

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>525329                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                        | (X3) DATE SURVEY<br>COMPLETED<br><br>07/29/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Rib Lake Health Services                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>650 Pearl St<br>Rib Lake, WI 54470 |                                                 |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                 |                                                 |
| F 0584<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.<br><br><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation and interview, the facility did not ensure each resident has a safe, clean, comfortable, and homelike environment, including, but not limited to, receiving treatment and support for daily living for 5 (R5, R6, R7, R8, and R9) of 7 residents who independently use the East Hall to receive therapy services. For 6 of 13 (R5, R13, R14, R15, R17, and R3) residents residing in the southeast hall who independently ambulate. For 20 of 32 (R5, R6, R10, R20, R11, R7, R4, R12, R13, R1, R8, R14, R9, R2, R15, R16, R17, R18, R19, and R3) residents who have the potential to independently ambulate to the dining room to use the vending machines. The east hall going to the therapy room had cracked, missing, and lifting flooring tiles which have the potential to be an uncleanable surface and a hazard for residents who ambulate independently and use assistive devices. The southeast hall had missing flooring tiles which have the potential to be an uncleanable surface and a hazard for residents who ambulate independently and use assistive devices. The dining room had buckling and lifting flooring tiles near the vending machines which have the potential to be an uncleanable surface and a hazard for residents who ambulate independently and use assistive devices. This is evidenced [NAME] 07/29/26 at 9:30 AM, Surveyor observed on the east hall across from the conference room, 2 yellow caution standing floor signs. Between the 2 yellow caution signs there are 23 square tile floorings that are cracked, missing parts of the tile, and are buckling and move when Surveyor stepped on them. At the end of the east hall is the facility's therapy room. On 07/29/26 at 9:41 AM, Surveyor interviewed Housekeeping C about the broken and missing flooring tiles across from the conference room. Housekeeping C stated for about 1 to 2 years the tile had been pulling up with missing pieces of tile. Every hallway the flooring tiles are broken. Housekeeping C does not know if they are going to be replaced. On 07/29/26 at 10:32 AM, Surveyor interviewed Maintenance Director (MD) E asking if the tile flooring is going to be replaced. MD E stated the tile flooring is not in the building budget to be replaced. Surveyor asked if the missing and broken tiles could be replaced. MD E stated they don't have the same size tiles. Surveyor observed with MD E the missing tile on the southeast wing by the shower room door. The floor appeared to have residual glue remaining on the floor. On 07/29/26 at 11:25 AM, Surveyor observed in the dining room by the soda and candy vending machines, the tile flooring to be buckling and a missing tile that is approximately 4 inches by 4 inches. There are 4 tile strips about 3 feet long that are buckling up and moving when Surveyor steps on the tiles that are located in front of the soda machine. The soda machine had a note on it stating it was out of service. On the right side of the soda machine was a wheeled cart that covered more buckling tiles. On 07/29/26 at 11:30 AM, Surveyor interviewed R3 and R4 about the vending machines and tiles buckling. R3 and R4 stated the tiles have been buckling since they put the vending machines there. Residents will use the machines, but the soda machine is currently broken. On 07/29/26 at 11:45 AM, (continued on next page) |                                                                                 |                                                 |

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|--------------------------------------------------------------------------|-------|-----------|

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| F 0584<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | <p>Surveyor interviewed Dietary Manager (DM) H about the flooring tile by the vending machines. DM H stated the vending machines were put in about a year ago and within a month or so the tiles started to bubble. DM H stated the heat from the machines are drying the tile and glue causing the tile to bubble. DM H stated they will keep a cart next to the machine, so no residents go by bubbling tiles. On 07/29/26 at 1:48 PM, Surveyor interviewed Nursing Home Administrator (NHA) A asking when the tiles will be replaced in the hallways and dining room. NHA A stated they had sent in a capital request for carpeting for the lobby and flooring for part of the nurse's station to be replaced. [NAME] President of Success (VP) K stated the capital request was completed on 07/14/26 and did not include replacement of tiles in hallways. NHA A talked with MD E about replacing tiles. NHA A stated they don't know if there are tiles available since they are very old. On 07/29/26 at 2:49 PM, Surveyor interviewed Physical Therapist (PT) L asking which residents who receive therapy services are able to be mobile without staff assistance to come to the therapy room. PT L stated R5, R6, R7, R8, and R9 are able to come to therapy independently by ambulating with assistive devices, by wheelchair or with a motorized wheelchair. On 07/29/26 at 2:59 PM, Surveyor interviewed Registered Nurse (RN) M about residents able to move independently by ambulating or with assistive devices on the southeast hall. RN M stated on the southeast hall R5, R13, R14, R15, R17, and R3 can move without staff assistance. Surveyor asked which residents in the facility would be able to use the dining room vending machines independently. RN M stated R5, R6, R10, R20, R11, R7, R4, R12, R13, R1, R8, R14, R9, R2, R15, R16, R17, R18, R19, and R3.</p> |                                                                                 |                                                 |