| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 525623 | A. BUILDING _____ B. WING _____ | 08/27/2020 |

| NAME OF PROVIDER OF SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP |
|---|---|
| BAY AT NU ROC HEALTH AND REHABILITATION CTR (THE) | 3576A NU ROC LN LAONA, WI 54541 |

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 0585<br><br>**Level of harm -** Minimal harm or potential for actual harm<br><br>**Residents Affected -** Many | **Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.**<br><br>Based on record review and staff interview, the facility did not make a prompt effort to resolve a grievance for 1 Resident (R) (R1) of 3 residents. In addition, the facility did not document staff grievances regarding their inability to provide timely and safe care due to low staffing. Furthermore, during a complaint investigation, former staff verified former NHA (Nursing Home Administrator)-G withheld grievances from the survey team on 7/07/20. The failure to ensure grievances were recorded, resolved timely and available for review by the State Survey and Certification Agency had the ability to affect all 37 residents in the facility. Findings include: The facility's Concern Management policy states: The facility is committed to providing options and opportunities for residents, family and visitors to communicate concerns of issues related to and not limited to, resident care, safety, educational programs, work environment, facility and staff. The facility supports an atmosphere of mutual respect without fear of intimidation, retaliation and other adverse consequences and supports the right of individuals to lodge such concerns in a safe environment. In order to meet the needs of our residents and respond promptly to all resident issues, the facility has adopted a formal process to be utilized for initiating, investigating and resolving all resident complaints on a timely basis. Procedure: 3. Immediately direct any significant concerns to the administrator or director of the area in which the concern pertains to. 4. Significant concerns include, concerns having the potential for injury or safety implication, and/or those concerns potentially involving abuse or neglect or criminal activity will be communicated to the RDO (Regional Director of Operations) and RNC (Regional Nurse Consultant). Respond 3. The director or administrator will review the concern and will assign investigation and follow up to the appropriate designee. 5. The director or administrator/designee will contact the party initiating the concern within 48 hours of receipt of a concern form to provide resolution and or progress on investigation .It is the goal to complete investigations within 5 business days. 7. Upon completion of the investigation, the director or administrator/designee will contact the party initiating the concern to review the outcome of the investigation and to determine if the resolution is satisfactory. 8. Within 15 days following receipt of the concern, facility will provide written response to the concerned party. Tracking and Trending 1. Concerns will be tracked by utilizing an electronic tracking log. 2. Directors and administrator will enter concern information into the electronic tracking log. 1. On 8/24/20, the Surveyor reviewed an anonymous complaint filed with the State Agency on behalf of R1. The complaint indicated there were staffing concerns on all shifts. The complaint also alleged R1 did not receive a bath or shower for weeks in June and July (2020). The complainant indicated the concerns were discussed with former NHA-G and RDO-D. The Surveyor reviewed the facility's grievance file. The Surveyor noted a grievance, dated 8/03/20, filed by POA (Power of Attorney)-K on behalf of R1 that stated, (POA-K) reported that while doing a room visit, (R1) didn't have (R1's) pocket talker, (R1's) hair wasn't combed, (R1) was disheveled looking and (POA-K) questioned staffing levels. The grievance was assigned to former NHA-G. The Resolution of Concern section stated, Staff educated on appropriate grooming - daily at huddles, along with assistive devices. Window visit protocol reviewed. Staffing ladders discussed with (POA-K). Former NHA-G noted the grievance was discussed with POA-K via telephone on 8/08/20. The grievance did not contain an investigation including staff interviews to determine why appropriate grooming was not completed and R1's assistive device was not provided. In addition, the investigation did not include observations and interviews with residents to determine if other residents experienced the same concerns. In addition, the investigation did not contain interviews with staff and residents regarding staffing in the facility. 