STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525292	A. Building B. Wing	12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Monroe Health Services	516 26th Ave Monroe, WI 53566

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation and interview, the facility did not store and prepare food in accordance with professional standards for food service safety. This has the potential to affect all 43 residents. Surveyor observed items opened and undated in the refrigerators and coolers. Surveyor observed food items unsealed and/or unmarked in the freezers. Surveyor observed food items in the freezer with visible freezer burn. Surveyor observed the facility's industrial stand mixer to be unclean. Surveyor observed an unclean ice bin. Surveyor observed staff sanitizing food thermometer with alcohol wipe without allowing it to dry before placing it in another food item during lunch service. Evidenced by: Facility policy, entitled General Food Preparation and Handling dated 8/16/22 states in part, . Food items will be prepared to conserve maximum nutritive value, develop and enhance flavor and keep free of harmful organisms and substances. Policy Explanation and Compliance Guidelines. 2. Food Storage b. i. Food will be covered for storage. c. Food in broken packages. or food with an abnormal appearance or odor will be discarded. 5. Equipment a. All food service equipment should be cleaned, sanitized, air-dried, and reassembled after each use. On 12/1/25 at 8:38 AM, during initial tour of the kitchen, Surveyor observed items opened and not dated in the facility's refrigerators and coolers, including lettuce, egg patties, and pizza crusts. Surveyor observed chicken pieces with no date, no label, and visible freezer burn. Surveyor observed puff pastry and cookies in the freezer with no date or label. Surveyor observed a package of polish sausages stored in the freezer with a hole in the bag. Surveyor observed the facility's industrial stand mixer covered but noted dried white splatters near the mixing blade. Surveyor interviewed [NAME] H who indicated that the food observed undated, unlabeled, and not appropriately sealed were not currently being properly stored according to food safety standards. [NAME] H also noted the freezer burned chicken, which she immediately discarded. [NAME] H indicated that the stand mixer is not normally used and should have been cleaned appropriately before being covered and stored. On 12/1/25 at 11:55 AM, Surveyor observed [NAME] H taking the food temperatures before lunch service. Surveyor observed [NAME] H placing the food thermometer in the cooked cauliflower, noodles, pureed and ground chicken, hamburger patty, chicken breasts, hot dog, pureed cauliflower, mashed potatoes, and tomato soup. Surveyor observed that each time [NAME] H inserted the food thermometer in one food item, cleaned the thermometer with an alcohol wipe, and then immediately insert the food thermometer into the next item. Surveyor observed that [NAME] H did not allow the food thermometer to dry at least 10 seconds before re-inserting the thermometer in the next food item, thereby increasing the risk of cross-contamination. On 12/3/25 at 7:47 AM, Surveyor inspected the ice machine with NHA A (Nursing Home Administrator). Surveyor observed a thin layer of black substance on the inside of the freezer hood. Surveyor interviewed NHA A who indicated that she would expect the ice machine to be clean and free of mold. Surveyor shared with NHA A , Surveyors observations of food that was open, not labeled, and improperly stored during the kitchen tour. NHA A stated that she would expect the food to be properly stored in the freezers and refrigerators. On 12/3/25 at 10:00 AM, Surveyor interviewed KM I (Kitchen Manager). Surveyor shared with KM I her observations of food that was open, not labeled, and improperly stored during the kitchen tour. KM I indicated that she would expect that the food would be prepared and stored in a safe and sanitary manner.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0560 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect a residents' right to refuse some types of non-requested transfers within the nursing home. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility did not provide the right to refuse a transfer to another room in the facility when the purpose of the move is solely for the convenience of staff for 1 of 5 residents (R41) reviewed for room changes.R41 was moved from one unit to another for the convenience of therapy staff without allowing the opportunity to refuse the transfer. This is evidenced by: Facility policy titled Private Rooms, implemented in 2/2018 and reviewed/revised in 07/2022, states, Procedure: Neither Medicare or Medicaid reimburse for a private room. If the facility has all private rooms, this is not an issue. However, when the facility has semi-private rooms, the resident will be admitted to a semi-private room unless the resident wishes to pay out of pocket privately or is deemed to require an isolation room related to an infection control issue. When isolation is no longer needed, the resident will be moved to a different room providing a different level of care. Note: The 400 hall in the facility has private rooms near the therapy wing and the 100 and 200 halls have shared rooms. Surveyor reviewed letters sent to residents residing in the 400 hall of the facility in August 2025, which state, in