STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013677	A. BUILDING: _____ B. WING _____	R 10/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMFORTS OF HOME MENOMONIE CBRF	2211 WHITE PINE LANE MENOMONIE, WI 54751

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{N 000}	Initial Comments On 10/10/2024, Surveyors conducted a verification visit at Comforts of Home Menomonie CBRF. Three deficiencies were identified. Two of 3 were repeat deficiencies. See Statement of Deficiencies (SOD) 74U311, dated 11/09/2023. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 29	{N 000}		
{N 302}	83.28(4)(a) Resident health screening and documentation Resident health screening. 1. Within 90 days before or 7 days after admission, a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse shall screen each person admitted to the CBRF for clinically apparent communicable disease, including tuberculosis, and document the results of the screening. 2. Screening for tuberculosis and all immunizations shall be conducted using centers for disease control and prevention standards. 3. The CBRF shall maintain the screening documentation in each resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure residents had a communicable health screen that included tuberculosis (TB) screening within 90 days before	{N 302}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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{N 302}	Continued From page 1 or 7 days after admission. This is a repeat deficiency. See Statement of Deficiency (SOD) 74U311. Findings include: On 10/10/2024 at 10:34 AM, Surveyor reviewed Resident 1's record. His/her record did not contain evidence of a baseline TB test. On 10/10/2024 at approximately 10:49 AM, Surveyors interviewed Administrator A and Manager B. Administrator A stated the provider's current TB process was to have the resident's physician fill out a communicable disease screening form prior to admission. Administrator A stated the current process did not include a baseline TB test, just the screening form.	{N 302}		
{N 389}	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan.	{N 389}		

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{N 389}	Continued From page 2 This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure the individual service plan (ISP) was updated for 1 of 3 residents sampled (Resident 1). This is a repeat violation. See Statement of Deficiencies (SOD) 74U311, dated 11/09/2023. Findings include: On 10/10/2024 at 10:02 AM, Surveyor observed Caregiver C and Caregiver D provide care to Resident 3. The caregivers transferred Resident 3 to his/her bed to change his/her incontinence brief. While Resident 3 was lying in bed, the caregivers gently stretched Resident 3's arms open 5 times. Caregiver C stated they were supposed to do this exercise whenever s/he was in bed to help with Resident 3's contractures. Surveyor reviewed Resident 3's record. Resident 3 was admitted on 04/20/2022. His/her record included a change of condition form, dated 09/09/2024, indicating Resident 3 had pressure ulcers on his/her lower calf and ankle. The intervention noted on the form directed staff to place a blanket or pillow between Resident 3's legs when s/he was in bed to provide cushion on the bony prominences. Resident 3's ISP was updated on 10/10/2024 with the following information, "Staff will lay resident down after meals to relieve pressure to back/bottom. Resident has history of skin to skin breakdown/redness." Resident 3's ISP did not include reference to the need for a blanket or pillow between Resident 3's legs while in bed. Resident 3's ISP also did not reference the exercises observed during Resident 3's care.	{N 389}		

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{N 389}	Continued From page 3 At 10:50 AM, Surveyor interviewed Administrator A. Administrator A stated staff should be placing cushions (pillows, blankets, etc.) between Resident 3's legs whenever they notice redness. Administrator A stated Resident 3's physician recommended on 10/09/2024 that staff stretch Resident 3's arms throughout the day; this was communicated to staff via shift report and a posted note in the staff area. Administrator A stated s/he would have both services added to Resident 3's ISP.	{N 389}		
N 441	83.39(3) Hand washing. Employees shall follow hand washing procedures according to centers for disease control and prevention standards. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure caregivers performed hand hygiene in accordance with the Centers for Disease Prevention and Control (CDC) standards. Caregiver C did not perform hand hygiene per CDC standards on 10/10/2024. Findings include: The CDC provides the following recommendations for hand hygiene in healthcare settings: "Know when to clean your hands - Immediately before touching a patient. - Before performing an aseptic task such as placing an indwelling device or handling invasive medical devices. - Before moving from work on a soiled body site to a clean body site on the same patient.	N 441		

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N 441	Continued From page 4 - After touching a patient or patient's surroundings. - After contact with blood, body fluids, or contaminated surfaces. - Immediately after glove removal... Know when to wear (and change) gloves Gloves are not a substitute for hand hygiene. - If your task requires gloves, perform hand hygiene before donning gloves and touching the patient or the patient's surroundings. - Always clean your hands after removing gloves... When to wear gloves - When needed for Standard Precautions (when you anticipate that you will come in contact with blood or other infectious materials, mucous membranes, non-intact skin, potentially contaminated skin, or contaminated equipment)... When to change gloves and clean hands... - If moving from work on a soiled body site to a clean body site on the same patient or if a clinical indication for hand hygiene occurs... - Before exiting a patient room." (Retrieved from https://www.cdc.gov/clean-hands/hcp/clinical-safety/index.html). On 10/10/2024 at 10:02 AM, Surveyor observed Caregiver C and Caregiver D provide care to Resident 3. The caregivers transferred Resident 3 to his/her bed to change his/her incontinence brief. Both caregivers donned gloves. Caregiver C provided peri-care and removed the soiled brief while Caregiver D assisted with rolling and positioning. Caregiver C did not remove his/her gloves when s/he moved from a dirty to clean task. Caregiver C wiped Resident 3's face with the same gloves s/he used to wipe Resident 3's	N 441		

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N 441	Continued From page 5 bottom. Neither caregiver performed hand hygiene prior to leaving Resident 3's room. At 10:50 AM, Surveyor interviewed Administrator A. Administrator A stated staff should have removed their gloves and performed hand hygiene prior to wiping Resident 3's face. Administrator A stated they would be having a staff meeting on 10/10/2024, and s/he would provide hand hygiene education.	N 441		