

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525397	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/23/2024
NAME OF PROVIDER OR SUPPLIER Dove Healthcare - Superior		STREET ADDRESS, CITY, STATE, ZIP CODE 1800 New York Ave Superior, WI 54880	
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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43352</p> <p>Based on observations and interviews, the facility did not ensure each resident is treated with a dignified existence by providing privacy while Resident (R31) was toileting and appropriate clothing was worn when R36 was in dining room. This occurred for 2 of 20 sampled and supplemental residents (R) R31 and R36.</p> <p>Findings include:</p> <p>Example 1</p> <p>R31 was admitted to the facility on [DATE], and has diagnoses that include polyosteoarthritis, congestive heart failure, scoliosis and age related osteoporosis.</p> <p>On 01/23/24 at 10:35 am, Surveyor was walking down the hallway and walked past R31's room. The door was open. Surveyor observed from the hallway R31 sitting on the toilet with the bathroom door open. Anyone walking past R31's room would have been able to see R31 sitting on the toilet in the bathroom with R31's pants down around ankles. Surveyor stood across the hall. About 4 minutes later, Surveyor observed Licensed Practical Nurse (LPN) G walk past R31's room. LPN G did not stop to provide privacy for R31.</p> <p>On 01/23/24 at 10:35 am, Surveyor interviewed Assistant Director of Nursing (ADON) C and told her about Surveyor's observation and asked if they would expect LPN G to stop and provide R31 privacy. ADON C indicated yes, they would.</p> <p>On 01/23/24 at 12:25 PM, Surveyor interviewed R31 and asked if it bothered R31 when in the bathroom anyone walking by could see them sitting on the toilet. R31 indicated it is not what R31 would want, but either that or if R31 would shut the door R31 cannot open the door themselves and would be stuck in the room.</p> <p>46693</p> <p>Example 2</p> <p>(continued on next page)</p>		

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete		
Event ID:		
Facility ID: 525397		
If continuation sheet Page 1 of 23		

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>On 01/22/24 at 11:22 AM, Surveyor observed LPN Y and Certified Nursing Assistant (CNA) T transfer R36 into broda chair without applying pants. CNA T covered R36's legs with a blanket and transported R36 to the dining room where peers were present.</p> <p>On 01/22/24, Surveyor reviewed Minimum Data Set (MDS) that indicated R36 has a Brief Interview for Mental Status (BIMS) score of 9 indicating moderately impaired cognition, and R36 requires assistance for dressing lower body.</p> <p>On 01/22/24 at 12:15 PM, Surveyor interviewed ADON C and Nursing Home Administrator (NHA) A about the above observation and asked what the expectation is for resident being dressed and in the dining room. ADON C stated that some residents will go to the dining room in their pajamas and whatever they are comfortable in. Surveyor asked if it is acceptable to have a resident wearing a brief and no regular pants on but just covered with a blanket. ADON C replied it is not acceptable. Surveyor informed NHA A and ADON C that R36 is currently wearing a brief and no regular pants, covered in a blanket, in the dining room with peers. ADON C stated that the staff should know better and ADON C will immediately address the issue.</p>		

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F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30570</p> <p>Based on record review and interview, the facility did not obtain written consent, explaining medication risks and benefits, options, and alternatives when psychotropic medications were initiated and every 15 months thereafter. The facility practices affected 4 of 5 residents reviewed for unnecessary medications (R35, R21, R51, R39).</p> <p>This is evidenced by:</p> <p>Surveyor requested and reviewed the facility policy titled Use of Psychotropic Medication with date implemented 11/04/2023. The policy in part reads:</p> <p>~Residents and/or representatives shall be educated on the risks and benefits of psychotropic drug use .</p> <p>~The written, informed consent of any patient shall first be obtained .</p> <p>~Informed consent means written consent voluntarily signed by a patient who is competent and who understands the terms of the consent or by the patient's legal guardian .</p> <p>~The time period for which the consent is effective, which shall be no longer than 15 months from the time the consent is given .</p> <p>Example 1</p> <p>Surveyor reviewed R35's record and noted his physician orders included:</p> <p>~Celexa 20 mg by mouth one time a day for anxiety/depression related to major depressive disorder, single episode, unspecified anxiety disorder. Start date: 8/23/22.</p> <p>~Risperidone 1 mg three times a day for restlessness. Start Date: 1/16/24.</p> <p>Record shows the Risperidone was initiated 7/21/23.</p> <p>R35's Medication Administration Record (MAR) shows R35 received Celexa from January 2023 to present and the Risperidone since initiated on 7/21/23.</p> <p>R35's record notes consent for medication as follows:</p> <p>Medication: Citalopram (Celexa) 10-40 mg daily</p> <p>Diagnosis/Reason for use: Major depressive disorder and anxiety disorder</p> <p>The consent notes possible risks and side effects as well as statement of consent: I approve the use of the medication listed.</p> <p>(continued on next page)</p>		

