

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 525463	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/11/2020
NAME OF PROVIDER OF SUPPLIER OAKRIDGE GARDENS NUR CTR, INC		STREET ADDRESS, CITY, STATE, ZIP 1700 MIDWAY RD MENASHA, WI 54952	
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 0656 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on Resident (R) interview, staff interviews, and record review, the facility did not ensure care plans were developed for 2 (R56 and R57) of 20 sampled residents. R56 was admitted to the facility with an infection treated by intravenous (IV) antibiotics but the facility did not develop care plans to address R56's infection or antibiotic use including monitoring and possible side effects. R57 was diagnosed with [REDACTED]. Additionally, R57 was prescribed [MEDICATION NAME] (antipsychotic medication) on 1/7/20 but the facility did not develop a care plan to address R57's high-risk medication use including monitoring for possible side-effects. Findings include: 1. On 3/09/20 at 12:11 PM, Surveyor interviewed R56 who revealed being admitted to the facility with an infection for which R56 took IV antibiotics. R56 explained a rod was implanted in a leg during surgery but became infected. On 3/10/20, Surveyor reviewed R56's medical record which documented R56 was admitted to the facility on [DATE] with IV antibiotics for osteo[DIAGNOSES REDACTED] (bone infection). R56's IV antibiotic treatment order was changed on 3/10/20 and the infection was identified as staphylococcus aureus (a specific bacteria) on the new order. Surveyor noted R56's care plan did not include a care plan for infection monitoring (location etc) or for antibiotic medication use. On 3/11/20 at 10:24 AM, Surveyor interviewed Minimum Data Set Registered Nurse (MDSRN)-C regarding care plans. MDSRN-C verified generally being responsible for care plans and indicated being in the MDS role for approximately 2 months. MDSRN-C then directed Surveyor to Infection Preventionist Registered Nurse (IPRN)-D for care plans related to infections and indicated IPRN-D should be developing care plans for infections and antibiotic monitoring when a resident is added to the surveillance system. On 3/11/20 at 11:00 AM, Surveyor interviewed IPRN-D regarding R56's care plan. IPRN-D verified R56 should have infection and antibiotic care plans. IPRN-D explained there was a recent change in responsibilities with MDSRN-C joining the facility team. The person in the MDSRN role previously did all care plans but the responsibilities had shifted. On 3/11/20 at 11:22 AM, Nursing Home Administrator (NHA)-A reviewed R56's medical record with Surveyor and verified the area of skilled nursing daily assessments which had boxes to click for infection treatment and IV medications were not clicked in R56's record. At 11:50 AM, NHA-A verified R56 was admitted to the facility with an infection and IV antibiotics.</p> <p>2. On [DATE], the Surveyor reviewed R57's medical record which documented that R57 was diagnosed with [REDACTED]. R57's most recent Minimum Data Set (MDSP) assessment, dated 2/13/20, indicated R57 to have moderate cognitive impairment. Surveyor noted that R57's most recent care plan did not include a care plan for R57's cognitive impairment. On 3/10/20, the Surveyor reviewed R57's medical record which documented that R57 was prescribed [MEDICATION NAME] (antipsychotic medication) on 1/7/20 for visual hallucinations. The Surveyor noted that R57's most recent care plan did not include a care plan for R57's antipsychotic medication, including monitoring for side effects, or for R57's visual hallucinations. On 3/11/20 at 10:31 A.M., the Surveyor interviewed Minimum Data Set Registered Nurse (MDSRN)-C regarding R57's care plans. MDSRN-C verified that they had missed adding R57's antipsychotic medication to the care plan. MDSRN-C further verified that R57 should have had a care plan for cognitive impairment and assured the Surveyor it would be added after this interview.</p>		
