

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 01/29/2025
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 0551</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give the resident's representative the ability to exercise the resident's rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47248</p> <p>Based on staff interview and record review, the facility did not ensure court-ordered protective placement was obtained for 1 resident (R) (R48) of 2 sampled residents.</p> <p>R48 had a legal Guardian. The facility did not obtain court-ordered protective placement to ensure R48 resided in the least restrictive environment at the facility.</p> <p>Findings include:</p> <p>The facility did not provide a policy regarding protective placement.</p> <p>State Statute Chapter 55.03(4) indicates court-ordered protective placement should be obtained for any resident admitted to a nursing home who has a legal Guardian and whose nursing home stay exceeds ninety days. State Statute Chapter 55.18 indicates protective placement is reviewed annually.</p> <p>On 1/27/25, Surveyor reviewed R48's medical record. R48 had a legal Guardian when R48 was admitted to the facility on [DATE]. R48 had court-ordered Guardianship, dated 2006, with a successor Guardian appointed on 9/26/23. R48's medical record did not contain protective placement documentation.</p> <p>On 1/27/25, Surveyor requested protective placement paperwork for R48 from Nursing Home Administrator (NHA)-A.</p> <p>On 1/28/25, Surveyor received Guardianship paperwork from NHA-A but not protective placement paperwork. NHA-A indicated Social Worker (SW)-C was responsible for obtaining protective placement paperwork for residents who had Guardians.</p> <p>On 1/28/25 at 10:17 AM, Surveyor interviewed SW-C who indicated SW-C would look for R48's protective placement paperwork. SW-C indicated when a resident with a Guardianship is admitted, the Admissions Coordinator obtains the paperwork upon admission and SW-C ensures annual reviews are received from the county. SW-C indicated R48 had a Guardianship prior to admission and was admitted to the facility from a group home.</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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<p>F 0551</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/28/25 at 2:28 PM, SW-C approached Surveyor and indicated the facility had not obtained protective placement for R48 but had contacted the county to initiate it. SW-C indicated the facility does not have a policy regarding protective placement. SW-C indicated the facility follows state and federal regulations which require protective placement and annual review of the placement for those placed in skilled nursing facilities larger than 16 beds.</p>		

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<p>F 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>45942</p> <p>Based on staff and resident representative interview and record review, the facility did not ensure 3 residents (R) (R13, R15, and R168) of 3 sampled residents received a copy of the Skilled Nursing Facility Advanced Beneficiary Notice (ABN) form or were provided a Notice of Medicare Non-Coverage (NOMNC) form in a timely manner.</p> <p>The facility did not provide R13 and R15 with an ABN form or a timely NOMNC form when R13 and R15's Medicare services ended and R13 and R15 remained in the facility.</p> <p>The facility did not provide R168 with a timely NOMNC form when R168's Medicare services ended on 11/18/24.</p> <p>Findings include:</p> <p>The facility did not provide a policy regarding Medicare coverage/liability notices.</p> <p>The Centers for Medicare & Medicaid Services (CMS)-10055 Skilled Nursing Facility Advanced Beneficiary Notice of Non-Coverage (ABN) form indicates: The ABN provides information to the beneficiary so the beneficiary can decide whether or not to get the care that may not be paid for by Medicare and assume financial responsibility .The ABN is only issued if the beneficiary intends to continue services and the Skilled Nursing Facility believes the services may not be covered under Medicare.</p> <p>The Centers for Medicare & Medicaid Services (CMS) form CMS-10123 indicates a NOMNC form must be delivered at least two calendar days before Medicare-covered services end or the second-to-last-day of service if care is not being provided daily. Note: The two-day advance requirement is not a 48-hour requirement .The provider must ensure the beneficiary or representative signs and dates the NOMNC form to demonstrate the beneficiary, or representative received the notice and understands the termination decision can be disputed.</p> <p>1. From 1/27/25 to 1/29/25, Surveyor reviewed R13's medical record and noted R13 was provided a NOMNC and ABN form that indicated R13's Medicare services would end on 12/17/24. The facility provided a generated form that indicated the last day of R13's Medicare coverage was 12/17/24 and private pay for room and board would be effective 12/18/24. The form did not include R13 or R13's representative's signature or note that the forms were given or sent to R13 or R13's representative. The forms indicated R13 and/or R13's representative were provided the information verbally. R13 remained in the facility.</p> <p>On 1/28/25 at 10:32 AM, Surveyor interviewed R13 and R13's Power of Attorney ((POA)-K) and showed R13 and POA-K the NOMNC and ABN forms. R13 and POA-K both denied being verbally informed by the facility and indicated they did not receive the forms via mail.</p> <p>(continued on next page)</p>		

