STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018272	A. BUILDING: _____ B. WING _____	09/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TENDER HEARTS ASSISTED LIVING BLDNG 1	300 CARDINAL LANE GREEN BAY, WI 54313

(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 09/14/2023, Surveyor conducted a standard survey at Tender Hearts Assisted Living Building 1. As a result, two deficiencies were identified. Census: 19	N 000		
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 Caregiver C did not follow hand washing procedures according to centers for disease control and prevention standards. Findings include: The CDC instructs healthcare providers to complete hand hygiene after touching a patient or the patient's immediate environment as well as after glove removal (Source: CDC, Healthcare Providers Introduction to Hand Hygiene, January 8, 2021, https://www.cdc.gov/handhygiene/providers/index.html#:~:text=Alcohol%2Dbased%20hand%20sanitizers%20are%20the%20preferred%20method%20for%20cleaning,and%20after%20using%20the%20restroom (retrieval date - August 9, 2023)). On 09/14/2023, Surveyor observed 12:00 PM medication pass. Surveyor observed the following: At 11:38 AM, Caregiver C started medication administration. Caregiver C did not perform hand hygiene prior to the start of administering	N 441		

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
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N 441	Continued From page 1	N 441		

medications. Caregiver C took Resident 1's medications out of the medication cart, put them into a medication cup, placed chocolate pudding in the cup and mixed the medications with the pudding. Caregiver C then went to administer medications to Resident 1. Caregiver C gave Resident 1 medications by using a spoon and assisted Resident 1 take the medications. Caregiver C then threw the medication cup away, walked into the medication room and documented the administration. Without performing hand hygiene, Caregiver C then took Resident 2's medications out of the cart and placed them into a medication cup. Caregiver C mixed the medications with chocolate pudding. Caregiver C then went out to Resident 2 and administered the medications by placing the pudding and medications on a spoon and assisted Resident 2 take the medications. Caregiver C then threw away the medication cup and returned to the medication room without performing hand hygiene. Caregiver C then took Resident 3's medications out of the cart and placed them into a medication cup, poured a cup of water, and then went out to Resident 3 and gave Resident 3 his/her medications. Caregiver C then threw away the medication cup and returned to the medication room without performing hand hygiene.

On 09/14/2023 at approximately 12:10 PM, Surveyor shared these observations with Administrator B. Administrator B stated s/he would immediately address hand washing. Administrator B stated s/he had spoken with staff and had put it on the agenda for a future training session to address hand washing.

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N 653	Continued From page 2	N 653		
N 653	83.59(4)(e) Delayed egress: irreversible process release Delayed egress door locks are permitted with department approval only in facilities with a supervised automatic fire sprinkler system and a supervised interconnected automatic fire detection system and shall comply with all of the following: An irreversible process will occur which will release the latch in not more than 15 seconds when a force of not more than 15 pounds is applied for 3 seconds to the release device. Initiation of the irreversible process shall activate an audible signal in the vicinity of the door. Once the door lock has been released by the application of force to the releasing device, re-locking shall be by manual means only. This Rule is not met as evidenced by: Based on observation and interview the provider did not ensure 1 of 3 delayed egress doors released the latch after not more than 15 seconds when a force of not more than 15 pounds was applied for 3 seconds to the release device. Findings include: On 09/14/2023, Surveyor observed a delayed egress door on the rear of the building. Surveyor tested the door with LPN A observing. 1st attempt The delayed egress release device was depressed by Surveyor. Surveyor timed the door using a stop watch. The door would not release after 60 seconds of being depressed. LPN A reset the door and waited approximately another minute before attempting again.	N 653		

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N 653	Continued From page 3 2nd attempt. The delayed egress release device was depressed by Surveyor. Surveyor timed the door using a stop watch. The door would not release after 60 seconds of being depressed with at least 15 pounds of pressure on the release device. LPN A then reset the door. On 09/14/2023 at approximately 1:00 PM, Surveyor interviewed LPN A. LPN A stated s/he knew the door was working over the weekend because a resident was able to release the delayed egress in an attempt at exit seeking. On 09/17/2023, at approximately 3:00 PM, Surveyor interviewed Administrator B. Administrator B stated the faclity had contacted a company to come and fix the delayed egress and would be at the facility sometime next week.	N 653		