

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525165	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/11/2025
NAME OF PROVIDER OR SUPPLIER  Samaritan Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  531 E Washington St West Bend, WI 53095	

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 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, staff, resident, and resident representative interview, and record review, the facility did not provide the necessary care and services to promote healing and/or prevent wounds from worsening for 3 residents (R) (R1, R2, and R4) of 3 sampled residents reviewed for non-pressure related wounds. R1 had a left total knee arthroplasty (a surgical procedure that replaces the damaged surfaces of the knee joint with artificial parts made of metal and plastic) in 2016. On 10/31/24, R1 reported pain, redness, and swelling in the left knee and lower leg. On 10/31/24, Wound Care Physician (WCP)-F recommended a magnetic resonance image (MRI) scan and an orthopedic consult. An MRI was ordered on 11/7/24 and scheduled for 12/5/24. The MRI was canceled due to insurance concerns. The MRI was rescheduled for 12/28/24 and canceled again due to insurance concerns. The facility did not provide further assistance to obtain an MRI or schedule an orthopedic consult. R1 received multiple courses of oral antibiotics between November 2024 and January 2025 without resolution of symptoms. On 1/27/25, R1 was transferred to the emergency room (ER) for on-going knee pain and had suspected loosening of the left knee hardware. A discharge summary indicated R1 needed an MRI and follow-up appointment with orthopedics. The facility did not ensure either were scheduled or completed. On 2/3/25, R1 was ordered another course of oral antibiotics which were not administered. On 2/6/25, R1 was transferred to the hospital due to warmth, increased redness, and swelling in the left leg and diagnosed with a septic joint. R1 underwent a total knee revision, a joint wash-out to clean out infection/fluid, and placement of an antibiotic spacer in the knee joint. R1 returned to the facility on 2/20/25 with a wound vac on the left knee, a peripherally inserted central catheter (PICC) line, and a six-week course of intravenous (IV) antibiotics. R1 discharged home on 3/31/25 and has experienced on-going pain and loss of function due to the left knee infection. The facility's failure to implement physician recommendations and treat R1's ongoing pain and symptoms of infection in the left knee created a finding of immediate jeopardy that began on 1/27/25. Nursing Home Administrator (NHA)-A was notified of the immediate jeopardy on 11/6/25 at 2:40 PM. The immediate jeopardy was removed on 11/6/25; however, the deficient practice continues at a scope/severity level G (actual harm/isolated) as evidenced by the following examples: On 10/7/25, R2's right lower extremity (RLE) surgical wound re-opened. A treatment order was not implemented and the wound worsened. R2 saw an in-house wound doctor on 10/23/25. The wound was debrided (a procedure to remove dead, damaged, or infected tissue to promote healing) and doxycycline (an antibiotic) was ordered. (This example is being cited at a level G). On 11/4/25, R4's bilateral lower extremity (BLE) wounds were treated with lidocaine and gentian violet. R4's coccyx wound was treated with Iodosorb. R4 did not have physician orders for the treatments. Findings include:</p> <p>The facility's Skin Management Guideline policy, dated 11/28/17, indicates: Purpose: To ensure residents who are admitted to the facility are evaluated to determine appropriate measures to be taken by the Interdisciplinary Team (IDT) to determine appropriate treatment modalities for wounds according to industry standards of care.</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: 525165	If continuation sheet Page 1 of 11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525165	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/11/2025
NAME OF PROVIDER OR SUPPLIER  Samaritan Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  531 E Washington St West Bend, WI 53095	