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<p>F 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. From 1/27/25 to 1/29/25, Surveyor reviewed R15's medical record and noted R15 was provided a NOMNC and ABN form that indicated R15's Medicare services would end on 1/21/25. The facility provided a generated form that indicated the last day of R15's Medicare coverage was 1/21/25 and private pay for room and board would be effective 1/22/25. The form did not include R15 or R15's representative's signature or note that the forms were given or sent to R15 or R15's representative. The forms indicated R15 and/or R15's representative were provided the information verbally. R15 remained in the facility.</p> <p>On 1/28/25 at 9:48 AM, Surveyor interviewed R15's Legal Guardian ((LG)-I) via phone. LG-I indicated the facility did not call LG-I with the NOMNC and ABN information. LG-I confirmed LG-I did not receive the forms via mail and was not given a copy.</p> <p>3. From 1/27/25 to 1/29/25, Surveyor reviewed R168's medical record and noted R168 was provided a NOMNC form that indicated R168's Medicare services would end on 11/17/24. The form did not include R168 or R168's representative's signature or note that the forms were given or sent to R168 or R168's representative. The forms indicated R168 and/or R168's representative were provided the information verbally. R168 discharged home.</p> <p>On 1/28/25 at 10:06 AM, Surveyor interviewed R168's Power of Attorney ((POA)-J) regarding the NOMNC form. POA-J indicated POA-J did not remember receiving a phone call from the facility that R168's Medicare coverage was ending. POA-J indicated if the facility sent the NOMNC form POA-J would have the form in R168's file.</p> <p>On 1/28/25 at 12:24 PM, Surveyor interviewed Minimum Data Set Coordinator (MDSC)-H who was responsible for providing NOMNC and ABN forms to residents. MDSC-H indicated MDSC-H left the forms in the resident's room or sent the forms via mail. MDSC-H was unable to provide documentation that the forms were sent or given to residents or their representatives. MDSC-H indicated the facility attempts to have a resident's representative sign the forms during a visit but will verbally inform a resident's representative via phone and mail or leave a copy of the form in the resident's room. MDSC-H indicated there is not a process to keep track of which forms are mailed or not mailed. MDSC-H confirmed the facility does not have a policy regarding Medicare coverage/liability notices.</p> <p>On 1/28/25 at 1:04 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A who indicated notifications should be mailed and there should be documentation on the forms or in the resident's medical record that the notifications were sent.</p>		

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<p>F 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49563</p> <p>Based on observation, staff interview, and record review, the facility did not provide privacy during showers for 1 resident (R) (R7) of 1 sampled resident.</p> <p>R7 indicated staff interrupted R7 and entered the shower room during R7's showers. R7 filed a grievance with the facility on 1/23/25. Staff created a sign for R7 to use while R7 showered, however, staff were not educated about the sign and interrupted R7 again on 1/27/25.</p> <p>Findings include:</p> <p>On 1/27/25, Surveyor reviewed R7's medical record. R7 was admitted to the facility on [DATE] and had diagnoses including chronic heart failure, chronic obstructive pulmonary disease (COPD), and pulmonary embolus. R7's Minimum Data Set (MDS) assessment, dated 7/25/24, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R7 had intact cognition. R7's medical record indicated R7 was responsible for R7's healthcare decisions.</p> <p>On 1/27/25 at 10:45 AM, Surveyor interviewed R7 who indicated a male Certified Nursing Assistant (CNA) enters the shower room when R7 is showering. R7 indicated there are signs posted on the door not to disturb, but staff come in constantly to get linens. R7 indicated there is a shower curtain that guards R7, however, R7 does not like CNAs entering the room when R7 is showering. R7 indicated R7 filed a grievance but staff continue to enter the shower room.</p> <p>On 1/27/25 at 12:57 PM, Surveyor observed the shower room on the fourth floor which has a shower area on the left side and a bathtub area with curtains on the right side. Surveyor noted linens were stored in a closet on the bathtub side of the room.</p> <p>On 1/28/25 at 11:34 AM, Surveyor interviewed CNA-O who indicated CNA-O usually puts an ear to the door of the shower room to monitor for sound of use or knocks on the door prior to entering. CNA-O admitted that on more than one occasion CNA-O accidentally entered the shower room to obtain linens while R7 was showering. CNA-O apologized and indicated the shower was a communal shower.</p> <p>On 1/28/25 at 12:23 PM, Surveyor interviewed CNA-S who indicated R7 likes to have privacy during showers and R7 showers independently. CNA-S indicated if CNA-S needs to get in the room for linens, CNA-S knocks and asks for permission to enter. If R7 declines, CNA-S waits until R7 is done in the shower room.</p> <p>On 1/28/25 at 2:58 PM, Surveyor interviewed Director of Nursing (DON)-B who indicated DON-B met with R7 on 1/23/25 to address R7's grievance. DON-B created a magnetic sign for R7 to place on the shower door to alert staff that R7 is using the shower and wants privacy.</p> <p>On 1/29/25 at 10:01 AM, Surveyor interviewed R7 and observed the privacy sign that DON-B created. R7 indicated R7 was interrupted by two night shift CNAs during a shower on 1/27/25.</p> <p>On 1/29/25 at 10:32 AM, Surveyor interviewed Licensed Practical Nurse (LPN)-P who indicated LPN-P was not aware of a sign that was created for R7 while showering.</p> <p>(continued on next page)</p>		

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<p>F 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/29/25 at 10:34 AM, Surveyor interviewed CNA-Q who denied any knowledge of a sign that was created for R7 while showering.</p> <p>On 1/29/25 at 10:49 AM, Surveyor interviewed CNA-R who was aware of a previous blue sign but not aware of a new sign created for R7 while showering.</p> <p>On 1/29/25 at 11:58 AM, Surveyor interviewed DON-B who indicated DON-B had not educated all staff on use of the new sign for R7. DON-B indicated DON-B spoke with night shift staff that morning regarding the sign that was created on 1/23/25. DON-B indicated staff education was started on a 1:1 basis but verified there was no documentation or signed acknowledgment/communication sheets for the education.</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49563</p> <p>Based on staff and resident interview and record review, the facility did not ensure the provision of safe and comfortable water temperatures for 2 residents (R) (R7 and R16) of 23 sampled residents.</p> <p>R7 reported to staff that R7 did not have warm water while showering on multiple occasions.