F 0812 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, staff interview, and record review, the facility did not ensure food was stored, prepared, and served under sanitary conditions for a limited number of residents and 2 Residents (R) (R66 and R172) of 2 residents ordered nectar thickened liquids. Facility mixer and plate warmers were visibly soiled and not covered to protect from splash when not in use. Dry storage contained expired products. Freezer stored uncovered, pre-scooped ice cream with toppings. Refrigerator contained open, undated products, including nectar thickened beverages. Findings include: On [DATE], during initial tour of facility kitchen beginning at 9:47 AM, Dietary Manager (DM)-E indicated to Surveyor that the facility utilized the Food and Drug Administration (FDA) Food Code as its standard of practice. Soiled Equipment FDA Food Code 2017 documents at [DATE].11 Equipment, Food-Contact Surfaces, Nonfood Contact Surfaces, and Utensils. (A) Equipment food-contact Surfaces and utensils shall be clean to sight and touch. (B) The food-contact surfaces of cooking equipment and pans shall be kept free of encrusted grease deposits and other soil accumulations. (C) Nonfood-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris. On [DATE], during initial tour of facility kitchen beginning at 9:47 AM, Surveyor observed and DM-E verified the facility mixer was not covered and visibly soiled inside the mixer bowl, on the interior and exterior of the splash guard, on the mixer head, and on the floor stand. The mixer was floor mount size and located adjacent to a food preparation table. Dietary Cook (DC)-F indicated to Surveyor that the mixer was not in use yet on the morning the soiled mixer was observed. Surveyor also observed and DM-E verified the facility plate warmer had visible crumbs on the top surface and crumbs were on the top two plates DM-E removed from the warmer. Expired products On [DATE], during initial tour of facility kitchen beginning at 9:47 AM, Surveyor observed and DM-E verified the facility dry storage contained thirteen individual serving size (8 ounce) containers of nectar consistency milk with manufacturer best by dated [DATE]. DM-E first indicated there were no residents ordered nectar thick beverages but later on the tour identified there were residents ordered nectar thick beverages (R66 and R172) but one was lactose intolerant and one chose not to drink dairy. Dry storage also contained one nine and half ounce (oz) box of Townhouse Pita Crackers which were not open but manufacturer best by dated [DATE]. Freezer - uncovered ice cream FDA Food Code 2017 documents at [DATE].11 Packaged and Unpackaged Food -Separation, Packaging, and Segregation. (A) Food shall be protected from cross contamination by: (4) Except as specified under Subparagraph [DATE].15(B)(2) and in (B) of this section, storing the food in packages, covered containers, or wrappings On [DATE], during initial tour of facility kitchen beginning at 9:47 AM, Surveyor observed and DM-E verified the facility reach-in, dorm size freezer contained five Styrofoam bowls of pre-scooped ice cream with toppings. None of the bowls was covered and the freezer had a build-up of frost inside. DM-E was not able to explain why the bowls of ice cream were uncovered in the freezer and immediately removed and discarded the products. Open, undated beverages FDA Food Code 2017 documents at [DATE].17 Ready-to-Eat, Time/Temperature Control for Safety Food, Date Marking. (A) . refrigerated, ready-to-eat, time/temperature controlled for safety prepared and held .for more than 24 hours shall be clearly marked to indicate the date or day by which the food shall be consumed on the premises, sold, or discarded when held at a temperature of 5C (41F) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1. On [DATE], during initial tour of facility kitchen beginning at 9:47 AM, Surveyor</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 0812 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>(continued... from page 1)</p> <p>observed and DM-E verified the kitchen reach-in refrigerator contained one open, undated 46 oz container of grape juice. DM-E confirmed the facility does not consume a container of grape juice in 24 hours or less and the container should bear an open date. On [DATE] at 10:24 AM, Surveyor entered the Oaks (memory care) kitchenette with DM-E. Surveyor observed and DM-E verified the unit refrigerator contained one open 46 oz prune juice open dated [DATE] and the following open containers without dates: One 46 oz nectar thickened cranberry juice One 46 oz nectar thickened orange juice One 46 oz nectar thickened water One 46 oz grape juice At the time of observation, DM-E indicated the prune juice should have been discarded within 7 days of opening and all open beverage containers should have been dated on the day each was opened. On [DATE], the facility identified R66 and R172 as residents in the facility ordered nectar thickened beverages.</p>		