STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525318	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sheridan Health and Rehabilitation Center	8400 Sheridan Rd Kenosha, WI 53143

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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 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. Based on interview and record review, the facility did not ensure a registered nurse (RN) worked at the facility for at least eight (8) consecutive hours a day, seven days a week, on 1 of 30 days reviewed. This deficient practice had the potential to affect all 56 residents residing at the facility on 12/14/2025. The facility did not have a RN working in the facility for at least 8 consecutive hours on 12/14/2025. Findings include:Surveyor reviewed the facility staff scheduled and nurse posting for the last 30 days (December 2025). Surveyor noted on 12/14/2025 (Sunday) there was not a registered nurse (RN scheduled for 8 consecutive hours. On 1/7/2026, at 8:10 AM, Surveyor interviewed scheduler-K who stated scheduler- K completes the staffing schedules and if there is a call-in during scheduler-K's working hours, then scheduler-K would find a replacement. If a call in occurs after hours, weekends, or holidays then the person on call would be responsible for finding coverage. 12/14/2025 was a Sunday, so whoever was on call that day would be responsible for looking at the schedules to ensure there was coverage and making sure when finding coverage all the requirements were met such as making sure a RN had worked for 8 consecutive hours. Scheduler-K stated 12/14/2025 must have been missed in making sure there was RN coverage and would look into it because scheduler-K always makes sure there is at least 8 consecutive RN hours.On 1/7/2026, at 8:39 AM, scheduler-K stated a RN was scheduled to work night shift on 12/14/2025 however the RN called in and the on-call staff replaced the shift with a licensed practical nurse (LPN) and did not confirm or check to see and make sure another RN replaced the shift or if a RN worked previous shifts. On 1/7/2026, at 3:00 PM, Surveyor shared concern with Nursing Home Administrator (NHA)-A and Director of Nursing (DON)-B there was not 8 consecutive hours of RN coverage on 12/14/2025. No further information was provided at the time of this write up.

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 0851 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data. Based on interview and record review, the facility did not ensure it completed accurate mandatory submission of staffing information based on payroll data in a uniform electronic format to the Centers for Medicare and Medicaid Services (CMS).Staffing information for Quarter 4 (July 1 - September 30, 2025) of the Payroll Based Journal (PBJ) was not accurately submitted to CMS.This deficient practice has the potential to affect all 61 residents residing in the facility.Findings include:The CMS Electronic Staffing Data Submission Payroll-Based Journal, Long-term Care Facility Policy Manual, dated June 2025, documents: Chapter 1: Overview, 1.1 introduction .(U) mandatory submission of staffing information based on payroll data in a uniform format. Long-term care facilities must electronically submit to CMS complete and accurate direct care staffing information, including information for agency and contract staff, based on payroll and other verifiable and auditable data in a uniform format according to specifications established by CMS .1.2 Submission Timelines and Accuracy. Direct care staffing and census data will be collected quarterly and is required to be timely and accurate .Report Quarter: staffing and census data will be collected for each fiscal quarter. Staffing data includes the number of hours paid to work by each staff member each day within a quarter. Census data includes the facility's census on the last day of each of the three months in a quarter. The fiscal quarters are as follows: Fiscal Quarter, Date range: (quarter) 1 October 1-December 31, (quarter) 2 January 1-March 31, (quarter) 3 April 1-June 30, (quarter) 4 July 1-September 30.Surveyor reviewed the PBJ Staffing Data Report for Fiscal year 2025 that documented the facility had excessively low weekend staffing and a one star staffing rating for the 4th Quarter (July 1 - September 30, 2025) of 2025.Surveyor reviewed the facility's weekend scheduled and nurse postings for July 1 - September 30, 2025. Surveyor noted licensed nurses and certified nursing assistants present on each shift and for each unit. Surveyor noted the schedules included call ins/ no shows and documented staff that picked up the open shift. Surveyor noted it did not appear to be excessive with the call ins/ no shows.Surveyor reviewed the facility assessment, documented staffing ratios were compared to the Quarter 4 weekend schedules. No discrepancies were noted or low weekend staffing as reported to CMS.On 1/7/2026, at 11:23 AM, Surveyor interviewed Human Resources (HR)-G who stated corporate offices submit data for the PBJ reports. Surveyor asked HR-G what the process was for submitting the PBJ data. HR-G stated HR-G submits information to the corporate offices and they take care of all the submission. HR-G stated if a registered nurse/ licensed practical nurse (RN/LPN) unit manager, or director of nursing (DON) works an evening shift, night shift, or weekend shift then a spreadsheet gets completed and send it to corporate, otherwise all schedules and nursing hours are submitted through corporate. HR-G stated corporate will contact HR-G if they get notification of a possible staffing issue such as low weekend staffing, then corporate, scheduler-F, and HR-G will look and review schedules to determine what the issue could be, however corporate has not had any concerns with staff. Surveyor asked what could have been the concern with quarter 4 submission of PBJ data. HR-G stated will reach out to corporate and determine what could have been the issue and will follow up with Surveyor.On 1/7/2026, at 2:05 PM, HR-G informed Surveyor HR-G and corporate went over the quarter 4 staffing schedules and stated the ranges are within the facility census and policy and not sure why the facility is flagging for low weekend staffing for quarter 4. HR-G stated corporate would have to look more into it, but at this time was unsure why the facility was flagging excessively low weekends staffing for quarter 4. On 1/7/2026, at 3:00 PM, Surveyor shared concern with Administrator (NHA)-A, and Director of Nursing (DON)-B that the facility flagged for excessively low weekend staffing for quarter 4, despite no low staffing noted on the actual schedules provided by the facility. No additional information was provided.