</p> <p>R16 reported that staff gave R16 a bath with cool water.</p> <p>Findings include:</p> <p>1. On 1/27/25, Surveyor reviewed R7's medical record. R7 was admitted to the facility on [DATE] and had diagnoses including chronic obstructive pulmonary disease (COPD) and pulmonary embolus. R7's Minimum Data Set (MDS) assessment, dated 7/25/24, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R7 had intact cognition. R7's medical record indicated R7 was responsible for R7's healthcare decisions.</p> <p>On 1/27/25 at 11:46 AM, Surveyor interviewed R7 who indicated there was often no hot water from 7:00 AM to 7:00 PM in the fourth floor shower room. R7 was informed hot water was an issue because the laundry and kitchen used high volumes of hot water during that time. R7 was told the issue would be resolved in August of 2025. R7 indicated cold showers remained an issue.</p> <p>2. On 1/27/25, Surveyor reviewed R16's medical record. R16 was admitted to the facility on [DATE] and had diagnoses including pneumonia due to coronavirus, type 2 diabetes mellitus with diabetic neuropathy, major depressive disorder, and anxiety disorder. R16's MDS assessment, dated 1/2/25, indicated R16 had intact cognition.</p> <p>R16's care plan (dated 1/15/25) indicated R16 had a self-care performance deficit related to COVID-19, pneumonia, congestive heart failure (CHF), and diabetes mellitus. The care plan contained interventions for substantial/maximal assistance with bathing and avoid exposure to extreme heat or cold.</p> <p>On 1/27/25 at 1:00 PM, Surveyor interviewed R16 who reported an incident approximately two weeks prior when Certified Nursing Assistant (CNA)-O gave R16 a bath and the water was too cold.</p> <p>On 1/28/25, Surveyor reviewed the facility's grievances. Surveyor noted several grievances related to cold water for baths and showers with the latest grievance dated 1/3/25. The facility's response to the grievance (on 1/6/25) indicated the water was tested and it took approximately 13 minutes for the water to get warm. The grievance indicated the issue was addressed by maintenance who confirmed the water temperature was in the appropriate range but replaced the mixing valve which appeared to be worn out.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/28/25 at 12:25 PM, Surveyor interviewed CNA-O who indicated CNA-O has had trouble getting enough warm water. CNA-O indicated the building is old and if multiple residents use hot water there is not enough. CNA-O indicated the water starts out warm but gets cold before the bath tub is full. CNA-O informed other nursing staff but did not inform administration and indicated it is common knowledge that hot water is a continuous problem. CNA-O indicated warm water runs out on most days. CNA-O confirmed CNA-O ran out of warm water during a bath for R16 approximately two weeks prior and rinsed soap off of R16 with cool water.</p> <p>On 1/28/25 at 3:33 PM, Surveyor interviewed CNA-T who indicated there is usually enough hot water to begin showers. CNA-T indicated staff know they can not do more than 3 baths in a row or the fourth floor shower room will run out of hot water.</p> <p>On 1/28/25 at 12:38 PM and 1/29/25 at 1:40 PM, Surveyor interviewed Registered Nurse Manager (RNM)-L who verified RNM-L received several complaints about running out of hot water in the fourth floor shower room. RNM-L indicated RNM-L received complaints of cold water once per week in November and December of 2024. RNM-L indicated if 3 residents are showered back-to-back it can cause the facility to run out of warm water. RNM-L indicated cold water could be related to staff not understanding the knobs and indicated if the water is switched from the bath to shower head the water in the line could be cold. RNM-L provided education for a few staff but did not educate all staff.</p> <p>On 1/28/25 at 2:28 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A and Director of Nursing (DON)-B. NHA-A verified NHA-A was aware of R7's grievance and thought the cold water issue was resolved. NHA-A indicated staff had not informed NHA-A of the continued issues. NHA-A verified residents who bath or shower should have hot water.</p>		

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49563</p> <p>Based on staff and family interview and record review, the facility did not make a prompt effort to resolve a grievance for 1 resident (R) (R25) of 2 sampled residents.</p> <p>R25 had a lab culture obtained on 1/2/25. On 1/3/25, 1/4/25, 1/5/25, and 1/6/25, R25's Family Member ((FM)-N) called the facility for the culture results but staff were unable to provide the results. FM-N filed a grievance with the facility on 1/6/25. At a care conference for R25, FM-N was notified the grievance was resolved, however, the facility did not provide an explanation of what happened or the resolution.</p> <p>Findings include:</p> <p>The facility's Grievance Guideline policy, dated 4/23/18, indicates: The facility will ensure prompt resolution (within five calendar days) to all grievances, keeping the resident and resident representative informed throughout the investigation and resolution process .G. Response: Any employee of this facility who receives a complaint shall immediately attempt to resolve the complaint within their role and authority. If a complaint cannot be immediately resolved, the employee shall escalate that complaint to their supervisor and facility Grievance Official .A review of the completed complaint report: An interview with the person or persons reporting the incident if applicable .A root-cause analysis of all circumstances surrounding the incident .</p> <p>On 1/27/25, Surveyor reviewed R25's medical record. R25 was admitted to the facility on [DATE] and had diagnoses including T12 compression deformity, chronic kidney disease, and anemia. R25's Minimum Data Set (MDS) assessment, dated 12/8/24, had a Brief Interview for Mental Status (BIMS) score of 13 out of 15 which indicated R25 had intact cognition. R25's medical record indicated R25 was responsible for R25's healthcare decisions.</p> <p>On 1/27/25 at 1:19 PM, Surveyor interviewed FM-N who was upset that R25's lab cultures were not sent in timely and the only response FM-N received from a grievance filed on 1/6/25 was that the issue was resolved. FM-N indicated FM-N did not receive an explanation of what caused the delay and how the process would be improved in the future.