STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525019	A. Building B. Wing	02/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Deerfield Care Center, LLC	575 Hospital Rd New Richmond, WI 54017

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 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Dispose of garbage and refuse properly. Based on observation and interview, the facility did not ensure garbage and refuse were properly disposed of in the outside garbage storage receptacles. This had the potential to affect all 46 residents.-Surveyor observed garbage was falling out of chute and on the ground next to the dumpster and the dumpster was open.Findings include:Facility policy titled, Infection Prevention and Control Manual Environmental Services/Housekeeping/Laundry, dated 2020, reads in part: It is the policy of this facility that the workplace will be maintained in a clean and sanitary condition with a written schedule of cleaning and decontamination based on the area of the facility, type of surfaced to be cleaned, type of soil present and tasks being performed in the area.the purpose is to provide standard operating procedures for a clean, safe, and sanitary environment for the residents.Facility policy titled, Infection and Control Manual Maintenance, dated 2020, reads in part, Enforce proper bagging and containment of waste.On 02/16/26 at 10:20 AM, Surveyor observed the garbage room. The garbage/dumpster area had several garbage bags lying on the floor due to a broken compactor. Garbage was observed to be overflowing in the compactor and with bags of garbage falling out onto the floor. The dumpster is located inside the building and the lid was open. Surveyor noted a pungent odor inside the room.On 02/16/26 at 4:15 PM, Surveyor observed the garbage area. Multiple bags of garbage remained falling out of the broken compactor, garbage bags were lying on the floor between the compactor and dumpster, and the lid to the dumpster was open. Surveyor observed a greasy, dirty substance on floor next to the bags.On 02/17/26 at 2:11 PM, Surveyor interviewed Maintenance Director (MD) D. MD D stated the compactor has been broken since last week. MD D stated a cylinder in the compactor blew and they were waiting for the new part to come. MD D stated that maintenance staff and sometimes laundry staff will help pick up the garbage that comes down the chute into the garbage room. MD D stated it gets done every couple of hours on weekdays and 2-3 times per day on the weekends. MD D stated the dumpster remains open inside the building and gets closed when taking it outside. Outside the garbage room there are additional green dumpsters they swap out if the one they are using is full. MD D stated they have the broken dumpster sitting out back currently. MD D was unsure if they had a policy regarding garbage disposal. On 02/18/26 at 7:37 AM, Surveyor interviewed Nursing Home Administrator (NHA) A. NHA A stated NHA A stated the dumpster was not closed because it is inside the building. NHA A acknowledged the garbage that had been falling out of the chute and lying on the floor in the room could cause a pest control issue.

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

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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 interview and record review, the facility did not ensure resident (R) (R23) received a written notice of transfer to include reason for transfer, location of transfer, appeal rights, and name and address (mailing and email) with telephone number of the Office of the State Long-Term Care Ombudsman. In addition, the facility did not ensure residents received written information on the duration of the bed hold policy, the reserve bed payment policy, and the right to return to the facility. R23 was transferred to the hospital on [DATE] and 04/11/2025. A bed hold notice with daily rate to reserve bed and a written notice of transfer is not available in the medical record nor documented completed in a progress notes. Notification and sharing of information for a smooth transfer was not documented completed in R23's medical record either. Documentation of required communication with receiving facility is not in the medical record. R23 was transferred to the hospital on 1/7/26. A written notice of transfer was not documented or available in R23's medical record.Findings include:The facility policy titled, Discharge and Transfer Policy, approved October 2017/modified: October 2025, states: Purpose: Presbyterian Homes and Services (PHS) will follow the requirements by CMS (Center for Medicare and Medicaid Services) for all transfers and discharges from the facility.Process for Emergency Transfers to Acute Care:3. The facility will issue the Emergent Transfer Notice and Bed Hold Policy which notifies the resident and or resident representative of their emergency transfer for ongoing care.a. A copy of the Emergent Transfer Notice and bed hold will be maintained in the medical record.References:CMS State Operation Manual, Appendix PP- Guidance to Surveyors for Long Term Care FacilitiesF627 S483.15(C) Inappropriate Transfers and DischargesF628 S483.15(c-d) (2) Transfer and Discharge ProcessPolicy does not say anything about documentation or keeping a copy of what was sent. Per the State Operations Manual Appendix PP- Guidance to Surveyors for Long Term Care Facilities, dated 7-23-25, states:S483.15(c)(2) Documentation.When the facility transfers or discharges a resident under any of the circumstances . the facility must ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider. S483.15(c)(3) Notice before transfer.Before a facility transfers or discharges a resident, the facility must-(i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand.(ii) Record the reasons for the transfer or discharge in the resident's medical record .S483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies-(i) The duration of the state bed-hold policy.(ii) The reserve bed payment policy in the state plan, under S 447.40 of this chapter, if any;(iii) The nursing facility's policies regarding bed-hold periods. R23 was admitted [DATE] with the diagnoses of multiple sclerosis, paraplegia, age related osteoporosis, hypertension, hyperlipidemia, type 2 diabetes, major depression and dementiaR23's Minimum Data Set (MDS) assessment, dated 12/9/25, indicated that R23 is cognitively impaired but has clear speech and often understands if directions are direct and simple. R23 is able to feed herself and complete her own oral hygiene if set up first but is dependent or requires maximal assistance for all other activities of daily living (ADLs) and for mobility and transfers from bed to chair via a full body mechanical lift.Record review identified R23 was transferred to the hospital on the following dates:On 4/8/25, R23 was transferred to the Emergency Department due to malaise and fatigue. R23 had lab work, IV antibiotics and a portable chest x-ray. Diagnosis was UTI (Urinary Tract Infection).Review of progress notes identified the following note that does not have the required information completed.4/8/2025 1:09 PM Change of Condition:Change in Condition-situation, s/sx [signs/symptoms] noted (refer to assessment if applicable): POA is NOW taking Resident d/t decline in alertness.Background-vital (continued on next page)

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	signs, medications, diagnoses (refer to assessment if applicable): Appearance-summary of observations (refer to assessment if applicable): Notification of MD/NP and Emergency Contact: Interventions and Effectiveness (new orders if applicable): For transfer to ER: time, how resident was transferred, bed hold/emergent transferOn 4/11/25, R23 was transferred to the Emergency Department due to swelling of the right eye. R23 was diagnosed with preseptal cellulitis of right eye and was hospitalized until 4/17/25. For the 4/11/25 transfer there are progress notes dated 4/10/25 but the next note is not until 3 days after admission of 4/14/25. The note on 4/14/25 does not document the required information. The next note is 4/17/25 when R23 returned to the facility. There is no documentation of notification of receiving provider/facility and information shared for a smooth transfer, no documentation that the bedhold and written notice of transfer was completed, no copy available in the medical record.4/14/2025 09:34 BIMS, Delirium, and Communication: Note Text: Resident discharged to the ER due to an eye infection. Her cognition was not affected and remains at baseline. Resident has varying alertness and often falls asleep mid-conversation and mid-activity. She needs verbal and physical cues to reorient. Resident's orientation to situation and her short-term memory vary as well. Her POA is activated, which remains appropriate.On 1/7/26, R23 was transferred to the Emergency Department due to shortness of breath per hospital discharge notes. R23 was diagnosed with community acquired pneumonia and hospitalized until 1/11/26.For the 1/7/2026 transfer, there is no written transfer notice completed and documented in the medical record.On 2/17/26 at 3:30 PM, Director of Nursing (DON) B stated she gave Surveyor what she could find, regarding R23's bed holds, written transfer notice or ombudsman notice. There is no written transfer notice for the hospital transfer on 1/7/2026 and no written transfer notices or signed bed hold for April transfers. There is no written documentation or progress note that they let the ER know they were coming in April either. DON B stated she does not have a bed hold either for 4/8/25 or 4/11/25.On 2/18/26 at 9:38 AM, Surveyor interviewed DON B who stated there is no form used to communicate with receiving facility of transferring resident. DON B stated they send to receiving facility/provider the resident's Face Sheet, MAR (Medication Administration Record), TAR (Treatment Administration Record) and POLST (Provider/Physician Orders for Life-Sustaining Treatment) and call with report, letting them know the resident is coming.