STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525330	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Middleton Village Nursing and Rehab	6201 Elmwood Ave Middleton, WI 53562

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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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Number of residents sampled:5Number of residents cited:5Based on observation, interview, and record review, the facility did not ensure that each resident receives food and drink that is palatable and at a safe and appetizing temperature. This has the potential to affect all residents who resident at the facility. Residents (R45, R18, R76, R15, R65, R3, R58, R74, R34, R54) on 5 of 5 hallways voiced concerns regarding food temperatures and palatability of food served. Surveyor received a test tray, and hot foods were served cold. Evidenced by: The facility policy, Food Preparation and Service, dated 7/14, states, in part;.Food service employees shall prepare and serve food in a manner that complies with safe food handling practices.3. The temperature of foods held in steam tables will be monitored by food service staff. Example 1: On 3/3/26 at 9:50 AM, R45 indicated she eats her meals in her bedroom and hot foods are served cold. R45 indicated she will ask for other items on the menu but does not always get what she has ordered. At 12:45 PM, Surveyor followed back up with R45 to see how her lunch was. R45 indicated the pork chop was cold and difficult to eat. Example 2: On 3/3/26 at 12:21 PM, Surveyor received a lunch test tray. The Pork chop temped at 120 F (Fahrenheit), rice at 123.9 F, and spinach at 128 F. The pork chop was chewy and not palatable. Example 3: On 3/3/26 at 12:03 PM, surveyor interviewed R18 about how the food is in the facility. R18 stated that the food is cold all the time. Example 4: On 3/3/26 at 9:24 AM, Surveyor interviewed R76 asked how the food is in the facility. R76 reported everything is cold. The food comes down on big trays and sits in hallway. Very rare that you get something hot. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Example 5: On 3/3/26 at 1:45 PM, Surveyor interviewed R15 about the food in the facility. R15 states the food is terrible; cold sometimes, not palatable at all. Example 6: On 3/3/26 at 9:24 AM. Surveyor interviewed R65 about how the food is in the facility. R65 states sometimes the food is cold. Not good at all. Example 7 On 3/3/26 at 12:24 PM, Surveyor interviewed R3 regarding his meals. R3 indicated the meat the facility provides is tough to chew and the food is often cold. Example 8 On 3/3/26 at 10:40 AM, Surveyor interviewed R58 regarding her meals. R58 stated the food is never at the right temperature. R58 stated the food is served cold and the portions are small. R58 stated the meat is too tough to eat. Example 9 On 3/4/26 at 8:30 AM, Surveyor interviewed R74 regarding meals. R74 stated he eats in his room. R74 stated the food is bland and cold. Example10 On 3/4/26 at 9:43 AM, Surveyor interviewed R34. R34 stated the food she receives arrives cold, particularly in the morning. R34 also noted the plates are ice cold when they arrive. Example 11 On 3/3/26 at 9:40 AM, Surveyor interviewed R54. R54 stated the food at the facility tastes terrible. On 3/3/26 at 1:51 PM, DM Q (Dietary Manager) indicated hot foods should be served hot and cold foods served cold. DM Q indicated understanding of the above concern. On 3/326 at 4:09 PM, NHA A (Nursing Home Administrator) indicated hot foods should be served hot and cold foods served cold. NHA A indicated understanding of the above concern. The facility did not ensure that each resident receives food and drink that is palatable and at a safe and appetizing temperature.]

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility did not maintain a safe and sanitary environment in which food is prepared, stored, and distributed. This has the potential to affect all 73 residents who reside in the facility.Surveyor observed dietary aide directly touching food with dirty gloves.Evidenced by:The facility policy, Food Preparation and Service, 7/14, states, in part.Food service employees shall prepare and serve food in a manner that complies with safe food handling practices.5. Food preparation staff will adhere to proper hygiene and sanitary practices to prevent the spread of food borne illness.6. Bare hand contact with food is prohibited. Gloves must be worn when handling food directly. However, gloves can also become contaminated and/or soiled and must be changed between tasks. Disposable gloves are single-use items and shall be discarded after each use.On 3/3/26 at 12:06 PM, Surveyor was observing staff plate food for lunch. Surveyor observed DA W (Dietary Aide) wash hands, put on gloves, touch the counter, lunch tickets and the tray cart, and then directly touch the pork chops while wearing the same gloves. DA W indicated you should have clean gloves on when handling food.On 3/3/26 at 1:57 PM, DM Q (Dietary Manager) indicated staff should use tongs or clean gloves when handling food. DM Q indicated staff should wash hands, put a clean pair of gloves on, and then directly handle food. At 2:48 PM, DM Q indicated staff were educated and an in-service was provided to all staff regarding safe food handling.On 3/3/26 at 4:09 PM, NHA A (Nursing Home Administrator) indicated understanding of the above concern.The facility did not maintain a safe and sanitary environment in which food is prepared, stored, and distributed.