</p> <p>On 1/28/25 at 2:00 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A and Director of Nursing (DON)-B. NHA-A indicated FM-N reported a grievance on behalf of R25 via telephone on 1/6/25. DON-B indicated staff called the Nurse Practitioner (NP) about starting a broad-spectrum antibiotic, however, the NP indicated it was best to wait for the culture results before starting any treatment. NHA-A indicated a process change was implemented to ensure all refrigerators are checked when staff are at the facility to obtain samples. NHA-A indicated the process change was made with the clinical management team. NHA-A indicated there was no documentation of the process change or education to staff.</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50479</p> <p>Based on observation, staff and resident interview, and record review, the facility did not ensure treatment and services were provided to prevent the development of pressure injuries and/or promote healing for 1 resident (R) (R44) of 4 sampled residents.</p> <p>R44 had impaired skin integrity and multiple wounds, including a chronic ulcer of the buttocks. R44's pressure-relieving air mattress was not correctly set to R44's body weight. In addition, R44's care plan did not contain an individualized setting for the mattress.</p> <p>Findings include:</p> <p>The facility's Wound Care Prevention and Program Management policy, dated 11/13/24, indicates: Interventions will be implemented to mitigate the risk for skin breakdown, based on individual risk factors, and may include, but are not limited to: a. The use of pressure redistribution device such as mattresses . Interventions should be documented in the resident's electronic medical record, including in the resident's individualized resident-centered plan of care .Residents with risk for or who have a loss of skin integrity will receive the appropriate treatment/services which may include .pressure relieving equipment .Interventions and treatments should be routinely evaluated for efficacy .A baseline plan of care will be developed to identify areas of concern, risk factors, or existing wounds, measurable goals of care, and to specify interventions to prevent and/or treat skin integrity .</p> <p>From 1/27/25 to 1/29/25, Surveyor reviewed R44's medical record. R44 was admitted to the facility on [DATE], received Hospice services, and had diagnoses including pressure-induced deep tissue injury of right heel, chronic venous ulcers of right foot, chronic ulcer of buttocks, and deconditioning. R44's Minimum Data Set (MDS) assessment, dated 11/2/24, indicated R44 had intact cognition. R44's medical record indicated R44 was physically deconditioned and bed bound and R44's weight was 180 pounds.</p> <p>R44's care plan (dated 11/15/24) indicated R44 had potential for impairment to skin integrity related to incontinence and limited mobility. The care plan contained a goal that R44 would remain free of new skin impairment through the review date (2/13/25). The care plan contained the following intervention: Air Mattress (Specify Settings). Surveyor noted the air mattress settings were not individualized for R44.</p> <p>A wound care physician note, dated 1/16/25, indicated R44 had the following wounds: Venous wound of right leg, stage 4 pressure wound of left foot, arterial wound of right first toe, stage 4 pressure wound of left foot, unstageable deep tissue injury of right foot, end-stage skin failure of sacrum, and stage 3 pressure wound to right buttocks.</p> <p>On 1/27/25 at 12:12 PM, Surveyor interviewed R44 who indicated R44 was bed bound and had multiple areas of skin breakdown. Surveyor noted R44 had a pressure-relieving air mattress that was set to 360 pounds.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Samaritan Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 531 E Washington St West Bend, WI 53095	
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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/29/25 at 1:12 PM, Surveyor interviewed Director of Nursing (DON)-B who indicated air mattress settings should be individualized for each resident and based on the resident's current weight. DON-B confirmed if R44's air mattress was set to 360 pounds, the air mattress was set incorrectly.</p> <p>On 1/29/25 at 1:38 PM, Surveyor reviewed R44's air mattress settings with Registered Nurse Manager (RNM)-L who confirmed R44's air mattress was set to 360 pounds. RNM-L indicated R44's air mattress should be set to 180 pounds based on R44's weight.</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32768</p> <p>Based on observation, staff interview, and record review, the facility did not ensure 2 residents (R) (R15 and R368) of 3 sampled residents received the appropriate care and services to prevent urinary tract infections (UTI).</p> <p>R15's uncovered catheter bag was observed on the floor underneath R15's wheelchair on multiple occasions.</p> <p>R368 was on enhanced barrier precautions (EBP). R368's uncovered catheter bag was observed on the floor underneath R368's bed.</p> <p>Findings include:</p> <p>The facility's Catheter Care, Urinary Policy, dated 9/2014, indicates: The purpose of this procedure is to prevent catheter-associated urinary tract infections .1. Use standard precautions when handling or manipulating the drainage system. b. Be sure the catheter tubing and drainage bag are kept off the floor.</p> <p>1. From 1/27/25 to 1/29/25, Surveyor reviewed R15's medical record. R15 was admitted to the facility on [DATE] and had diagnoses including cerebral palsy, epilepsy, mutism, obstructive uropathy, and multidrug-resistant organism (MDRO). R15 also had a UTI within the last 30 days (12/24/24). R15's Minimum Data Set (MDS) assessment, dated 12/31/24, had a Brief Interview for Mental Status (BIMS) score of 0 out of 15 which indicated R15 had severe cognitive impairment. The MDS also indicated R15 was dependent on staff for toileting, bathing, and hygiene.</p> <p>On 1/27/25 at 10:32 AM, Surveyor observed R15 in the dining area for approximately 15 minutes and noted R15's uncovered catheter bag was on the floor underneath R15's wheelchair.</p> <p>On 1/28/25 at 9:33 AM, Surveyor observed R15 in a wheelchair in the hallway outside the dining area. R15's uncovered catheter bag was on the floor underneath R15's wheelchair.</p> <p>On 1/29/25 at 8:34 AM, Surveyor observed R15 in a wheelchair in the hallway being pushed by a staff. R15's uncovered catheter bag was on the floor underneath R15's wheelchair.</p> <p>2. From 1/27/25 to 1/29/25, Surveyor reviewed R368's medical record. R368 was admitted to the facility on [DATE] and had diagnoses including paraplegia and neuromuscular dysfunction of bladder. R368's MDS assessment, dated 1/17/25, had a BIMS score of 15 out of 15 which indicated R368 had intact cognition.</p> <p>R368's medical record contained an order for an indwelling Foley catheter size 18 French (dated 1/17/25).</p> <p>On 1/28/25 at 10:08 AM, Surveyor observed an EBP sign posted outside R368's door. Surveyor interviewed R368 and noted R368's uncovered catheter bag was in contact with the floor under R368's bed.</p> <p>(continued on next page)</p>		