2. On 8/24/20, the Surveyor reviewed multiple anonymous complaints filed with the State Agency that indicated low staffing levels in the facility resulted in unsafe care. One complaint indicated residents who required two staff for transfers were transferred with one staff. Another complaint expressed concerns there were not enough staff on the NOC (night) to efficiently evacuate or move residents during an emergency. On 8/26/20 at 8:38 PM, the Surveyor interviewed AS (Anonymous Staff)-O regarding staffing. AS-O stated, We've complained a lot .Up until last week, sometimes there was only one CNA (Certified Nursing Assistant) here on AMs and PMs. AS-O stated staffing improved in the last week with the addition of traveling staff. On 8/26/20 at 10:15 PM, the Surveyor interviewed AS-P regarding staffing. AS-P stated showers, cares and call lights weren't completed and/or answered timely. AS-P also stated residents who required two staff for transfers were assisted with one staff whether they wanted to admit it or not. AS-P stated AS-P solely transferred residents who needed the assistance of two staff if the nurse on duty couldn't help. AS-P also expressed concern with staffs' ability to evacuate the building in an emergency. AS-P stated administration was aware of the staffing and care concerns. On 8/26/20 at 10:25 PM, the Surveyor interviewed AS-Q regarding staffing. AS-Q stated AS-Q worked the night shift a few times with one nurse and one CNA and stated a PRN (as needed) nurse told AS-Q the PRN nurse experienced the same thing. AS-Q stated, I talked to administration .said it wasn't safe. They said they were working on it. We're doing the best we can with call lights. We have people who don't sleep at night. AS-Q verified residents sat in urine and stool while waiting for call lights to be answered and stated, It's not how I like to operate, but we do the best we can. If we're busy answering lights, we can get to only so many so quickly. AS-Q stated the facility lost a number of staff during a Covid-19 outbreak and stated other staff were terminated. AS-Q stated staffing was the worst AS-Q had seen while employed at the facility. On 8/27/20 at 10:01 AM, the Surveyor interviewed former ADON (Assistant Director of Nursing)-I regarding staffing. ADON-I verified the facility operated with one nurse and two CNAs on some PM shifts and one nurse and one CNA on some NOC shifts. ADON-I stated, All cares weren't being completed. I went into (morning meeting) after working a shift where we couldn't get cares done .We were all reporting this at each and every stand up .I told (former NHA-G) staff called (the State Agency) and then they cleaned everything up. On Monday (8/17/20), we did nine to ten baths and had everybody and their brother working the floor . On 8/27/20 at 10:32 AM, the Surveyor interviewed former NHA-G regarding staffing. Former NHA-G stated former NHA-G was not aware showers weren't completed timely and thought the facility had a shower staff. Former NHA-G stated grievances were not recorded when staff stated they were unable to complete cares because the facility did not have any resident complaints. Former NHA-G also stated the care concerns were not investigated and resident interviews were not completed. On 8/27/20 at 12:20 PM, the Surveyor interviewed AS-R regarding staffing. AS-R stated, We're not always this well staffed .it's hit or miss. When asked if AS-R reported concerns with staffing to administration, AS-R stated AS-R reported staffing concerns to former NHA-G. AS-R stated I don't think (former NHA-G) listened to me. I flat out said we didn't have enough staff and couldn't get cares done. On 8/27/20 at 12:35 PM, the Surveyor interviewed AS-S regarding staffing. AS-S stated, Right now we have enough staff. There was a period of time where that was definitely not the case. AS-S stated AS-S talked to former ADON-I, former NHA-G and DON (Director of Nursing)-B after a particularly bad weekend. AS-S stated, It was frustrating because we continued to take admissions. I said we couldn't take care of the (residents) we had. AS-S verified showers weren't completed because staff would run out of time. AS-S also stated AS-S expressed concerns |