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<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Via phone via Twin Ports Guardianship. There is no written consent or signature of R35's guardian. The consent is dated 1/13/22 and was not updated.</p> <p>No consent was in the record for R35's Risperidone.</p> <p>Example 2</p> <p>Surveyor reviewed R21's record and noted the following physician orders:</p> <p>~Seroquel tablet 25 mg, 2 tablets by mouth one time a day, give at noon, Start Date: 11/11/23. Initiated: 11/24/21.</p> <p>~Seroquel tablet 25 mg, 3 tablets two times a day for agitation related to major depressive disorder, single episode. Start Date: 11/11/23. Initiated: 11/24/21</p> <p>~Venlafaxine 150 mg one time a day related to major depressive disorder, single episode. Start date: 11/17/22. Initiated: 6/21/2018.</p> <p>R21's MAR shows R21 received Seroquel and Venlafaxine from January 2023 to present.</p> <p>R21's record notes consent for medication as follows:</p> <p>Medication: Quetiapine (Seroquel) 12.5 mg-800 mg daily</p> <p>Diagnosis/Reason for use: Major depressive disorder</p> <p>The consent notes possible risks and side effects as well as statement of consent: I approve the use of the medication listed.</p> <p>Via phone via Twin Ports Guardianship. There is no written consent or signature of R35's guardian. The consent is dated 1/13/22 and was not updated.</p> <p>Medication: Venlafaxine 25 mg-375 mg daily</p> <p>Diagnosis/Reason for use: Major depressive disorder</p> <p>The consent notes possible risks and side effects as well as statement of consent: I approve the use of the medication listed.</p> <p>Via phone via Twin Ports Guardianship. There is no written consent or signature of R21's guardian. The consent is dated 1/13/22 and was not updated.</p> <p>Example 3</p> <p>Surveyor reviewed R51's physician orders and noted the following current orders:</p> <p>(continued on next page)</p>		

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<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>~Risperidone oral Tablet 1 MG, give 1 mg by mouth two times a day related to dementia in other diseases classified elsewhere, unspecified severity with other behavioral disturbance. Start date: 1/6/2024.</p> <p>~Trazodone oral tablet 100 MG, Give 1.5 tablet by mouth at bedtime. Start date: 1/06/24.</p> <p>~Trazodone oral tablet 50 MG, give 50 mg by mouth as needed for restlessness and agitation, take one tab twice a day PRN (as needed). Start date: 12/30/23. Initiated: 5/25/22.</p> <p>~Lorazepam oral tablet 0.5 MG, give 0.25 mg by mouth every 4 hours as needed for Pain-Moderate related to generalized anxiety disorder. Start date: 12/30/2023.</p> <p>R51's MAR shows R51 received the Risperidone and Trazodone at bedtime since 1/06/24, Trazodone 50 mg as needed from January 2023 to present, and the Lorazepam as needed since 12/30/23.</p> <p>R51's record notes consent for medication as follows:</p> <p>Medication: Trazodone (no dosage is noted)</p> <p>Diagnosis/Reason for use: Sleep</p> <p>The consent notes possible risks and side effects as well as statement of consent: I approve the use of the medication listed.</p> <p>Via phone, there is no written consent or signature of R51's guardian. The consent is dated 5/02/22 and was not updated.</p> <p>No consent was located in the record for R51's Risperidone or Lorazepam.</p> <p>On 1/22/24 at 10:19 a.m., Surveyor interviewed Assistant Director of Nursing (ADON) C regarding the facility policy for obtaining written consent for psychotropic medications. ADON C indicated the facility obtains consent prior to initiating medications and at least every 15 months. Often verbal consents are obtained over the phone and the written consents are emailed or sent out to the representatives. The facility conducted a whole building audit of consents approximately 2 months ago as they noticed many were missing or outdated. The facility was in the process of obtaining consents for residents on psychotropic medications but not all have been returned. R35, R21 and R51 do not have current consents for administration of their psychotropic medications they are receiving.</p> <p>49353</p> <p>Example 4</p> <p>Surveyor reviewed R39's current physician orders and noted R39 is currently ordered the following:</p> <ul style="list-style-type: none"> - 10/27/23: Olanzapine 2.5 mg given by mouth two times a day for agitation related to restlessness and agitation - 1/18/23: Citalopram hydrobromide 10 mg every morning for major depressive disorder <p>(continued on next page)</p>		

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<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Surveyor noted R39 has an Activated Power of Attorney (POA) for health care decisions.</p> <p>R39 was admitted on [DATE] with diagnoses including dementia with agitation, restlessness and agitation, depression, and Alzheimer's disease with late onset.</p> <p>Surveyor reviewed R39's record and found informed verbal consent for olanzapine from POA via phone dated 1/13/22 and Citalopram verbal consent from POA via phone dated 12/16/21 with no written consent obtained.</p> <p>Surveyor reviewed R39's MAR since last survey and noted the following:</p> <p>On 7/10/22, olanzapine 2.5 mg twice a day for agitation related to restlessness and agitation was ordered and administered until discontinued on 10/5/23. An additional order for olanzapine 5 mg given at bedtime for agitation related to restlessness and agitation was ordered and administered beginning 10/27/22 and discontinued 7/27/23. On 10/28/23, olanzapine 2.5 mg given twice a day for agitation related to restlessness and agitation was ordered and administered through date of survey. No new written consent was obtained from POA, and no documentation was found updating POA of this change.</p>		

