

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525262	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2026
NAME OF PROVIDER OR SUPPLIER Rock River Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 430 Wilcox St Fort Atkinson, WI 53538	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on facility policy review, record review, facility document review, and interview, the facility failed to ensure that an allegation of abuse was reported immediately, but not later than two hours after the allegation was made, to the state survey agency for 1 (R1) of 3 residents reviewed for abuse. Findings included: A facility policy titled, Abuse, Neglect, and Exploitation, dated 10/01/2022, indicated, It is the policy of this facility to provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property. The policy revealed, VII. Reporting/Response included, A. The facility will have written procedures that include, which included, 1. Reporting of all alleged violations to the Administrator, state agency, adult protective services and to all other required agencies (e.g. [exempli gratia; for example], law enforcement when applicable) within specified timeframes: a. Immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or b. Not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury. An admission Record indicated the facility admitted R1 on 11/05/2025. According to the admission Record, the resident had a medical history that included diagnoses of Parkinson's disease, depression, anxiety disorder, somatization disorder, personality disorder, and Alzheimer's disease. An admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 11/09/2025, revealed R1 had a Brief Interview for Mental Status (BIMS) score of 12, which indicated the resident had moderate cognitive impairment. R1's Care Plan Report included a Diagnosis area initiated 11/06/2025, that indicated that the resident sometimes had behaviors that included verbal aggression, combativeness, throwing objects at staff, refusing participation in care, swinging the call light when staff were assisting, refusing therapy and not remembering refusals, calling 911 for nonemergent needs, was accusatory towards staff, and had delusions that included saying there was a cult in the basement. Interventions initiated 11/06/2025 directed staff to give the resident their personal space; make sure the resident was not in pain or uncomfortable; minimize the potential for behavior by offering diversional tasks; and when the resident became agitated, intervene before escalation, engage calmly in conversation, and if the response was aggressive, walk away and reapproach later. A document titled, Misconduct Incident Report, dated 01/09/2026, indicated that the facility reported to the state survey agency that at approximately 3:30 PM, R1 reported that they had been hit by staff and indicated that the resident had a bloody nose. Further review of the report revealed that it was submitted to the state survey agency on 01/09/2026 at 9:16 PM by the previous Executive Director (ED), over five hours after the resident made the allegation. During an interview on 02/06/2026 at 3:41 PM, the previous ED stated that he did not report R1's allegation of abuse within the two hours and stated he was following the direction from the Corporate Lead. A call was placed and a message left on 02/06/2026 at 4:11 PM for the Corporate Lead, with no</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525262	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2026
NAME OF PROVIDER OR SUPPLIER Rock River Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 430 Wilcox St Fort Atkinson, WI 53538	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>response by the end of the survey. During an interview on 02/06/2026 at 3:47 PM, the Director of Nursing (DON) stated that any abuse allegation should be reported to the ED immediately, and she had two hours to report it to the state survey agency. The DON reviewed the initial report submitted to the state survey agency related to R1's allegation and confirmed that it was not submitted timely, and she stated she did not know why. During an interview on 02/06/2026 at 4:03 PM, the facility's current ED stated all abuse allegations needed to be reported to her immediately and then reported to the state survey agency within two hours.</p>		