part: We are writing to inform you of an upcoming room change that will affect your current placement. As part of our ongoing efforts to better serve our residents and improve care delivery, we are designating the 400 Hall for therapy patients. This change will allow us to provide easier and quicker access to therapy services, as the 400 Hall is closest to the therapy department. At this time, you are not being billed for a private room. In order to accommodate this new arrangement, we will be moving residents who are not paying for private accommodations to either the 100 or 200 Halls. These halls continue to offer the same quality of care and comfort.If you would prefer to remain in your current private room on the 400 Hall, you may choose to do so at a rate of $390 per day, which reflects the cost of a private room.Please let us know your preference by Tuesday, August 12th, so we can make the appropriate arrangements. Example 1: R41 was initially admitted to the facility on [DATE]. R41 is insured through Medicaid. R41's quarterly MDS (Minimum Data Set) assessment, dated 8/31/25, indicated that R41 has a BIMS (Brief Interview for Mental Status) of 15 out of 15, indicating she has intact cognition. On 12/1/25 at 9:55 AM, Surveyor interviewed R41. R41 indicated she recently moved from the 400 hall of the facility to the 100 hall because the facility was making the 400 hall for rehab residents. R41 told the administrators she did not want to move, but if she did not move, she was told she would have to pay $390 per day. R41 indicated she was the only one on the hallway who had to move. R41 also indicated she was actively participating in physical therapy. On 12/2/25 at 12:21 PM, Surveyor interviewed R41 again. R41 reiterated that she had not wanted to change rooms. Surveyor reviewed R41's admission agreement, signed on 10/22/20. Section G states the following, Short-stay/Rehabilitation stay: If this admission is anticipated to be a short stay for rehabilitation, Resident understands that their room may be within a section of the Center that is programmatically designed to serve the needs unique to residents who are expected to stay at for only a short period of time for purposes of rehabilitation. If your needs require longer than an anticipated short stay, you will be asked to move to a different room within the Center so that we may provide medically and socially appropriate services for a longer stay. You acknowledge in advance, that should your needs require a longer stay, that you will be asked to transfer to a room that is more suited to a longer-term stay. R41's census notes indicate she had been in a room on the 400 hall since 11/21/22. R41 was relocated to the 100 hall on 9/11/25. On 12/2/25 at 12:27 PM, Surveyor interviewed SW G (Social Worker) about the room changes at the facility. SW G indicated the facility wants to turn the 400 wing of the building back into a rehabilitation wing so therapy can save time and steps going back and forth getting people for therapy. The wing is centrally located to be close to the therapy gym. SW G indicated she and another staff member had gone to hand out letters to residents on the 400 wing who would have to move. So far, only two residents had moved from the 400 wing: R41 and another resident who moved due to a decline so more eyes could (continued on next page)

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F 0560 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	be on him. SW G was unsure why the other three residents on the wing had not moved yet. SW G indicated R41 had expressed not wanting to move rooms but could not afford to pay the extra private room fee of $390 per day. On 12/2/25 at 2:35 PM, Surveyor interviewed NHA A (Nursing Home Administrator) about room changes at the facility. NHA A indicated the 400 hallway was originally built for therapy. Since therapy is closer to that hallway, the goal is to bring it back to why it was added on in the first place. NHA A indicated she wrote a letter to residents on the 400 hall in August explaining they had to choose whether to pay the private room fee or not. If they chose not to, they would have to move. Room changes occur as rooms open or residents have an increase in care needs and must be more in the front of the building. NHA A indicated reactions have been mixed about moving rooms. NHA A indicated R41 was the first person to move and was not happy about it. NHA A indicated the facility told R41 she had an increase in care and had to be observed more closely. Surveyor asked NHA A what had changed with R41's care. NHA A indicated she was moved to a Hoyer lift, but no longer uses it.(Of note: R41's room on the 100 hall is at the end of the hallway and not close to the nurses' station.) Surveyor asked why other residents on the 400 hall had not moved yet. NHA A indicated two are actively seeking to move out of the facility. The facility is planning on moving the other resident this week. Surveyor asked if this resident had an increase in care needs as a reason for the move. NHA A said no. They had been waiting to move the resident until a room opened and there was a compatible roommate. On 12/2/25 at 3:09 PM, Surveyor spoke with NHA A. NHA A indicated the facility does not have specific beds licensed for Medicare and Medicaid-insured residents. On 12/3/25 at 3:33 PM, Surveyor spoke with NHA A. NHA A acknowledged Surveyor's concern with room transfers.