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 0585<br><br>**Level of harm** - Minimal harm or potential for actual harm<br><br>**Residents Affected** - Many | (continued... from page 1)<br>about the facility's evacuation plan when there was one nurse and one CNA working the NOC shift. On 8/27/20 at 1:10 PM, the Surveyor interviewed AS-T regarding staffing. AS-T stated, Sometimes we're staff-challenged on (the PM shift) .and periodically on the NOC shift. I brought up concerns to (RDO-D), (RNC-U) and maybe (former NHA-G) . AS-T stated AS-T's in-house complaints went nowhere so AS-T called the corporate office. On 8/27/20 at 2:30 PM, the Surveyor interviewed DON-B regarding staffing. DON-B verified staff expressed concerns regarding staffing and stated cares couldn't be done appropriately. DON-B stated DON-B did not record staffs' concerns on grievance forms and stated staff were encouraged to ask for help. 3. On 8/24/20, the Surveyor reviewed an anonymous complaint filed with the State Agency. The complaint stated the last time a Surveyor was in the building (7/07/20), former NHA-G withheld grievances from the Surveyor and stated, I am not going to show them this. On 8/27/20 at 9:51 AM, the Surveyor interviewed former SSD (Social Services Director)-H via telephone. SSD-H verified former NHA-G withheld three to four grievances from the Surveyor on 7/07/20. SSD-H was unsure which grievances were withheld and stated former NHA-G told SSD-H to put them aside. SSD-H stated SSD-H consulted former ADON-I who instructed SSD-H not to dispose of the grievances, but to keep them somewhere. SSD-H stated former NHA-G stated, They don't need to see these. On 8/27/20 at 10:01 AM, the Surveyor interviewed former ADON-I via telephone. ADON-I verified SSD-H approached ADON-I after being instructed to withhold multiple grievances. ADON-I stated the grievances were investigated and handled accordingly, but former NHA-G didn't want the Surveyor to see them. ADON-I couldn't recall the specific grievances that were withheld, but stated they were resident-specific. ADON-I stated ADON-I told SSD-H to keep the grievances and show them to DON-B. On 8/27/20 at 1:50 PM, the Surveyor interviewed DON-B regarding grievances. DON-B stated DON-B was not aware grievances were withheld from the Surveyor on 7/07/20. DON-B stated, I wasn't aware that happened. I can't recall anything about that. On 8/27/20 at 10:32 AM, the Surveyor interviewed former NHA-G via telephone. When asked if NHA-G withheld grievances from the Surveyor on 7/07/20, NHA-G stated, Nope. I would never do that. |
| F 0609<br><br>**Level of harm** - Minimal harm or potential for actual harm<br><br>**Residents Affected** - Few | **Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.**<br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**<br>Based on record review and staff interview, the facility did not ensure all allegations of abuse were reported to the State Survey and Certification Agency for 1 Resident (R) (R1) of 1 resident. R1 reported to FM (Family Member)-F that R1's wrist was broken when staff rushed and/or rough handled R1 during cares. FM-F reported the allegation to LPN (Licensed Practical Nurse)-E on 8/13/20. The allegation of abuse was not reported to the State Agency. Findings include: The facility's Abuse and Neglect Prevention Policy and Procedure, dated 2/09/20, states: Purpose: To establish guidelines that prevent, identify and report resident abuse and neglect. Reporting: All allegations of resident abuse, neglect, exploitation, mistreatment, injuries of unknown origin and misappropriation should be reported immediately to the charge nurse. The charge nurse is responsible for immediately reporting the allegations of abuse to the administrator or designated representative. All allegations of abuse, neglect, exploitation, mistreatment, injuries of unknown origin and misappropriation shall be reported to the State Survey Agency no later than 2 hours after the allegation is made, if the events that caused the allegation involved abuse and result in serious bodily injury or not later than 24 hours if the events that cause the allegation involved abuse but do not result in serious bodily injury. On 8/24/20, the Surveyor