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F 0838 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies. Based on interview and record review, the facility did not ensure the facility wide assessment developed by the facility included all relevant details to ensure the facility provided care and services to residents to meet their individual needs within the facility's identified resources. This has the potential to affect all 73 residents residing in the facility.The facility assessment does not include information on staffing levels needed for specific shifts.This is evidenced by:Surveyor requested a facility assessment policy; however, staff reported to Surveyor that the facility does not have a facility assessment policy.Surveyor reviewed the facility assessment, last updated 2/26/26, as part of a resident investigation. Surveyor found that the facility assessment does not contain information on staffing levels needed for specific shifts.The facility assessment states, in part: .PurposeThe purpose of the assessment is to determine what resources are necessary to care for residents competently during both day-to-day operations and emergencies. Use this assessment to make decisions about your direct care staff needs, as well as your capabilities to provide services to the residents in your facility.The intent of the facility is for the facility to evaluate its resident population and identify the resources needed to provide the necessary person-centered care and services the residents require.Staffing plan.*This is building specific. The facility uses the staffing ladders method to ensure appropriate staffing is being followed per mandatory federal regulation.Example 1. Evaluation of overall number of facility staff needed to ensure a sufficient number of qualified staff are available to meet each resident's needs. Enter number of staff needed or an average or range.Direct care staffDirect care staff is calculated based upon acuity of resident needs and ADL (Activities of Daily Living) index scores; flexibility is allowed due to the nature of admissions and discharges for short term and long term care resident needs reflected in the activities of daily living index reflected on the MDS (Minimum Data Set). Staffing is adjusted based upon resident clinical needs.Licensed Nurses, LPN (Licensed Practical Nurse), and RN (Registered Nurse).*Of note: staffing levels needed for specific shifts are not indicated.On 3/5/26 at 2:52 PM, Surveyor interviewed NHA A (Nursing Home Administrator). Surveyor asked NHA A what is the yearly workflow process for facility assessments. NHA A indicates facility assessment reviews occur yearly with additional reviews conducted more frequently for needed changes. NHA A also indicates concerns or changes can be identified by any staff member. These concerns are then brought to the IDT (Interdisciplinary Team) for review and to make changes to the facility assessment. Surveyor asked NHA A which staff members are involved in the facility assessment review process. NHA A indicates the IDT and any staff member who identifies a need. Surveyor asked NHA A if facility staffing levels for each shift should be included in the facility assessment. NHA A indicates she needs to review her policies and procedures and will let the Surveyor know.Of note: The listed names for review include NHA A, DON B (Director of Nursing), a Governing Body Representative from the facility's corporate organization, and the facility Medical Director. Additionally, NHA A did not further respond to the question if staffing levels for each shift should be included on the facility assessment.