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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not immediately notify and consult with a resident's physician when there was a change in condition. This occurred for 1 of 5 Residents (R46) reviewed for notification of change in condition.R46 had a heart rate above the facilities change of condition policy, and facility did not notify the physician timely.Evidenced by:The facility's Change in Condition of the Resident policy, dated 9/20/2022, states in part: Immediate Notification: Immediate notification for any symptom, sing or apparent discomfort that is: ii. A marked change in relation to usual symptoms and signs. Vital Signs, Pulse: Resting pulse > 100, Report Immediately .R46 was admitted to the facility on [DATE] with diagnoses that include displaced fracture of the greater trochanter of R (right) femur (leg bone), Atherosclerotic Heart Disease (plaque buildup inside your hearts arteries, which narrows them and restricts blood flow), and longstanding persistent Atrial Fibrillation (irregular and fast heartbeat).R46's MDS (minimum data set) dated 6/18/25 show a Brief Interview for Mental Status (BIMS) evaluation, with a score of 13, indicating R46 has normal cognitive function.R46's progress notes indicate the following:6/23/2025 09:33 (9:33 AM) Vitals Note Note Text: This writer noted vitals on resident. Resident has increased heart rate at 135. This writer did a head-to-toe assessment. No s/s of infection noted to the resident hip. Resident lungs clear throughout. Resident HR was noted apical to be 130. 6/23/2025 12:38 (12:38 PM) General Note Note Text: This writer did a reassessment on the resident r/t (related to) increase in heart rate. Residents heart rate was still increased at 130.Will continue to monitor resident. 6/23/2025 13:55 (1:55 PM) General Note Note Text: 1305 (1:05 PM) this writer updated the on-call provider with the increased heart rate. Per on call provider she would like to have resident be sent to the ER for a further workout. This writer then went to the resident and talked to him about what the on-call provider stated and suggested him [sic] to be seen in the ER. (Of note: R46's provider was updated approximately 3.5 hours after the elevated pulse was noted.) 6/23/2025 16:35 (4:45 PM) Health Status Note: Note Text: Per ED resident is being admitted to the hospital for PE and UTI. On 12/03/2025 at 1:04 PM, Surveyor asked RN E (Registered Nurse) when she would call the doctor for an abnormal vital signs. RN E stated she would contact the doctor right away after retaking the vitals for a second time. On 12/03/2025 at 1:11 PM, Surveyor asked LPN D (Licensed Practical Nurse) when he would call the doctor for abnormal vital signs. LPN D stated there should be parameters to follow. LPN D stated that his (R46) NP is in the building three times a week, and he will run it by her if he sees something out of the normal for the patient. LPN D stated he can always call the on-call NP or doctor right away too. On 12/03/2025 at 2:43 PM, Surveyor interviewed RN C (Registered Nurse) and asked about what you would consider a change of condition. RN C stated anything outside their baseline. Surveyor asked when you would call the doctor when vital signs are out of range. RN C stated that residents, depending on their baseline, might be running on the lower side. Some residents have parameters on their orders. If it was out of parameters, I would talk to the nurse practitioner or call the on-call nurse. Surveyor asked RN C to explain what happened with R46 on 6/23/25. RN C stated his heart rate was increased so she did a head-to-toe assessment, and he didn't have any other symptoms. RN C reported checking his vitals again and R46's heart rate was still elevated. Surveyor asked why RN C waited so long (approximately 3.5 hours) before calling the doctor. RN C stated that she felt like R46 had metoprolol ordered and she thought she wanted to see if the metoprolol helped first. Surveyor asked what the facility policy was for reporting an abnormal vital sign. RN C stated immediately. RN C stated that she did call the NP on call that day. On 12/03/2025 at 3:18 PM, Surveyor interviewed NP F (Nurse Practitioner). Surveyor asked NP F if she had a record of a call from facility on 6/23/25 regarding R46. NP F stated she has a telephone contact message from RN C to NP on call at 1:30 PM on 6/23/25. Surveyor asked NP F if she would expect the RN to call the doctor with an abnormal HR (continued on next page)