reviewed a complaint filed with the State Agency. The complaint stated in May or June of 2020, R1 indicated staff broke R1's wrist. R1 stated when staff rough handle or rush (R1), R1 fights back. On 8/24/20, the Surveyor reviewed R1's medical record. R1 was admitted to the facility with [DIAGNOSES REDACTED]. R1's most recent Quarterly MDS (Minimum Data Set), dated 6/19/20, indicated R1 was severely cognitively impaired and required extensive assistance of staff for transfers and ADLs (activities of daily living). R1's medical record did not indicate R1 incurred a broken wrist while at the facility. On 8/25/20 at 10:21 AM, the Surveyor interviewed AC (Anonymous Complainant)-C via telephone. AC-C stated R1 told AC-C that R1's wrist was broken; however, AC-C could not confirm whether that was true and whether or not R1 was rough handled. On 8/27/20, the Surveyor reviewed the facility's self reports and noted the allegation of abuse was not reported to the State Agency. On 8/27/20 at 11:55 AM, the Surveyor interviewed RDO (Regional Director of Operations)-D regarding R1. RDO-D verified RDO-D was aware of a discussion regarding a broken wrist during a three-day period when FM-F visited in August of 2020, but stated LPN-E would know more. On 8/27/20 at 1:10 PM, the Surveyor interviewed LPN-E regarding R1's allegation of abuse. LPN-E stated, on 8/13/20, FM-F was at the facility's door and requested to see R1. LPN-E stated staff reported FM-F was flipping out and accusing staff of stuff. LPN-E stated FM-F said R1 called FM-F and said R1's wrist was broken. LPN-E verified LPN-E did not report the allegation of abuse to former NHA (Nursing Home Administrator)-G or DON (Director of Nursing)-B. On 8/27/20 at 1:50 PM, the Surveyor interviewed DON-B regarding the allegation of abuse. DON-B verified DON-B was not notified when FM-F alleged R1's wrist was broken due to rushed and/or rough treatment during cares. DON-B also verified the allegation of abuse was not reported to the State Agency. |
| F 0610<br><br>**Level of harm** - Minimal harm or potential for actual harm<br><br>**Residents Affected** - Few | **Respond appropriately to all alleged violations.**<br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**<br>Based on record review and staff interview, the facility did not ensure all allegations of abuse were thoroughly investigated for 1 Resident (R) (R1) of 1 resident. R1 reported to FM (Family Member)-F that R1's wrist was broken when staff rushed and/or rough handled R1 during cares. FM-F reported the allegation to LPN (Licensed Practical Nurse)-E on 8/13/20. The allegation of abuse was not thoroughly investigated. Findings include: The facility's Abuse and Neglect Prevention Policy and Procedure, dated 2/09/20, states: Purpose: To establish guidelines that prevent, identify and report resident abuse and neglect. Investigation: Should an incident or suspected incident of resident abuse be reported or observed, the administrator or his/her designee will designate a member of management to investigate the alleged incident. The administrator or designee will complete documentation of the allegation of resident abuse and collect any supporting documents relative to the alleged incident. The investigation should include consideration of the the following, based on circumstances of the allegations as applicable . 3. If there is indication that injury has or may have occurred, a physical assessment must be completed by the Director of Nursing or charge nurse immediately. 5. The Director of Nursing or designated nurse will notify the resident's attending physician of the alleged incident. The responsible family member or responsible party will be notified of the incident and advised of the status of the investigation . 7. Interview the person(s) reporting the incident . 9. Attempt to interview the resident (as medically appropriate) . 10. Interview staff members (on all shifts) who have had contact with the resident during the period of the alleged incident. 