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 1/29/25 at 11:42 AM, Surveyor interviewed Director of Nursing (DON)-B who indicated catheter bags should be covered and off the floor per the facility's policy.		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49563</p> <p>Based on observation, staff and resident interview, and record review, the facility did not provide pharmaceutical services to ensure accurate administration of drugs and biologicals for 3 residents (R) (R7, R114, and R15) of 8 sampled residents.</p> <p>R7 did not receive eight doses of scheduled medication because the medication was not available.</p> <p>R114 did not receive a scheduled medication because the medication was not available.</p> <p>Licensed Practical Nurse (LPN)-U dispensed an expired medication for R15 and did not dispose of the medication according to the facility's policy.</p> <p>Findings include:</p> <p>The facility's Administering Medications policy, dated ,d+[DATE], indicates: Medications shall be administered in a safe and timely manner, and as prescribed .3. Medications must be administered in accordance with the orders, including any required time frame. 4. Medications must be administered within one hour of their prescribed time, unless otherwise specified .9. The expiration/beyond-use date on the medication label must be checked prior to administering. When opening a multi-dose container, the date opened shall be recorded on the container .</p> <p>The facility's Discarding and Destroying Medications policy, dated 2001, indicates: Medications will be disposed of in accordance with federal, state, and local regulations governing management of non-hazardous pharmaceuticals, hazardous waste, and controlled substances .</p> <p>1. On [DATE], Surveyor reviewed R7's medical record. R7 was admitted to the facility on [DATE] and had diagnoses including chronic heart failure, chronic obstructive pulmonary disease (COPD), and pulmonary embolus. R7's Minimum Data Set (MDS) assessment, dated [DATE], had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R7 had intact cognition. R7's medical record indicated R7 was responsible for R7's healthcare decisions.</p> <p>On [DATE] at 10:45 AM, Surveyor interviewed R7 who indicated every week for at least 2 years, the facility runs out of R7's medication. R7 indicated nursing staff informed R7 that morning that the facility does not have R7's afternoon dose of OxyContin and nursing staff were working with R7's provider to obtain a refill. R7 was verbally upset and indicated receiving pain medication is crucial for R7's health. R7 indicated R7 has filed grievances with the facility regarding the issue, however, R7 does not feel like R7's concerns have been addressed because it keeps happening. R7 indicated R7 has had to wait several days for R7's medication to arrive.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On [DATE] at 10:38 AM, Surveyor interviewed Registered Nurse Manager (RNM)-L who indicated the facility was working with R7's provider but there was another provider covering for R7's provider on the weekend who would not refill R7's OxyContin. RNM-L indicated on [DATE], R7's provider's office stated the facility needs to allow 24 hours for refills to be addressed. RNM-L indicated staff contacted the facility's Medical Director to obtain an order for 5 doses of OxyContin until R7's provider could refill the order. RNM-L indicated staff order medications through the facility's medical record charting system but run into issues when refills are not available and staff have to contact a resident's primary provider.</p> <p>Surveyor reviewed R7's [DATE] medication administration record (MAR) and noted the following:</p> <ul style="list-style-type: none"> ~ On [DATE], R7's dose of Jardiance 10 milligrams (mg) was not available ~ On [DATE], R7's dose of levothyroxine sodium 125 micrograms (mcg) was not available ~ On [DATE], R7's dose of warfarin sodium 6 mg at bedtime was not provided ~ On [DATE], R7's dose of warfarin sodium 4 mg at bedtime was not provided ~ On [DATE], R7's does of Jardiance 10 mg was not available ~ On [DATE], R7's dose of rosuvastatin calcium 5 mg was not provided ~ On [DATE], R7's dose of amlodipine 10 mg was not provided ~ On [DATE], R7's dose of cholecalciferol oral capsule 1.25 mg was not available <p>On [DATE] at 2:44 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A and Director of Nursing (DON)-B. DON-B reviewed R7's MAR and verified the above medications were not provided. DON-B was not aware that various medications were not administered because the medications were not available. DON-B indicated DON-B expects staff to provide all prescribed medications as ordered.</p> <p>50479</p> <p>2. From [DATE] to [DATE], Surveyor reviewed R114's medical record. R114 was admitted to the facility on [DATE] and had diagnoses including vascular dementia with agitation, transient ischemic attack, and mild protein-calorie malnutrition. R114's MDS assessment, dated [DATE], indicated R114 had severe cognitive impairment.</p> <p>R114's [DATE] MAR contained an order for Depakote Extended Release (ER) 500 mg tablet once daily scheduled at 7:00 AM and Depakote Delayed Release (DR) 750 mg tablet once daily scheduled at 1:00 PM.