STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015554	A. BUILDING: _____ B. WING _____	R-C 08/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY TERRACE MINOCQUA I	8730 A PACKING PLANT RD MINOCQUA, WI 54548

(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 08/01/2023, Surveyors conducted a verification visit and complaint (x3) investigation at Country Terrace Minocqua I. Data collection continued through 08/09/2023. Four deficiencies were identified. The deficiencies identified in Statement of Deficiency (SOD) DMXI12 were corrected. Two of the three complaints were substantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 8	{N 000}		
N 352	83.32(3)(h) Rights of Residents: Receive medication In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered. This Rule is not met as evidenced by: Based on observation, record review, and interview, 2 of 8 residents did not receive all prescribed medications in the dosage and at intervals prescribed by a practioner. Resident 1 and Resident 5 had medications that were not administered. The reason for the medication omissions was not documented. Findings include:	N 352		

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
	0015554	A. BUILDING: _____ B. WING _____	R-C 08/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY TERRACE MINOCQUA I	8730 A PACKING PLANT RD MINOCQUA, WI 54548

(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 352	Continued From page 1 On 06/26/2023, the Department received a complaint regarding medication administration, including allegations medications were left in bubble packs and were not documented appropriately on the residents' medication administration records (MAR). On 08/01/2023 at approximately 9:15 a.m., Surveyor interviewed Caregiver D and observed the medication cart. Surveyor observed the scheduled medications were packaged in unit dose bubble cards. Each unit dose was numbered 1 - 31. Caregiver D told Surveyor staff administer the medication from the bubble pack on the date it was. As an example, that day was 08/01/2023, therefore staff administered the medication from the unit dose bubble that was numbered 1. At approximately 2:15 p.m., Surveyor conducted an audit of the residents' scheduled medication cards with Caregiver D. Resident 1's 07/26/2023 AM dose of citalopram remained in the medication card. Resident 5's 07/20/2023 HS (nighttime) doses of atorvastatin, sertraline, and docusate remained in the medication cards. On 08/01/2023 at approximately 2:30 p.m., Surveyor explained to Regional Nurse (RN) C, who was also the administrator, that Surveyor observed multiple medications for multiple residents remained in the medication cards, which should have been administered. RN C said s/he would have to review the MARs to determine the reason the medications were not administered.	N 352		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015554	A. BUILDING: _____ B. WING _____	R-C 08/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY TERRACE MINOCQUA I	8730 A PACKING PLANT RD MINOCQUA, WI 54548

(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 352	Continued From page 2 On 08/02/2023, Surveyor reviewed the MARs for Resident 1 and Resident 5. Resident 1's July MAR had no documentation as to why the AM dose of citalopram was not administered on 07/26/2023. All of Resident 1's other AM medications for 07/26/2023 were initialed on the MAR as administered. Resident 1's MAR did not have documentation for the following medications that should have been administered on 07/17/2023 at HS: phenobarbital, phenytoin, melatonin, and Systane eye drops. There was no documentation on the MAR to indicate the reason there were no initials. Resident 5's July MAR did not contain documentation for the reason why his/her medications were not administered on 07/20/2023 at HS. Resident 5's MAR did not have documentation for his/her scheduled Lantus that should have been administered at HS on 07/20/2023. On 08/09/2023 at approximately 9:00 a.m., Surveyor interviewed Director A and RN C. Surveyor explained the medication omissions were not documented on the MAR and there were other blanks on the MARS without explanation. RN C said they did an audit after Surveyors left the facility on 08/01/2023 and discovered there was a pattern of medication errors with the same staff member working. S/he said that staff member was no longer allowed to administer medications until s/he received additional training.	N 352		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015554	A. BUILDING: _____ B. WING _____	R-C 08/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY TERRACE MINOCQUA I	8730 A PACKING PLANT RD MINOCQUA, WI 54548

