STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525666	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Mercy Manor Transition Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 Mineral Point Ave Janesville, WI 53547	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	 **NOTE- TERMS IN BRACKETS H Based on observation, interview, a reviewed for Activities of Daily Livin R8 voiced concern he did not recein Evidenced by: The facility policy, entitled Care Set General nursing care that will be pup plan of care is: . Procedure: 5. Hygiene care includes offering be application of personal products su Restorative nursing and psychosoo a minimum, the following: 4. ADL maintenance and retraining regaining their ADL abilities. This v R8 was admitted to the facility on [hypoxia (low blood oxygen levels), combined systolic and diastolic hea mellitus with diabetic neuropathy (or R8's Admission Minimum Data Set of Mental Status (BIMS) score of 1 assist for showers or baths. R8 is a 	arvices Provided, last reviewed on 1/20. rovided, at a minimum, in addition to the pathing (in a shower, trimming of nails w uch as deodorants, etc.) cial care will bill be provided continuous g: Nursing personnel will encourage an- vill include dressing, grooming, bathing DATE], and has diagnoses that include non-ST elevation myocardial infarctior art failure (new exacerbation of chronic diabetes with nerve damage) t (MDS) Assessment, dated 4/28/2024 4 indicating that R8 is cognitively intac a tub/shower transfer of 1 person assis resident rates bathing a 2 meaning tha	ONFIDENTIALITY** 49434 usure that 1 of 8 residents (R8) ces to maintain personal hygiene. 24, states, in part: . 424, states, in part: . 424, states, in part: . 425, states, in part: . 426, states, in part: . 427, states, in part: . 427, states, in part: . 428, states, in part: . 429, states, in part: . 429, states, in part: . 429, states, in part: . 429, states, in part: . 420, states,
	(continued on next page)		

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

Facility ID: 525666

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F 0677	R8's Skilled Nursing Facility Kardex, dated 4/25/2024 shows:		
Level of Harm - Minimal harm or potential for actual harm	Grooming: Total assist		
Residents Affected - Few	Ambulation: 1 Assist with gait belt		
	The Facility's weekly bath schedule indicates that R8 should be receiving baths on Tuesday mornings. The schedule also indicates that the resident may request more showers but that this would be the minimum.		
	R8's Bathing/Showering documentation shows the following:		
	April:		
	- 4/26/2024: R8 received a full bath.		
	- 4/28/2024: R8 received a full bath.		
	- 4/30/2024: R8 received a full bath.		
	- Partial baths received on: 4/26/2024, 4/29/2024, and 4/30/2024		
	May:		
	- 5/08/2024: R8 received a full bath.		
	- 5/22/2024: R8 received a full bath with the assistance of OT (Occupational Therapist)		
	- 5/23/2024: R8 received a full bath.		
	- 5/28/2024: R8 received a full bath with the assistance of OT		
	- Partial baths received on 5/02/2024, 5/03/2024, 5/07/2024, 5/08/2024, 5/09/2024, 5/13/2024, 5/14/2024, 5/15/2024, 5/21/2024, 5/24/2024, 5/26/2024, 5/27/2024, 5/29/2024, 5/30/2024		
	Note: R8 did not receive weekly showers or baths as the weekly bath schedule indicates. R8 did not receive a shower the week of 5/13/24. There were several dates where it does not indicate if R8 received a partial bath.		
	On 5/29/2024 at 10:23 AM, Surveyor interviewed R8. R8 indicated he is not getting showers all the time. R8 also stated that some staff don't like doing it.		
	On 5/29/2024 at 1:18 PM, Surveyor interviewed LPN E (Licensed Practical Nurse) who indicated that R8 does not refuse showers. LPN E also indicated that therapy assists R8 with showers and that R8 is scheduled for showers on Tuesday mornings.		
	(continued on next page)		

AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525666	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
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		Janesville, WI 53547	
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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 5/29/2024 at 3:06 PM, Surveyor do not know if R8 refuses showers not given R8 a shower or bath. On 5/30/2024 at 7:25 AM, Surveyor time for a shower before therapy. S (Occupational Therapy) is the only bath or shower. R8 says he has ne shower if it was his choice. R8 state with ambulation and ADLs. R8 indic the clock from his recliner. R8 also in the hallway, but he does have er asked how R8 ambulates. R8 indic with a wheelchair. In the past coupl will get a nurse in his room and wal and that the staff are worked too th On 5/30/2024 at 9:30 AM, Surveyor if therapy ever gives residents show give a shower it is documented by the no additional shower documentatio On 5/30/2024 at 11:14 AM, Surveyor shower. CNA G states whenever w also reports that therapy gives him On 5/30/24 at 2:42 PM, Surveyor in takes his showers. DON B states h Surveyor asked DON B the differer involves washing exposed areas ar hands and face. A complete bath is asked DON B if a resident refused, refusals or the reason R8 did not refused	r interviewed CNA F (Certified Nursing or if he is being offered baths or showed interviewed R8 who indicated that by surveyor asked R8 who helps him take one who has helped him shower. Surveyo as he would shower every day. Surveyo as he would shower every day. Surveyo cates that his vision is an issue and use reports that he is on continuous oxyge lough oxygen tubing to go to the bathre ates he has been walking the hallways e of days, it only happens if a nurse is k back and forth in his room. R8 believ in. r interviewed PTA H (Physical Therapy vers. PTA H indicates that therapy som the therapist and the nurse. PTA H loof n besides those already listed. or interviewed CNA G. Surveyor asked e offer showers, and he is scheduled for showers at times and that R8 never re iterviewed DON B (Director of Nursing) e showers on a shower chair and holds ice between a partial and complete bat and uses the example of washing up his hygiene performed from head to toe a would she expect it to be charted. DO aceive a shower if there was a reason. to the CNA's to chart refusals if they re	Assistant) who indicated that they ers. CNA F indicated that she has the time staff get me up there is no a shower. R8 states that OT eyor asked R8 if he ever refuses a r asked R8 how often he would or asked R8 about what limits him as the example that he can't see n so that limits his access to walk own and get cleaned up. Surveyor with a gait belt and staff follow him available. If staff are not busy R8 es that the facility is short-staffed Assistant). Surveyor asked PTA H netimes give showers and if they ked through the charting and found CNA G when R8 takes his or a shower on Tuesdays. CNA G fuses showers or baths. b. Surveyor asked DON B how R8 is the handheld shower head. h. DON B states that a partial bath back while on the toilet or his ind is a complete soak. Surveyor N B indicated that staff should char DON B also indicated that the