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 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>1. On 11/4/25, Surveyor reviewed R1's medical record. R1 was admitted to the facility on [DATE] and had diagnoses including history of falls, bilateral knee total arthroplasty, anxiety, and depression. R1's most recent Minimum Data Set (MDS) assessment, dated 3/31/25, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R1 was cognitively intact. R1 had an activated Power of Attorney for Healthcare (POAHC) and discharged home from the facility on 3/31/25.</p> <p>A comprehensive care plan, revised 12/2/24, indicated R1 had a cellulitis infection of the left knee with a goal of remaining free from complications related to infection. The care plan contained an intervention to administer antibiotics per physician orders.</p> <p>A wound note, dated 10/31/24, indicated R1 had continued knee pain, warmth, and inflammation. Medical Doctor (MD)-H recommended an MRI of the left knee and an orthopedic consult.</p> <p>A nursing note, dated 10/31/24, indicated Wound Care Physician (WCP)-F assessed R1's left knee. The wound had improved; however, the knee was pink and warm to the touch. WCP-F expressed concern for the hardware in the knee and recommended labs and an MRI.</p> <p>A nursing note, dated 11/2/24, indicated R1's left knee was erythematous (abnormally red and inflamed), warm, swollen, and painful (which were symptoms of a potential infection). R1 was upset and requested additional imaging.</p> <p>A Nurse Practitioner (NP) visit note, written by NP-I and dated 11/4/24, did not address R1's knee pain, redness, or swelling.</p> <p>A physician visit note, written by MD-G and dated 11/5/24, indicated R1 continued to have severe left lower extremity pain that limited R1's functionality. R1 expressed a desire to improve R1's function.</p> <p>A wound note, dated 11/7/24, indicated R1 wanted an MRI at R1's orthopedic office. Recommendations included an MRI of the left knee and an orthopedic consult. MD-H ordered an MRI that was scheduled for 12/5/24.</p> <p>A nursing note, dated 11/13/24, indicated R1 complained of left knee pain and had swelling.</p> <p>A physician visit note, written by MD-G and dated 11/13/24, indicated WCP-F told R1 that R1 needed more imaging of the left lower extremity (LLE) due to ongoing pain and swelling.</p> <p>A wound note, dated 11/14/24, indicated R1 had a pending MRI of the left knee. Recommendations included an MRI of the left knee and an orthopedic consult.</p> <p>A physician visit note, written by MD-H and dated 11/15/24, indicated R1 reported left knee pain and was disappointed/frustrated. An MRI was pending.</p> <p>A wound note, dated 11/21/24, indicated R1's wound was resolved. Recommendations included an MRI of the left knee and an orthopedic consult.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525165	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/11/2025
NAME OF PROVIDER OR SUPPLIER  Samaritan Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  531 E Washington St West Bend, WI 53095	
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 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>A physician visit note, written by MD-G and dated 11/26/24, indicated R1 had soft tissue swelling in the left knee and reported posterior (back) and anterior (front) pain with gentle range of motion (ROM). The redness had increased and there was possible warmth and bogginess.</p> <p>An NP visit note, written by NP-I and dated 11/29/24, indicated R1 had a new complaint of worsening left knee pain with increased warmth and redness. An MRI was scheduled for 12/5/24. NP-I ordered doxycycline (an antibiotic) 100 milligrams (mg) twice daily for 10 days.</p> <p>A nursing note, dated 11/30/24, indicated R1 was prescribed doxycycline for cellulitis. R1's left knee was slightly swollen.</p> <p>A nursing note, dated 12/1/24, indicated R1's knee was warm to the touch, red, and slightly swollen.</p> <p>A nursing note, dated 12/5/24, indicated R1's MRI was canceled because insurance did not provide authorization.</p> <p>A nursing note, dated 12/8/24, indicated R1 was monitored for antibiotic use and complained of knee pain.</p> <p>An NP visit note, written by NP-I and dated 12/12/24, indicated R1 was angry due to continued knee pain. There were no new orders.</p> <p>A physician visit note, written by MD-G and dated 12/13/24, indicated R1 reported ongoing severe left knee pain despite wound healing. R1's MRI was canceled due to an insurance issue because the wound was fully healed.</p> <p>A physician visit note, written by MD-H and dated 12/18/24, indicated R1 reported knee pain and was followed by wound care who recommended an MRI. Given R1's ongoing pain, it was reasonable to request additional imaging. An MRI was ordered and pending scheduling.