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. Based on interview, and record review, the facility did not maintain an infection prevention and control program designed to reduce the transmission of disease and infection. *Infection surveillance for July 2025, did not include date of onset, criteria met, culture, results or treatment (if any) for every listed resident.*Infection surveillance for September 2025, did not include signs/symptoms, criteria met, date of onset, culture taken, resulted organism or date infection resolved for every resident listed.Findings:The facility's undated policy titled, Infection Prevention and Control Program documents: The designated Infection Preventionist is responsible for oversight of the program and serves as a consultant to our staff on infectious disease, resident room placement, implementing isolation precautions, staff and resident exposures, surveillance, and epidemiological investigations of exposures of infectious disease. 3. Surveillance: a. A system of surveillance is utilized for prevention, identifying, reporting, investigating, and controlling infections and communicable diseases for all resident, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon a facility assessment and accepted national standards. B. The Infection Preventionist serves as the leader in surveillance activities, maintains documentation of incidents, findings, and any corrective actions made by the facility and reports surveillance findings to the facility's Quality Assessment and Assurance Committee c. The RNs and LPNs participate in surveillance through assessment of residents and reporting changes in condition to residents' physicians and management staff, per protocol for notification of changes and in-house reporting of communicable diseases and infections.On 01/06/2026, at 8:50 AM, Surveyor reviewed the facility provided infection surveillance documents from January 2025 through December 2025. Surveyor noted there was no infection surveillance logs, infection rates or summary reports for July 2025, August 2025 and September 2025.On 01/06/2026, at 11:36 AM, Surveyor met with Infection Preventionist (IP)-J to go over the infection surveillance logs. IP-J started in the Infection Preventionist role in October 2025 and indicated the former Director of Nursing (DON) was the IP during July, August and September 2025. Surveyor asked about the missing surveillance logs and infection rates, IP-J informed Surveyor the data for July, August and September 2025 are unavailable due to the former DON/IP's record keeping.On 01/06/2026, at 3:12 PM, Surveyor informed Nursing Home Administrator (NHA)-A and DON-B of the concerns regarding missing infection surveillance data for the above months. DON-B informed Surveyor, that DON-B started in September and the missing documentation and information was from the previous DON.On 1/15/2026, at 1:35 PM, Surveyor received additional information from DON-B via email. DON-B sent Surveyor July, August and September 2025 infection surveillance data.Surveyor reviewed the documents provided and noted, the document titled, July-Monthly Infection Surveillance Log for year 2025, did not include: date of onset, if criteria was met, if a culture was preformed/resulted, if precautions were initiated, if treatment was started and when infection resolved for 4 of 7 residents listed. Surveyor reviewed the provided document, titled September-Monthly Infection Surveillance Log for 2025, and noted signs/symptoms, if criteria was met, date of onset, if a cultured and when infection resolved, was not included for 9 of 14 residents listed. In the email sent by DON-B to Surveyor, DON-B informed Surveyor, Here is what I found on my computer. The graphs for September were not completed. Graphs also have 2024 on them but they are from 2025.No additional information was provided as to why the facility did not maintain an infection prevention and control program designed to reduce the transmission of disease and infection.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, interview, and record review, the facility did not ensure that drugs and biologicals used in the facility were stored in accordance with currently accepted professional standards for 1 of 2 medication refrigerators located in the medication room.*The North unit refrigerator, located in the medication room, did not have a temperature log to ensure proper temperature range.*R3's insulin vial was not stored in the medication refrigerator.Findings:The Facility policy, titled Medication Storage, with a last reviewed date of 11/12/2024, indicated the following: . 6. Refrigerated Products: a. All medications requiring refrigeration are stored in refrigerators located in the pharmacy and in each medication room. b. Temperatures are maintained 36-46 degrees F (Fahrenheit). Charts are kept on each refrigerator and temperature levels recorded daily by the charge nurse or other designee. On 01/08/2026, at 8:40 AM, Surveyor toured the medication room on the North Unit with Director of Nursing (DON)-B. Surveyor noted there was no temperature log for the medication refrigerator. Surveyor asked DON-B if there is a log kept for the medication refrigerator. DON-B informed Surveyor there is no temperature log for the medication refrigerator and indicated there should be. Surveyor also observed an unopened insulin vial, belonging to R3, in a drawer in the medication room. Surveyor asked DON-B if the insulin is properly store. DON-B informed Surveyor R3's insulin should be in the refrigerator and placed R3's insulin into the refrigerator.Surveyor informed the Facility of the above concern. No further information provided at time of write up.

