

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

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165444	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2026
NAME OF PROVIDER OR SUPPLIER West Bend Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 203 Fourth Street NW West Bend, IA 50597	
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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. Based on personnel file reviews, staff interviews, and facility policy review, the facility failed to provide a criminal background check and a Single Contact License and Background Check (SING) for 2 of 5 current employees sampled (Staff B and Staff C). The facility reported a census of 43 residents. Findings include: 1. The facility provided a new hire list for Staff B, Certified Nursing Assistant (CNA) documented a hire date of 10/8/2025. The Single Contact License and Background Check (SING) dated 10/6/25 indicated a possible criminal hit for Staff B which required the Department of Criminal Investigation (DCI) to clarify if the prospective employee did or did not have a criminal history. The personnel record lacked the documentation that further research from DCI had been completed. 2. The facility provided a new hire list for Staff C, Licensed Practical Nurse documented a hire date of 11/3/2025. The facility could not provide the documentation of the SING or the background check for Staff C. The personnel record lacked the documentation. Interview on 6/24/26 at 10:00 a.m. with Administrator and Business Office Manager stated Sing got a whole new system upgrade. The company's employee file program also upgraded and when this happened some parts of the personnel files were missing. They stated they reached out to Sing and the company employee data partners to see if they could get the second page of the criminal background check for Staff B and to see if they could locate Staff C's SING and background check. Received email from Administrator on 6/25/26 at 9:23 am response from the Division of Criminal Investigation (DCI) stated submissions from before the new system were wiped so we cannot send the results, also they do not resend results after 30 days. Interview on 06/25/2026 at 11:00 a.m. with Administrator stated that the company employee data system had an update, there were missing parts to the employee files. The Administrator stated she doesn't have the SING or background check to provide, she stated they are missing in the database. She stated she did not know this was an issue prior to the survey. The facility policy named Abuse: Prevention of and Prohibition Against with a revised date of 4/2025 revealed Screening: Prospective Employees: Prior to hire, the Facility will screen potential employees for a history of abuse, neglect, exploitation, or misappropriation of resident property in order to prohibit such abuse, neglect, exploitation, or misappropriation of resident property. This screening will include but not be limited to: Attempting to obtain information from previous and/or current employers, whether favorable or unfavorable. Documentation of status and any disciplinary actions from licensing or registration boards and other registries. Reviewing the prospective employee's employment history, especially when there is or may be a pattern of inconsistency. The Facility will not hire or retain any person, directly or indirectly (through the use of registry, a staffing service, or an affiliated academic institution) who has been found guilty of abuse, neglect, exploitation, misappropriation of property, or mistreatment by a court of law; Has had a finding entered into the state nurse aide registry or Office of the Inspector General database concerning abuse, neglect, mistreatment of residents and of misappropriation of their property; or Has disciplinary action in effect against his or (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	(X6) DATE
--	-------	-----------

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

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165444	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2026
NAME OF PROVIDER OR SUPPLIER West Bend Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 203 Fourth Street NW West Bend, IA 50597	
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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	her professional license by a state licensure body as a result of a finding of abuse, neglect, exploitation, mistreatment of residents or misappropriation of resident property. Certified Nursing Assistants (CNA) will be properly screened for criminal background and approved by the Department of Health Services, through use of their CNA Abuse Registry and Certification Verification program. All licensed employees will have their certificates or licenses verified through the applicable State Board, licensing, or certifying agency. All employees, temporary staff, prospective consultants, contractors, volunteers, caregivers, and students will be properly screened prior to working at the Facility.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165444	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2026
NAME OF PROVIDER OR SUPPLIER West Bend Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 203 Fourth Street NW West Bend, IA 50597	
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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review and staff interviews the facility failed to notify the Long Term Care (LTC) Ombudsman for 1 of 2 residents reviewed who transferred to the hospital or discharged from the facility (Resident #5). The facility reported a census of 43 residents. Findings include: The Minimum Data Set (MDS) assessment dated [DATE] for Resident #5 documented diagnoses of cancer, hypertension (high blood pressure), diabetes mellitus, and depression. The MDS revealed the Brief Interview for Mental Status (BIMS) scored 11 indicating moderately impaired cognition. Review of Resident #5's Progress Notes revealed the following information: On 3/30/26 at 11:20 p.m. Resident #5 was transferred to the emergency department and admitted to hospital. On 4/2/26 at 12:20 p.m. Resident #5 readmitted to the facility. Review of Resident #5's Census tab revealed the following: On 3/30/2026 Hospital Leave On 4/2/2026 Private Review of MDS listing revealed the following: 3/30/26 - discharge return anticipated 4/2/26 - entry Review of the facility document titled Notice of Transfer Form to Long Term Care Ombudsman without a date lacked Resident #5's name. Review of the facility document titled Admission/Discharge to/from report dated 3/1/26 to 4/30/26 lacked Resident #5's name. This form was attached to the Notice of Transfer Form to Long Term Care Ombudsman. Interview on 06/24/2026 at 1:42 p.m. with Staff A, Social Worker revealed she thought it was only if they were discharged to the community. Staff A verified Resident #5 was not on the list sent to the ombudsman. Staff A stated she pulled a report from the electronic health record usually at the beginning of every month for the previous month and wondered if it was the way the business office changed Resident #5's status in the census tab. Interview on 6/24/2026 at 2:39 p.m. with the Administrator stated they have identified an issue with their software, Staff A pulled a report from the electronic health record and this was missed due to the way they put Resident #5 in the census tab. The facility policy revised 10/2022 named Admission, Transfer and Discharges revealed it is the facility policy that each resident will remain in the facility, and not be transferred or discharged unless the discharge or transfer is appropriate as per the existing criteria. When the facility transfers or discharges a resident, the facility ensures that the transfer or discharge is to the ombudsman per monthly report. All facility transfers and or discharges will be communicated to the appropriate ombudsman monthly.		