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<p>F 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Allow resident to participate in the development and implementation of his or her person-centered plan of care.</p> <p>30570</p> <p>Based on interviews and record review, the facility did not involve residents and/or their representatives in the care planning process when changes were made during the Minimum Data Set (MDS) assessment periods. The facility practice affected 4 of 19 sampled and supplemental residents (R35, R21, R51 and R5).</p> <p>This is evidenced by:</p> <p>Surveyor requested and reviewed the facility policy titled Care Planning-Resident Participation with date implemented 08/02/23. The policy in part reads:</p> <p>~The care planning process will include an assessment of the resident's strengths and needs and will incorporate the resident's personal and cultural preferences in developing goals for care.</p> <p>~The facility will discuss the plan of care with the resident and/or representatives at regularly scheduled care plan conferences and allow them to see the care plan, initially at routine intervals, and after significant changes.</p> <p>Example 1</p> <p>Surveyor reviewed R35's MDS assessments and noted they were completed as follows:</p> <p>03/17/23 Annual assessment</p> <p>06/16/23 Quarterly assessment</p> <p>07/17/23 Significant Change in Status assessment</p> <p>10/17/23 Quarterly assessment</p> <p>Surveyor reviewed R35's Interdisciplinary Team (IDT) care conference notes. The notes show R35's guardian was involved in the care planning process on 07/03/23. There is no evidence R35's guardian was involved in the care planning process when MDS assessments were completed and prompted changes to his plan of care on 03/17/23, 06/16/23, or 10/17/23.</p> <p>Example 2</p> <p>Surveyor reviewed R21's MDS assessments and noted they were completed:</p> <p>02/10/23 Annual assessment</p> <p>05/12/23 Quarterly assessment</p> <p>08/11/23 Quarterly assessment</p> <p>(continued on next page)</p>		

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<p>F 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>11/11/23 Quarterly assessment</p> <p>Surveyor reviewed R21's IDT care conference notes. The notes show R21's guardian was involved in the care planning process on 08/11/23. There is no evidence R21's guardian was involved in the care planning process when MDS assessments were completed and prompted changes to his plan of care on 02/10/23, 05/12/23, or 11/11/23.</p> <p>Example 3</p> <p>R51 had MDS assessments completed:</p> <p>02/17/23 Quarterly assessment</p> <p>05/19/23 Quarterly assessment</p> <p>08/18/23 Annual assessment</p> <p>11/16/23 Quarterly assessment.</p> <p>Surveyor reviewed R51's IDT care conference notes. The notes show R51's guardian was involved in the care planning process on 02/21/23, 08/11/23 and 12/19/23. There is no evidence R51's guardian was involved in the care planning process when MDS assessments were completed and prompted changes to her plan of care on 05/19/23.</p> <p>On 01/22/24 at 2:05 p.m., Surveyor spoke with MDS Coordinator Registered Nurse (RN) E and Social Worker (SW) D regarding resident and/or representative involvement in the care planning process. RN E explained the facility completes MDS assessments on at least a quarterly basis. The MDS assessments prompt changes to resident plans of care. A care conference is scheduled 2-3 weeks after the MDS assessment is completed. Residents and/or their representatives should be invited to attend the conferences to discuss their plan of care. The facility identified the care conferences did not always include residents and/or their representatives. Starting this week and going forward the facility plans to include residents and/or their representatives in the care conference meetings.</p> <p>17661</p> <p>Example 4</p> <p>On 01/23/24 at 7:23 AM, Surveyor interviewed R5 regarding R5's input into her care. R5 could not recall if care plan meetings were held but believed that it had been a while since she met with staff. R5 stated, I haven't had a meeting in quite some time, not lately. My mom comes to the care conference, but she said she hasn't had one in a long time.</p> <p>Surveyor asked R5 how important it was for her to be involved in her care. R5 stated, It's very important for me to have some say in my care, but this isn't the case lately. I would like to be able to speak for myself.</p> <p>R5 further stated that she cannot remember the last time a care plan meeting was held.</p> <p>(continued on next page)</p>		

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<p>F 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R5 has a comprehensive care plan that includes the problem of Alteration in psychosocial well-being related to ongoing adjustment to facility and current health condition for a medical diagnosis of schizoaffective disorder. Included in the approaches to assist R5 with her psychosocial needs was, .</p> <p>Will invite resident and family to care conferences quarterly. This approach was dated 11/28/22.</p> <p>In reviewing R5's medical record, Surveyor identified that the facility completed an annual MDS on 01/27/23 and held a care plan conference for this assessment on 02/09/23.</p> <p>The facility completed three additional quarterly assessments dated 04/28/23, 07/28/23, and 10/28/23, in which there was no evidence that a care plan session was held with R5 or Guardian.</p> <p>On 01/22/24 at 3:58 PM, Surveyor interviewed Assistant Director of Nursing (ADON) C. ADON C stated the facility has fallen behind on care plan conferences. If it isn't documented in the medical record, it wasn't completed. ADON C stated it was the responsibility of the former social worker to set up the meetings and document that they were completed.</p> <p>On 01/23/24 at 9:35 AM, Surveyor interviewed Regional Director of Operations (RDO) U. RDO U stated the facility had identified an issue with care plan conferences and had started a plan to correct this morning. RDO U stated the correct process is to complete these conferences in coordination with the MDS's with resident and/or resident representative's input. RDO U stated the facility recently hired a new MDS Coordinator in order to resolve the problem.</p>		