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F 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. Based on interview and record review, the facility did not inform residents when changes in coverage was made from Medicare Part A to items and services offered by the facility for which the resident may be charged and the amount of charges for those services by providing the residents with a Notice of Medicare Non-Coverage (NOMNC) and/or the Skilled Nursing Facility Advanced Beneficiary Notice of Non-coverage (SNF ABN) for 2 (R23 and R48) of 3 residents reviewed for requiring the NOMNC and SNF ABN to be provided.*R23 was not provided a SNF ABN prior to ending Medicare Part A coverage for services and the NOMNC was emailed to R23's Guardian with no verification of receipt.*R48 was not provided a SNF ABN prior to ending Medicare Part A coverage for services.Findings include:1.) R23 received Medicare Part A coverage for services from 9/6/2025 through 9/13/2025. On 9/11/2025 at 10:58 AM, in the progress notes, Social Service Coordinator (SSC)-I documented R23's Guardian was issued a NOMNC via email. R23's Guardian was provided with the number to call and instructions on how to file an appeal. No appeal would be filed; R23 will be covered by Medicaid.On 1/5/2025, Surveyor requested from Nursing Home Administrator (NHA)-A a copy of R23's SNF ABN and NOMNC. NHA-A provided a copy of the emails sent to R23's Guardian dated 9/10/2025 and 1/5/2026. No SNF ABN was provided to R23's Guardian. The email dated 9/10/2025 to R23's Guardian from SSC-I requested R23's Guardian to sign and return the NOMNC for the facility records and documented R23 would be covered by community care (payment for services), and the notice is to inform them that one insurance will be ending from the hospital stay and billing community care would begin. The email dated 1/5/2026 to R23's Guardian from SSC-I documented an audit was done and a signature was needed on the NOMNC from 9/2025 for their records. SSC-I documented the initial NOMNC was sent to the wrong email address. Surveyor noted the email and audit that was conducted on 1/5/2026 was after Surveyor had requested the information.In an interview on 1/7/2026 at 11:23 AM, Surveyor asked SSC-I about R23's SNF ABN and NOMNC notices. SSC-I stated the emails to R23's Guardian were printed and provided to Surveyor to show they were sent with the NOMNC attachment. Surveyor asked SSC-I why no SNF ABN was provided. SSC-I was not sure of the exact circumstances and would find out more information. Surveyor asked if SSC-I R23's Guardian was contacted by phone along with the email to verify the email had been received. SSC-I stated usually SSC-I will call the resident representative and would put a note in the resident's progress notes. SSC-I stated R23's Guardian's preferred method of communication was through email. SSC-I reviewed the progress note entered on 9/11/2025 and determined R23's Guardian was not talked to over the phone. Surveyor shared with SSC-I the concern R23's Guardian was not provided the SNF ABN to make the determination if an appeal was wanted or needed and there was no verification R23's Guardian received the email. SSC-I stated SSC-I was still waiting to hear back from R23's Guardian from the email that was sent on 1/5/2026.In an interview on 1/7/2026 at 11:43 AM, Surveyor met with Minimum Data Set Coordinator (MDS)-E, Business Office Manager (BOM)-C, SSC-I and NHA-A. MDS-E stated R23 was under skilled observation meaning R23 was observed for eight days and determined therapy was not needed so they put R23 back on the Medicaid payor source. Surveyor shared the concern R23 was using Medicare services and had a change in payor source so should have been given the rights of appeal if that was what they wanted. BOM-C agreed R23 should have been given the SNF ABN notice. Surveyor shared the concern the facility does not have any verification R23's Guardian received the NOMNC. NHA-A and SSC-I agreed the facility did not have any signed documents from R23's Guardian.2.) R48 received Medicare Part A coverage for services from 9/1/2025 through 9/18/2025. R48 did not have an activated Power of Attorney.No documentation was found in R48's progress notes that any notification was provided to R48 with the ending of Medicare services. A NOMNC was provided and signed by R48 on 9/16/2025. No SNF ABN was provided to R48 for R48 to select if an appeal would be wanted to extend Medicare services.In an interview on 1/7/2026 at 11:23 AM, Surveyor asked Social Services Coordinator (SSC)-I about R48's SNF ABN (continued on next page)