</p> <p>On [DATE] at 9:02 AM, Surveyor observed LPN-U prepare R114's AM medications. LPN-U indicated R114's Depakote ER 500 mg tablet could not be administered. LPN-U indicated R114 was no longer able to swallow whole pills and Depakote ER was not a crushable medication. LPN-U indicated LPN-U requested Depakote sprinkles on [DATE], however, Depakote sprinkles were not available at that time.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On [DATE] at 1:43 PM, Surveyor interviewed RNM-M and LPN-U who confirmed R114 did not receive the 7:00 AM dose of Depakote ER. RNM-M and LPN-U indicated Depakote sprinkles were requested from the pharmacy, but were not available to administer to R114 at the scheduled time.</p> <p>3. From [DATE] to [DATE], Surveyor reviewed R15's medical record. R15 was admitted to the facility on [DATE] and had diagnoses including cerebral palsy and seizure disorder. R15's MDS assessment, dated [DATE], indicated R15 had moderate cognitive impairment.</p> <p>On [DATE] at 9:39 AM, Surveyor reviewed the medication storage room on the third floor with LPN-U. Surveyor observed 3 bottles of Gericare Iron tabs 325 mg with expiration dates of ,d+[DATE]. LPN-U confirmed the bottles were expired.</p> <p>On [DATE] at 7:58 AM, Surveyor observed LPN-U prepare R15's AM medications. LPN-U dispensed 1 tablet of iron 325 mg into a medication cup. Surveyor noted the iron tablet was dispensed from a bottle with an expiration date of ,d+[DATE]. When Surveyor informed LPN-U of the expiration date, LPN-U removed the iron tablet from the medication cup and disposed of the tablet in a garbage bin on the medication cart. LPN-U then dispensed a venlafaxine ER 75 mg tablet. LPN-U noted the venlafaxine tablet had broken when LPN-U removed the tablet from the medication card. LPN-U removed the broken tablet from the medication cup and disposed of the tablet in a garbage bin on the medication cart.</p> <p>On [DATE] at 8:38 AM, Surveyor interviewed LPN-U who indicated non-narcotic medications are typically disposed of in the garbage bin on the medication cart. LPN-U indicated narcotics are disposed of in a Sharps container or Drug Buster (a pharmaceutical disposal system).</p> <p>On [DATE] at 8:39 AM, Surveyor interviewed RNM-M who indicated medication should be disposed of in the Drug Buster and confirmed medications should not be disposed of in the garbage.</p> <p>On [DATE] at 10:35 AM, Surveyor interviewed DON-B who indicated medication should be disposed of in the Drug Buster in the medication room and confirmed medication should not be disposed of in the medication cart garbage.</p>

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<p>F 0770</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely, quality laboratory services/tests to meet the needs of residents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49563</p> <p>Based on staff interview and record review, the facility did not ensure prompt laboratory services for 1 resident (R) (R25) of 1 sampled resident.</p> <p>R25 had an order for a wound culture on 1/2/25. R25's wound culture was obtained on 1/2/25 and again on 1/5/25. Due to a delay in submitting the culture sample timely, R25 did not start antibiotic therapy until 1/8/25.</p> <p>Findings include:</p> <p>The facility's Cultures, Specimen Collection policy, dated October 2011, indicates: Correct collection and handling of culture specimens helps ensure more accurate and timely results and subsequent treatment .1. Labeling of specimen must include: a. resident name .d. Date and time specimen collected .5. Label the specimen correctly and send it to the laboratory .Special Considerations: .3. Document the time, date, and site of specimen collection. Note any unusual appearance or odor of the specimen .</p> <p>On 1/27/25, Surveyor reviewed R25's medical record. R25 was admitted to the facility on [DATE] and had diagnoses including T12 compression deformity, chronic kidney disease, and anemia. R25's Minimum Data Set (MDS) assessment, dated 12/8/24, had a Brief Interview for Mental Status (BIMS) score of 13 out of 15 which indicated R25 had intact cognition. R25's medical record indicated R25 was responsible for R25's healthcare decisions.</p> <p>R25 had an order for a wound culture to be completed on 1/2/25. The culture was collected on 1/2/25 and sent to the lab on 1/4/25. The lab called the facility on 1/5/25 and stated the culture could not be used because it was not processed timely. The facility obtained a second culture on 1/5/25 and sent it to the lab. On 1/8/25, the culture results were positive for Escherichia (E) coli and staph. R25's provider ordered antibiotic treatment at that time.</p> <p>On 1/28/25 at 10:22 AM, Surveyor interviewed Registered Nurse Manager (RNM)-L who indicated the wound culture obtained on 1/2/25 was not picked up timely and the facility had to obtain a second culture. RNM-L indicated R25 was started on doxycycline on 1/8/25.</p> <p>On 1/28/25 at 11:24 AM, Surveyor interviewed RNM-M who verified R25's provider and RNM-M collected R25's wound culture specimen during wound rounds on 1/2/25.</p> <p>On 1/28/25 at 2:00 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A and Director of Nursing (DON)-B. DON-B verified R25's lab culture was obtained on 1/2/25 but was not sent to lab timely which resulted in a delay in R25's antibiotic treatment.</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>47248</p> <p>Based on observation, staff interview, and record review, the facility did not ensure nutritional needs were met or diet orders were followed for 5 residents (R) (R7, R26, R16, R24, and R48) of 5 sampled residents. This practice had the potential to affect multiple other residents in the facility.</p> <p>Residents on pureed diets did not receive the correct serving size for lunch on 1/27/25 and 1/28/25 and breakfast on 1/28/25.</p> <p>Residents on carb controlled (CCHO) and low concentrated sweets (LCS) diets did not receive their diets as ordered for lunch on 1/27/25 and 1/28/25 and breakfast on 1/28/25.</p> <p>R26's meal ticket indicated R26 should receive double portions, diet Jell-O and sugar-free cereal. R26's meal ticket was not followed during lunch on 1/27/25 and breakfast on 1/28/25.</p> <p>R48 had an order for ground meat when served roasts. R48 did not receive ground pork roast for lunch on 1/28/25.</p> <p>Residents on the fourth floor did not receive the ordered serving size of corn casserole for lunch on 1/28/25.