(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 396	Continued From page 3	N 396		
N 396	83.36(1)(a) Adequate staff to meet resident needs. The CBRF shall provide employees in sufficient numbers on a 24-hour basis to meet the needs of the residents. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure employees were provided in sufficient numbers on a 24-hour basis to meet the needs of the residents. Findings include: The provider is licensed to care for up to 14 residents in the following client groups: physically disabled, irreversible dementia/Alzheimer's disease, terminally ill, advanced age. The facility is connected to the provider's licensed community based residential facility (CBRF), Country Terrace Minocqua II. The 2 CBRFs have a shared entrance, lounge area, dining room, and kitchen. On 08/01/2023 at approximately 8:45 a.m., Surveyor interviewed Assistant Director (AD) B. AD B told Surveyor that the staff work both facilities at the same time. Surveyor asked what the staffing pattern was. AD B said they usually have 4 staff on AM shift, 2 or 3 staff on the PM shift, and 2 or 3 staff on the overnight shift. On 08/01/2023 at approximately 11:15 a.m., Surveyor interviewed AD B and asked if any of the residents in the building required more than 1 staff to assist them. AD B told Surveyor Resident 3 and Resident 4 required the assist of 2 staff for transfers. S/he said Person I and Person J, who were residents from the adjacent facility, required the assist of 2 staff members for transfers.	N 396		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015554	A. BUILDING: _____ B. WING _____	R-C 08/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY TERRACE MINOCQUA I	8730 A PACKING PLANT RD MINOCQUA, WI 54548

(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 396	Continued From page 4 Person J required assist of 3 staff at times when s/he used the bathroom. On 08/03/2023, Surveyor reviewed the staff schedule for June and July 2023. The schedules indicated they were for facility #33. The schedules did not indicate if the staff were working in Country Terrace Minocqua I or Country Terrace Minocqua II. The June 2023 schedule indicated on a daily basis there were 2 staff scheduled for both facilities during either the day, evening, and/or overnight shift. The July 2023 schedule indicated that for 26 out of 31 days, there were 2 staff scheduled to work both facilities during either the day, evening, and/or overnight shift. On 08/03/2023 at approximately 12:30 p.m., Surveyor interviewed Caregiver M. Caregiver M said s/he normally worked the day shift. S/he said typically there were 4 staff on day shift but s/he had worked with as little as 2 staff. S/he said "a lot of times" there were 2 staff on the evening shift and that is when the residents have behaviors. Surveyor asked which residents required the assistance of 2 staff. Caregiver M said Resident 3 and Resident 4 required the assistance of 2 staff. S/he said that in the adjacent facility, Country Terrace II, Person I required 2 staff at times and Person J required the assistance of 2 - 3 staff. Surveyor asked Caregiver M, if 2 staff were working alone, and they were assisting a resident that required 2 staff in Country Terrace Minocqua II, would that not leave Country Terrace Minocqua I with no staff? Caregiver M said that was "correct." On 08/09/2023 at approximately 9:00 a.m., Surveyor interviewed Director A and Regional	N 396		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015554	A. BUILDING: _____ B. WING _____	R-C 08/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY TERRACE MINOCQUA I	8730 A PACKING PLANT RD MINOCQUA, WI 54548

(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 396	Continued From page 5 Nurse (RN) C. RN C was also identified as the administrator. Surveyor asked for clarification of the schedule as to which staff worked in Country Terrace Minocqua I and which staff worked in Country Terrace Minocqua II. Director A said, "They all work in both sides." Surveyor asked which residents required the assistance of 2 staff for transfers. Director A confirmed what Caregiver M told Surveyor. Surveyor explained the concern that when 2 staff were scheduled to work in both facilities at the same time, and they assisted a resident that required 2 staff, they were leaving one of the facilities with no staff present. RN C said that was the same as any large facility if 2 staff are in a room assisting a resident. Surveyor explained that this was not 1 large CBRF, it was 2 medium CBRFs and they were required to staff each CBRF to meet the needs of the residents. RN C confirmed that s/he understood. The provider did not ensure sufficient staffing on a 24-hour basis to meet the needs of the residents at all times.	N 396		
N 399	83.36(2) Maintain current written staffing schedule Staffing schedule. The CBRF shall maintain a current written schedule for staffing the CBRF. The schedule shall include each employee ' s full name, job assignment and time worked. This Rule is not met as evidenced by: Based on record review and interview, the provider did not maintain an accurate written schedule for staffing the community based residential facility (CBRF).	N 399		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015554	A. BUILDING: _____ B. WING _____	R-C 08/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY TERRACE MINOCQUA I	8730 A PACKING PLANT RD MINOCQUA, WI 54548