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49353</p> <p>Based on record review and interview, the facility did not conduct a Preadmission Screening and Resident Review (PASARR) for 2 of 3 residents reviewed (R12 and R15) within 30 days of admission to ensure individuals with a serious mental disorder received care and services in the most integrated setting possible.</p> <p>This is evidenced by:</p> <p>The facility policy, entitled Resident Assessment - Coordination with PASARR Program, with a date implemented of 09/01/23, reads in part The Level II resident review must be completed within 40 calendar days of admission.</p> <p>Example 1</p> <p>Surveyor reviewed R12's record and noted R12 was admitted on [DATE] with diagnoses that included anxiety disorder, vascular dementia, bipolar disorder, and major depressive order.</p> <p>R12's orders include:</p> <p>11/04/23: divalproex sodium 2 tablets once a day for major depression</p> <p>11/05/23: fluoxetine 40 mg once a day for major depression</p> <p>Surveyor reviewed R12's record and could not locate a Level 1 PASARR.</p> <p>On 01/22/24 at 1:11 p.m., Surveyor interviewed Social Worker (SW) D regarding PASARR not in R12's record. SW D provided Surveyor with a completed PASARR for R12 with a date signed as 08/19/21. Surveyor asked SW D if there was an updated PASARR for R12 as this one was completed during a prior admission on 01/05/21 with a discharge return not anticipated on 01/21/21. Surveyor asked SW D whose responsibility it is to ensure PASARR is completed. SW D stated it is her role. Surveyor asked SW D to explain procedure and expectations for when a PASARR is filled out and when prior admission information can be used. SW D stated that the expectation would be to fill out a new PASARR for any new admission that has discharged from the facility over a year prior to new admission. SW D states that she follows the guidelines provided in the PASARR packet provided by Department of Health Services.</p> <p>43352</p> <p>Example 2</p> <p>R15 was admitted on [DATE], and has diagnoses that include type 2 diabetes, dysphasia, Parkinsonism, delusional disorder, and dysthymic disorder.</p> <p>Surveyor reviewed R15's level 1 screen dated 10/13/23 and it indicated that R15 was a short-term exemption entering the nursing facility from a hospital for the purpose of convalescing from a medical problem for 30 days or less.</p> <p>(continued on next page)</p>		

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>On 01/22/24 at 7:35 AM, Surveyor interviewed Assistant Director of Nursing (ADON) C to ask where Surveyor would find PASARR in the resident's electronic file. ADON C indicated that the social worker has them and ADON C would get it.</p> <p>On 01/22/24 at 7:45 AM, ADON C brought Surveyor R15's Level I and indicated that R15 does require a level II and they were starting it now.</p> <p>R15 has been in the facility over 30 days and a Level II was not started.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<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** 40590</p> <p>Based on interview and record review, the facility did not ensure 1 of 18 sampled residents (R3) has a comprehensive individualized care plan for peripheral catheter, multiple drug resistant organisms (MDRO), or transmission based precautions (TBP) to meet the needs of the resident.</p> <p>This is evidenced by:</p> <p>R3 was admitted to the facility on [DATE] and has diagnoses that include spina bifida, post-surgical malabsorption, ileus, neurogenic bowel, resistance to vancomycin, neurogenic bladder, sepsis due to unspecified organism, sepsis due to enterococcus, sepsis due to other specified staphylococcus, calculus of kidney, and terminal atrophy of kidney.</p> <p>R3 has a peripherally inserted central catheter (PICC) line in right chest for intravenous (IV) fluid access and lab draws.</p> <p>R3's physician orders state, change PICC dressing every Thursday in the afternoon, with order active on 08/10/23 and Heparin Sodium Lock Flush Intravenous Solution 100 UNIT/ML Use 5 ml intravenously in the morning every Monday, Wednesday, Friday for prevention of closure of indwelling catheters with IV fluids with order active date of 07/26/23.</p> <p>R3 has a urostomy and nephrostomy. Nursing staff state that the nephrostomy tube drains 70% of urine while the urostomy drains 30% of urine. R3 has spina bifida which has caused a neurogenic bladder and terminal atrophy of kidneys with kidney stones. R3's medical record shows that R3 has MDROs which include Vancomycin Resistant Enterococcus (VRE), Methicillin Resistant Staphylococcus Aureus (MRSA) and Extended-Spectrum Beta-Lactamases (ESBL) in his urine.</p> <p>R3 is observed in TBP-contact precautions. There is a sign on R3's door that states, contact precaution with what to wear guidelines for the type of personal protective equipment (PPE) for staff.</p> <p>On 01/21/24 at 12:00 p.m., Surveyor interviewed R3 about the PICC line. R3 states R3 has had this PICC line since his bowel surgery about [AGE] years ago. R3 states the PICC line is changed every year and is used for access to provide fluids due to malabsorption issues that causes dehydration. R3 was admitted to the facility with PICC line.</p> <p>Surveyor could not locate a comprehensive care plan for R3's PICC line, TBP or MDROs.</p> <p>On 01/22/24 at 10:20 AM, Surveyor requested a copy of R3's care plan for PICC line, TBP and MDROs.</p> <p>On 01/22/24 at 3:00PM, Surveyor received R3's care plan for PICC line, TBP and MDROs with created date of 01/22/24, after Surveyor's request.</p> <p>On 01/23/24 at 10:20 AM, ADON C stated that R3 is on contact precautions due to the 3 MDROs and has been on contact precautions since ADON C has been here and that is since 09/01/23.</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41945</p> <p>Based on record review and interview, the facility did not review and revise the comprehensive care plan, for 1 of 18 sampled residents (R), R432, for increased pain/pain management or changes in activities of daily living (ADLs) for fractures of right and left humerus.</p> <p>Findings include:</p> <p>R432 was admitted to the facility on [DATE] (original admission) and readmitted to the facility on [DATE] following hospitalization with diagnoses including but not limited to unspecified fracture of humerus left arm, unspecified fracture of shaft of right arm, multiple myeloma without having achieved remission, Parkinson's disease, and dementia.