</p> <p>Findings include:</p> <p>The facility's Therapeutic Diets policy, dated 9/1/21, indicates: All resident have a diet order, including regular, therapeutic and texture modification that is prescribed by the attending physician therapeutic diet is defined as a diet ordered by a physician or delegated registered or licensed dietitian as part of the treatment for a disease or clinical condition. The purpose of a therapeutic diet is to eliminate or decrease specific nutrients in the diet or increase specific nutrients in the diet or to provide food that a resident can eat (e.g., mechanically-altered diet). Mechanically-altered diet means one in which the texture of the diet is altered . Diets are prepared in accordance with the guidelines in the approved diet manual and residents' individualized plans of care .Mechanically-altered diets are prepared following recipes and production tools .</p> <p>On 1/27/25 at 11:53 AM, Surveyor interviewed R7 who indicated the facility does not allow R7 to have the amount of food R7 wants and R7 feels that food is being rationed. R7 indicated when R7 asks for more food, R7 is told the facility does not have any more servings to offer.</p> <p>(continued on next page)</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a continuous lunch service observation at the third floor steam table that began at 12:01 PM on 1/27/25, Surveyor observed Dietary Aide (DA)-F serve lunch to residents. Surveyor observed DA-F use a 3 oz. ladle for pureed baked chicken (was to be served with a #6 scoop) and a #16 scoop (was to be served with a #8 scoop) for pureed herbed stuffing and provide all residents with a full piece of apple streusel cake. Surveyor noted R26's meal ticket indicated R26 should receive double portions, however, R26 was served single portions that consisted of one piece of 3 ounce chicken, one scoop of herbed stuffing (serving scoop #8 with 1/2 cup serving size), and one scoop of vegetables (4 ounce ladle). R26 was also served one Jell-O snack pack. R26's meal ticket indicated R26 should receive one diet Jell-O for lunch. Surveyor noted R26 did not receive diet Jell-O.</p> <p>Following the observation, Surveyor interviewed DA-F who indicated gray scoops are used for regular texture and mechanically-altered meats, as well as vegetables. DA-F indicated white scoops are used for desserts, and pureed breads and pureed meats are served with metal scoops.</p> <p>On 1/27/25 at 12:51 PM, Surveyor interviewed R16 who indicated R16's lunch tray had not been delivered yet. R16 indicated breakfast was small and R16 was hungry and felt weak because R16 did not get enough food. R16 indicated R16 has asked for more or larger servings but has not received extra servings.</p> <p>On 1/27/25 at 3:10 PM, Surveyor interviewed R24 who indicated the food is subpar. R24 indicated R24 does not get enough food and the food does not seem like it is served in a large enough portions. R24 indicated R24 had shrimp [NAME] the other day and there was one shrimp on the plate.</p> <p>On 1/28/25 at 7:32 AM, Surveyor observed breakfast in the third floor dining room. Surveyor observed DA-G serve pureed sausage links with a #12 scoop (1/3 cup) and noted all residents who ordered hot cereal received one spoonful of brown sugar on top of oatmeal. R26 was served cereal that contained sugar even though R26's meal ticket indicated R26 should receive sugar-free cereal.</p> <p>On 1/28/25 at 9:15 AM, Surveyor reviewed diet spreadsheets provided by Dietary Manager (DM)-D. The spreadsheets contained scoop numbers/serving sizes for the 1/27/25 lunch meal. Surveyor noted and DM-D confirmed the following foods served during the meal were not served at the correct serving size:</p> <p>~ Pureed baked chicken was to be served with a #6 scoop (2/3 cup serving) but was served with a 3 ounce ladle.</p> <p>~ Pureed herbed stuffing was to be served with a #8 scoop (1/2 cup serving) but was served with a #16 scoop (1/4 cup serving).</p> <p>Surveyor also observed DA-F serve all residents a full piece of apple streusel cake. The diet spreadsheet indicated residents on CCHO and LCS diets should receive a half-serving of dessert.</p> <p>The diet spreadsheet for the 1/28/25 breakfast meal indicated pureed sausage links should be served with a #20 scoop (3-1/3 tablespoons) but were served with a #12 scoop (1/3 cup serving).</p> <p>On 1/28/25 at 11:45 AM, Surveyor observed DA-E serve lunch on the fourth floor. Surveyor observed DA-E plate corn casserole with a spatula. DA-E did not use a scoop or measurement to ensure residents received the appropriate serving size. Surveyor also noted DA-E served all residents a full portion of dessert.</p> <p>(continued on next page)</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The diet spreadsheet for the 1/28/25 lunch meal indicated the following:</p> <ul style="list-style-type: none"> ~ Corn casserole should be served with a #8 scoop. ~ Residents on CCHO and LCS diets should receive a half-portion of dessert. <p>On 1/28/25 at 12:15 PM, Surveyor observed R48's Guardian assist R48 in the dining room and cut up the pork roast that was served for lunch. Surveyor noted R48's diet order indicated R48 should receive ground pork, beef, and chicken roasts. R48 was not served ground pork roast per R48's diet order.</p> <p>On 1/28/25 at 12:54 PM, Surveyor interviewed DM-D who indicated all staff have access to the diet spreadsheets that outline what size scoop or ladle to use for meal service in the unit kitchens where meal service occurs. DM-D indicated the spreadsheets are used to determine the scoop sizes and the recommended scoop sizes should be used during meal service.</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 01/29/2025