(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 399	Continued From page 6 Findings include: The provider is licensed to care for up to 14 residents in the following client groups: physically disabled, irreversible dementia/Alzheimer's disease, terminally ill, advanced age. The facility is connected to the provider's licensed CBRF, Country Terrace Minocqua II. The 2 CBRFs have a shared entrance, lounge area, dining room, and kitchen. On 08/01/2023 at approximately 8:45 a.m., Surveyor interviewed Assistant Director (AD) B. AD B told Surveyor that the staff work both facilities at the same time. On 08/01/2023, Surveyor reviewed the staff schedule for June and July 2023. The schedules indicated they were for facility #33. They did not indicate if the staff were working in Country Terrace Minocqua I or Country Terrace Minocqua II. On 08/09/2023 at approximately 9:00 a.m., Surveyor interviewed Director A and Regional Nurse (RN) C. RN C was also identified as the administrator. Surveyor asked for clarification of which staff worked in which facility. Director A said, "They all work in both sides." Surveyor asked for clarification of which residents resided in Country Terrace Minocqua I and which residents resided in Country Terrace Minocqua II. RN C replied that they were not present in the facility and did not have the information at that time. Surveyor requested to have that information emailed by the end of day. Surveyor did not receive this information. According to the facility's floor plans, Country Terrace Minocqua I had a census of 8. Country Terrace Minocqua II had a census of 7.	N 399		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015554	A. BUILDING: _____ B. WING _____	R-C 08/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY TERRACE MINOCQUA I	8730 A PACKING PLANT RD MINOCQUA, WI 54548

(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 399	Continued From page 7 The provider did not maintain an accurate schedule to identify which staff were working in each CBRF.	N 399		
N 452	83.41(3)(b) Food safety. Food safety. Whether food is prepared at the CBRF or off-site, the CBRF shall store, prepare, distribute and serve food under sanitary conditions for the prevention of food borne illnesses, including food prepared off-site, according to all of the following: 1. The CBRF shall refrigerate all foods requiring refrigeration at or below 40°F. Food shall be covered and stored in a sanitary manner. 2. The CBRF shall maintain freezing units at 0°F or below. Frozen foods shall be packaged, labeled and dated. 3. The CBRF shall hold hot foods at 140°F or above and shall hold cold foods at 40°F or below until serving. This Rule is not met as evidenced by: Based on observation and interview, the provider did not serve food under sanitary conditions on 08/01/2023. Findings include: On 07/20/2023, the Department received a complaint alleging unsanitary food preparation and service in the kitchen and hair being found in residents' food during mealtimes.	N 452		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015554	A. BUILDING: _____ B. WING _____	R-C 08/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY TERRACE MINOCQUA I	8730 A PACKING PLANT RD MINOCQUA, WI 54548

(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 452	Continued From page 8 This facility is connected to the provider's adjacent licensed facility, Country Terrace Minocqua II (CTM II), via a shared entrance, kitchen and dining room. Residents from both facilities eat meals in the shared dining room. According to the Wisconsin Food Code Fact Sheet (11/2020), "Employees can prevent foodborne illness by practicing good personal hygiene. This includes proper handwashing, maintaining fingernails, wearing hair restraints and proper clothing..." "Food employees are required to wear hair restraints such as hair nets, hats, and beard nets that are effective in keeping hair under control. (Wisconsin Department of Agriculture, Trade and Consumer Protection, https://www.datcp.wi.gov). On 08/01/2023, Surveyor interviewed Cook D. Cook D indicated s/he was recently promoted to kitchen lead. Cook D reported s/he manages the kitchen, provides caregiving, and passes medications. Cook D indicated s/he took care of everything in the kitchen from ordering food to preparing and serving food. Cook D stated, "The food quality is good." Cook D denied hearing any complaints or concerns about meals. On 08/01/2023, Surveyor observed Cook D preparing and serving the noon meal. Cook D had shoulder length hair and a full beard (the beard extended to the top of Cook D's chest). Cook D was not wearing a beard net and did not have his/her hair pulled back while preparing and serving the noon meal. Cook D was wearing gloves. On 08/01/2023 at 12:45 PM, Surveyor interviewed Resident 1. Resident 1 asked Surveyor if kitchen staff should be wearing hair	N 452		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015554	A. BUILDING: _____ B. WING _____	R-C 08/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY TERRACE MINOCQUA I	8730 A PACKING PLANT RD MINOCQUA, WI 54548

(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 452	Continued From page 9	N 452		

nets and beard nets. Surveyor asked Resident 1 if s/he had any concerns about the meals (food preparation and food service). Resident 1 indicated that other residents had expressed concerns about Cook D's beard and finding hair (beard hair) in food. Resident 1 reported, "A few weeks ago, [Resident 2] and [Person I] (a resident from adjacent facility) found hair in their food around lunch time." Resident 1 stated, "The cook does not wear a beard net or hair net when s/he works in the kitchen."