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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 0584 Level of Harm - Minimal harm or potential for actual harm 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility did not ensure each resident had the right to a safe, clean, comfortable, and homelike environment for 3 of 3 shower rooms, in use, affecting a pattern of residents who use the shower rooms and 3 (R3, R51, and R58) of 23 sampled residents. R3 refuses his showers because the showers are too cold.R51 stated the shower is cold.R58 has not showered in 3 months because the shower does not have hot water.The water temperature in 3 shower rooms that are in use, did not have adequate hot water.This is evidenced by:The facility policy Water Temperatures, Safety of, dated 12/09, includes: Maintenance staff is responsible for checking thermostats and temperature controls in the facility and recording these checks in a maintenance log. Maintenance staff shall conduct periodic tap water temperature checks and record the water temperature in a safety log.Example 1R3 admitted to the facility on [DATE] with diagnoses including morbid obesity, limitation of activities due to disability, unspecified fall, reduced mobility, and muscle weakness. R3's Brief Interview for Mental Status (BIMS) on 12/15/25 has a score of 15, indicating R3 is cognitively intact.On 3/3/26 at 12:24 PM, Surveyor interviewed R3 regarding his showers. R3 stated he is supposed to get a shower twice a week. R3 stated sometimes they (the facility) run out of hot water then he has to refuse the shower.Example 2R51 admitted to the facility on [DATE] with diagnoses including multiple sclerosis (a chronic autoimmune disease that disrupts the signal transmission between the brain and spinal cord) and need for assistance with personal care.R51's Brief Interview for Mental Status (BIMS) on 1/2/26 has a score of 12, indicating R51 has cognitive impairment.On 3/3/26 at 9:34 AM, Surveyor interviewed R51. R51 stated when she takes a shower it is on the colder side. R51 stated the water gets colder later in the day and prefers her showers in the morning. R51 stated by the end of the shower when she is getting rinsed off, she has to grit my teeth because the water is cold.Example 3R58 admitted to the facility on [DATE] with diagnoses including diabetes type 2 and arthritis.R58's Brief Interview for Mental Status (BIMS) on 2/19/26 has a score of 14, indicating R58 is cognitively intact.On 3/3/26 at 10:40 AM, Surveyor interviewed R58. R58 indicated she has not had a shower in at least 3 months because they (the facility staff) tell me there is no hot water and then ask if I want a shower. R58 stated she refuses her showers because there is no hot water and does not want to shower in cold water.Example 4 The facility provided Surveyor with Grievance forms related to the cold-water temperature in the shower rooms.On 2/10/26, a grievance was filed. The concern on the grievance form states: .several resident/staff complaints about water in shower room being cold. The resolution states, hot water heater temping appropriate at site of heater. Maintenance aware of ongoing concern and continue to remedy situation.On 3/5/26 at 9:01 AM, Surveyor interviewed MT C (Maintenance). MT C indicated he does water temperature checks in resident rooms. MT C stated he does not check the water temperature in the shower rooms. MT C indicated when he checks the water temperature in the resident rooms, he is looking for at least 100 degrees Fahrenheit.MT C provided surveyor with the temperature logs obtained from resident rooms. On 1/9/26, MT C obtained water temperatures from a sample of resident rooms on each hallway. A total of 15 rooms were sampled. The water temperature ranged from 108.4 - 113.6 degrees Fahrenheit. On 1/16/26, MT C obtained water temperatures from a sample of resident rooms on each hallway. A total of 15 rooms were sampled. The water temperature ranged from 108.6 - 115.2 degrees Fahrenheit. On 1/23/26, MT C obtained water temperatures from a sample of resident rooms on each hallway. A total of 15 rooms were sampled. The water temperature ranged from 80.2 - 111.6 degrees Fahrenheit.On 1/26/26, MT C obtained water temperatures from a sample of resident rooms on each hallway. A total of 15 rooms were sampled. The water temperature ranged from 87.8 - 93 degrees Fahrenheit. On 2/3/26, MT C obtained water temperatures from a sample of resident rooms on each hallway. A total of 15 rooms were sampled. The water temperature (continued on next page)

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	525330	A. Building B. Wing	03/05/2026

