

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525212	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/04/2026
NAME OF PROVIDER OR SUPPLIER  Wisconsin Rapids Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE  1350 River Run Dr Wisconsin Rapids, WI 54494	
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 - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, staff interview, and record review, the facility did not ensure food was stored in a safe and sanitary manner and the kitchen was in a clean condition. This practice had the potential to affect 20 of the 36 residents who resided on the second floor. Two cabinets in the kitchenette next to the dining room contained mouse droppings. The facility did not have documentation to indicate the last time the cabinets were cleaned. The refrigerator in the kitchenette next to the dining room contained unlabeled, undated, and/or expired food items. Findings include: The facility's Cleaning and Sanitation of Dining and Food Service Areas policy, revised 7/13/22, indicates: The food and nutrition services staff will maintain the cleanliness and sanitation of the dining and food service areas through compliance with a written, comprehensive cleaning schedule. The facility's Use and Storage of Food Brought in by Family or Visitors policy, dated 12/14/22, indicates: 2. All food items that are already prepared by the family or visitor brought in must be labeled with content and date. b. The prepared food should be consumed by the resident within 3 days. c. If not consumed within 3 days, food should be disposed of by facility staff. 1. On 2/3/26 and 2/4/26, Surveyor observed a resident dining area on the second floor of the facility with an adjacent kitchenette. Resident meals were cooked in a central kitchen and transported to the kitchenette for meal service. On 2/3/26 at 1:26 PM, Surveyor interviewed Maintenance Director (MD)-E who indicated the facility had a mouse issue that was resolved. As soon as MD-E became aware of the issue, MD-E contacted the facility's pest control company who had been to the facility several times and set traps. MD-E indicated the facility completed a deep clean of the dining and kitchen areas and had caught approximately 4 mice. On 2/3/26 and 2/4/26, Surveyor reviewed the facility's pest control records which indicated the facility had an ongoing monthly pest control program with visits from a pest control company. The records indicated the following:~ On 12/22/25, the pest control company was at the facility after the facility contacted them about a mouse in the upstairs dining area/kitchenette. The inspection indicated there were mice droppings in the kitchenette under the sink; however, no mice were seen.~ On 12/30/25, an inspection note indicated there were mice droppings under the kitchenette sink. One interior bait station equipped with all-weather bait blocks was placed under the second floor kitchenette sink. A second interior bait station was placed by the kitchenette refrigerator. ~ On 1/12/26, an inspection note advised to clean up any mouse droppings. On 2/4/26 at 12:23 PM, Surveyor entered the kitchenette and observed several mouse traps on the floor next to the refrigerator. Surveyor observed several mouse traps in the cabinet under the sink and what appeared to be mouse droppings. Surveyor also observed what appeared to be mouse droppings in the cabinet to the left of the sink. On 2/4/26 at 12:35 PM, Surveyor entered the kitchenette and observed Housekeeping Supervisor (HKS)-D cleaning the area. When Surveyor showed HKS-D the inside of the cabinet, HSK-D confirmed there were mouse droppings in the cabinet. HKS-D indicated the facility had a mouse problem and</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: 525212	If continuation sheet Page 1 of 2

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>several mice were caught. HKS-D confirmed dietary staff were responsible for cleaning the cabinets and serving area and housekeeping staff were responsible for cleaning the floors, dining room counter, and back cabinet counters. On 2/4/26 at 12:49 PM, Surveyor interviewed Dietary Manager (DM)-C who indicated there was not a cleaning schedule that indicated when the interior of the cabinets were last cleaned. DM-C was not sure if the mice droppings were fresh or if they had been there from weeks prior. DM-C confirmed there had been and could still be a mouse problem and verified the cabinets should be inspected and wiped down regularly so the facility can determine if there are current issues. 2. On 2/4/26 at 12:42 PM, Surveyor inspected the refrigerator in the kitchenette adjacent to the second floor dining room and noted the following items were either unlabeled, undated, and/or expired: ~ A jar of apple butter labeled with a resident named and dated 10/18/25. ~ A bottle of [NAME] thousand island dressing labeled with a resident name and a best-by date of 11/11/25. ~ A jar of Smuckers jam labeled with a room number and a best-by date of 12/16/25. ~ A 16 ounce (oz) bottle of raspberry light vinaigrette with a best-by date of 4/10/25. ~ A 32 oz jar of Milwaukee dill pickles labeled with a resident name and room number and a use-by date of 11/23/24. ~ A 64 oz jar of Zeiglers old fashioned apple cider with a hand-written date of 10/7/25. ~ An unlabeled and undated meat and lettuce sandwich in plastic wrap. ~ A 16 oz bottle of Ken's thousand island steakhouse dressing with a best-by date of 4/10/25. ~ An unlabeled and undated sandwich. ~ Three pieces of an undated cream pie labeled with a resident's name. On 2/4/26 at 12:49 PM, Surveyor interviewed DM-C who stated residents and families use the refrigerator and kitchen items. DM-C indicated it is everyone's responsibility to ensure items are labeled and dated and expired items are disposed of. When Surveyor showed DM-C some of the expired and unlabeled items, DM-C confirmed the items should be labeled and/or disposed of.</p>		