</p> <p>A social services note, dated 12/19/24, indicated R1 wanted an MRI of the left knee and felt R1 may need surgery. R1 agreed to a physical therapy referral.</p> <p>A physician visit note, written by MD-G and dated 12/23/24, indicated R1 reported worsening left knee pain including pain with light touch and stated the knee swelled and reddened with frequent use. R1 hoped an MRI would be completed on 12/28/24. R1 required assistance to get out of bed the night before and oxycodone (a narcotic pain medication) was not effective.</p> <p>A nursing note, dated 12/24/24, indicated R1 reported pain and had a linear, red blanchable area from the left knee to mid-shin that was warm to the touch. An MRI was scheduled.</p> <p>A social services note, dated 12/26/24, indicated R1 was worried about the knee and hoped an MRI could be done in the hospital (on 12/28/24).</p> <p>A nursing note, dated 12/26/24, indicated R1's left knee was painful, red, and warm to the touch. The knee and shin were pink and slightly swollen. R1 had increased discomfort during therapy. R1 agreed to go to the ER for evaluation.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525165	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/11/2025
NAME OF PROVIDER OR SUPPLIER  Samaritan Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  531 E Washington St West Bend, WI 53095	
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 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>An ER visit note, dated 12/26/24, indicated R1 had ongoing pain and redness in the left knee and started cephalexin (an antibiotic) 500 mg three times daily for cellulitis. R1 had an outpatient orthopedic referral due to potential loosening of the left knee hardware and chronic knee pain for the last 4 to 5 months.</p> <p>A nursing note, dated 12/27/24, indicated ER staff stated R1 didn't need an MRI. The MRI was canceled per R1's request.</p> <p>A nursing note, dated 1/3/25, indicated R1's last dose of cephalexin was administered; however, R1's lower leg was still pink, edematous, and warm to the touch. Cephalexin was reordered at 500 mg three times daily for 7 days.</p> <p>A physical therapy note, dated 1/6/25, indicated R1 was referred secondary to left knee pain which limited R1's safety and independent performance of mobility tasks. R1 required increased caregiver assistance for bed mobility, transfers, and ambulation.</p> <p>A nursing note, dated 1/23/25, indicated R1 complained of bilateral knee pain and had mild edema and slight left knee discoloration.</p> <p>A nursing note, dated 1/24/25, indicated a photo of R1's left knee was sent to MD-J who indicated R1 should go the ER for imaging for a possible infection. R1 was upset and stated if R1 didn't need imaging at the hospital before R1 didn't need it that night.</p> <p>A nursing note, dated 1/26/25, indicated R1 refused to go to the ER and had a pink tone down the left shin.</p> <p>A nursing note, dated 1/27/25 at 7:54 AM, indicated R1's left knee and shin were visibly swollen and red. R1 was not on antibiotics and refused to go the ER or anywhere for evaluation other than R1's orthopedic surgeon. A nursing note at 3:36 PM, indicated R1 agreed to go to the ER.</p> <p>An infection note, dated 1/27/25, indicated R1 completed a course of antibiotics with little effectiveness and was transferred to the ER for evaluation due to ongoing knee concerns.</p> <p>An ER visit note, dated 1/27/25, indicated an X-ray showed soft tissue swelling of the distal thigh and around the knee, lucencies (areas of less dense tissue which could include infection) in the medial, anterior femoral, and tibial components of the knee, and hardware loosening in the patellar component. The findings were suspicious for loosening, infectious or mechanical.</p> <p>A nursing note, dated 1/28/25, indicated R1 returned from the ER. Imaging indicated fluid around the knee. R1 required an MRI and a follow-up appointment with orthopedics.</p> <p>A nursing note, dated 1/31/25, indicated R1's leg was red and warm to the touch. R1 was educated on making a follow-up appointment with orthopedics to have an MRI.</p> <p>A nursing note, dated 2/1/25, indicated R1's left knee and shin were red, swollen, and warm to the touch. R1 refused to go to ER and requested an MRI at a specific hospital.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525165	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/11/2025
NAME OF PROVIDER OR SUPPLIER  Samaritan Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  531 E Washington St West Bend, WI 53095	
