STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525262	A. Building B. Wing	12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rock River Nursing & Rehab	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)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not ensure that all alleged violations involving abuse, neglect, exploitation, or mistreatment were thoroughly investigated to resolve the allegation and staff education provided to prevent further incidences for 1 (R11) of 1 facility reported incidents reviewed.R11 made an allegation of misappropriation of property that was not followed up on to resolve the missing computers allegation and no staff education was provided to prevent further misappropriation.Findings include:The Facility Policy titled Abuse, Neglect, and Exploitation dated 10/1/25 documents (in part): Policy: 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.4. Taking all necessary actions as a result if the investigation, which may include, but are not limited to, the following: a. Analyzing the occurrence(s) to determine why abuse, neglect, misappropriation of resident property or exploitation occurred, and what changes are needed to prevent further occurrences; b. Defining how care provision will be changed and/or improved to protect residents receiving services; c. Training of staff on changes made and demonstration of staff competency after training is implemented; d. Identification of staff responsible for implementation of corrective actions; e. The expected date for implementation; and f. Identification of staff responsible for monitoring the implementation of the plan.R11 admitted to the facility on [DATE]. R11's quarterly Medicare Minimum Data Set (MDS) with an assessment reference date of 11/3/25 indicated R11 had a Brief Interview for Mental Status score of 14, indicating R11 is cognitively intact. R11 is coded to have adequate hearing and clear speech. R11 is assessed to understand others and make self understood. R11 exhibited no behaviors during the look back period.Surveyor reviewed the Misconduct Incident Report dated 10/9/2025 regarding R11 reporting missing two broken laptops. On 10/9/25, R11 reported to the Nursing Home Administrator (NHA)-A that R11 was missing two Apple laptops. R11 stated the computers were in a box in the corner. With permission, NHA-A searched the box and did not find any laptops. Other storage boxes in R11's room were also searched. Two staff were interviewed, the first moved R11 to a new room and stated the boxes were already packed so did not see the laptops. The second staff member stated they saw the two laptops in a box back in October/November of 2024. Seventeen Resident's were interviewed and asked have you taken anything from another resident? Have you seen anyone take anything from a resident? Have you seen anyone take anything from you? All interviewed residents answered no to all 3 questions.On 12/02/2025, at 9:05 AM, Surveyor interviewed R11 regarding the missing computers. Per R11, the issue was not taken care of. There was never an offer to replace the computers, they were Apple laptops, that were stored in a box of other stuff. R11 was waiting for funds to repair them. The other items that were in the same box are still there. Per R11, NHA-A came into R11's room and went through R11's possessions, with permission, looking for the laptops after R11 reported them missing. R11 was upset because NHA-A moved stuff around and left a mess in the room, NHA-A even moved the bed and didn't put it back. R11 filed a grievance on 10-10-25 regarding the mess the room was left in. This was resolved.On 12/04/2025, at 9:47 AM, Surveyor interviewed NHA-A to find out what was (continued on next page)

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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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	being done regarding the missing Apple laptops. NHA-A stated they were going to offer R11 a lock on R11's nightstand drawer to lock up valuables. Surveyor asked if this had been done and was told not yet, Surveyor asked why the delay, as this was reported in October. NHA-A did not know why there was a delay. Surveyor asked if there had been any education or staff follow up regarding misappropriation and was told no, they followed procedure and reported to NHA-A as soon as they heard. Surveyor confirmed there was nothing in the works to replace the value of R11's computers and was told no.On 12/04/2025, at 10:14 AM, Surveyor interviewed Certified Nursing Assistant-C who stated CNA-C does not remember R11's computers, but if they were in a box they wouldn't regularly see them, does know R11 has other Apple devices though. When asked what to do if a resident reports missing property, the Surveyor was told would tell the nurse or a manager.On 12/04/2025, at 10:17 AM, Surveyor returned to R11's room and Regional Clinical-E was in the room talking with R11 regarding the missing computers. Regional Clinical-E determined that the two computers were over 6 years old and a resolution was agreed upon with R11 to replace with one working computer. Regional Clinical-E was giving R11 until Wednesday to determine what R11 wants ordered. After Regional Clinical-E left the room Surveyor asked R11 if this was an acceptable resolution and R11 was disappointed to only get one computer but understood the missing two were older and not working.On 12/04/2025, at 12:47 PM, Surveyor informed NHA-A of the concern that there was no follow up with R11 to resolve the missing computer issue and there was no training provided to staff regarding misappropriation.No additional information was provided regarding the lack of follow up or resolution of the missing laptop computers and no training provided to staff regarding misappropriation.