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observation, and interview, the facility did not ensure the residents remain free of possible accidental hazards. Facility did not ensure staff were applying the correct size mechanical full body lift sling to prevent accidents for 1 of 3 residents (R) reviewed. (R5) R5 had a sling size that was too small for R5. Findings include:The facility policy, titled CC Resident Transfer Assessment Policy, approved May 2011, modified April 2025, states: The residents of Presbyterian Homes and Services in the Care Center will be properly assessed to assure residents abilities to transfer are evaluated on a regular basis to assure safety of resident and staff. Mechanical lifts may be used for residents who have non-weight bearing status or require the assistance of staff to provide weight bearing support.2. The assessment will be completed by a licensed nurse or therapist.4. If the resident requires a mechanical lift, either full or standing, the resident will be assessed for proper sling or harness.6. Once the determination of the required assistance for transfers has been made, the resident care plan d and nursing assistant care sheets will be updated.The LikoTM Sling and Vest Sizing Guide, dated 7/2024, states in part:LikoTM Sling Type: Universal SlingSize: Medium SlimColor Coding: GrayRecommended Weight Range (in pounds): 99-154 lbs. LikoTM Sling Type: Universal SlingSize: MediumColor Coding: YellowRecommended Weight Range (in pounds): 132-198 lbs. LikoTM Sling Type: High Back SlingSize: Medium SlimColor Coding: GrayRecommended Weight Range (in pounds): 66-110 lbs. LikoTM Sling Type: High Back SlingSize: MediumColor Coding: YellowRecommended Weight Range (in pounds): 88-176 lbs R5 was admitted to the facility on [DATE], and has diagnoses that include multiple sclerosis, muscle weakness and wheelchair dependence, osteoporosis, and dementia.R5's Minimum Data Set (MDS) assessment, dated 1/9/26, indicated that R5 has difficulty communicating some words and does not always understand, direct simple communication is recommended. R5 can feed herself and complete oral hygiene with set up but is dependent or needs substantial assistance for all activities of daily living (ADLs). R5 is dependent on facility staff for all mobility from moving her wheelchair to transferring with a full body mechanical lift to her bed, wheelchair, or the shower/tub.R5's CNA Quick Guide to ADLs, dated 12/19/25, states in part: Transfer and Device A-2 Full Lift Medium Yellow sling. Ok to leave sling under for skin integrity This indicates that R5 requires the assistance of 2 staff members using a full mechanical lift and the yellow sling.Per medical record review, R5's weight has fluctuated during the past 90 days and has had frequent weights 12/6/25 through 2/14/2026. R5's lowest weight was 168.4 lbs; the highest weight was 175.4 lbs. On 2/14/26, R5 weighed 173.0 lbs. R5 fits into a Universal Sling Medium Yellow or a High Back Sling Medium Yellow. The Certified Nursing Assistant (CNA) Quick Guide for ADLs does not clarify which type of sling to use, just that it is yellow.On 2/17/26 at 7:18 AM, Surveyor observed morning cares for R5. CNA E and CNA F used a full lift stand and a green full lift sling to transfer resident to her wheelchair after morning care.On 2/17/26 at 8:24 AM, Surveyor observed R5 transported via wheelchair to the downstairs to use the Sci fit machine. R5 never left her chair and remained sitting on the same green sling.On 2/17/26 at 10:15 AM, Surveyor observed CNA E and CNA F transfer R5 using the green sling to her bed so her brief could be checked and changed. After cares, R5 wanted to go back to R5's wheelchair. CNA E and CNA F used the same green sling to transfer R5 back to her chair. Surveyor observed all the cares provided for R5 since R5 got up on the morning of 2/15/26 from 7:18 AM through 10:18 AM.On 2/17/26 at 10:37 AM, Surveyor interviewed CNA E, who stated CNAs know what the abilities of residents are and how to transfer them because of the guide they have. CNA E showed Surveyor the printed guide with today's date, 2/17/26. The guide stated R5 should transfer with a full lift via a yellow sling. CNA E stated they get a freshly printed guide every day for the unit they are working on. CNA E is not sure of the process for determining the sling size and who does that, but she knows she finds the information on the guide. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Surveyor saw a green sling being used with R5 this morning. Surveyor and CNA E went to R5's room and looked at what sling was under her. It was green but CNA E stated the size goes by the stripe that runs down the back of the sling. Observation of the stripe was identified as grey. CNA E stated the stripe should be yellow; I need to change that when we get her back to bed. The slings are washed at night and must have been switched. On 2/17/26 at 12:41 PM, Surveyor observed CNA E and CNA F transfer R5 back to her bed via the full mechanical lift and sling so R5 could be changed and repositioned for skin integrity. Sling was removed from under R5 while resting in bed. CNA E stated that with the help of the clinical coordinator they now have the right sling to use with R5.On 2/18/26 at 12:30 PM, Surveyor interviewed Director of Nursing (DON) B regarding if there was a process to determine which lift to use with residents and what size of the sling should be, or doesn't it matter which sling they use. DON B stated it matters. Therapy or the nurses decide which lift and assess what sling to use. The sling is then documented on the Quick Guide. CNAs know what sling to use with the lifts because it is on the Quick Guide. DON B stated they should use what is listed. On 2/18/26 at 12:05 PM, Surveyor observed what sling was under the 3 full body mechanical lift residents on [NAME] 3. CNA G watched Surveyor do this. When Surveyor looked at R5's sling who was sitting at same table CNA G was at, CNA G stated, they all have the right one I made sure. They wash them on night shift and sometimes they get switched around. It happened the other day, but we caught it. So, I always double check.