</p> <p>Minimum Data Set (MDS) assessment dated [DATE] discharge-return anticipated indicates Brief Interview for Mental Status (BIMS) score is 0 out of 15, which indicates severe cognitive impairment. R432 required substantial/maximum assistance with eating, dependent with transfers, personal hygiene, and dressing.</p> <p>R432 sustained a fall on 01/02/24 with pain in right arm. On 01/04/24, x-ray of right arm conducted, and results indicated a fracture at the surgical neck of the right humerus. Right arm placed in sling. Care plan only updated on 01/04/24 for Physical Therapy (PT) to evaluate and treat. Care plan was not updated for increased pain and pain management and change in activities of daily living (ADL).</p> <p>R432 was hospitalized on [DATE] for increased pain in arms. R432 sustained a right and left humerus fracture and had bilateral humerus intramedullary nail operative procedure. R432 returned to the facility on [DATE].</p> <p>On 01/22/24 Surveyor reviewed R432's care plan and care plan was not updated following hospitalization for pain management, and changes in ADLs.</p> <p>Surveyor reviewed findings with Assistant Director of Nursing (ADON) C, who had no further information to add.</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46693</p> <p>Based on observation, interview and record review, the facility failed to provide care, consistent with standards of practice, to prevent pressure injury, prevent infection, and prevent new pressure injuries from forming for 1 of 1 resident (R) reviewed for pressure injuries. (R36)</p> <p>-R36 was not repositioned or offered repositioning per care plan.</p> <p>-Facility failed to provide adequate cushion for wheelchair for resident with stage 3 pressure injury.</p> <p>-Facility failed to provide appropriate hand hygiene, glove changes, order of treatment, sanitizing table and lying down barrier for work area during wound care.</p> <p>Findings include:</p> <p>Repositioning:</p> <p>According to the National Pressure Injury Advisory Panel (NPIAP) 2019, page 115, . Repositioning and mobilizing individuals is an important component in the prevention of pressure injuries. The underlying cause and formation of pressure injuries is multifaceted; however, by definition, pressure injuries cannot form without loading, or pressure, on tissue. Extended periods of lying or sitting on a particular part of the body and failure to redistribute the pressure on the body surface can result in sustained deformation of soft tissues and, ultimately, in tissue damage .</p> <p>According to Wound Care Education Institute (WCEI) 2018, for immobile or bed bound individuals, a full change in position should be conducted a minimum of every two hours. Some individuals require more frequent repositioning due to their high-risk status.</p> <p>On 01/21/24 at 2:28 PM, Surveyor noted R36 has a new or worsened pressure injury (PI) noted on the facility's roster matrix. R36 was admitted on [DATE] with diagnoses including, in part, stroke, diabetes, abnormal mobility, weakness, and a PI on her lower spine area. Since admission, R36 developed new PIs to left lateral foot, right buttocks, left elbow, and right elbow.</p> <p>MDS dated [DATE] indicates R36 has a BIMS of 9 indicating moderately impaired cognition, impaired range of motion to upper and lower extremities on one side, uses a wheelchair (w/c), always incontinent of bowel and bladder, has occasional pain, is at risk for PI's, and has 1 stage 2 PI, receives pressure reducing device in w/c and bed and PI care.</p> <p>Surveyor reviewed R36's care plan with a target date of 03/25/24 which identifies interventions for pressure ulcers that includes, in part, . offer 1-2 hour repo and encourage off loading when up in w/c .</p> <p>On 01/22/24 at 7:31 AM, Surveyor observed R36 was up at 90 degrees angle in broda chair in the dining room. Surveyor provided continuous observation and noted the following:</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-On 01/22/24 at 8:45 AM, staff moved R36 in front of the television. No repositioning or offering of repositioning was attempted.</p> <p>-On 01/22/24 at 9:19 AM, Family Member DD arrived and wheeled R36 to R36's room.</p> <p>-On 01/22/24 at 10:35 AM, Family Member DD came out in the hallway and informed Registered Nurse (RN) E that R36 is complaining that R36's bottom is sore. RN E stated RN E will get staff to assist R36.</p> <p>-On 01/22/24 at 10:37 AM, Surveyor noted that R36 was leaning forward and to the left in broda chair.</p> <p>-On 01/22/24 at 10:41 AM, CNA T and CNA CC arrived and assisted R36 to bed.</p> <p>On 01/22/24 at 10:41 AM, Surveyor observed that R36 had a small scab on lateral right foot and 2 open areas on lower vertebrae area. CNA T and CNA CC placed R36 on right side in bed, applied heelless boots and cushion between legs. Surveyor also observed R36's w/c has a bright yellow eggcrate cushion. Surveyors asked CNAs how they know what cares residents need. CNA CC showed Surveyor the flow sheet. Flow sheet did not include how often residents are toileted or repositioned except for the night shift. CNA T stated CNA T knows because CNA T was told and has been working in the facility for 3 months. CNA CC said they also told CNA CC earlier.</p> <p>Surveyor asked CNAs about the time R36 was gotten up in her w/c. CNA CC reported CNA CC got resident up around 7:30 AM. Surveyor then asked how often R36 needs to be checked for incontinence and repositioned. CNA CC stated that things are different when Family Member DD comes. CNA CC stated CNA CC aware R36 is to be checked and repositioned every 2 hours.</p> <p>Surveyor observed at least 3 hours and 10 minutes passed since R36 was repositioned.</p> <p>On 01/22/24 at 11:17 AM, Assistant Director of Nursing (ADON) C was informed of the lack of timely repositioning and came to R36's room and showed Surveyor that the broda chair is off loading. Surveyor informed ADON C that R36 was under continuous observation and R36 was not repositioned in the chair.