

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525321	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2025
NAME OF PROVIDER OR SUPPLIER Riverdale Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 N Wisconsin Ave Muscodia, WI 53573	

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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44552</p> <p>Based on interview and record review the facility did not document a thorough investigation and did not resolve grievances as outlined in the facility policy for 1 of 1 Residents (R1) reviewed for grievances.</p> <p>R1's Activated Power of Attorney voiced concerns via email. Facility failed to follow their grievance policy by thoroughly investigating, following up, and documenting the concerns.</p> <p>Evidenced by:</p> <p>The facility policy, Grievance, dated 3/19, states, in part; .b. The Grievance Official will complete a written response to the resident or resident representative which includes: 1. Date of grievance/concern. ii. Summary of grievance. iii. Investigation steps. iv. Findings. v. Resolution outcome and actions taken and date decision was issued. I. The Grievance Officer will maintain a log of all grievances for a period of 3 years including: i. Date of the Grievance ii. Tracking number or identification iii. Type of Grievance iv. Location/Department v. Person assigned to investigate vi. Date response letter sent vii. Comments/ Actions .</p> <p>R1 was admitted to the facility on [DATE] with a diagnoses including Parkinson's Disease (a disorder of the central nervous system that affects movement.), Dementia (a group of thinking and social symptoms that interferes with daily functions), Dysphagia (difficulty swallowing), and Moderate Protein-Calorie Malnutrition (a person does not consume enough protein and calories to meet body's need).</p> <p>R1's most recent MDS (Minimum Data Set) with ARD (Assessment Reference Date) of 2/21/25, indicates R1 has a BIMS (Brief Interview for Mental Status) score of 03 indicating R1 is severely cognitively impaired. R1 has an activated power of attorney.</p> <p>On 3/26/25 at 3:15 PM, Nursing Home Administrator A (NHA) and Director of Nursing B (DON) indicated they found a grievance binder, but it was empty. DON B indicated the past NHA's were the Grievance Officers. DON B indicated there has been several NHA's recently. DON B and NHA A indicated they did not think there was any grievances for the month of February. Current NHA started 3/4/25. Facility provided surveyor the Grievances for March but was unable to provide anything prior.</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
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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/27/25 at 9:35 AM, Power of Attorney C (POA) indicated she has voiced many concerns regarding overall care. POA C indicated she is concerned her mother is not being offered enough to drink. POA C indicated this has been an ongoing concern. POA C indicated she sent an email on 3/4/25 with concerns. Surveyor reviewed email.</p> <p>On 3/27/25 at 1:58 PM, NHA A indicated facility should be following their Grievance Policy. NHA A indicated POA C's concern should have been documented and followed through as a grievance.</p> <p>The facility did not document a thorough investigation and did not resolve grievances as outlined in the facility policy.</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50228</p> <p>Based on interview and record review, the facility did not complete a thorough investigation in response to allegations of abuse and/or did not report the results of all investigations to the State Agency (SA) within 5 working days of the incident for 2 of 4 (R3 and R2) residents reviewed for abuse.</p> <p>On 2/13/25, the facility became aware of an alleged violation of abuse between R3 and R4. The facility did not interview other residents about the allegation and did not report the results of investigation timely to SA.</p> <p>On 2/16/25, the facility became aware of an alleged violation of abuse between CNA E and R2. The facility did not complete an assessment of R2 and did not report the results of investigation timely to SA.</p> <p>On 3/12/25, the facility became aware of an alleged violation of abuse between a staff member and R2. The facility report the results of the investigation timely to the SA.