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	ranged from 91.2 - 98.7 degrees Fahrenheit. On 2/12/26, MT C obtained water temperatures from a sample of resident rooms on each hallway. A total of 15 rooms were sampled. The water temperature ranged from 89.8 - 110.5 degrees Fahrenheit. On 2/20/26, MT C obtained water temperatures from a sample of resident rooms on each hallway. A total of 15 rooms were sampled. The water temperature ranged from 71.7 - 83.1 degrees Fahrenheit. On 2/27/26, MT C obtained water temperatures from a sample of resident rooms on each hallway. A total of 15 rooms were sampled. The water temperature ranged from 92.3 - 102.6 degrees Fahrenheit. On 3/4/36 at 1:07 PM, Surveyor observed the water temperature in the shower room on hallway 4. Surveyor turned the shower on full hot water. After 5 minutes, the water temperature was 91.2 degrees Fahrenheit. On 3/4/36 at 1:13 PM, Surveyor observed the water temperature in the shower room on hallway 3. Surveyor turned the shower on full hot water. After 5 minutes, the water temperature was 78.9 degrees Fahrenheit. On 3/4/36 at 1:20 PM, Surveyor observed the water temperature in the shower room on hallway 2. Surveyor turned the shower on full hot water. After 5 minutes, the water temperature was 84.3 degrees Fahrenheit. While taking the temperature, Surveyor noted the water temperature felt colder. The water temperature was fluctuating down to 78.9. On 3/5/26 at 9:01 AM, Surveyor interviewed MT C. MT C indicated he contacted two plumbers. MT C provided an email he sent to one plumber. The email was dated 2/23/26 at 8:08 AM. Email subject line: Estimate for mixing valve. Body of the email: Hello, we have not had adequate hot water in our facility for several weeks and think this must be the issue. The plumber came out on 2/24/26 and gave an estimate for a mixing valve replacement. A different plumbing service came out on 3/3/36 for another estimate.On 3/4/26 at 2:20 PM, Surveyor interviewed CNA D (Certified Nursing Assistant) regarding the shower room water temperature. CNA D indicated that the water is too cold to give residents a shower. CNA D stated the water temperature has been too cold for at least 3 weeks.On 3/4/26 at 3:08 PM, Surveyor interviewed NHA A (Nursing Home Administrator). NHA A indicated she became aware of the cold-water temperature in the shower rooms on 2/5/26. NHA A indicated MT C was adjusting water temperatures and the facility received another concern from residents and staff that the water was still cold. NHA A stated they have had two plumbers come to the facility and give estimates, but the facility is trying to figure out what needs to be fixed before moving on with a plumber.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility did not ensure that a resident who is unable to carry out activities of daily living (ADLs) receives the necessary services to maintain good nutrition, grooming, personal and oral hygiene for 5 of 23 sampled Residents (R3, R14, R29, R48, and R58). R3 refuses his showers because the showers are too cold. R58 has not showered in 3 months because the shower does not have hot water. R29 did not receive all showers as scheduled. R14 did not receive all showers as scheduled. R48 did not receive all showers as scheduled and has not been shaved. This is evidenced by: The facility's policy Activities of Daily Living (ADLs), dated 5/7/20, includes: Based on the comprehensive assessment of a resident and consistent with the resident's needs and choices, our facility provides necessary care and services to ensure that a resident's activities of daily living. In accordance with the comprehensive assessment, together with respect for individual resident needs and choices our facility provides care and services for the following activities: *Hygiene: Bathing, dressing, grooming and oral care *Mobility: Transfer and ambulation, including walking *Elimination: Toileting *Dining: Eating, including meals and snacks. Monitor and evaluate the resident's response to care plan interventions and treatment. On 3/3/26 at 12:40 PM, CNA V (Certified Nursing Assistant) indicated the water temps in the shower rooms have been an issue for a few weeks. CNA V indicated it has been reported to maintenance. Example 1 R3 admitted to the facility on [DATE] with diagnoses including morbid obesity, limitation of activities due to disability, unspecified fall, reduced mobility, and muscle weakness. R3's Brief Interview for Mental Status (BIMS), on 12/15/25, has a score of 15, indicating R3 is cognitively intact. On 3/3/26 at 12:24 PM, Surveyor interviewed R3 regarding his showers. R3 stated he is supposed to get a shower twice a week. R3 stated he looks forward to his showers. R3 stated sometimes they (the facility) run out of hot water then he has to refuse the shower. R3's shower schedule is twice a week on day shift, Tuesdays and Fridays. R3's February CNA documentation for showers indicate R3 did not receive a shower in the month of February. R3 did receive a bed bath on 2/10/26. Example 2 (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	R58 admitted to the facility on [DATE] with diagnoses including diabetes type 2 and arthritis. R58's BIMS, on 2/19/26, has a score of 14, indicating R58 is cognitively intact. On 3/3/26 at 10:40 AM, Surveyor interviewed R58. R58 indicated she has not had a shower in at least 3 months because they (the facility staff) tell me there is no hot water and then ask if I want a shower. R58 stated she refuses her showers because there is no hot water and R58 does not want to shower in cold water. R58's shower schedule is twice a week on the evening shift, Wednesdays and Saturdays. R58's February CNA documentation for showers indicate R58 did not receive a shower in the month of February. R58 did receive 3 bed baths in the month February on 2/4/26, 2/25/26, and 2/28/26. Example 3 On 3/3/26 at 12:35 PM, HN X (Hospice Nurse) indicated the water in the shower rooms are cold and that it's been going on for a few weeks now. HN X indicated she just assisted R29 with a shower and she screamed. On 3/3/26 at 12:45 PM, R29 indicated her shower was cold. R29's showers are scheduled on Sunday and Thursday AM (day shift). Documentation shows the following: Sunday dates for the past month are: 2/1/26, 2/8/26, 2/15/26, 2/22/26, and 3/1/26. Thursday dates for the past month are: 2/5/26, 2/12/26, 2/19/26, and 2/26/26. Bed baths were documented on: 2/5/26, 2/8/26, 2/12/26, 2/15/26, 2/22/26, 2/26/26, and 3/1/26. NA (not applicable) was documented on: 2/19/26. No shower/bath documentation for: 2/1/26 and 2/19/26. Example 4 On 3/5/26 at 10:48 AM, Surveyor interviewed R14. Surveyor asked R14 when you have a bed bath, does your hair get washed; R14 said yes. Surveyor asked R14 how they wash his hair, R14 said with washcloths. Surveyor asked R14 if nail care is completed with shower/bath(s), R14 replied usually. R14's showers are scheduled on Tuesday and Friday AM. Documentation shows the following: Tuesday dates for past month: 2/3/26, 2/10/26, 2/17/26, 2/24/26, and 3/3/26. Friday dates for past month: 2/6/26, 2/13/26, 2/20/26, and 2/27/26. Bed baths documented on: 2/13/26, 2/20/26, 2/24/26, and 2/27/26. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	NA (not applicable) was documented- 2/10/26. No shower/bath documentation for: 2/3/26, 2/6/26, 2/10/26, 2/17/26, and 3/3/26. Example 5 R48's showers are scheduled on Monday AM and Thursday PM. Monday dates for past month: 2/2/26, 2/9/26, 2/16/26, 2/23/26, and 3/2/26. Thursday dates for past month: 2/5/26, 2/12/26, 2/19/26, and 2/26/26. Bed baths documented on: 2/3/26, 2/12/26, 2/16/26, 2/23/26, and 2/26/26. Resident refusal documented- 2/7/26, 2/10/26, and 2/19/26. No shower/bath documentation for: 2/2/26, 2/9/26, and 3/2/26. On 3/5/26 at 8:57 AM, Surveyor interviewed R48. It is important to note that R48 continues to have long, approximately 0.5-inch-long facial hair still present to her chin. Surveyor asked R48 if she wanted to shower or if the bed bath was ok, R48 replied that she used to go to the shower but hasn't in a long time they do a bed bath which is OK, but they don't wash her hair. Surveyor asked R48 in the past when she received bed baths, how did they wash her hair; R48 stated they used to have those netting-like caps, but they haven't had them in a long while; I would just like to feel clean, and I don't. On 3/4/26 at 2:20 PM, Surveyor interviewed CNA D (Certified Nursing Assistant) regarding the shower room water temperature. CNA D indicated that the water is too cold to give residents a shower. CNA D stated the water temperature has been too cold for at least 3 weeks. CNA D indicated staff may offer a bed bath if the resident does not want to shower. On 3/4/26 at 2:59 PM, Surveyor interviewed DON B (Directory of Nursing) regarding showers and ADLs. DON B indicated she was not aware residents were refusing showers because of cold water. DON B indicated staff should notify DON B when residents do not receive a shower. DON B indicated shaving and nail care is part of ADLs and staff should be offering and providing those services to residents as that is part of the ADL routine. On 3/5/26 at 10:51 AM, Surveyor interviewed CNA N (Certified Nursing Assistant). Surveyor asked CNA N if a shower/bath were documented as NA in the computer, what does that mean or what would be the reason someone would have their shower/bath marked like that, CNA N indicated she does not know why you would document as NA. Surveyor asked CNA N if a bed bath is given, does the resident's hair get washed, CNA N said yes if they want it washed. Surveyor asked CNA N how they wash someone's hair when a bed bath is given; CNA N said they could take them to the beauty shop but not many do that, they used to have caps to wash, or they wash their hair with washcloths.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility did not ensure drugs and biologicals are labeled in accordance with currently accepted professional standards for 3 of 3 out of 5 medication carts reviewed for medication storage.The Harbor Hall medication cart had an undated open insulin pen for R36. Additionally, Surveyor located a box of 3 warm, undated GLP-1 pens without a resident label fixed to the box or the pens.The St. [NAME] Hall medication cart had an illegible date on R67 inhaler.The Depot Hall medication cart had an open and undated ophthalmic solution (eye drops) for R62. Additionally, there was an undated, open insulin pen for R19 and an open, undated inhaler for R17.As evidenced by:The facility policy entitled, Storage of Medications, dated 4/2007, states, in part: Policy StatementThe facility shall store all drugs and biologicals in a safe, secure, and orderly manner.Policy Interpretation and Implementation.3. Drug containers that have missing, incomplete, improper, or incorrect labels shall be returned to the pharmacy for proper labeling before storing.4. The facility shall not use discontinued, outdated, or deteriorated drugs or biologicals. All such drugs shall be returned to the dispensing pharmacy or destroyed.9. Medications requiring refrigeration must be stored in a refrigerator located in the drug room at the nurses' station or other secured location.Example 1:On 3/3/26 at 10:19 AM, Surveyor observed the Harbor Hall medication cart with RN P (Registered Nurse). Surveyor found a Humalog 100 insulin pen with no open date, belonging to R36. In the bottom, right drawer, Surveyor found a box of 3 Mounjaro (GLP-1 medication) pens. The box and the pens did not contain resident identifiers. The box and pens were also warm to the touch.Of note: According to the Food and Drug Administration Medication Guide, Mounjaro single-patient single-dose and multi-dose pens should be stored in the refrigerator between 36 F to 46 F or at room temperature. Single-dose pens should only be kept at room temperature for up to 21 days. Multi-dose pens should only be kept at room temperature for up to 30 days. Source: https://www.accessdata.fda.gov/drugsatfda_docs/label/2026/215866s009lbl.pdf#page=25Example 2:On 3/3/26 at 10:34 AM, Surveyor observed the St. [NAME] medication cart with RN P (Registered Nurse). Surveyor found an inhaler in a box labeled Breya (medication that opens airways to help with breathing) belonging to R67. The inhaler had an illegible open date written on the inhaler.On 3/3/26 at 10:46 AM, Surveyor interviewed RN P. Surveyor asked RN P if she could read the open date written on the inhaler. RN P states, no.Example 3:On 3/3/26 at 11:17 AM, Surveyor observed the Depot Hall medication cart with ADON O (Assistant Director of Nursing). Surveyor found a ketorolac ophthalmic solution (Anti-inflammatory and pain medication eye drops) belonging to R62 with no open date. Surveyor also found an Advair inhaler (reduces airway inflammation and relaxes airway muscles) belonging to R17 with no open date. Additionally, Surveyor found an Lispro insulin pen belonging to R19 with no open date.(Of note: Advair should be used within 30 days after opening the foil pouch or protective packaging due to the medication begins to degrade due to exposure to air and moisture.)On 3/3/26 at 11:20 AM, Surveyor interviewed ADON O. Surveyor asked ADON if medications such as ophthalmic solutions, inhalers, and insulin pens should be labeled with an open date. ADON O indicates, yes, everything should be dated.On 3/3/26 at 4:16 PM, Surveyor interviewed DON B (Director of Nursing). Surveyor asked DON B if there is a process or procedure for checking medication carts for things like expired or unused medications. DON B indicates the facility does routine medication cart audits and they use a first-in first-out system for rotation. DON B also expects staff to check dates while administering medications, and medications should be removed from the cart if they are expired. Surveyor asked DON B what the expectation is for staff who identify medications or insulin that is unlabeled or have no open dates. DON B indicates she would expect these medications to be labeled with an open date if they are open. Surveyor asked DON B if inhalant (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525330	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	medications should have an open date. DON B indicates she would expect these medications to be labeled with an open date if they are open. Surveyor asked DON B if ophthalmic solutions should have an open date. DON B indicates she would expect these medications to be labeled with an open date if they are open. Surveyor asked DON B if open dates should be legible. DON B indicates, yes, however legibility is subjective.