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F 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	notice. SSC-I stated Medicaid was pending for R48 at the time R48 discontinued Medicare services. SSC-I stated the SNF ABN was not given and that was an error. SSC-I stated there had been a lot of conversations with corporate on when a notice should be given, and it was unclear to SSC-I when the notice should or should not be given.In an interview on 1/7/2026 at 11:43 AM, Surveyor met with Minimum Data Set Coordinator (MDS)-E, Business Office Manager (BOM)-C, SSC-I and Nursing Home Administrator (NHA)-A. MDS-E stated R48 had not maxed out of Medicare days and Medicaid was pending. Surveyor shared the concern R48 was using Medicare services and if Medicaid had not been approved, R48 would have been responsible for payment and had not been given the proper documentation to appeal their rights. NHA-A and BOM-C agreed R48 should have been given the SNF ABN notice.

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not ensure 1 (R9) of 6 resident's reviewed for hospitalization received the proper notice of transfer, reason for transfer, location of transfer, appeal rights, and name and address (mailing and email) with telephone number of the Office of the State Long-Term Care Ombudsman. In addition, the facility did not ensure R9 and/or their representative received written information on the duration of the bed hold policy, the reserve bed payment policy, and the right to return to the facility.R9 was transported and admitted to the hospital on [DATE]. There was no evidence of a transfer notice or bed hold policy being provided to R9 and or R9's representative. Findings include:The facility policy titled Bed Hold Notice last reviewed/ revised on 5/1/2025 documents: Guideline: It is the guideline of this facility to provide written information to the resident and/or the resident representative regarding bed hold practices both well in advance, and at the time of, a transfer for hospitalization . Explanation and Compliance Guidelines: 1. At the time of transfer to the hospital . the facility will provide the resident and/or resident representative written information that specifies: a. The duration of the State bed hold policy, if any, during which the resident is permitted to return and resume residence at the facility.b. The reserve bed payment policy in the state plan policy.2. In the event of an emergency transfer of a resident, the facility will provide written notice of the facility's bed hold policies to the resident and/or resident representative within 24 hours. The facility will document multiple attempts to reach the resident's representative in cases where the facility was unable to notify the representative.3. The facility will keep a signed copy of the bed hold notice information given to the resident and/or resident representative in the resident's file and/or medical record.R9 was admitted to the facility on [DATE]. R9's quarterly Minimum Data Set (MDS) dated [DATE] indicated R9 had intact cognition with a Brief Interview for Mental Status (BIMS) score of 14. R9 did not have an activated power of attorney (POA) and is their own person.On 10/29/2025 R9 had an unwitnessed fall and was sent to the hospital for further evaluation; R9 was admitted to the hospital. R9 was re-admitted to the facility on [DATE].Surveyor reviewed R9's medical record and was unable to locate a transfer notice or bed hold for R9's hospitalization on 10/29/2025 - 11/3/2025. On 1/7/2026, at 3:00PM, Surveyor requested to reviewed R9's transfer and bed hold notice for R9's hospitalization on 10/29/2025. Nursing home administrator (NHA)-A and director of nursing (DON)-B replied they would look for it if it was not uploaded into R9's medical record. On 1/8/2026, at 8:38 AM, Surveyor received the facility policy titled Bed Hold Notice.On 1/8/2026, at 9:04 AM, Surveyor asked DON-B what the process was if a resident was sent to the hospital and admitted . DON-B stated the floor nurse would fill out the transfer notice and bed hold, and the business office manager would follow up with the transfer notice and bed hold to complete it. Surveyor asked DON-B if the bed hold transfer notice could be located for R9's hospitalization on 10/29/2025. DON-B stated they could not locate the transfer notice or bed hold for R9. DON-B stated nursing did not fill one out when R9 was sent to the hospital on [DATE] and the business office manager never followed up after that for R9 to complete a bed hold/ transfer notice on 10/29/2025. Surveyor shared there was a concern R9 did not receive a transfer notice or bed hold policy for R9's hospitalization on 10/29/2025.

