/19 to 2/20. The facility was tracking residents with symptoms of infection daily, based on unit, but not noting well dates and not recording on the line listing if the resident was placed in isolation precautions. The facility was documenting residents with infections on the line listing, noting the type of infection, antibiotic orders and duration but Organism, Antibiotic Resistant, Def (McGeer's Definition) Met, Not infected, Community, Nosocomial, Isolated was not completed. 12/19 Line listing notes R86 was admitted on [DATE] with a UTI, treated with [MEDICATION NAME] 500 MG (Milligrams) twice a day for 5 days. There is no culture report for R86 treatment of [REDACTED]. There is no culture report for R34 treatment of [REDACTED]. Surveyor asked if DON B receives culture reports for residents admitted with antibiotics, DON B stated no, but we probably should. DON B stated that the facility uses McGeer's Criteria to determine infections but does not track this on the line listing and should. DON B stated that she reviews daily documentation, monitoring for symptoms and looks to see if McGeer's Criteria is met or not, but does not document this. DON B stated if criteria is not met she talks to the provider about treatment and gets antibiotics discontinued as soon as possible. Surveyor asked DON B if she should be tracking organisms related to infections, DON B stated she should and was not.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>525656</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/04/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>FOUR WINDS MANOR</b>		STREET ADDRESS, CITY, STATE, ZIP <b>303 S JEFFERSON ST VERONA, WI 53593</b>	
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 0880</p> <p><b>Level of harm</b> - Minimal harm or potential for actual harm</p> <p><b>Residents Affected</b> - Many</p>	<p>(continued... from page 3)</p> <p>Surveyor noted that the facility tracks infection rates monthly and segregates rates for types of infections. Surveyor asked if the facility has a definition for HAI (Healthcare Associated Infections) and CAI (Community Acquired Infections). DON B indicated that she did not separate HAI and CAI, monthly rates include resident infections that develop in the facility and those admitted from the hospital, DON B stated she should be, and agreed tracking these separately would help to identify trends of infections that occur in the facility. Surveyor asked DON B if dates of when resident's symptoms of infections resolve should be tracked, DON B stated they should be and are not. Surveyor asked DON B about tracking of when residents are placed in isolation precautions, DON B stated that it should be documented in the nurse's notes, or she will have an email of when she requests housekeeping to bring up the isolation supplies. DON B agreed that when a resident is placed in precautions, the date should be on the line listing form. The facility did not ensure that the system for infection control monitoring was followed.</p>		