On 08/01/2023 at 3:30 PM, Surveyor interviewed Caregiver E. Caregiver E was hired on 06/23/2023 and worked second shift. Caregiver E indicated, "About two weeks ago, some staff complained about finding hair in residents' food." Surveyor asked Caregiver E, "Did staff report finding the hair in food to management?" Caregiver E indicated that s/he believed staff reported the concern to management and Caregiver E was told the hair found in residents' food was beard hair from [Cook D].

On 08/02/2023 at 5:15 PM, Surveyor interviewed Caregiver F. Caregiver F had worked at the facility since November 2022. Caregiver F worked on first and second shifts. Caregiver F reported, "During a staff meeting (some time ago), [Regional Nurse (RN) C] told [Cook D] that s/he could not work in the kitchen without wearing a beard net or without shaving his/her beard." Caregiver F indicated that Cook D continued to work in the kitchen and did not wear a beard net or a hair net. Caregiver F reported that about two weeks prior, Caregiver F found hair in [Resident 2's] food during the noon meal. Caregiver F indicated s/he informed Cook D about the hair and asked Cook D to prepare another plate for Resident 2. Caregiver F indicated, "When I told

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015554	A. BUILDING: _____ B. WING _____	R-C 08/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY TERRACE MINOCQUA I	8730 A PACKING PLANT RD MINOCQUA, WI 54548

(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 452	Continued From page 10 [Cook D] that I found a hair in Resident 2's food, [Cook D] responded, 'I showered.'" Caregiver F indicated hair was also found in Person I's food around the same time. Caregiver F reiterated, "During a staff meeting, [RN C] told [Cook D] that [Cook D] needed to either shave or trim his/her beard or wear a beard net in the kitchen. On 08/03/2023 at 11:40 AM, Surveyor interviewed Caregiver G. Caregiver G reported s/he had worked at the facility for about six months. Caregiver G usually worked the overnight (NOC) shift, but sometimes worked 12-hour shifts and started work at 6:00 PM. Caregiver G reported that s/he had found hair in residents' food during dinner meals. Caregiver G stated, "I know what hair looks like, it was beard hair." Caregiver G informed Surveyor that during a staff meeting a few months ago, management told [Cook D], if [Cook D] worked in the kitchen, s/he would need to shave his/her beard or wear a beard net. On 08/08/2023 at 10:00 AM, Surveyor interviewed Director A. Director A reported that staff are required to attend a monthly staff meeting. Director A indicated that during a staff meeting in April 2023, management reviewed their dress code. During the April 2023 staff meeting, Director A informed Surveyor that Director A reminded staff about the dress code expectations (including the expectation for staff with facial hair to keep beards neatly trimmed). Director A told male staff that facial hair needed to be trimmed and neatly kept. Director A told Surveyor Cook D attended the April 2023 staff meeting. Director A informed Surveyor that Cook D was promoted to a kitchen lead position in July 2023. Director A denied hearing any concerns or problems from residents or staff about hair being found in food. Director A informed Surveyor that	N 452		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015554	A. BUILDING: _____ B. WING _____	R-C 08/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY TERRACE MINOCQUA I	8730 A PACKING PLANT RD MINOCQUA, WI 54548

(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 452	Continued From page 11 Cook D met with Regional Head of Dietary (RHD) on 08/07/2023. According to Director A, Cook D was instructed by RHD H to wear a beard net while working in the kitchen. According to Director A, RHD H dropped off beard nets, a kitchen coat, and gloves for Cook D. On 08/08/2023 at 12:40 PM, Surveyor interviewed RN C. Surveyor asked RN C if s/he ever had a conversation with Cook D about wearing a beard net in the kitchen. RN C indicated s/he spoke to Cook D about two months ago about whether Cook D would need to shave and/or trim his/her beard when wearing a N95 mask during outbreaks or periods of quarantine. RN C informed Surveyor RN C did not have a conversation with Cook D about wearing a beard net in the kitchen. RN C informed Surveyor, "The expectation for staff is to have beards neatly trimmed, whether working on the floor or in the kitchen.	N 452		