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 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>A nursing note, dated 2/2/25, indicated R1's left knee and leg were red, swollen, and warm to the touch. R1 continued to decline hospitalization and stated R1 wanted to see R1's orthopedic surgeon.</p> <p>A nursing note, dated 2/3/25, indicated R1 thought there were children in R1's room. R1 had left leg redness, swelling, and warmth. R1 declined to go to the ER and stated the ER doesn't provide the MRI that R1 needs.</p> <p>A nursing note, dated 2/6/25, indicated R1's left leg was swollen, warm to the touch, and redness had spread further down the leg. R1 agreed to go to the hospital for evaluation. R1 was supposed to start an antibiotic (Cefaclor) on 2/3/25. The pharmacy stated the antibiotic would arrive in the evening on 2/3/25 and stated the same on 2/4/25. The pharmacy stated the medication was delayed on 2/5/25 but should be in that day.</p> <p>R1's February 2025 Medication Administration Record (MAR) contained an order for Cefaclor (an antibiotic) 500 mg twice daily for cellulitis. Cefaclor was not documented as administered on 2/3/25, 2/4/25, 2/5/25, or 2/6/25.</p> <p>Hospital notes from 2/6/25 to 2/20/25 indicated R1 had a temperature of 101.1 degrees en route to the hospital. R1's c-reactive protein (CRP) (which indicates inflammation) and sedimentation rates (which indicates infection/inflammation) were elevated. The orthopedic team twice attempted an arthrocentesis (a procedure where a needle is inserted into a joint to remove synovial fluid). A culture grew gram positive cocci indicative of methicillin-susceptible staphylococcus aureus (MSSA) infection. Infectious disease was consulted and prescribed IV cefazolin 2 grams every 8 hours for 6 weeks. On 2/13/25, R1 underwent a left total knee revision, wash out, and antibiotic spacer placement.</p> <p>A physician visit note, written by MD-G and dated 2/25/25, indicated R1 had chronic bilateral knee pain likely worsened by a left knee joint infection and was prescribed antibiotics. R1 expressed frustration regarding the events that led to the diagnosis and the initial MRI that was missed.</p> <p>An orthopedic note, written by Orthopedic Surgeon (OS)-L and dated 2/25/25, indicated R1 was weight bearing as tolerated on the LLE while in a knee immobilizer. R1 had an order for a dry dressing change daily and follow-up in four weeks.</p> <p>R1's February and March 2025 Treatment Administration Records (TARs) contained orders to change R1's knee dressing with Xeroform once daily (beginning 2/28/25 and ending 3/25/25). Surveyor noted the following dates of concern:</p> <p>~ On 3/3/25, the treatment was not documented as completed. No additional documentation was provided.</p> <p>~ On 3/11/25, R1 was at an activity. There was no evidence that the treatment was offered or completed later.</p> <p>~ On 3/12/25, R1 was not available. No additional documentation was provided. R1's medical record indicated R1 was at the facility on 3/12/25.</p> <p>~ On 3/15/25, R1 was not available. No additional documentation was provided. R1's medical record indicated R1 was at the facility on 3/15/25.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525165	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/11/2025
NAME OF PROVIDER OR SUPPLIER  Samaritan Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  531 E Washington St West Bend, WI 53095	
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 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>~ On 3/20/25, the treatment was not documented as completed. No additional documentation was provided.</p> <p>~ On 3/24/25, R1 was at an activity. There was no evidence that the treatment was offered or completed later.</p> <p>On 11/4/25 at 10:30 AM, Surveyor interviewed R1 who verified R1 had ongoing redness, swelling, warmth, and left knee pain for several months. R1 stated WCP-F recommended R1 have an MRI and orthopedic consult due to hardware concerns in the knee. R1 verified the MRI scheduled for 12/5/24 was canceled due to insurance concerns. R1 canceled the MRI scheduled for 12/28/24 because ER staff told R1 it was unnecessary and R1 was concerned insurance wouldn't pay for it. R1 stated the facility did not honor R1's request to see R1's orthopedic surgeon and did not schedule any orthopedic appointments despite several recommendations from WCP-F and the ER. R1 stated R1 is still undergoing physical therapy for the left knee which has not been the same since the infection and causes R1 ongoing anxiety, pain, and a loss of independence.