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F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility did not ensure each resident has the right to be fully informed in a language that he or she can understand of his or her total health status, including but not limited to, his or her medical condition for 1 of 23 sampled residents (R84).The Facility does not ensure R84 is receiving communication in a language he can understand.As evidenced by:On 3/3/26 at 3:27 PM, Surveyor interviewed R84. Surveyor asks R84 if he is concerned about anything. R84 indicated he has trouble communicating with staff and wants them to speak with him in Spanish. R84 also indicated he only speaks a little English.(Of note: Surveyor observed R84 using hand signals when trying to converse with Surveyor along with having word-finding difficulty for the word pain.)The facility policy titled, Translation and/or Interpretation of Facility Services, dated 3/2012, states, in part: Policy StatementThis facility's language access program will ensure that individuals with limited English proficiency (LEP) shall have meaningful access to information and services provided by the facility.Policy Interpretation and Implementation.3. The coordinator of this facility's language access program is the Director of Social Services, or his/her designee.4. All LEP persons shall receive a written notice in their primary language of their rights to obtain competent oral translation services free of charge. If written notice is not possible, such notice shall be given orally.7. Written translation of vital information is available in the following languages at this time.(Of note: List is blank)R84 was admitted to the facility on [DATE] with diagnoses including traumatic hemothorax (blood collects in the space between the lung and chest wall), multiple fractures of ribs of left side, paranoid schizophrenia (schizophrenia characterized by prominent paranoia and delusions), chronic diastolic (congestive) heart failure (CHF; failure of heart to pump blood adequately), anxiety disorder, developmental disorder of scholastic skills.R84's admission Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 3/4/26, indicates R84 has a Brief Interview for Mental Status (BIMS) score of 10 out of 15 indicating R84 is moderately cognitively impaired. Section A indicates R84's preferred language is Spanish and that he needs or wants an interpreter to communicate with a doctor or health care staff. Section E indicates R84 experienced behavioral symptoms such as verbal behavioral symptoms directed towards others (examples: threatening, screaming, or cursing at others) and other behavioral symptoms not directed at others (examples: throwing objects, hitting or scratching self, or disruptive sounds) for 1-3 days during the assessment period.R84's Comprehensive Care Plan indicates a Focus for a communication problem related to a language barrier. R84's primary language is indicated to be Spanish and the date initiated is 3/3/26. The goal for this focus is for R84 to be able to make basic needs known by utilizing the translation line on a daily basis through the review date. The date initiated for this goal is 3/3/26 and the target date is 3/9/26. The only intervention listed states: COMMUNICATION: [R84's Name] prefers to communicate in Spanish. Utilize translation service. This intervention was initiated on 3/3/26.R84's Certified Nursing Assistant (CNA) Kardex (documentation system to summarize and organize key resident information) states, in part: COMMUNICATION: [R84's Name] prefers to communicate in Spanish. Utilize translation service.On 2/19/26 at 4:10 PM, a Progress Note is written that states, in part: . Language: Spanish [sic]. Resident does need or want an interpreter to communicate with a doctor or health care staff.On 3/5/26 at 9:39 AM, Surveyor observed the outside of the closet door in R84's room. A sign was present that directed staff to download a translator app onto their phones and the log-in information for the facility's account.On 3/5/26 at 9:45 AM, Surveyor interviewed CNA V (Certified Nursing Assistant). Surveyor asked CNA V how long she has been working at the facility. CNA V indicated a little over a year. Surveyor asked CNA V which hall she usually works on when at the facility. CNA V indicated she usually works in R84's hall. Surveyor asked CNA V if R84 speaks English. CNA V indicated R84 speaks very little English, but he can tell you if he is wet or what he wants to drink. CNA V also noted R84's sister comes often to help translate, but for the most part the communication (continued on next page)

