

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525114	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/03/2025
NAME OF PROVIDER OR SUPPLIER Sauk CO Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1051 Clark St Reedsburg, WI 53959	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</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

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not ensure that all alleged violations involving abuse, neglect, exploitation, or mistreatment, are reported immediately to the administrator of the facility and to other officials, including the State Survey Agency, in accordance with State law through established procedures for 2 of 3 residents (R1 and R2) reviewed for abuse. Facility became aware of an abuse allegation on 10/4/25 at 7:41 PM involving R1 and R2 The facility did not report the allegation to the State Agency. Evidenced by: The facility policy entitled, Reporting and Investigation of Alleged Caregiver Misconduct or Resident Rights Violation, dated 10/2024, states, in part: . Policy: It is the policy of the Sauk County Health Care Center that each resident will be free from abuse. Abuse can include verbal, mental, sexual, or physical abuse, exploitation, corporal punishment or involuntary seclusion. Definitions: Definitions of Abuse and Neglect: .i. Verbal abuse is defined as the use of oral, written or gestured language that willfully includes disparaging and derogatory terms to residents or their families. Examples of verbal abuse include, but are not limited to: threats of harm; saying things to frighten a resident. Procedure: Responding/Investigating/Protection: All allegations of misconduct will be thoroughly investigated. 1. Any person may report an allegation of potential resident mistreatment, neglect, abuse, misappropriation of resident property, injury of unknown source, resident rights violation, or resident to resident incident to any entity employee at any time. Upon receiving such a report, either verbal or written, the entity employee shall immediately intervene, if necessary, and assure resident safety. Resident safety is priority. Once resident safety is ascertained, reporting individual will immediately inform the unit nurse/supervisor or management staff, who will immediately notify the administrator or administrator designee in person or with direct telephone contact. Examples of ways to ensure resident safety include: A. Removing the alleged perpetrator from the facility. 4. The supervisor receiving verbal or written information shall take prompt measures to assess and ensure the safety and welfare of the resident involved, immediately notify the Administrator. of the allegation along with any other appropriate individuals. Following notification of the Administrator, the supervisor/administrator reporting will immediately complete the Alleged Nursing Home Resident Mistreatment Report via the online reporting system @ https://dqa.wi.gov/DHSSurveys/takesurvey.aspx?surveyid=96mi3mi4 . 6. Resident or resident legal representative will be immediately informed. of the initiation of the investigation. 9. Staff to include contracted staff will be oriented to the Abuse Report Policy and Procedure to include their reporting requirements . Staff are required to report suspected misconduct and crimes to their immediate supervisor immediately. Thorough Investigation: All nursing homes must immediately begin a thorough investigation of any reported incident, collect information that corroborates or disproves the incident, and document the findings for each incident. A thorough investigation may include: . *Identifying and interviewing other staff or residents in the immediate area at the time of the incident who may have witnessed what occurred. *Interview other residents to determine if they have been abused or mistreated. 12. Based upon initial information received from the resident and/or employee(s), the entity Administrator. will take/direct appropriate action to protect the resident's health, safety and welfare from any real or perceived future misconduct while the investigation is in progress. Such action will include suspending the involved employee(s) from further work duties until the investigation is completed. 14. The Administrator. shall complete Form F-62447, Caregiver Misconduct Incident Report if an investigation was initiated. The completed form, along with a copy of the Alleged Form and the appropriate supporting documentation will be submitted via the MISCONDUCT INCIDENT REPORTING SYSTEM and/or forwarded to the Division of Quality Assurance, Office of Caregiver Quality. This will be completed within five working days of the alleged incident. Example 1: R2 was admitted to the facility on [DATE] and has diagnoses that include vascular dementia (a type of cognitive decline caused by damage to the blood vessels in the brain). R2's admission Minimum Data Set (MDS) Assessment, dated 9/15/25 shows that R2 has a Brief Interview of Mental Status (BIMS) score of 3 indicating R2 has severe cognitive impairment. On 10/14/25 at 10:52 AM, Surveyor spoke with R2. Surveyor asked R2 if she receives the care she needs at the facility and R2 indicated yes. Surveyor asked R2 if the staff treat her well and R2 indicated no. Surveyor asked how the staff treat her and R2 did not answer. Surveyor asked if any staff have ever physically or verbally abused R2 by hurting her or yelling at her. R2 indicated yes. R2 could not indicate when or who. R2 indicated it happens quite often staff yell at her. Surveyor asked R2 if staff hurt her and R2 indicated no. Surveyor asked R2 how that makes her feel when staff yell at her and R2 shrugged</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>(continued on next page)</p>		

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Once resident safety is ascertained, reporting individual will immediately inform the unit nurse/supervisor or management staff, who will immediately notify the administrator or administrator designee in person or with direct telephone contact. Examples of ways to ensure resident safety include: A. Removing the alleged perpetrator from the facility. 4. The supervisor receiving verbal or written information shall take prompt measures to assess and ensure the safety and welfare of the resident involved, immediately notify the Administrator. of the allegation along with any other appropriate individuals. Following notification of the Administrator, the supervisor/administrator reporting will immediately complete the Alleged Nursing Home Resident Mistreatment Report via the online reporting system @ https://dqa.wi.gov/DHSSurveys/takesurvey.aspx?surveyid=96mi3mi4 . 6. Resident or resident legal representative will be immediately informed. of the initiation of the investigation. 9. 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Example 1: R1 admitted to the facility on [DATE] and has diagnoses that include Alzheimer's Disease (a type of dementia that affects memory, thinking and behavior. Symptoms eventually grow severe enough to interfere with daily tasks) and metabolic encephalopathy (a condition where the brain does not function properly due to an underlying metabolic disorder). R1's Quarterly Minimum Data Set (MDS) Assessment, dated 8/10/25 shows that R1 has severe cognitive impairment by showing no Brief Interview of Mental Status (BIMS) score. R2 was admitted to the facility on [DATE] and has diagnoses that include vascular dementia (a type of cognitive decline caused by damage to the blood vessels in the brain). R2's admission MDS Assessment, dated 9/15/25 shows that R2 has a BIMS score of 3 indicating R2 has severe cognitive impairment. On 10/14/25 at 10:52 AM, Surveyor interviewed R2. Surveyor asked R2 if the staff treat her well and R2 indicated no. Surveyor asked R2 to tell Surveyor about that and R2 shrugged her shoulders. Surveyor asked R2 if staff have ever hurt her or yelled at her. R2 answered yes to staff yell at her. Surveyor</p>		