</p> <p>On 11/4/25 at 12:15 PM, Surveyor interviewed WCP-F who verified WCP-F recommended an MRI and orthopedic consult for R1 due to ongoing pain, redness, and swelling despite the wound being healed. WCP-F had concerns about the hardware in R1's knee and a possible internal infection. WCP-F verified the recommendations were discussed with MD-H. WCP-F was not aware if any of the recommendations were completed.</p> <p>On 11/4/25 at 5:35 PM, Surveyor interviewed R1's POAHC (POAHC-M) who verified R1's MRIs were canceled due to insurance concerns. POAHC-M was not aware of any orthopedic consults that were scheduled until after R1's hospitalization in February. POAHC-M expressed concern for how the facility handled R1's left leg.</p> <p>On 11/5/25 at 1:12 PM, Surveyor interviewed Orthopedic Registered Nurse ([NAME])-K who worked with OS-L. [NAME]-K verified R1 was not seen by OS-L prior to 2/6/25. [NAME]-K confirmed R1 was diagnosed with a septic joint and had a total knee revision with washout and placement of an antibiotic spacer. [NAME]-K stated increased redness, swelling, warmth, and pain are signs of an infected joint, especially with no other cause noted, and the orthopedic office would want to be informed right away so labs and imaging could be completed. [NAME]-K stated the risk of an untreated septic joint included sepsis (a life-threatening systemic infection) and potential loss of the limb.</p> <p>On 11/5/25 at 12:34 PM, Surveyor asked Regional Nurse Consultant (RNC)-C and [NAME] President of Clinical Operations (VPCO)-D their expectations for recommendations/referrals. RNC-C stated if a timeframe is not indicated by the referring physician, a referral or recommendation should be scheduled as soon as possible. RNC-C stated WCP-F's recommendations were relayed to MD-H who ordered an MRI and labs to determine if an orthopedic consult was needed. RNC-C verified an MRI was not completed, only X-ray imaging at the ER on [DATE] and 1/27/25. RNC-C confirmed staff were unsure if lab work was completed in-house prior to R1's hospitalization on 2/6/25 and could not verify if an orthopedic consult was completed after multiple recommendations from MD-H and a recommendation from the ER. In addition, RNC-C was not aware that R1 did not receive Cefaclor from 2/3/25 to 2/6/25. RNC-C stated staff should notify the Director of Nursing (DON) and/or physician if a medication/treatment is delayed due to pharmacy concerns. RNC-C verified if a resident refuses or is unavailable for a treatment, staff should reapproach the resident at a later time and document whether the treatment was refused or completed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525165	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/11/2025
NAME OF PROVIDER OR SUPPLIER  Samaritan Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  531 E Washington St West Bend, WI 53095	
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 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>The failure to treat a resident's ongoing left knee pain, redness, warmth, and swelling by completing referrals, imaging, treatment orders, and administering antibiotics resulted in serious harm for R1 and led to a finding of immediate jeopardy. The immediate jeopardy was removed on 11/6/25; however, the deficient practice continues at a scope/severity level G (actual harm/isolated) as indicated by R2's example and as the facility continues to implement the following action plan:</p> <p>Identified other residents with current wounds and assessed for signs/symptoms of infection, including redness, warmth, pain and swelling, and ensured referrals, consults, imaging, lab work, antibiotics, and wound treatments were administered.</p> <p>Educated licensed nursing staff on the facility's wound management policy and protocol to follow-up on skin issues as well as updating/documenting dressing changes.</p> <p>All wound orders were reviewed by the DON/designee to ensure accuracy and timely follow-up.</p> <p>Conducted skin audits weekly for 4 weeks. Education to be provided when indicated.</p> <p>2. On 11/4/25, Surveyor reviewed R2's medical record. R2 was admitted to the facility on [DATE] and had diagnoses including history of basal cell carcinoma on the right lower extremity (RLE) surgically removed, multiple sclerosis (MS), and edema.