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	525330	A. Building B. Wing	03/05/2026

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F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	from R84 is not the greatest.On 3/5/26 at 9:51 AM, Surveyor interviewed LPN L (Licensed Practical Nurse). Surveyor asked LPN L how long he has worked at the facility. LPN L indicated since 2021. Surveyor asked LPN L which hall he usually works in when at the facility. LPN L indicated he moves around between the halls. Surveyor asked LPN L if R84 speaks English. LPN L indicated he would say no. LPN L also indicated R84 mostly points when he wants something. LPN L then demonstrated when R84 wants to be boosted up in bed. LPN L held both thumbs up and made an upward motion with both hands. Surveyor asked LPN L if the facility has a translator or translator line available for staff. LPN L indicated the facility has a translator line, but they only use it if they need to communicate more.On 3/5/26 at 10:50 AM, Surveyor interviewed COTA T (Certified Occupational Therapy Assistant) and PTA U (Physical Therapy Assistant). Surveyor asked COTA T and PTA U if R84 can speak English. COTA T and PTA U indicated R84 can speak broken English and can answer basic yes or no questions. PTA U also indicated they know some basic Spanish, then demonstrated by speaking several basic terms Surveyor understood to be in the Spanish language. COTA T and PTA U also indicated they believe R84 understands most things they say or ask. Additionally, R84's sister visits frequently and can help translate. Surveyor asked COTA T and PTA U if the facility has a translator available to staff. COTA T and PTA U stated yes.On 3/5/26 at 10:55 AM, Surveyor interviewed OT S (Occupational Therapist). Surveyor asked OT S if she has worked with R84. OT S indicated she only completed R84's initial evaluation. Surveyor asked OT S if she utilized a Spanish translator when she completed R84's initial evaluation. OT S indicated no. Surveyor asked OT S if R84's sister was present for the evaluation. OT S indicated no.Surveyor reviewed R84's admission occupational therapy evaluation dated 2/19/26. This evaluation includes functional assessments such as eating, dressing, toileting hygiene, and bathing. The evaluation also includes assessment of extremity range of motion, balance, pain, and sensory processing.On 3/5/26 at 10:59 AM, Surveyor interviewed AD R (Activity Director). Surveyor asked AD R if R84 participates in activities. AD R indicated he mostly listens to music and doesn't really participate in group activities. AD R also noted R84 prefers to be in his room sleeping or resting. Surveyor asked AD R if R84 speaks English. AD R indicated yes, but otherwise staff use a translator.On 3/5/26 at 11:01 AM, Surveyor interviewed SW M (Social Worker). Surveyor asked SW M if R84's sister attends his care conferences. SW M indicated she does and usually translates for staff. Surveyor asked SW M if she completed admission assessments with a translator. SW M indicated she completed those assessments with the language line (translator). Surveyor asked SW M if R84 ever reported concerns to her that staff were not using Spanish translators to communicate with him. SW M stated no.On 3/5/26 at 2:52 PM, Surveyor interviewed DON B (Director of Nursing). Surveyor asked DON B if R84 speaks English. DON B indicated R84 does have the ability to communicate basic needs and has the ability to be understood and understand English. Surveyor asked DON B if she expects staff to use the language line (Translator) for communication with R84. DON B indicated, yes, for more extensive conversation and less so for basic needs. Surveyor asked DON B if she has personally been made aware of any grievances from R84 or his Healthcare Power of Attorney regarding his communication with staff. DON B stated no. Facility staff are aware R84 needs a translator as R84 speaks Spanish. The facility did not ensure R84 receives communication in his preferred language or a language R84 is able to understand.