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not develop and implement a comprehensive person-centered care plan for 1 (R2) of 12 residents reviewed to meet a resident's medical, nursing and psychosocial needs that are identified in the comprehensive assessment.R2 receives Spironolactone for diuresis. R2 does not have a comprehensive care plan that addresses diuretic therapy.Findings include:The Facility Policy titled Comprehensive Care Plans dated 10/1/22 documents (in part): Policy: It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment . Policy Explanation and Compliance Guidelines:2. The comprehensive care plan will be developed within 7 days after the completion of the comprehensive MDS (Minimum Data Set) assessment but no more than 21 days from admission. All Care Assessment Areas (CAAs) triggered by the MDS will be considered in developing the plan of care. Other factors identified by the interdisciplinary team, or in accordance with the resident's preferences, will also be addressed in the plan of care. The facility's rationale for deciding whether to proceed with care planning will be evidenced in the clinical record.3. The comprehensive care plan will describe, at a minimum, the following:a. The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being.6. The comprehensive care plan will include measurable objectives and timeframes to meet the resident's needs as identified in the resident's comprehensive assessment. The objectives will be utilized to monitor the resident's progress. Alternative interventions will be documented, as needed.R2 was admitted to the facility on [DATE] with diagnoses that include hemiplegia and hemiparesis following cerebral infarction (Hemiplegia refers to paralysis on one side, while hemiparesis refers to weakness on one side, both occurring after a stroke), and heart failure (occurs when the heart muscle doesn't pump blood as well as it should.R2's Quarterly Minimum Data Set (MDS) with an assessment reference date of 11/17/2025 indicated R2 had a Brief Interview for Mental Status score of 15 (cognitively intact). R2's MDS indicted adequate hearing and clear speech and that R2 is understood and understands others. R2's physician order for Spironolactone Oral Tablet 25 MG indicates to give 1 tablet by mouth one time a day for Heart failureSurveyor reviewed R2's electronic medical record (EMR) and was unable to locate any care plan or order related to monitoring of R2's heart failure or diuretic use.On 12/03/2025, at 1:31 PM, Surveyor interviewed Assistant Director of Nursing (ADON)-D regarding a care plan or monitoring for R2's diuretic use or heart failure diagnosis and was told ADON-D would look into it. On 12/04/2025, at 12:48 PM, Surveyor interviewed Director of Nursing (DON)-B and ADON-D and asked if a care plan or monitoring was available for R2's diuretic use or included in a heart failure care plan and was told they did not find any.No additional information was provided regarding the lack of a comprehensive care plan that addresses diuretic therapy.

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. Based on interview and record review, the facility did not ensure that pharmacy recommendations reported to the physician were not acted upon for 2 (R6 and R17) of 5 residents reviewed for pharmacy recommendations.R6 and R17's monthly pharmacy medication regimen reviews included recommendations that were not acted upon.Findings include:The facility policy titled Pharmacy Recommendations and Review Policy dated 12/2025 documents (in part) . Purpose: To ensure all pharmacy recommendations and medication regimen reviews are evaluated, documented, communicated to the provider and implemented.1. The consultant pharmacist will complete monthly medication regimen reviews (MRR) for all residents.2. All pharmacy recommendations will be reviewed by nursing leadership and the attending provider.3. Provider response (accept or decline) must be documented in the electronic record with rationale if the recommendation is declined.4. Nursing leadership is responsible to ensure approved recommendations are implemented as ordered.5. All pharmacy recommendations, responses, and actions taken must be documented in resident medical record, pharmacy recommendation log.Procedure:1. Pharmacy submits recommendations to the DON (Director of Nursing)/designee after the MRR.2. The DON/designee routes recommendations to the provider for review.3. Provider documents acceptance or declination of each recommendation.4. Nursing updates orders in the EHR (electronic health record) and notifies staff.5. Consultant pharmacist verifies completion during the next review.1.) On 12/3/25 at 11:45 PM, Surveyor asked DON-B for R6's pharmacy recommendations. The pharmacy note to attending physician/prescriber documented: Resident has the following therapy change Continues on Synthroid 100 mg recommend the following TSH (Thyroid Stimulating Hormone) on next convenient lab day. Rational (Guideline monitoring) TSH 4 to 8 weeks after initiating treatment or dose change at 6 months after dose stabilization, then at 12-month intervals or more frequently as clinically indicated. Surveyor noted an X next to Agree and was signed by the physician on 6/6/25.Surveyor noted lab work for TSH was not done until 9/2/25. Surveyor asked for all R6's lab work for the past year. Surveyor noted lab results dated 11/26/24 did not include a TSH and there was no evidence a TSH was completed the previous year. The pharmacy note to attending physician/prescriber documented: A1C monitoring resident receives treatment for diabetes and does not have a recent A1C, The ADA Recommends routine A1C testing approximately q (every) 3 to 6 months. Please consider clinical monitoring. Surveyor noted an X next to Agree and was signed by the physician on 6/6/25.Surveyor noted lab work for A1C was not done until 9/2/25. Results indicated: High 8.8 (reference range 4.3-6.3).2.) On 12/3/25 at 11:45 PM, Surveyor asked DON-B for R17's pharmacy recommendations.The pharmacy note to attending physician/prescriber documented: The resident appears to continue the following: Metoprolol Tartrate 12.5 mg (milligrams) BID (twice daily). Recommend the following: Change to Metoprolol Succinate XL (extended release) 25 mg QD (every day) hold for SBP (systolic blood pressure) below 110 and HR (heart rate) below 60. Surveyor noted an X next to Agree and was signed by the physician on 6/6/25.Surveyor noted the same pharmacy note/recommendations to attending physician prescriber with an X next to Agree signed by the physician on 8/18/25.Surveyor note the pharmacy recommendations signed Agree by the physician on 6/6/25 were not followed until after the same recommendations were made and signed by the physician on 8/18/25. R17's June and July MAR (Medication Administration Record) documented R17 received Metoprolol Tartrate 12.5 mg by mouth two times a day (ordered 1/10/25). The order was not changed and implemented on the MAR per June 2025 pharmacy recommendations until 8/20/25.On 12/4/25 at 1:40 PM, Surveyor advised Nursing Home Administrator (NHA) of the above concerns R6 and R17's pharmacy recommendations and physician orders were not acted upon. No additional information was provided.