</p> <p>Evidenced by:</p> <p>The facility's Abuse, Neglect, and Exploitation policy, dated 10/1/22, states, in part: .V. Investigation of Alleged Abuse, Neglect and Exploitation A. An immediate investigation is warranted when suspicion of abuse, neglect, or exploitation, or reports of abuse, neglect or exploitation occur. B.4. Identifying and interviewing all persons, including the alleged victim, alleged perpetrator, witnesses, and others who might have knowledge of the allegations; .6. Providing complete and thorough documentation of the investigation. VI. Protection of Resident The facility will make efforts to ensure all residents are protected from physical and psychosocial harm, as well as additional abuse, during and after the investigation. Examples include, but are not limited to: .B. Examining the alleged victim for any sign of injury, including a physical examination or psychosocial assessment if needed; .VII.B. The administrator will follow up with the government agencies, during business hours, to confirm the initial report was received, and to report the results of the investigation when final within 5 working days of the incident, as required by state agencies.</p> <p>Example 1</p> <p>R3 admitted to the facility on [DATE] and has diagnoses that include, in part: intracranial injury with loss of consciousness (an injury to the brain that causes a temporary or permanent loss of awareness and responsiveness); chronic pain due to trauma; dementia (a decline in mental ability severe enough to interfere with daily life, affecting memory, thinking, and behavior); depression (a mental health condition characterized by persistent feelings of sadness, loss of interest, and low energy levels); anxiety disorder (a group of mental health conditions characterized by excessive and persistent fear or worry, significantly impacting daily life and functioning).</p> <p>R3's MDS (Minimum Data Set), dated 2/28/25, indicates a BIMS (Brief Interview of Mental Status) score of 9, indicating R3 has moderate cognitive impairment.</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R4's MDS, dated [DATE], indicates a BIMS score of 15, indicating R4 is cognitively intact.</p> <p>A facility self-report indicates that on 2/3/25, R3 reported that R4 called R3 a bitch. The report states that the Date Discovered was 2/3/25 and the Report Submitted Date was 2/11/25. The Abuse Investigation's Executive Summary states, in part: On 2/3/25, at approximately 8:00 AM, a verbal altercation occurred in the facility dining room during breakfast time. R3 entered the dining room and was immediately called a bitch by R4 . The investigation was conducted between February 3-7, 2025, and substantiated verbal abuse due to the use of derogatory language and reliable witness accounts.Immediate actions taken: 1. Residents separated immediately 2. Statements obtained 3. Care plan interventions implemented 4. Education provided to R4 5.All required notifications completed.</p> <p>Important to note: the investigation does not show that the facility interviewed other residents to ensure that other residents were not affected by R4's comments.</p> <p>On 3/27/25 at 10:17 AM, Surveyor interviewed SSD D (Social Services Director) and asked if it is considered abuse when a resident calls another resident a name. SSD D stated yes. Surveyor asked what is done when there is an allegation of abuse from a resident. SSD D stated the residents are separated and statements are taken, a self report is started, the police are notified, the affected resident is assessed, staff and other residents are interviewed. Surveyor asked if other residents were interviewed following the incident between R3 and R4. SSD D stated yes, the interviews would be in the file. Surveyor requested the documentation of interviews with other residents. No documentation was provided.</p> <p>On 3/27/25 at 1:58 PM, Surveyor interviewed NHA A (Nursing Home Administrator) and asked if other residents are interviewed when there has been an allegation of resident to resident abuse. NHA A stated yes. NHA A stated that no additional documentation had been found for this incident. Surveyor asked when does the final investigation report need to be submitted following an allegation of abuse. NHA A stated either 7 or 5 days, the computer system tells the date. Surveyor reviewed the facility policy and Misconduct Incident Report instructions and asked if the incident was reported within 5 days. NHA A stated no. Surveyor asked if the facility was expected to submit the final investigation within 5 days. NHA A stated yes.</p> <p>Example 2</p> <p>R2 admitted to the facility on [DATE] and has diagnoses that include, in part; chronic pain syndrome (a condition characterized by persistent pain); depression.</p> <p>R2's MDS (minimum data set), dated 2/27/25, states a BIMS (Brief interview of mental status) score of 15, indicating R2 is cognitively intact.