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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 ensure 1 (R12) of 35 residents reviewed had a comprehensive care plan developed and implemented so that residents can attain their highest practicable physical, mental and psychosocial well-being.* R12 has a diagnosis of vision loss. R12's care plan for impaired visual function did not include person-centered interventions to address R12?s needs.Findings:R12 was admitted to the facility on [DATE] with diagnoses including vision loss.R12's Minimum Data Set (MDS) assessment, dated 8/18/2025, documents R12 has a Brief Interview for Mental Status score of 8, indicating moderate cognitive impairment; has moderate vision impairment, cannot see newspaper headlines but can identify objects and does not wear glasses.On 01/05/2026, at 11:25 AM, Surveyor interviews R12 who complains of being blind and needs mail read to her, which staff is not doing.Surveyor reviewed the facility provided document, titled Care Plan Report for R12 and noted a focus area for impaired visual function, with an initiation date of 2/20/2025.Surveyor noted the following as an intervention Identify/record factors affecting visual function including Physiological (glaucoma, Crohn's, macular degeneration, cataracts, color discrimination, light sensitivity, dry eyes); Environmental (poor lighting, monochromatic color scheme), choice (refuses to wear glasses, use mag glass, turn on lights) etc. Surveyor noted no interventions specific to R12's needs and expressed concern for staff reading her mail to her. On 01/06/2026, at 1:03 PM, Surveyor interviewed Certified Nursing Assistant (CNA)-H regarding R12's vision needs. CNA-H informed Surveyor that R12 does have visual deficits, which include having a hard time when watching TV but will let staff know when R12 needs help with changing DVD.On 01/07/2026, at 7:08 AM, Surveyor interviewed Licensed Practical Nurse (LPN) Unit Manager (UM)-D who indicated R12 does have close up visual interventions, optometry appointments, needs assistance with close up with crafts like knitting but is able to read consents and does not use visual aids per physician request. On 01/07/2026, at 7:20 AM, Surveyor informed Director of Nursing (DON)-B of the concerns related to R12's care plan not being specific to R12's visual needs. DON-B indicated DON-B would look into it. On 01/07/2026, at 8:56 AM, Surveyor reviewed the Facility provided Kardex for R12. Surveyor noted R12 now has a special need intervention to offer support with tasks such as crafts, reading, knitting if needed.The Facility was made aware of the above concerns; no further information was provided at time of write up.

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility did not ensure residents at risk for pressure injuries received necessary treatment and services consistent with professional standards of practice to prevent the development of pressure injuries for 1 (R1) of 4 residents reviewed for pressure injuries.R1's heels were observed to be directly on the mattress and not offloaded according to R1's plan of care.Findings include:The facility policy titled Pressure Injury Prevention and Management last reviewed/revised on 12/3/2024 documents: Policy: This facility is committed to the prevention of avoidable pressure injuries . 4. Interventions for Prevention and to Promote Healing: a. After completing a thorough assessment/evaluation, the interdisciplinary team shall develop a relevant care plan that includes measurable goals for prevention and management of pressure injuries with appropriate interventions. c. Evidenced- based interventions for prevention will be implemented for all residents who are assessed at risk.R1 was admitted to the facility on [DATE] and has diagnoses that include rheumatoid arthritis, muscle weakness, fibromyalgia, chronic pain syndrome, and adult failure to thrive. R1's quarterly Minimum Data Set (MDS) dated [DATE] indicated R1 had moderately impaired cognition with a Brief Interview for Mental Status (BIMS) score of 10 and the facility assessed R1 as being dependent on 1 staff member for repositioning in bed. R1 has an indwelling catheter and is always incontinent of bowel. R1's preference was to stay confined to R1's bed. The facility assessed R1 on 9/20/2025 to be at moderate risk for pressure injury development with a Braden score of 14.0.R1'a Care Area assessment dated [DATE] documents the following:- Functional Abilities: (R1) has a self-care deficit and requires assistance with activities of daily living (ADLs) due to impaired mobility and weakness. (R1) relies on staff for all transfers and mobility.- Pressure Injury: (R1) is at risk for pressure ulcers related to impaired physical mobility and incontinence. (R1) is assisted to turn and reposition often.R1's potential/actual impairment to skin integrity related to decreased mobility, and history of pressure wounds and rash to bilateral lower extremities care plan was initiated on 2/7/2025 with the following interventions: .- Assist to turn and reposition every 2-3 hours.- Educate resident/ family/ caregivers causative factors and measures to prevent skin injury.- Float heels if resident cannot turn and reposition themselves.On 1/5/2026, at 10:08 AM, Surveyor observed R1 lying in bed. R1's heels were not offloaded and lying directly on the mattress. Surveyor asked R1 if R1's heels should be offloaded. R1 stated R1 rarely gets heels offloaded. Surveyor asked R1 if R1 is able to move around in bed. R1 stated R1 is unable to move around in bed without staff assistance. Surveyor asked if R1 has ever had a pressure injury to the heels or any concerns regarding R1's heels. R1 stated R1 has never had pressure injuries to the heels, but at times the heels do hurt.On 1/6/2026, at 1:12 PM, Surveyor observed R1 lying in bed and R1's heels were not offloaded and were directly on the mattress.On 1/7/2026, at 8:45 AM and 1:28 PM, Surveyor observed R1 lying in bed and R1's heels were not offloaded and were directly on the mattress.On 1/7/2026, at 3:00 PM, Surveyor shared concerns and observations with Nursing Home Administrator (NHA)-A and Director of Nursing (DON)-B of R1's heels not being offloaded according to care plan several days of the survey. DON-B agreed R1's heels should have been offloaded. On 1/8/2026, at 9:14AM, Surveyor observed R1's lower legs on a pillow, however R1's heels were still lying on the mattress and were not offloaded.