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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	immediately. NP F stated yes. On 12/03/2025 at 3:21 PM, Surveyor interviewed DON B (Director of Nursing). Surveyor asked what expectations for nurses are when they have abnormal vital signs. DON B stated that nurses needed to recheck to make sure the reading was accurate. Surveyor asked DON B when she would expect the nurses to call the doctor. DON B stated immediately.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. Based on interview and record review the facility failed to maintain acceptable parameters of nutritional status and consult with the residents Physician on this for 1 of 2 residents (R3) reviewed for nutrition of a total sample of 13 residents.R3 has diagnoses including congestive heart failure and Stage 5 renal disease. R3 is dependent on renal (kidney) dialysis. Staff are not obtaining R3's daily weight per Physician orders. R3 had weight gain that was not reported to R3's provider. This is evidenced by:The facility does not have a policy and procedure for weights. The Facility policy, Change in Condition of the Resident, revised 9/20/22, documents the following, in part: A facility should immediately inform the resident; consult with the resident's physician; and notify.a significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); or a need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment). When to report to MD (Medical Doctor)/NP (Nurse Practitioner)/PA (Physician Assistant) Immediate Notification - Any symptom, sign or apparent discomfort that is: Acute or Sudden in onset, and; A Marked Change in relation to usual symptoms and signs, or Unrelieved by measures already prescribed. The facility follows INTERACT, a quality improvement program for managing acute changes in condition, using tools and strategies to prevent hospital transfers, for Change in Condition. INTERACT for Vital signs documents as follows:Vital Signs: Weight GainReport Immediately: 3 lbs (pounds) in 3 days or 5 lbs in 7 days in resident with: Heart Failure, Chronic Renal Failure, other volume overload state. R3 is a long-term resident of the facility. R3 has the following diagnoses: chronic combined systolic (congestive) and diastolic (congestive) heart failure (the heart cannot pump blood efficiently), end stage renal disease-stage 5 (the most severe stage of chronic kidney disease where kidney function is extremely low).R3 is dependent on renal (kidney) dialysis. On 7/7/25 R3's physician ordered the following: WEIGHT - daily - right away in the morning, update provider if weight gain of 3# (pounds) in one day or 5# in one week one time a day for dialysis.On 11/7/25 R3's physician ordered the following: WEIGHT on admit, daily x2 (two times), weekly x3 (three times per week), monthly. Obtain reweight if change of 5 lbs (pounds) since last weight. One time a day every 1 month(s) starting on the 1st for 1 day.The facility did not obtain a daily weight for R3 on the following dates since 10/1/25: 12/2, 11/29, 11/27, 11/26, 11/23, 11/22, 11/18, 11/16, 11/15, 11/11, 11/6, 11/5, 11/4, 10/29, 10/26, 10/25, 10/24, 10/22, 10/18, 10/14, 10/13, 10/12, 10/10, 10/9, 10/8, 10/5, 10/4, 10/2, and 10/1.It is important to note; there is no indication that a re-weight was obtained 9/13/25 - 12/2/25 to confirm or refute whether that weight was accurate or not.R3's Progress Notes, Vital Signs, and MAR (Medication Administration Record) reviewed from 10/1/25 through 12/2/25, there is no documentation that R3's Physician was made aware of R3's weight gain.R3's care plan, Edema/excess fluid volume as evidenced by: cardiac disease, renal disease, dated 9/16/25, documents the following Goal: Will be free from complications r/t (related to) edema/excess fluid