</p> <p>A facility self-report indicates that on 2/16/25, CNA E (Certified Nursing Assistant) called R2 a dope fiend. The report states that psych social support was offered to the resident affected. The report states the Date Discovered was 2/16/25 and the final Report Submitted Date was 2/26/25.</p> <p>Important to note: The report does not indicate that R2 was assessed for psychosocial harm.</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/27/25 at 8:10 AM, Surveyor interviewed SSD D (Social Services Director) and asked if it is considered abuse when a staff member calls a resident a name. SSD D stated yes. Surveyor asked what is done when there is an allegation of abuse from a staff member. SSD D stated the staff member is suspended, the police are notified, a self-report is started, the situation is investigated. Surveyor asked if anything is done for the affected resident. SSD D stated that SSD D talks with them and completes a trauma assessment and a PHQ2-9 (Patient Health Questionnaire-a screening tool for depressed mood and inability to feel pleasure). Surveyor requested documentation of assessments. No documentation was provided.</p> <p>Example 3:</p> <p>R2 admitted to the facility on [DATE] and has diagnoses that include, in part; chronic pain syndrome (a condition characterized by persistent pain); depression.</p> <p>R2's MDS (minimum data set), dated 2/27/25, states a BIMS (Brief interview of mental status) score of 15, indicating R2 is cognitively intact.</p> <p>A facility self-report indicates that R2 is alleging accused employee of hearing the staff member statethey will eat what I give them occurred on 3/11/25. The Report states the date of discovery was 3/12/25 and the final report submitted date was 3/21/25.</p> <p>(of note, the final report should have been submitted on 3/19/25.)</p> <p>On 3/27/25 at 1:58 PM, Surveyor interviewed NHA A (Nursing Home Administrator) and asked if residents are to be assessed at the time of an allegation of abuse. NHA A stated yes. Surveyor asked when does that final investigation report need to be submitted following an allegation of abuse. NHA A stated either 7 or 5 days, the computer system tells the date. Surveyor reviewed facility policy and Misconduct Incident Report instructions and asked if the incident was reported within 5 days. NHA A stated no. Surveyor asked if the facility was expected to submit the final investigation within 5 days. NHA A stated yes.</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>38725</p> <p>Based on interview and record review the facility did not ensure that residents are free of significant medication errors for 1 of 3 residents (R5) reviewed for medication administration.</p> <p>R5 did not have all her medications administered to her in February and March.</p> <p>This is evidenced by:</p> <p>The facility's policy entitled, Administration Procedures for all Medications, states, in part: .Oral Medication Administration Purpose: To administer oral medications in a safe, accurate, and effective manner . Procedures: .I. Chart medication administration on Medication Administration Record Immediately following each resident's medication administration .</p> <p>R5 has the following diagnoses: neoplasm related pain (acute)(chronic), type 2 diabetes mellitus, morbid (severe) obesity due to excess calories, immunodeficiency (weakened immune system), pathological fracture left femur bone break caused by an underlying disease that weakens the bone structure), secondary malignant neoplasm of breast and bone, acute kidney failure, depression, symbolic dysfunctions (social impairment), anxiety disorder, and muscle wasting and atrophy (loss of muscle mass and strength).</p> <p>R5's Physician Orders include:</p> <p>Anastrozole 1 mg (milligram) give 1 tablet by mouth in the morning for cancer.</p> <p>Methadone HCl (hydrochloride) 10 mg given 1 tablet by mouth three times a day for pain.</p> <p>Of note, R5 is on several scheduled medications for pain and has PRN (as needed) medications for pain.</p> <p>R5's February 2025 and March 2025 MAR (Medication Administration Record) indicates the following:</p> <p>Dates with Blanks:</p> <p>Anastrozole- 2/2/25, 2/5/25, 2/7/25, 2/10/25, 2/14/25, 2/18/25, 2/24/25, 3/4/25, 3/10/25, 3/19/25, 3/20/25, and 3/26/25.</p> <p>Methadone- 1400 (2:00 PM) dose- 2/15/25, 2/21/25, 2/24/25, 3/6/25, 3/11/25; and 2000 (8:00 PM) dose- 3/4/25.</p> <p>Marked with a 7-</p> <p>Methadone- all 3 doses- 3/15/25, 3/16/25, 3/17/25, 3/18/25, and 3/19/25.</p> <p>Of note: the MAR Key for 7 is Other/See Nurse Notes.</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/26/25 at 4:00 PM, Surveyor interviewed LPN F (Licensed Practical Nurse). Surveyor asked LPN F in the MAR what does a 7 indicate for medication administration, LPN F said see nurse's note. Surveyor asked LPN F should there be a nurse's note, LPN F replied yes, there should be a note indicating what was going on. Surveyor asked LPN F in the MAR, what does a blank box indicate for medication administration, LPN F stated medication wasn't given.