</p> <p>Wheelchair cushion:</p> <p>The facility policy titled, Pressure injury Prevention Guidelines, dated 09/01/23, To prevent the formation of avoidable pressures injuries and to promote healing of existing pressure injuries, it is the policy of this facility to implement evidenced-based treatments for all residents who are assessed at risk or who have a pressure injury present.</p> <p>National Institutes of Health, National Library of Medicine, May, 2021 states, . Foam surfaces (convoluted foam) may increase pressure ulcer incidence compared with alternating pressure (active) air surfaces and reactive air surfaces. Alternating pressure (active) air surfaces are probably more cost effective than foam surfaces in preventing new pressure ulcers .</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Wound Care Education Institute, 2011, states in relation to individuals at risk for the development of pressure injuries, Place at-risk individuals on a pressure-redistribution surface .avoid the use of donut-type devices, egg crates and sheepskin .Continue to turn and reposition, where possible, all individuals at risk of developing pressure ulcers even when on a support surface .</p> <p>On 01/22/24 at 10:41 AM, Surveyor observed a bright yellow eggcrate cushion was used in R36's w/c.</p> <p>On 01/23/24 at 12:23 PM, Surveyor interviewed Occupational Therapist (OTR) BB who confirmed that hospice provides their own cushions. OTR BB stated that OTR BB would not have advised the egg create cushions because eggcrate cushions are not recommended in long term care facilities.</p> <p>Infection Control during Wound Care:</p> <p>On 01/22/24 at 11:05 AM, Surveyor observed wound care. LPN Y and CNA T sanitized hands and donned gloves. LPN Y gathered supplies and placed on overbed table without cleaning table and placing barrier down. CNA T rolled R36 on right side and opened brief. R36's buttocks was red with indentations from the eggcrate cushion. LPN Y wiped R36's buttocks with disposable wipes and a small amount of feces was removed. LPN Y discarded the soiled wipe in garbage; however, LPN Y did not remove gloves and sanitize hands. LPN Y then removed old dressing, reached into clean 4x4 gauze package and grabbed a few 4x4's. LPN Y sprayed wound cleaner on 4x4's then dabbed wound. Wound is approximately 1cm with depth and slough on base of wound. LPN Y discarded soiled 4x4's then with the same contaminated gloves applied new bordered foam dressing. LPN Y then removed soiled brief and gloves and discarded in trash. Brief contained a small amount of urine. LPN Y did not sanitize hands and applied new gloves. LPN Y then took betadine swab on cotton ball and painted right great toe, doffed gloves, and sanitized hands. LPN Y also failed to complete treatments in order to ensure the worst wound is completed lastly.</p> <p>On 01/23/24 at 7:15 AM, Surveyor interviewed Nursing Home Administrator (NHA) A and ADON C. Surveyor informed them of the above noted concerns during dressing change. ADON C and NHA A agreed that it was not an acceptable practice.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>30570</p> <p>Based on observation, record review and interview, the facility did not distribute fluids in a manner to prevent contamination. The facility practice has the potential to affect 11 of 25 sampled and supplemental residents who are served meals in their rooms on the second floor (R38, R70, R12, R40, R53, R21, R68, R60, R57, R55 and R30).</p> <p>This is evidenced by:</p> <p>Surveyor requested and received the facility policy titled Food Safety Requirements with a date implemented 9/01/23. The policy in part states:</p> <p>~Food Distribution means the process involved in getting food to the residents.</p> <p>~Food safety practices shall be followed throughout the facility's entire food handling process. This process begins when food is received from the vendor and ends with deliver of food to the resident.</p> <p>~Foods and beverages shall be distributed and served in a manner to prevent contamination .</p> <p>Example #1:</p> <p>Surveyor observed lunch service on 01/21/24 and breakfast service on 01/22/24 on the second floor. Surveyor observed staff to pour beverages and transport them to residents on their meal tray to their rooms without cover.</p> <p>On 01/21/24 at 11:55 a.m., Surveyor observed lunch service on the second floor. Surveyor observed staff to pour milk and apple juice to glasses and transport the beverages on resident trays to their rooms without cover.</p> <p>On 01/22/24 at 7:52 a.m., Surveyor observed meal service on the second floor. Staff were observed pouring beverages into glasses, placing them on resident trays without cover and distributing the trays to residents down the three halls on the second floor.</p> <p>On 01/22/24 at 11:40 a.m., Surveyor interviewed Certified Nursing Assistant (CNA) I, J and K, Activity Director (AD) L and Activity Aide (AA) M about the observations. CNA I indicated CNA I has worked at the facility many years and as far as CNA I remembers the fluids have been served out of the units kitchenette without cover. The beverages that come from kitchen are covered. CNA I expressed CNA I understands the need for covers and the infection control issue. Stating the beverages should be covered.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 01/23/24 at 8:28 a.m., Surveyor interviewed Dietary Manager (DM) F regarding the facility expectation of food and drink being covered during distribution. DM F expressed all food and fluids need to be covered during distribution to prevent the spread of infection. DM F further expressed DM F has only been on staff a week and was unaware staff on units were not covering beverages during distribution to residents who eat in their rooms. DM F indicated she became aware of the concern yesterday and provided lids on the unit as well as on resident trays to make sure all fluids are covered during distribution, going forward. Surveyor requested a list of residents who routinely are served meals in their rooms on the second floor and are affected by this practice. DM F provided Surveyor with a list identifying R38, R70, R12, R40, R53, R21, R68, R60, R57, R55 and R30 as individuals routinely served meals in their rooms on the second floor.