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	525318	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review the facility did not ensure that each resident receives adequate supervision and assistance devices to prevent accidents for 1 of 1 (R30) resident reviewed for accidents.*R30 was observed self-transferring from R30's bed to wheelchair.Findings:R30 was admitted to the facility on [DATE] with diagnoses including hemiplegia (paralysis affecting one side of the body) and hemiparesis (weakness on one side of the body).R30 admission Minimum Data Set (MDS), dated [DATE], indicates R30 has ok long and short term memory, has impairment on one side of upper and lower extremities, requires substantial/maximal assistance with lying to sitting, substantial/maximal assistance with sit to stand, substantial/maximal assistance from bed to chair transfer and has had 1 fall since admission to the Facility.Surveyor reviewed the Facility's provided document titled SBAR Communication Form and Progress Note dated 3/1/2025. Surveyor noted R30 sustained a unwitnessed fall while self-transferring.Surveyor reviewed the Facility provided document, titled Care Plan Report for R30, Surveyor noted a Focus area for Activities of Daily Living (ADL) indicating R30 requires assistance of 1 with a gait bely, pivot transfer due to R30's right side flaccid. Surveyor noted another focus area indicating R30 is at risk for falls, with interventions including remove wheelchair from R30's room while R30 is in bed, initiated on 3/4/2025 after R30's previous fall.On 01/05/2026, at 1:03 PM, Surveyor observed R30 in the middle of self-transferring from R30's bed to R30's wheelchair at R30's bedside. On 01/05/2026, at 1:23 PM, Surveyor observed R30 self-transfer from R30's wheelchair back into R30's bed.On 01/06/2026, at 1:00 PM, Surveyor interviewed Certified Nursing Assistant (CNA)-H. CNA-H informed Surveyor that R30 is not considered a fall risk now but was a fall risk upon admission. CNA-H indicated R30 is able to stand unassisted, CNA-H will put the wheelchair on R30's strong side and will stand by in case R30 requires assistance. CNA-H was not aware of R30 being a fall risk or the interventions of R30 not having R30's wheelchair at bed side while R30 is in bed. CNA-H indicated CNA-H would review R30's Care Plan.On 01/07/2026, at 7:01 AM, Surveyor observed R30 in bed with R30's wheelchair at bed side.On 01/07/2026, at 7:05 AM, Surveyor asked Licensed Practical Nurse (LPN) Unit Manager (UM)-D about R30's fall risk status and interventions. LPN UM-D informed Surveyor that R30 is a fall risk, and all interventions are valid and active. LPN UM-D indicated R30 has an intervention to not leave R30's wheelchair at bedside while R30 is in bed to prevent R30 from attempting to self-transfer and possibly falling.On 01/07/2026, at 7:22 AM, Surveyor interviewed Director of Nursing (DON)-B regarding R30 self-transfer and fall interventions not being followed. DON-B informed Surveyor that DON-B believes the fall risk interventions may have been meant for another resident and would get back to Surveyor with more information.On 01/07/2026, at 3:06 PM, Surveyor informed the Facility of the above concerns. Surveyor was informed a therapy evaluation was ordered to evaluate R30's transfer status.No further information was provided as of time of write up.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility did not provide the necessary respiratory care and services for 1 (R33) of 1 resident receiving oxygen therapy.*R33's oxygen was observed during the survey to be set at 4.5L (liter)/minute without humidification. R33's physician orders is for oxygen to be administered at 3L/minute.Findings include:The Facility's policy, titled Oxygen Administration, with a last reviewed date of 10/8/2024, indicates the following, . 1. Oxygen is administered under orders of the attending physician, except in the case of an emergency. a. Nasal Cannula- Oxygen is administered through plastic cannulas in the nostrils. Effective for low oxygen concentrations less than 40%. Requires humidification at flow rates greater than 4 liters/minute.R33 was admitted to the facility on [DATE] with diagnosis of pulmonary fibrosis.On 01/05/2026, at 9:57 AM, Surveyor observed R33 in bed with a nasal cannula in place for oxygen administration. Surveyor observed R33's oxygen concentrator and noted R33 receiving 4.5 liters of oxygen via nasal cannula. Surveyor also observed a container with water attached to R33's oxygen concentrator but was not attached to R33's oxygen tubing.On 01/05/2026, at 1:45 PM, Surveyor observed Director of Nursing (DON)-B in R33's