volume. Interventions: Report S&S (signs/symptoms) of edema/fluid overload, such as change in mental status, weight gain, neck vein distention, abnormal lung sounds, extremity swelling, etc.R3's care plan for Renal (kidney) insufficiencies, dated 9/16/25, documents the following Goal: No complications r/t (related to) dialysis devices or treatment; Interventions: .Dialysis 3 times /week.On 12/3/25 at 2:30 PM, Surveyor spoke with DON B (Director of Nursing). Surveyor asked DON B, where do staff document weights. DON B stated, under weights (in Vital Signs). DON B stated CNA's (Certified Nursing Assistants) report weights to RN's (Registered Nurses) and LPN's (Licensed Practical Nurses) and the RN's and LPN's document the weight. Surveyor asked DON B, if a resident has an order for a daily weight, do you expect staff to weigh the resident daily. DON B stated, yes. Surveyor shared R3's orders with DON B. Surveyor asked DON B, do you expect staff to obtain a daily weight for R3. DON B stated, absolutely. DON B stated, she last addressed obtaining daily weights in an all staff meeting on (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	11/19/25. Surveyor requested documentation from the staff meetings. (No further information was provided.) Surveyor asked DON B, what time does R3 leave for dialysis. DON B stated, on 12/1/25 he left at 8:15 AM. Surveyor asked DON B, would you expect staff to obtain R3's daily weight before he goes to dialysis. DON B stated, yes, she would expect him to be weighed on his way to the dining room before breakfast. Surveyor reviewed the following weight increases with DON B. 11/8/25: 221 +11.5 pounds (1 day)11/7/25: 209.5DON B stated, R3 was readmitted to facility on 11/7/25. DON B stated, R3 would have been on 72-hour monitoring. DON B stated, she's not seeing that R3's weight gain was addressed and Physician notified. Surveyor asked DON B, should R3's weight gain of 11.5 pounds in 1 day have been addressed and assessed. DON B stated, absolutely. Surveyor asked DON B, should staff have re-weighed R3. DON B stated, yes, absolutely. DON B stated, it's concerning to her because it is the same nurse. DON B stated, she wonders if it is an error. Surveyor asked DON B, should staff have notified the Physician. DON B stated, yes, because R3's order clearly stated to notify the provider of 3-pound weight gain in 1 day. 11/2/25: 215 +4.8 pounds (1 day)11/1/25: 210.2 Surveyor asked DON B, should staff have re-weighed R3. DON B stated, yes. Surveyor asked DON B, should staff have notified the Physician. DON B stated, yes, absolutely because it is more than a 3 pound weight gain in 1 day. 10/27/25: 217.5 +14.0 pounds (4 days) - went to dialysis - Weighty after dialysis at 1:46 PM is 217.5 10/23/25: 203.5Surveyor asked DON B, would you expect staff to recheck R3's weight. DON B stated, yes, staff should have re-weighed R3 right away. Surveyor asked DON B, should staff have notified the Physician. DON B stated, yes.9/17/25: 236 + 14 pounds (1 day) - readmission 9/16/25: 222Surveyor asked DON B, would you expect staff to re-weigh R3. DON B stated, yes. Surveyor asked DON B, would you expect staff to notify the Physician. DON B stated, absolutely.9/13/25: 238.7 +18.7 pounds (5 days)9/8/25: 220Surveyor asked DON B, would you expect staff to re-weigh R3. DON B stated, yes, no questions asked every time they should re-weigh. Surveyor asked DON B, would you expect staff to notify the Physician. DON B stated, yes. Surveyor asked DON B, why is it important to re-weigh R3 in the examples (above). DON B stated, to ensure the weights are accurate. DON B stated, it is important to notify the Physician per Physician Orders due to R3 being in hear failure and retaining fluids. DON B stated, if a resident is retaining fluids they are having a change in condition. DON B stated, staff need to continue monitoring R3. DON B added, if staff had contacted the Physician he or she would more than likely increased the order of furosemide for 3 days, so we are not sending the resident into fluid overload. DON B stated that's why it is important. DON B added, it is capturing the change in condition before it gets worse.