12. In circumstances where the allegation involved an employee, interview other residents to whom the accused employee provides care or services. Following an investigation, the Administrator or designated agent will be responsible for forwarding the results of the investigation to the Survey Agency. This written report shall be forwarded to the Survey Agency within five days of the initial report. On 8/24/20, the Surveyor reviewed a complaint filed with the State Agency. The complaint stated in May or June of 2020, R1 indicated staff broke R1's wrist. R1 stated when staff rough handle or rush (R1), R1 fights back. The complaint indicated AC (Anonymous Complainant)-C discussed the concern with former NHA (Nursing Home Administrator)-G and RDO (Regional Director of Operations)-D. On 8/24/20, the Surveyor reviewed R1's medical record. R1 was admitted to the facility with [DIAGNOSES REDACTED]. R1's most recent Quarterly MDS (Minimum Data Set), dated 6/19/20, indicated R1 was severely cognitively impaired and required extensive assistance of staff for ADLs (activities of daily living) and transfers. R1's medical record did not indicate R1 incurred a broken wrist while at the facility. On 8/25/20 at 10:21 AM, the Surveyor interviewed AC-C via telephone. AC-C stated R1 told AC-C that R1's wrist was broken; however, AC-C could not confirm whether that was true and whether or not R1 was rough handled. AC-C stated, (R1) said (R1) fights (staff) back because (R1) has a shoulder injury, but (R1) is also bordering dementia . On 8/27/20, the Surveyor reviewed the facility's self reports. The Surveyor did not observe a self report regarding an allegation of abuse for R1. On 8/27/20 at 11:55 AM, the Surveyor interviewed RDO-D regarding R1's allegation of abuse. RDO-D verified RDO-D was aware of a discussion during a three-day period in August 2020 when FM-F visited the facility regarding R1's allegation of a broken wrist, but stated LPN-E would know more. On 8/27/20 at 1:10 PM, the Surveyor interviewed LPN-E regarding R1's allegation of abuse. LPN-E verified FM-F reported during a visit to the facility on [DATE] that R1 stated R1's wrist was broken. LPN-E stated, on 8/13/20, FM-F was at the facility's door and requested to see R1. LPN-E stated staff reported FM-F was flipping out and accusing staff of stuff. LPN-E stated FM-F said R1 called FM-F and said R1's wrist was broken. LPN-E stated LPN-E assessed R1's wrist and determined it was not broken. LPN-E verified LPN-E did not report the allegation of abuse to former NHA-G or DON (Director of Nursing)-B. In addition, R1's medical record did not contain an assessment of R1's wrist or documentation |

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| F 0610<br><br>**Level of harm** - Minimal harm or potential for actual harm<br><br>**Residents Affected** - Few | (continued... from page 2)<br>that R1's physician was notified. On 8/27/20 at 1:50 PM, the Surveyor interviewed DON-B regarding R1's allegation of abuse. DON-B verified DON-B was not notified of R1's allegation of abuse. DON-B also verified an investigation was not completed following the allegation. DON-B stated LPN-E should have notified DON-B following the allegation so we could follow up on it. |
| F 0689<br><br>**Level of harm** - Minimal harm or potential for actual harm<br><br>**Residents Affected** - Few | **Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.**<br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**<br>Based on observation, record review and staff interview, the facility did not ensure the resident environment remained as free of accident hazards as possible for 1 Resident (R) (R1) of 1 resident. R1 incurred an unwitnessed fall from R1's recliner. R1's care plan was updated with an intervention to keep the recliner remote out of R1's reach. That intervention was not consistently implemented. Findings include: On 8/24/20, the Surveyor reviewed R1's medical record. R1 was admitted to the facility with [DIAGNOSES REDACTED]. R1's most recent Quarterly MDS (Minimum Data Set), dated 6/19/20, indicated R1 was severely cognitively impaired and required extensive assistance of staff for transfers. R1's plan of care indicated R1 was at risk for falls due to deconditioning, vision and hearing problems, generalized weakness and gait and balance problems. R1's Risk for Falls care plan contained interventions to review information on past falls, attempt to determine the cause of falls, remove any potential causes if possible and educate the resident, family and caregivers. R1's Risk for Falls care plan also contained an intervention to keep the recliner remote out of R1's reach. An Unwitnessed Fall Report, dated 7/30/20, stated LPN (Licensed Practical Nurse)-E was called to R1's room when staff