room. Surveyor asked DON-B how many liters of oxygen R33 was on and if it should be humidified. DON-B informed Surveyor that DON-B did not look at the concentrator and was not sure.On 01/06/2026, at 7:07 AM, Surveyor observed R33's oxygen concentrator to be administering 4.5 liters of oxygen via nasal cannula, without humidification attached.Surveyor reviewed R33's document provided by the Facility, titled Order Report Summary as of 1/7/2025. Surveyor noted an order for oxygen at 3 liters via nasal cannula- continuous, with a start date of 6/27/2025 and no end date.On 01/07/2026, at 7:13 AM, Surveyor asked Licensed Practical Nurse (LPN) Unit Manager-D to observe R33's oxygen with Surveyor. Surveyor asked LPN Unit Manager-D how many liters of oxygen R33 was receiving and if it should be humidified. LPN Unit Manager-D informed Surveyor of the observation that R33's oxygen concentrator is administering 4.5 liters of oxygen via nasal cannula and is not receiving humidified air. Surveyor informed LPN Unit Manager-D of R33's current order, LPN Unit Manager-D indicated she would look into why R33's oxygen is up so high and why the humidified is not connected.On 01/07/2026, at 11:04 AM, Surveyor observed a new oxygen concentrator in R33's room and is delivering 3.5 liters of humidified oxygen via nasal cannula. LPN Unit Manager-D informed Surveyor that LPN Unit Manager-D called the Nurse Practitioner and received a new order for oxygen to be administered between 3-5 liters for R33.On 01/07/2026, at 3:07 PM, Surveyor notified Nursing Home Administrator (NHA)-A and DON-B of the concerns regarding R33's order for oxygen not being followed and clarification on the humidified oxygen.No further information was provided as of time of write up.

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. Based on observation, interview, and record review, the facility did not ensure the medication rate was below 5 percent in 1 (R5) of 5 residents observed receiving medications. The facility medication error rate was 12 percent.*R5 had medications that were not administered in the correct method per the facility policy and procedure and current standards of practice.ASMP Medication Safety Alert, Preventing errors when preparing and administering medications via enteral feeding tubes, November 17, 2022, Volume 27, Issue 23, . Wrong administration technique. Common inappropriate administration techniques include: 1) mixing multiple medications together to give at once.Findings include:The facility policy and procedure titled Medication Administration via Enteral Tube dated 1/1/2026 documents: . 6. Each medication will be administered separately, not combined or added to an enteral feeding formula. 7. A physician's order and Pharmacist review is required if medications are ?cocktailed' (combined) and will speak to both risk and benefit of combining medications for administration. 12. Procedure: . i. Flush enteral tube with at least 15 mL of water prior to administering medications unless otherwise ordered by prescriber. j. Dilute the solid or liquid medication as appropriate and administer using a clean oral syringe (>/= 30 mL in size). k. Flush tube again with at least 15 mL water taking into account resident's volume status or per provider's orders. l. Repeat with the next medication (if appropriate). m. Flush the tube with a final flush of at least 15 mL of water to ensure drug delivery and clear the tube unless otherwise ordered by provider.On 1/6/2026 at 8:15 AM, Surveyor observed Registered Nurse (RN)-J administer enteral medications to R5 through the gastrostomy tube. RN-J placed one tablet of carvedilol 6.25 mg (milligrams), one tablet of Eliquis 5 mg, and one tablet of amlodipine 10 mg into a medication sleeve and crushed the three medications together. RN-J mixed the medications with water and administered the medications to R5 through the gastrostomy tube.R5 had a physician order: May crush meds as appropriate. This was a standing order and a part of all resident orders. The order did not address crushing and combining cocktailing all medications to be administered together through the gastrostomy tube.On 1/6/2026 at 3:05 PM, Surveyor requested from Director of Nursing (DON)-B a copy of the facility policy and procedure for administering medications through an enteral tube. DON-B provided Surveyor a copy of their policy. See above.On 1/7/2026 at 9:15 AM, Surveyor shared the concern with DON-B the observation of RN-J administering three crushed medications to R5 through the gastrostomy tube combined together and not administered separately. Surveyor shared with DON-B the facility policy and