</p> <p>A care plan, initiated 3/14/22, indicated R2 had the potential for pressure ulcer development related to MS and a history of ulcers. The care plan contained an intervention to administer treatments as ordered and monitor for effectiveness.</p> <p>A care plan, initiated 4/5/23, indicated R2 received diuretic therapy related to edema. The care plan contained an intervention for Tubigrips (compression stockings) below the knee to base of toes, on every morning and off at night.</p> <p>On 3/25/25, R2 had a basal cell carcinoma removed from the RLE.</p> <p>A wound clinic progress note, dated 10/1/25, indicated R2's bilateral lower legs were healed but contained bruising that should be monitored. A pad was applied to the bruising and medium compression grips. The note contained an order for Tetra-Grips daily until R2 received compression stockings and to follow-up with the wound clinic as needed.</p> <p>R2's TAR contained the following orders:</p> <ul style="list-style-type: none"> <li>~ Monitor R2's legs daily for 2 weeks (dated 10/1/25).</li> <li>~ Take picture of bilateral legs for 2 weeks every Monday (dated 10/1/25). R2's TAR did not indicate the order was completed on 10/6/25. An order note, dated 10/13/25, indicated the camera could not be found.</li> <li>~ R2's RLE had a pinpoint opening and R2 requested cushioning to protect the bilateral lower extremities (BLEs). An order to cleanse with soap and water, pat dry, apply Comfort foam to areas, and secure with Tubigrips on Monday/Wednesday/Friday was initiated on 10/7/25 and discontinued the same day.</li> </ul> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525165	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/11/2025
NAME OF PROVIDER OR SUPPLIER  Samaritan Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  531 E Washington St West Bend, WI 53095	

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 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>An in-house wound assessment, completed 10/7/25, indicated a wound on R2's right medial malleolus (inner ankle) measured 0.1 centimeters (cm) x 0.1 cm and contained light serosanguineous drainage and fragile surrounding tissue. The wound contained a pinpoint opening with bloody drainage that was observed on R1's Tubigrip. The treatment was soap and water and foam with a secondary Tubigrip dressing. R2 requested a foam dressing to cover the area. The facility was awaiting orders from the physician.</p> <p>An order progress note, dated 10/8/25 and related to the 10/1/25 order to monitor R2's legs daily, indicated R2's dressing was clean, dry, and intact.</p> <p>There were no further wound assessments or treatments documented for R2's right medial malleolus until 10/20/25.</p> <p>A progress note, dated 10/20/25 at 10:24 PM, indicated R2 was followed by wound care and had an arterial ulcer on the right medial malleolus that was larger in size than previously documented on 10/7/25. The wound currently measured 6 cm x 4 cm. The wound bed was red with scant serosanguineous drainage. The edges were attached with no odor. There were no current treatment orders. The foam dressing was removed. The wound was cleansed with normal saline, patted dry, and a new dressing was applied. R2 denied increased pain or discomfort and stated the wound had been like that for approximately a week. R2 requested to see the wound clinic. A message was left for the MD to obtain a treatment order. The PM supervisor asked the night nurse to have wound care assess the wound in the morning.</p> <p>An order, dated 10/21/25, indicated to cleanse R2's right inner ankle wound, apply Iodosorb, and cover with Mepilex daily and as needed. The order was discontinued on 10/31/25.</p> <p>R2 saw the in-house wound physician on 10/23/25. A progress note indicated R2 had a wound on the right medial shin. R2's RLE contained mild edema and the foot was warm. The wound measured 4 cm x 1 cm x 0.1 cm. The surface area was 4 cm squared with an open ulceration area that was 2.4 cm squared. The periwound radius contained erythema, induration, and moderate serosanguineous drainage. The treatment was to apply Iodosorb gel once daily and as needed if saturated, soiled, or dislodged (for 30 days) and a gauze island dressing with border once daily and as needed if saturated, soiled, or dislodged (for 30 days). R2 was also prescribed doxycycline (an antibiotic) 100 mg twice daily for 14 days.</p> <p>R2's October 2025 TAR did not indicate the treatment was completed on 10/28/25. RNC-C indicated during an interview on 11/4/25 at 4:24 PM, that the wound treatment was completed by the wound nurse but was not signed out.