found R1 sitting on the floor in front of R1's recliner. R1 was in an upward position and had the recliner remote in hand. In the report, LPN-E stated R1 slid out of the recliner and noted the recliner was in an upward position. A fall assessment and neuro checks were completed without concern. A progress note, dated 7/30/20, stated POA (Power of Attorney)-K was updated regarding the fall, but wanted R1 to have access to the recliner remote as it was the only little independence (R1) had left. A progress note, dated 8/03/20, stated the IDT (interdisciplinary team) reviewed R1's fall and added an intervention to keep the recliner remote out of R1's reach. On 8/27/20 at 2:10 PM, the Surveyor observed R1 sitting in R1's recliner with the recliner remote on R1's right side. On 8/27/20 at 2:15 PM, the Surveyor interviewed CNA (Certified Nursing Assistant)-J regarding R1's remote. CNA-J verified R1's recliner remote was within reach and stated R1 was able to have the remote. When CNA-J observed an abbreviated care plan on the back of R1's door, CNA-J verified the care plan contained an intervention to keep the recliner remote out of R1's reach. CNA-J stated CNA-J wasn't working when R1 fell and wasn't informed of the recently added intervention. On 8/27/20 at 2:30 PM, the Surveyor interviewed DON (Director of Nursing)-B regarding R1's care plan. DON-B verified the recliner remote should be kept out of R1's reach. DON-B indicated R1 had dementia and was confused and stated, (R1) shouldn't have the remote. It's not safe for (R1) to (have the remote). DON-B stated DON-B was not aware POA-K wanted R1 to have access to the remote. DON-B indicated there were no subsequent conversations with POA-K when the recliner remote was removed and stated, That was my oversight. DON-B verified R1's care plan was updated with the intervention to keep the recliner remote out of R1's reach and again verified the recliner remote should be kept out of R1's reach. |
| F 0690<br><br>**Level of harm** - Minimal harm or potential for actual harm<br><br>**Residents Affected** - Few | **Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.**<br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**<br>Based on observation, record review and staff interview, the facility did not ensure 1 Resident (R) (R3) of 2 sampled residents observed received appropriate treatment and services to prevent urinary tract infections. R3 was not provided complete perineal cleansing following an episode of incontinence. Findings include: 1. R3's quarterly MDS (Minimum Data Set) assessment dated [DATE], documented R3 was frequently incontinent of bladder and occasionally incontinent of bowel. R3 required extensive assistance from staff for personal hygiene. On 8/26/2020 at 8:23 PM, the Surveyor observed CNA (Certified Nursing Assistant)-L and CNA-M apply gloves to assist R3 with incontinence cares. CNA-M verified R3 was incontinent of urine after CNA-L removed R3's incontinence brief. CNA-M left R3's room and CNA-N came to assist CNA-L at 8:30 PM. CNA-L wiped R3's frontal peri area and groin areas with toilet tissue because the facility has been out of disposable wipes. R3's incontinence brief was placed on and R3 was transferred from the bathroom to bed by CNA-L and CNA-N. R3's frontal, groin, anal, and buttocks areas were not cleansed after R3 was incontinent of urine. On 8/26/2020 at 8:36 PM, the Surveyor interviewed CNA-L regarding the observation of perineal care performed on R3. CNA-L verified the above observations and stated, peri cares were done after dinner so didn't need to do complete peri care again for R3. |
| F 0880<br><br>**Level of harm** - Minimal harm or potential for actual harm<br><br>**Residents Affected** - Few | **Provide and implement an infection prevention and control program.