procedure indicated a physician order with input from the pharmacist needed to be documented in the resident record prior to mixing medications and combining them when administered. DON-B stated DON-B would look for that documentation.On 1/7/2026 at 12:46 PM, DON-B provided a physician order that had been obtained that day at 11:51 AM stating: May administer all medications combined via G-tube and flush once prior to administration and post administration with 30 cc H2O. Surveyor noted the order was obtained after the observation of the administration of the medications and after the conversation of the concern with DON-B. Surveyor noted no documentation was found of a pharmacist consultation or the risks and benefits of combining medications for administration.On 1/7/2026 at 3:00 PM, Surveyor shared the concern with Nursing Home Administrator (NHA)-A and DON-B the medication error rate was 12%; there were 3 errors out of 25 opportunities.

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not ensure Pneumococcal immunizations were offered, or refused, as eligible to residents. This was observed for 1(R30) of 5 residents whose immunization records were reviewed.* R30 did not have documentation of the Influenza vaccine being offered and did not have risk versus benefits were offered after a refusal. Findings:The facility's undated policy titled, Infection Prevention and Control Program, documents: . 7. Influenza and Pneumococcal Immunization: . c. Education will be provided to the residents and/or representatives regarding the benefits and potential side effects of the immunizations prior to offering the vaccines. e. Documentation will reflect the education provided and details regarding whether or not the resident received the immunizations. R30 was admitted to the facility on [DATE] with diagnoses that includes Aphasia (a language disorder from brain damage), hemiplegia (paralysis affecting one side of the body) and hemiparesis (weakness on one side of the body).The Wisconsin Immunization Registry (WIR) does not have any vaccination administrations on record for R30.On 01/07/2026, at 10:44 AM, Surveyor asked Director of Nursing (DON)-B about R30's vaccination status. DON-B informed Surveyor, R30 refused vaccinations but there was no consent form obtained or a risk versus benefit for R30's refusal of vaccinations.On 01/07/2026, at 3:06 PM, DON-B informed Surveyor, R30 is now wanting to receive the Influenza vaccine and will be getting it today. DON-B informed Surveyor education of risk and potential benefits should be explained to and documented in the resident's record.No additional information was provided.

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F 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not ensure medical records contained documentation related to COVID-19 immunizations for 1 (R30) of 5 residents reviewed for immunizations.*R30's medical record does not contain any documentation as to whether R19 was offered, received, or declined the COVID-19 immunization.Findings include:The facility's policy undated policy and titled, Infection Prevention and Control Program documents: . 8. COVID-19 Immunization: . f. Documentation will reflect the education provided and details regarding whether or not the resident or staff received the vaccine. R30 was admitted to the facility on [DATE] with diagnoses that include Aphasia (a language disorder from brain damage), hemiplegia (paralysis affecting one side of the body) and hemiparesis (weakness on one side of the body).R30's admission Minimum Data Set (MDS), dated [DATE], documents that R30 has ok long- and short-term memory, is able to recall current season, location of own room, staff names/faces, and that R30 is in a nursing facility. R30 is independent with daily cognitive decision making.The Wisconsin Immunization Registry (WIR) does not have any vaccination administrations on record for R30.Surveyor reviewed R30's electronic medical record and was unable to locate whether R30 was offered, received, or declined the COVID-19 immunizations.On 01/07/2026, at 10:44 AM, Surveyor asked Director of Nursing (DON)-B regarding R30's COVID vaccination status. DON-B informed Surveyor, R30 refused vaccinations but there is no consent form obtained or a risk vs benefit form that documents R30's refusal of vaccinations.On 01/07/2026, at 3:06 PM, DON-B informed Surveyor that R30 is now wanting to receive the Influenza vaccine and will be getting it today. DON-B informed Surveyor education of risk and potential benefits should be explained to resident and documented in the resident's record.No additional information was provided.