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49353</p> <p>Based on observation and record review, the facility did not establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. This deficient practice has the potential to affect 78 of the 78 residents residing in the facility at the time of the survey.</p> <p>The facility did not have a clear water management process or plan in effect to prevent transmission of Legionella infection.</p> <p>Certified Nursing Assistant (CNA) T picked up R74's nasal oxygen tubing from the floor and placed the contaminated tubing in R74's nose.</p> <p>Meal tray delivery was observed in which staff did not wash or sanitize their hands from one resident to the next.</p> <p>Insulin administration was observed in which staff did not sanitize or glove prior to administration of the medication.</p> <p>Findings include:</p> <p>Example 1</p> <p>Surveyor reviewed the facility policy titled, Water Management Program, with an implemented date of 09/01/23 and referenced from Centers for Medicaid and Medicare Services, American Society of Heating and Air-Conditioning Engineers, and US Department of Health and Human Services. Included in the policy is: .Maintenance Director maintains documentation of facility's water system in water management program binder.</p> <p>Surveyor reviewed the facility policy titled, Legionella Surveillance with an implemented date of 09/01/23 and referenced US Department of Human Services and Centers for Disease Control and Prevention that states, . water management team will regularly monitor water quality parameters, disinfectant residual and temperature levels are maintained at a level no lower than 108 degrees (Legionella's preferred temperature of growth is between 77-113 degrees Fahrenheit).</p> <p>The facility's water management plan (WMP) was not based on current standards of practice and did not:</p> <ul style="list-style-type: none"> - Describe the building's water system in the policy and in a flow diagram of the system to include an assessment of the facility's water system to identify all locations where Legionella could grow and spread that pertained to the individual facility. - Identify where control measures should be applied. - Include a process to confirm the WMP was being implemented and was effective. <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>- Document and communicate all the activities.</p> <p>- Include a water management team that reviews processes to the individual facility.</p> <p>Surveyor noted no existence of a flow diagram specifying any distinguished locations or areas where Legionella could grow, spread, or any measures to control the possible spread.</p> <p>The WMP policy did not entail any monitoring risk measures, water sampling frequencies, or any documentation about measures to avoid Legionella infections.</p> <p>Surveyor noted the facility's WMP did not document specific names, contact information, or assignments of the individuals on the team, and the plan did not contain all the control points or measures taken to reduce Legionella. The WMP did not address dead legs throughout the facility.</p> <p>On 01/23/24 at 11:25 am, Surveyor interviewed Director of Maintenance (DM) Z regarding the water management program, Legionella surveillance, water temperature logs, and maintenance with Nursing Home Administrator (NHA) A in attendance. DM Z stated that currently DM Z is the only one who documents in the binder and on a weekly basis. DM Z states using an electronic based program that gives DM Z weekly work order reminders and to print temperature logs. DM Z stated there is currently no system in place for actionable water management and monitoring and currently DM Z is completing a weekly temperature log of a random hall/area of building and recording temperatures. Surveyor reviewed for last 12 months of logs. Surveyor asked DM Z how DM Z knew what temperature levels to monitor for and he responded, I don't know. I just always knew that temps shouldn't exceed 115 degrees but preferred between 110-112 degrees per state regulation. DM Z does not have any reference chart or anything for that. DM Z stated the only surveillance currently being conducted is once a month opening the valve on the boiler tank and filling a 5-gallon bucket where he visually observes for any rust or other particles seen in the water. DM Z was unable to provide any documentation of treatment to water from any outside source to prevent contamination. NHA A verbally acknowledged that no current policy for Legionella management was in place and that they were working on putting one together at time of survey.</p> <p>43352</p> <p>Example 2</p> <p>R74 was admitted to the facility on [DATE] and has diagnoses that include encephalopathy, congestive heart failure, and carcinoma of bladder.</p> <p>R74's Minimum Data Set (MDS) assessment indicated that R74 has a Brief Interview for Mental Status (BIMS) of 03 which indicates that R74's cognition is severely impaired.</p> <p>On 01/22/24 at 10:33 AM, Surveyor observed R74 coming out of R74's room with the O2 tubing and canula dragging behind R74 on the floor. Certified Nursing Assistant (CNA) T saw R74 without their O2 on and picked up the oxygen tubing from the floor and put the oxygen tubing canula back in R74's nose.</p> <p>On 01/23/24 at 2:55 PM, Surveyor interviewed Assistant Director of Nursing (ADON) C and asked if that was their practice to pick up the oxygen tubing from the floor and place back into resident's nose. ADON C indicated the CNA should have thrown away the tubing and replaced it with new tubing.