**<br><br>Based on observation and staff interview, the facility did not maintain an infection control program designed to prevent the development and transmission of disease and infection during care observations involving 2 Residents (R) (R3 and R2) of 2 sampled residents. R3 was not offered hand hygiene after toileting. Staff did not appropriately cleanse hands per standards of practice during cares for R2. Additionally, R2 was not offered hand hygiene after toileting. Findings include: The Morbidity and Mortality Weekly Report dated 10/25/02 and published by the CDC (Centers for Disease Control and Prevention) entitled Guideline for Hand Hygiene in Health Care Settings indicated recommendations to wash hands after removing gloves and to decontaminate hands after contact with body fluids or excretions and when moving from a contaminated body site to a clean body site during patient care. The above information can also be found at: https://www.cdc.gov/handhygiene/providers/index.html with the page last reviewed on March 15, 2016 and the page last updated on March 24, 2017. Hand Hygiene in Healthcare Settings with a last reviewed date of March 15, 2016 and published by the CDC entitled Clean Hands Count for Patients indicated patients should clean hands before eating and after using the restroom. The above information can be found at https://www.cdc.gov/handhygiene/patients/index.html. 1. On 8/26/2020 at 8:23 PM, the Surveyor observed CNA (Certified Nursing Assistant)-L and CNA-N assist R3 with incontinence cares in the bathroom. After completing incontinence cares for R3 in the bathroom, R3 was assisted to bed. R3 was not offered hand hygiene after toileting by CNA-L or CNA-N. After cares were completed at 8:36 PM, the Surveyor interviewed CNA-L regarding hand hygiene. CNA-L verified R3 was not offered hand hygiene after toileting and stated don't have wipes or rags, so didn't offer or complete hand hygiene after toileting for R3. 2. On 8/26/2020 at 9:20 PM, the Surveyor observed CNA-M assist R2 to the bathroom. R2 urinated in the toilet and wiped self with toilet tissue. R2 was not offered hand hygiene after wiping self with toilet tissue. R2 requested to comb hair. CNA-M gave R2 a comb and R2 combed hair. R2 pulled down pants and sat on the toilet to urinate again. After urinating, R2 wiped self with toilet tissue. R2 was not offered hand hygiene after wiping self with toilet tissue. R2 assisted CNA-M with removing clothes and putting pajamas on. R2 sat on the toilet again to have a bowel movement. R2 wiped self with toilet tissue after having a bowel movement in the toilet. CNA-M washed hands and put gloves on to assist R2 with wiping stool. CNA-M wiped R2's anal area with toilet tissue. Without removing gloves, and without washing or sanitizing hands, CNA-M pulled up R2's brief and pants. CNA-M then removed gloves, and without washing or sanitizing hands, CNA-M held R2's pants while ambulating from the bathroom to sit on the edge of the bed, opened the night stand drawer, went through R2's clothes in the drawer, removed a long shirt from the drawer, folded pajamas and placed the pajamas back in the drawer, and assisted R2 with putting pants on. CNA-M lifted R2's legs to assist R2 to lay down on the bed, covered R2 with a sheet, attached the call cord to the sheet, and attached an alarm to R2's shirt. CNA-M opened the door to the hall, looked in the hall, placed R2's call light in the off position after R2 turned the call light on, patted R2's pillow, and attached the alarm again after R2 removed the alarm. CNA-M then opened the door to the hall, shut off the light and partially shut the door to R2's room. CNA-M then sanitized hands in the hall. R2 was not offered hand hygiene after wiping self numerous times after urinating and having a bowel movement in the toilet. On 8/26/2020 at 9:54 PM, the Surveyor interviewed CNA-M regarding hand hygiene observations when assisting R2 with cares and after R2 wiped self with toilet tissue numerous times after urinating and having a bowel movement in the toilet. CNA-M verified the above observations including not removing gloves when indicated and stated didn't wash hands, should have washed hands after wiping R2's anal area and prior to touching numerous items. CNA-M then verified R2 was not offered hand hygiene after wiping self numerous times after toileting and hand hygiene should have been offered or completed. CNA-M stated will be getting a rag right now to wash R2's hands. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | **525623** | A. BUILDING _____ B. WING _____ | **08/27/2020** |

| NAME OF PROVIDER OF SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP |
|---|---|
| **BAY AT NU ROC HEALTH AND REHABILITATION CTR (THE)** | **3576A NU ROC LN LAONA, WI 54541** |

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 0880<br><br>**Level of harm -** Minimal harm or potential for actual harm<br><br>**Residents Affected -** Few | (continued... from page 3) |