</p> <p>On 3/27/25 at 11:43 AM, Surveyor interviewed LPN G. Surveyor asked LPN G in the MAR what does a 7 indicate for medication administration, LPN G replied see nurses note. Surveyor asked LPN G should there be a nurse's note, LPN G said yes. Surveyor asked LPN G if there isn't a nurse's note, would one suspect that the medication was given, LPN G said no, not technically. Surveyor asked LPN G in the MAR what does a blank box indicate for medication administration, LPN G explained it wasn't signed out, maybe it didn't save. Surveyor asked LPN G if there is a blank box in the MAR do we know if the medication was given or not, LPN G stated no, you are unable to say if given or not. Surveyor asked LPN G have there ever been issues with not having R5's Anastrozole (cancer medication), LPN G said no, we normally have that. Surveyor asked LPN G could there be a negative outcome to R5 if she doesn't receive Anastrozole, LPN G replied I'm sure there could be. Surveyor asked LPN G have there ever been issues with not having R5's Methadone, potentially 3/15/25-3/19/25, LPN G stated yes, we had an issue with her needing prior authorization this month. Surveyor asked LPN G could there be a negative outcome to R5 if she doesn't receive Methadone, LPN G stated it is possible for her to have increased pain, but we offered her the PRN medications she has in place of that and seemed fine.</p> <p>On 3/27/25 at 11:49 AM, Surveyor interviewed RN H (Registered Nurse). Surveyor asked RN H in the MAR what does a 7 indicate for medication administration, RN H said progress note. Surveyor asked RN H should there be a nurse's note, RN H said yes. Surveyor asked RN H if there isn't a nurse's note, would one suspect that the medication was given, RN H replied probably not. Surveyor asked RN H in the MAR what does a blank box indicate for medication administration, RN H stated I don't think it was given. Surveyor asked RN H have there ever been issues with not having R5's Anastrozole, RN H replied maybe run out or need new script. Surveyor asked RN H could there be a negative outcome to R5 if she doesn't receive Anastrozole, RN H said I would assume so. Surveyor asked RN H have there ever been issues with not having R5's Methadone, potentially 3/15/25-3/19/25, RN H stated yes, this needed prior authorization, and we offered her the PRN medication options she has in place. Surveyor asked RN H could there be a negative outcome to R5 if she doesn't receive Methadone, RN H stated potentially for her mental health, but pain-wise she was covered with her PRN medications, they were a good substitute.</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/27/25 at 2:29 PM, Surveyor interviewed DON B (Director of Nursing). Surveyor asked DON B in the MAR what does a 7 indicate for medication administration, DON B said medication wasn't in, resident decided not to take it, or the medication couldn't be found, there should be a note. Surveyor asked DON B would you expect there to be a nurse's note, DON B stated yes. Surveyor asked DON B if there isn't a nurse's note, what would that indicate for that medication, DON B replied can't really say why not given or if medication was not available. Surveyor asked DON B in the MAR what does a blank box indicate for medication administration, DON B stated, you have to assume they didn't give it. Surveyor asked DON B have there ever been issues with not having R5's Anastrozole, DON B said no issues with that, that I am aware of; DON B asked Surveyor if that medication was scheduled at 5:30 AM, Surveyor replied yes; DON B explained that sometimes R5 doesn't want to take medications that early, so DON B believes that AM shift is administering this medication once R5 is awake but not signing it out. Surveyor asked DON B could there be a negative outcome to R5 if she doesn't receive Anastrozole, DON B said I don't know, I'd have to look it up. Surveyor asked DON B have there ever been issues with not having R5's Methadone, potentially 3/15/25-3/19/25, DON B stated yes, that's the one I thought you were going to ask about; insurance requires a prior authorization, where the Provider must call the pharmacy. Surveyor asked DON B could there be a negative outcome to R5 if she doesn't receive Methadone, DON B said R5 didn't go without pain medication, I looked it up, her PRNs were used.</p> <p>R5 did not receive her Anastrozole (cancer medication) and Methadone per Physician orders in February or March.</p>		