

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/08/2025
NAME OF PROVIDER OR SUPPLIER  Middleton Village Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  6201 Elmwood Ave Middleton, WI 53562	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review the facility did not ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures for 1 of 1 reportable incidents involving 1 of 3 residents reviewed for abuse (R1).An allegation of abuse was made involving facility staff inappropriately touching R1, this was not reported to the State Agency.Evidenced by:The facility's abuse policy states, The facility will have written procedures that include: Reporting of all alleged violations to the administrator, state agency, adult protective services and to all other required agencies within specified timeframes: a.) Immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury or b.) not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury.R1 was admitted to the facility on [DATE].On 9/23/25, the facility became aware of an allegation of sexual abuse regarding R1. A family member of R1 reported to NHA A (Nursing Home Administrator) that a CNA had inappropriately touched R1's private area during routine care. The facility conducted an investigation including interviews and education with staff regarding the facility's abuse policy, which concluded on 9/30/25. As of 10/8/25, a report was still not submitted to the state agency.On 10/8/25 at 2:50 PM, Surveyor interviewed NHA A who stated that that the incident should have been submitted to the state on 9/23/25. NHA A stated that she had received education on the abuse policy and indicated that she should have then submitted a report to the state regarding the 9/23/25 allegation, given that the education of the abuse policy had included timely reporting to the state agency.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<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>(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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility did not have evidence that all alleged violations are thoroughly investigated and did not report the results of all investigations to officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident for 1 of 1 allegations of abuse involving 1 of 3 residents reviewed for abuse (R1).An allegation of sexual abuse was made in which a staff member was accused of inappropriately touching R1's genitals and the facility did not conduct a thorough investigation and report the results to the state survey agency.Based on interview and record review, the facility did not have evidence that all alleged violations are thoroughly investigated and did not report the results of all investigations to officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident for 1 of 1 allegations of abuse involving 1 of 3 residents reviewed for abuse (R1).An allegation of sexual abuse was made in which a staff member was accused of inappropriately touching R1's genitals and the facility did not conduct a thorough investigation and report the results to the state survey agency.Evidenced by:The facility's abuse policy states, The facility will have written procedures that include: Reporting of all alleged violations to the administrator, state agency, adult protective services and to all other required agencies within specified timeframes: a.) Immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury or b.) not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury. the administrator will follow up with government agencies to report the results of the investigation when final within 5 working days of the incident, as required by state agencies. Additionally, The facility will make efforts to ensure all residents are protected from physical and psychosocial harm during and after the investigation. Examples include but are not limited to:* Responding immediately to protect the alleged victim and integrity of the investigation* Examining the alleged victim for any sign of injury, including a physical examination or psychosocial assessment if needed.* Increased supervision of the alleged victim and residents.*Room or staffing changes to protect the residents from the alleged perpetrator.* Protection from retaliation. R1 was admitted to the facility on [DATE].On 9/15/25, a family member of R1 expressed a care concern to NHA A (Nursing Home Administrator), which was documented as a grievance. Facility grievance documentation states R1's family expressed concern with per care on R1 as CNA C (Certified Nursing Assistant) was not wearing gloves when conducting care on 9/14/25. NHA A resolved the complaint by care planning that no males would work with R1 any longer. Additionally, the facility interviewed staff and residents, asking the following questions:1. Has a staff member ever made you feel uncomfortable during personal care?2. If so, did you report it?3. Who do you report concerns about staff to? On 9/23/25, the facility became aware of an allegation of sexual abuse regarding R1. The family member of R1 who made the 9/15/25 grievance had elevated their complaint, saying that on 9/14/25 CNA C inappropriately touched R1's vaginal area during routine care. The facility conducted an investigation including interviews and education with staff regarding the facility's abuse policy, which concluded on 9/30/25. As of 10/8/25, a report was still not submitted to the state agency, nor did the facility report its findings to the state agency at the conclusion of the investigation.The following should be noted:*CNA C continued working with residents during the investigation, despite the sexual abuse allegation. Education on abuse policies did not conclude at the facility until 9/30/25. Facility records indicate CNA C worked on 9/25, 9/26, 9/27, and 9/28. This was confirmed on 10/8/25 at 2:20 PM in an interview with Surveyor. CNA C stated that he gave a statement to the facility but continued working the floor and was not suspended or removed from resident care. When the grievance became elevated to include a sexual nature on 9/23/25, the facility did not conduct any additional interviews or ask any additional questions of staff or residents. On 10/8/25 at 2:50 PM, Surveyor interviewed NHA A who stated that the incident should have been submitted to the state on 9/23/25 when the grievance was elevated. NHA A stated that she had received education on the abuse policy and indicated that she should have then submitted a report to the state regarding the 9/23/25 allegation, including findings report, given that the education of the abuse policy had included timely reporting to the state agency.</p>		