</p> <p>(continued on next page)</p>		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	40590 Example 3 The facility policy entitled, Transmission-Based (Isolation) Precautions, dated 01/05/24, states, Contact Precautions-Intended to prevent transmission of pathogens that are spread by direct or indirect contact with the resident or the resident's environment. Healthcare personnel caring for residents on contact precautions wear a gown and gloves for all interactions that may involve contact with the resident or potentially contaminated areas in the resident's environment. Donning personal protective equipment (PPE) upon room entry and discarding before exiting the room is done to contain pathogens, especially those that have been implicated in transmission through environmental contamination (e.g. VRE, C. difficile, noroviruses and other intestinal tract pathogens, RSV). Contact precautions will be used for residents infected or colonized with MDROs. R3 was admitted to the facility on [DATE] and has diagnoses that include spina bifida, post-surgical malabsorption, ileus, neurogenic bowel, resistance to vancomycin, neurogenic bladder, sepsis due to unspecified organism, sepsis due to enterococcus, sepsis due to other specified staphylococcus, calculus of kidney, and terminal atrophy of kidney. R3 has a urostomy and nephrostomy. Nursing staff state that the nephrostomy tube drains 70% of urine while the urostomy drains 30% of urine. R3 has spina bifida which has caused a neurogenic bladder and terminal atrophy of kidneys with kidney stones. R3's medical record shows that R3 has MDROs which include Vancomycin Resistant Enterococcus (VRE), Methicillin Resistant Staphylococcus Aureus (MRSA), and Extended-Spectrum Beta-Lactamases (ESBL) in his urine. R3 was observed in TBP-contact precautions. There was a sign on R3's door that states, contact precautions with what to wear guidelines for the type of personal protective equipment (PPE) for staff. What to wear guidelines state that staff should wear a gown and gloves prior to entering room. On 01/23/24 at 10:00 AM, Surveyor observed staff in R3's room. There was a privacy curtain pulled but the door was open. A staff member could be heard by Surveyor stating to R3, Okay, let me get some gloves. Staff appeared from behind the curtain; staff had a face mask on, but no gloves and no gown. CNA H went to the door and removed a pair of gloves. CNA H then closed the door. On 01/23/24 at 10:05 AM, CNA H came out of R3's room. Surveyor interviewed CNA H and asked about contact precautions and what to wear guidelines. CNA H stated that R3 is on contact precautions for wound care to an abrasion on his shin. CNA H stated that she should be wearing gloves, mask, and a gown if needed. CNA H stated that the gowns are in R3's closet in his room behind the door and staff have access to them. (continued on next page)		

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NAME OF PROVIDER OR SUPPLIER Dove Healthcare - Superior		STREET ADDRESS, CITY, STATE, ZIP CODE 1800 New York Ave Superior, WI 54880	
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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 01/23/24 at 10:15 AM, Surveyor interviewed ADON C regarding expectations of staff with contact precautions. ADON C's expectations of staff are to follow the guidelines that are posted on R3's door. Staff should be wearing gloves, mask and gown if dealing with urine and he's like, enhanced barrier precautions. ADON C stated R3 is on contact precautions due to 3 MDROs. ADON C stated that R3 has been on contact precautions since ADON C has been here since 09/01/23. Surveyor requested documentation with TBP implementation date.</p> <p>On 01/23/24 at 11:30 AM, ADON C stated that there is no nursing documentation for R3's TBP. The date TBP were implemented for R3 is unknown.</p> <p>Hand Hygiene</p> <p>Example 4</p> <p>On 01/22/24 at 12:41 PM, Surveyor observed R66 coming back from being weighed. R66 uses R66's hands to self-propel R66's wheelchair to the dining room table. Upon being served breakfast, staff did not offer hand hygiene to R66.</p> <p>17661</p> <p>Example: 5</p> <p>On 01/22/24, Surveyor observed tray delivery of the noon meal to residents who chose to dine in their rooms on the first floor. The meals were delivered at 12:08 PM. CNA X placed a container of hand sanitizing wipes on the meal cart and room service began.</p> <p>There were three staff delivering the trays during this observation, CNA V, CNA X, and Personal Care Assistant (PCA) W.</p> <p>Trays were delivered to 10 residents, of which all three staff did not wash or sanitize their hands after the delivery of meals to 9 of these residents (R47, R54, R19, R62, R34, R61, R48, R65, and R22). CNA V delivered the tray to R42 and did sanitize afterwards.</p> <p>Example 6</p> <p>On 01/23/24 at 8:33 AM, Surveyor observed medication administration for R54 by Licensed Practical Nurse (LPN) G.</p> <p>LPN G knocked and opened the door to R54's room, entered and then placed the medications on R54's over-the-bed table. LPN G rubbed R54's right leg and chatted with R54 then assisted R54 with the oral pills. LPN G then administered 10 units of Insulin Novolog to R54's right upper thigh. LPN G did not first wash or sanitize her hands, nor did LPN G don a pair of gloves prior to injecting the insulin. LPN G then assisted R54 with administering the inhaler.</p> <p>LPN G and Surveyor then walked down the hall back to the medication cart, where LPN G sanitized her hands.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Dove Healthcare - Superior		STREET ADDRESS, CITY, STATE, ZIP CODE 1800 New York Ave Superior, WI 54880	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	At 8:41 AM, Surveyor interviewed LPN G on her technique. LPN G stated, I know, I should have worn gloves. Surveyor also explained that she should have sanitized her hands prior to administering the insulin as she had touched the dirty door knob of the door to the room and the resident's leg. LPN G stated, Yeah, I know, I was nervous.		