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>47248</p> <p>Based on observation, staff interview, and record review, the facility did not ensure food was stored and prepared in a sanitary manner. This practice had the potential to affect all 69 residents residing in the facility.</p> <p>Staff did not monitor and document cooling temperatures.</p> <p>Staff did not consistently monitor and document food cooked temperatures</p> <p>Staff did not wash and sanitize dishes in the three-compartment sink per manufacturer's guidelines or the facility's policy.</p> <p>Findings include:</p> <p>Cooling Method:</p> <p>The facility's Previously Cooked Food Saved for Future Service policy, dated 9/1/21, indicates: All foods are prepared in accordance with the Federal Food and Drug Administration (FDA) Food Code .Previously cooked foods must be cooled to an internal temperature of 70 degrees within 2 hours from the start of the process .</p> <p>The 2022 FDA Food Code documents at 3-501.14 Cooling: (A) Cooked time/temperature control for safety food shall be cooled: (1) Within 2 hours from 57 Celsius (C) (135 Fahrenheit) (F) to 21 C (70 F); and (2) Within a total of 6 hours from 57 C (135 F) to 5 C (41 F) or less. (B) Time/temperature control for safety food shall be cooled within 4 hours to 5 C (41 F) or less.</p> <p>The 2022 FDA Food Code documents at 3-501.15 Cooling Methods: (A) Cooling shall be accomplished in accordance with the time and temperature criteria specified under S 3-501.14 by using one or more of the following methods based on the type of food being cooled: (1) Placing the food in shallow pans; (2) Separating the food into smaller or thinner portions; (3) Using rapid cooling equipment; (4) Stirring the food in a container placed in an ice water bath; (5) Using containers that facilitate heat transfer; (6) Adding ice as an ingredient; or (7) Other effective methods.</p> <p>During an initial kitchen tour with Dietary Manager (DM)-D that began at 9:07 AM on 1/27/25, Surveyor observed the following pre-cooked foods in the cooler and freezers:</p> <p>~Pureed vegetables</p> <p>~Pureed fish</p> <p>~Macaroni and cheese</p> <p>~Chili</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>~Shrimp Alfredo</p> <p>~Hot dogs</p> <p>~Hamburgers</p> <p>~Pureed pizza</p> <p>~Corned beef hash</p> <p>~Chicken tortilla soup</p> <p>~Pureed cabbage</p> <p>~Spaghetti</p> <p>~Sausage sauce</p> <p>~Cinnamon rolls</p> <p>~Pork stir fry</p> <p>On 1/28/25 at 12:45 PM, Surveyor interviewed DM-D who indicated the facility saves and uses leftovers and pre-cooked soups. DM-D indicated there was not a food cooling log for the above food items. DM-D confirmed the foods should have been cooled using an approved cooling method and documented on a cooling log to ensure they were cooled safely to use again for resident consumption.</p> <p>Cooked Food Temperatures:</p> <p>The 2022 FDA Food Code documents at section 3-401.11 Raw Animal Foods: (A) Except as specified under (B) and in (C) and (D) of this section, raw animal foods such as eggs, fish, meat, poultry, and food containing these raw animal foods, shall be cooked to heat all parts of the food to a temperature and for a time that complies with one of the following methods based on the food that is being cooked .Internal Cooking Temperature Specifications for Raw Animal Foods Internal Cooking Temperature Raw Animal Foods: . Raw eggs cooked for immediate service, fish, intact meat, except whole meat roasts and whole muscle intact beef steak at 145 F for 15 seconds .Commercially raised game animals, rabbits at 155 F for 17 seconds . Non-intact meats and raw eggs not for immediate service, wild game animals, poultry, stuffed fish, meat, pork, pasta, ratites, stuffing containing fish, meat, ratites and poultry at 165 F for greater than 1 second .</p> <p>During an initial kitchen tour that began at 9:07 AM on 1/27/25, Surveyor observed cooking temperature logs for December 2024 and January 2025 and noted the the logs were missing multiple temperatures for the supper meal. The logs contained food temperatures for supper on the following days: 12/3/24, 12/31/24, 1/15/25, 1/14/25, 1/23/25, 1/24/25, and 1/25/25. Surveyor noted the temperatures for the supper meal on 1/28/25 were already documented. Surveyor requested copies of the documentation from DM-D.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 1/28/25 at 1:25 PM, Surveyor received copies of the cooked temperature logs and noted all the days that were previously undocumented contained food temperatures. Surveyor interviewed DM-D who verified DM-D filled in the missing cooking temperatures and indicated the PM cook documented the temperatures in another place. DM-D indicated the forms are not consistently filled out and verified the process of filling out the forms to ensure cooked food temperatures are appropriate and safe cooking temperatures are reached is not being followed by PM staff.</p> <p>Three-Compartment Sink and Sanitizer Buckets:</p> <p>The facility's Three Compartment Sink policy, dated 9/1/21, indicates: Sanitizer should be changed ever 2 hours or more and as needed to keep the water clean and the sanitizer effective in use. Read the label for time and temperature requirements of the sanitizer you are using. Use a test kit to check the concentration (PPM) .Temperature: Generally chemical sanitizers work best at temperatures between 55-120 degrees. See manufacturers' recommendations for specific temperatures.</p> <p>The Hydrion Quaternary test strip package insert directions indicate the test solution should be between 65 and 75 degrees F at the time of testing.</p> <p>The Sunburst Chemicals manufacturer directions indicate the parts per million (PPM) for the sanitizer should be 200.</p> <p>During an initial kitchen tour that began at 9:07 AM on 1/27/25, DM-D indicated cooks use the three-compartment sink to wash cooking utensils, pans, and bowls and to fill sanitizer buckets for washing and sanitizing food prep areas. Surveyor noted the Sunburst Chemicals sanitizer used by the facility indicated the required PPM were 200. Surveyor observed the three-compartment sink sanitizer testing log which contained PPM above 200 for all days/meal times in December 2024 and January 2025. Surveyor noted the August 2024, September 2024, and November 2024 logs were missing several days/meal times and contained PPM ranging from 200-800. There was no documentation in October 2024. Surveyor also noted the water temperature was not documented.</p> <p>On 1/28/25 at 12:45 PM, Surveyor interviewed DM-D regarding PPM for the sanitizing solution and the water temperature. DM-D indicated DM-D did not know the PPM of sanitizing solution should be 200 and believed the staff did not fully understand the required PPM for the sanitizing solution or water temperature testing in the three-compartment sink and sanitizing buckets.</p>		