</p> <p>On 11/4/25 at 12:07 PM, Surveyor interviewed R2 who indicated staff inconsistently completed wound care for R2's right leg which had healed and then reopened and worsened. R2 thought the wound worsened because of staffs' inconsistency. R2 saw the in-house wound doctor who started R2 on antibiotics. R2 chose to go back to R2's previous wound clinic and stated the wound had improved.</p> <p>On 11/4/25 at 4:24 PM, Surveyor interviewed RNC-C who confirmed a wound care order was entered in R2's medical record after R2's wound was discovered on 10/7/25 but was discontinued the same day. A new order was not entered when the initial order was discontinued.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525165	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/11/2025
NAME OF PROVIDER OR SUPPLIER  Samaritan Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  531 E Washington St West Bend, WI 53095	
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 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Due to the fact that a wound care order was not transcribed correctly in R2's medical record on 10/7/25, R2's wound was not assessed or treated until 10/20/25. During this timeframe, the wound deteriorated and grew in size. R2 saw the wound doctor on 10/23/25 and was started on antibiotics for the wound.</p> <p>3. On 11/4/25, Surveyor reviewed R4's medical record. R4 was admitted to the facility on [DATE] and had diagnoses including sepsis, systemic sclerosis with lung involvement, Raynaud's disease (causes some areas of the body, such as fingers and toes, to feel numb and cold in response to cold temperatures), and pulmonary hypertension due to scleroderma. R4's MDS assessment, dated 9/21/25, had a BIMS score of 15 out of 15 which indicated R4 had intact cognition. R4 was responsible for R4's healthcare decisions.</p> <p>R4's medical record contained the following wound orders:</p> <p>~ Bilateral lower extremity: Cleanse, apply Iodosorb, cover with methylene blue and ABD pad, secure with Kerlix, change daily every day shift for open area (dated 10/24/25)</p> <p>~ Coccyx wound: Cleanse with soap and water, pat dry, skin prep peri wound, apply Medihoney, cover with bordered gauze every day shift for open area (dated 11/2/25).</p> <p>On 11/4/25 at 10:52 AM, Surveyor observed Registered Nurse (RN)-E provide wound care to R4's BLE and coccyx wounds. RN-E removed the lower extremity dressings and sprayed both wounds with lidocaine. Surveyor observed a purple color in between R4's toes. RN-E indicated the color was due to gentian violet which staff used every other day. RN-E then removed R4's coccyx dressing, cleansed the wound with soap and water, and applied Iodosorb.</p> <p>On 11/4/25 at 11:25 AM, Surveyor interviewed RN-E who indicated the facility was out of Medihoney which was on back order. RN-E indicated the MD was aware and allowed staff to use Iodosorb instead.</p> <p>On 11/4/25 at 3:19 PM, Surveyor interviewed DON-B who verified R4 did not have orders for lidocaine, gentian violet, or Iodosorb to replace Medihoney.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525165	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/11/2025
NAME OF PROVIDER OR SUPPLIER  Samaritan Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  531 E Washington St West Bend, WI 53095	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525165	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/11/2025
NAME OF PROVIDER OR SUPPLIER  Samaritan Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  531 E Washington St West Bend, WI 53095	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, staff and resident interview, and record review, the facility did not ensure adequate assistive devices were in place to prevent falls for 1 resident (R) (R5) of 3 sampled residents. R5 had falls on 7/2/25, 7/7/25, 7/23/25, and 10/20/25. R5's care plan was not updated with appropriate interventions. Findings include: The facility's Falls and Fall Risk, Managing policy indicates: Based on previous evaluations and current data, the staff will identify interventions related to the resident's specific risks and causes to try to prevent the resident from falling and try to minimize complications from falling. Prioritizing Approaches to Managing Falls and Fall Risk: .4. If falling recurs despite initial interventions, staff will implement additional or different interventions or indicate why the current