

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 03/11/2026
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)		
F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff and resident interview, and policy review, the facility failed to ensure 2 residents (R) (R10 and R14) of 15 sampled and supplemental sampled residents received meals at a palatable temperature. R10 and R14 reported receiving cold food. A test tray on 3/10/26 revealed food items were served below the required temperatures for food service and palatability. Findings include: The facility's Safe Food Handling policy, dated 9/1/21, indicates: All foods are prepared in accordance with the Food and Drug Administration (FDA) Food Code .3. The Dining Services Director/Cook(s) will be responsible for food preparation techniques which minimize the amount of time food items are exposed to temperatures greater than 41 degrees and/or less than 135 degrees.1. Review of R10's admission Record revealed R10 was admitted to the facility on [DATE]. R10's admission Minimum Data Set (MDS) assessment, with an Assessment Reference Date (ARD) of 3/6/26, revealed R10 had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R10 was cognitively intact. During an interview on 3/9/26 at 11:00 AM, R10 stated R10 received food in bite-sized pieces and it could be hotter.2. Review of R14's admission Record revealed R14 was admitted to the facility on [DATE]. R14's admission MDS assessment, with an ARD of 2/13/26, revealed R14 had a BIMS score of 14 out of 15 which indicated R14 was cognitively intact. During an observation on 3/9/26 at 12:53 PM, R14 was observed eating lunch in R14's room. The meal served was a regular diet. When asked about the temperature of the food, R14 stated it was cold and that it was always cold. Review of Resident Council minutes revealed complaints of cold food during meetings on 10/23/25 and 2/9/26. On 3/10/26 at 11:43 AM, Surveyor observed dietary staff test food items prior to service in the fourth floor kitchen. The temperature of the regular diet main entree of chicken fried steak was 164 degrees Fahrenheit (F), the main starch of cheesy rice was 160 degrees F, and the main vegetable of spinach and onions was 167 degrees F. Residents in the dining room were served prior to trays being plated for residents who chose to eat in their rooms. On 3/10/26 at 12:35 PM, Surveyor noted the third and final cart was taken to the fourth floor by nursing staff with a requested test tray by the Food Service Manager (FSM). The FSM and Surveyor followed the cart to the fourth floor. The door to the cart remained open as trays were passed. The last tray was served at 12:45 PM. The FSM took trays that were being placed on the cart back to the kitchen. An observation of the test tray and interview on 3/10/26 at 12:45 PM with Registered Nurse (RN) 3 revealed the FSM left a digital thermometer to test food temperatures on the test tray. RN 3 verified the temperatures of each of the following items: the chicken fried steak with gravy was 126 degrees F, the cheesy rice was 130 degrees F, and the spinach with onions was 130 degrees F. The food temperatures were below the 135 degree F temperature for food service and palatability.		

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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