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Mercy Manor Transition Center		1000 Mineral Point Ave Janesville, WI 53547	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
F 0812	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve for in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48623		
Level of Harm - Minimal harm or potential for actual harm			
Residents Affected - Many	Based on observation, interview and record review, the facility did not maintain a safe and sanitary environment in which food is prepared, stored, and distributed. This has the potential to affect all 8 residents who reside in the facility.		
	Surveyor observed a box of spoiled lemons in the refrigerator.		
	Surveyor observed undated food in the dry storage area, in freezer (1) and the smaller freezer.		
	Surveyor observed a staff member's personal water bottle in the food prep area.		
	Surveyor observed chunks of rubber missing from ,d+[DATE] spatulas.		
	Surveyor observed the flip tops of 2 garbage cans open and one large garbage can without a lid.		
	Facility staff was observed testing the temperature of the water in the sanitizing sink. The temperature was out of the manufacture's recommendations.		
	Evidenced by:		
	states in part. Food items will be lal employees. Each employee will foll certain they are wholesome. Any ite expiration date from the manufactu	Nutrition Services Policy NO. 5.04 Food beled with dated produced. A uniform of ow practices of safe food handling to o em in question will be thrown out. Peris re will be discarded on the date stamp ost prepared foods. Items will be dated	dating system will be used by wheck all food items used to be shable food items showing an ed. The guidelines include, the
	The facility policy, entitled Food & Nutrition Services Policy NO. 4.04 Food Labeling/ Leftovers, reviewed date [DATE], states in part. Food items will be received and checked upon arrival for accuracy and damage by the designated Food and Nutrition partner.		
	Items that come in with an expiration date will be followed or within 7 days of opening.		
	Examples - No date opened or expiration date.		
	On [DATE], at 10:16 AM, Surveyor observed an open bag, of baking chips and an open bag of Oreo Cookie pieces with no date opened or expiration date.		
	On [DATE], at 10:16 AM, Surveyor interviewed [NAME] D (Kitchen Office Coordinator) who indicated that baking chips and Oreo Cookie pieces should have a date opened and expiration date.		
	On [DATE], at 10:16 AM, Surveyor observed 2 boxes of expired [NAME] Crackers and four packages of [NAME] Crackers with no expiration date.		
	(continued on next page)		

 expiration date. On [DATE], at 10:27 AM, Surveyor observed a box of spoiled lemons in the refrigerator. On [DATE], at 10:27 AM, Surveyor interviewed [NAME] D who indicated that the entire box of lemons wai spoiled and threw them away. On [DATE] at 10:47 AM, Surveyor observed that some of the trays for the salad bar did not have expiration dates. On [DATE], at 10:47 AM, Surveyor interviewed [NAME] D who indicated that all the salad bar trays should have a prepared/open date and an expiration date. Example- Personal items in food prep area. On [DATE], at 10:55 AM, Surveyor interviewed [NAME] D who indicated that the personal water bottle in the food prep area. On [DATE], at 10:55 AM, Surveyor interviewed [NAME] D who indicated that the personal water bottle shout be on the food prep table unless the staff member's personal water bottle in the food prep area. On [DATE], at 10:55 AM, Surveyor interviewed [NAME] D who indicated that the personal water bottle shout be on the food prep table unless the staff member can take a drink without opening the bottle. [NAME asked the staff member to put the water bottle on the lower shelve of the table. Examples - Garbage can lids. On [DATE] at 11:05 AM, Surveyor observed flip top garbage can lids open in the main kitchen and 1 large garbage can uncovered and a plastic bag of trash on the floor. On [DATE], at 11:05 AM, Surveyor interviewed [NAME] D who indicated that the garbage cans should be closed, and that trash should be taken to the trash receptacles and not put on the floor of the kitchen. Examples - Three Compartment Sink On [DATE] at 11:37 AM, Surveyor observed a kitchen staff member test the temperature of the water in the staff member test the temperature of the water in the staff member test the temperature of the water in the staff member test the temperature of the water in the staff member test the temperature of the water in the taxe in				
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(continued on next page)		Examples - Defected rubber spatulas		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525666	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIE	R	STREET ADDRESS, CITY, STATE, ZI	P CODE
Mercy Manor Transition Center		1000 Mineral Point Ave Janesville, WI 53547	
For information on the nursing home's p	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)		on)
F 0812	On [DATE] at 11:40 AM, Surveyor o	observed rubber spatulas with chips in	the rubber portion of the utensils.
Level of Harm - Minimal harm or potential for actual harm	On [DATE], at 11:40 AM, Surveyor damaged and needed to be thrown	interviewed [NAME] D who indicated th away.	nat the rubber spatulas were
Residents Affected - Many			