approach remains relevant. On 11/4/25, Surveyor reviewed R5's medical record. R5 was admitted to the facility on [DATE] and had diagnoses including acute respiratory failure with hypoxia, insomnia, bipolar disorder, fibromyalgia, and presence of automatic cardiac defibrillator. A Minimum Data Set (MDS) assessment completed on 9/18/25 included a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R5 was cognitively intact. A care plan, initiated 9/12/25, indicated R5 was at high risk for falls due to being a new admission, falls prior to admission, and psychotropic, pain, and narcotic medication use. The care plan contained a goal, initiated 10/22/25, that indicated R5 will allow staff to assist with ambulation and will wear non-skid footwear and use a walker or wheelchair. The care plan contained interventions to anticipate and meet R5's needs (initiated 9/12/25); Ensure call light is within reach and encourage R5 to use it for assistance as needed. R5 needs prompt response to all requests for assistance (initiated 9/26/25); and Follow facility fall protocol (initiated 9/26/25). A care plan, initiated 10/23/25, indicated R5 had an actual fall with (specify: no injury, minor injury, serious injury). The intervention portion of the care plan indicated: Date and description of other interventions put in place after a fall: (specify). This statement was also initiated on 10/23/25. Surveyor noted there were no other interventions in place. On 7/2/25, R5 had a witnessed fall. The fall report indicated R5 tried to stand by pushing off the wheelchair but did not have the brakes locked. The wheelchair pushed out from behind R5 and R5 fell backwards onto R5's left shoulder. On 7/3/25, the Interdisciplinary Team (IDT) reviewed the fall. The intervention was auto-lock brakes. On 7/7/25, R5 fell again. The fall report indicated a Certified Nursing Assistant (CNA) found R5 on the floor next to the bed. R5 was laying on the right side and complained of left arm pain. No other injuries were observed. R5 stated R5 rolled out of bed while sleeping and landed on the left arm and side. R5 then rolled onto the right side. An X-ray was obtained with no concerns. R5 was assisted back to bed and reminded to use the call light. R5's bed was placed in the lowest position and the nurse recommended a mat be placed next to the bed for safety. On 7/8/25, the IDT reviewed the fall and noted that a fall mat was the initial intervention. The IDT also discussed a trial of bolsters to define the edge of the bed for R5 so R5 did not roll out. The bolsters would not decrease R5's ability to get out of bed per R5's choice. On 7/23/25, R5 had an unwitnessed fall and was found sitting next to the bed. R5 hit R5's head and had a 4 centimeter (cm) x 2 cm bruise and small lump on the base of the skull. R5 reported pain at a level 7 out of 10 and grimaced when R5's head was touched. R5 was able to move all extremities with no issues and denied nausea or other symptoms. There was a wheelchair by side of the bed as well as a walker. R5 stated R5 bent over to open the dresser. When R5 stood up, R5 was dizzy, fell backwards, and hit R5's head on the bed frame. R5 was sent to the emergency room (ER) for evaluation. On 7/24/25, the IDT reviewed the fall. A call don't fall sign was posted in R5's room and orthostatic blood pressures were completed for 3 days. On 10/20/25, R5 fell when R5 tried to grab an item off the ground from bed. R5's call light was activated. The facility did not provide a fall report with the IDT review but provided a handwritten falls checklist. Handwritten on the front of the report was: Intervention: 30 minutes - 1 hour rounds for safety. The checklist at #10 indicated: Add new focus update care plan Actual Fall Occurred. This was checked as completed. The checklist at #11 indicated: Add/update care plan with interventions under Risk for Falls. This was checked as completed. On 11/4/25 at 3:05 PM, Surveyor interviewed R5 who indicated R5 never had bolsters or a mat next to R5's bed, however, staff put R5's bed in a low position. R5 indicated R5 wouldn't want a bolster or mat next to the bed and would be afraid R5 would trip. R5 acknowledged that R5 self-transfers when R5 should wait for assistance. On 11/4/25, Surveyor noted none of the interventions from R5's falls on 7/2/25, 7/7/25, or 7/23/25, or 10/20/25 were added to R5's care plan. On 11/4/25 at 2:43 PM, Surveyor interviewed INAMEI President of Clinical Operations (VPCO)-D who indicated the facility's policy is</p>		