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	525330	A. Building B. Wing	03/05/2026

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not ensure the residents' right to formulate an advanced directive in 1 of 23 sampled residents reviewed (R76) for advanced directives. R76 is a full code with corresponding paperwork in the medical chart. She has no advanced directive in the medical chart. No evidence of discussions regarding advanced care planning, other than code status, was noted to be in R76's medical record. This is evidenced by: The facility policy Advance Directives revised 4/2013 states in part: The interdisciplinary team will review annually with the resident his or her advance directive to ensure that such directives are still the wishes of the resident. Such reviews will be made during the annual assessment process and recorded on the resident assessment instrument (MDS). R76 had an initial admission date of [DATE] and a current code status of Cardiopulmonary Resuscitation (CPR). R76's Minimum Data Sheet (MDS) dated [DATE] indicates a Brief Interview for Mental Status (BIMS) summary score of 14, cognitively intact. On [DATE] at 9:12 AM, Surveyor asked R76 have you ever talked with anyone regarding advanced directives. R76 indicated no, I wanted to see a social worker, but no one ever came. Surveyor asked have you ever had a care conference. R76 indicated she had one with therapy but never talked about advance directives. On [DATE] at 11:43 AM, Surveyor interviewed SSD M (Social Services Director) Surveyor asked SSD M How often do you have care conferences. SSD M replied care conferences-as often as I can. I (SSD M) try to do them quarterly but with me being the only one it's hard. Surveyor asked what is covered in care conferences. SSD M stated overall sense of how they are doing, medication changes, code status, falls, psych services, wounds, skin issues if they have them, and health drive services. Surveyor asked if they would discuss advanced directives. SSD M stated we do talk about POA's (Power of Attorney) at each care conference. Surveyor asked if SSD M has documentation about each care conference. SSD M stated that she would look for it. On [DATE] at 2:23 PM SSD M stated that she was unable to find any documentation for care conferences or discussion regarding advanced directives. Surveyor asked if she had talked with R76. SSD M stated no, but I am going to follow up with her. On [DATE] at 3:45 PM Surveyor asked NHA A (Nursing Home Administrator) would you expect the social worker to have a conversation with residents about advance directives? NHA A replied I think it could be a conversation. Surveyor asked NHA A if she would expect there to be documentation of this discussion, NHA A replied, yes, I would expect there to be documentation.

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	525330	A. Building B. Wing	03/05/2026

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not maintain medical records on each resident that are complete, accurately documented, readily accessible, and systematically organized in accordance with accepted professional standards and practices for 1 resident (R18) of 23 residents sampled. R18 experienced an incident involving a transfer and sustained a fracture. Staff did not document this incident in the medical record. Evidenced by:The Facility Policy titled, Charting and Documentation includes, in part:Policy Statement: Any changes to the residents' medical or mental condition shall be documented in the residents' medical chart. All incidents, accidents, or changes in the residents' condition must be recorded. R18 was admitted to the facility on [DATE] with diagnoses that include Type II diabetes (a condition where your body has trouble turning the food you eat into energy), anemia with chronic kidney disease (your blood doesn't have enough healthy red blood cells to carry oxygen through your body), age-related osteoporosis (age related bone degeneration), and hemarthrosis, right knee (bleeding into a joint). On 3/4/26 at 2:50 PM, Surveyor interviewed R18, who reported that on 2/6/26 she was being transferred from her wheelchair to the bed and her leg got caught in the wheelchair. R18 states she did not fall and the CNA was able to get her over to the bed. R18 also states she had a lot of pain, but she couldn't get staff to send her to the emergency room. Surveyor reviewed R18's medical record and found no indication related to the details of R18's leg becoming caught between her wheelchair and the bed.The first note related to this incident in the medical record was on 2/7/26 at 3:05 PM, in a progress note with the heading E Mar general note stating Resident complained of her right knee hurting this morning, ringing the call light repeatedly and stating she wants to go to the hospital. Assessment completed. She was given her morning medications (acetaminophen) to help her discomfort. Used non pharmalogical interventions (ice pack) which gave her relief, and she was able to sleep.The next progress note for R18 was on 2/8/26 when she was complaining of pain and the facility called her son, her power of attorney, at 7:00 AM and he didn't return the call until 10:00 AM and gave the ok for R18 to go to the hospital. She returned from the hospital at approximately 10:45 PM with a diagnosis of Right Tibial Plateau fracture.On 3/5/26 at 4:55 PM, Surveyor interviewed DON B (Director of Nursing). Surveyor asked would you have expected staff to write progress notes about what happened. DON B indicates the facility completed risk management paperwork, which DON B indicates is an internal document. DON B also indicates R18's notes discuss R18's pain and being sent out to the hospital. Additionally, R18 was already being monitored daily for pain. A Risk Management form was filled out by DON B on 2/8/26. (Of note: The Risk Management form is not a part of the medical record.)There is no documentation regarding an incident or monitoring of R18 after an event occurred within R18's medical record.

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	525330	A. Building B. Wing	03/05/2026

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F 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services. Based on interview and record review, the facility did not ensure hospice collaboration and communication processes were established to ensure continuity of care between hospice and the facility for 1 of 1 resident (R11) reviewed for hospice.R11's current hospice plan of care and visit notes were not available to facility staff.As evidenced by:R11 was administered to the facility on 2/13/25 with diagnoses including end stage renal disease (kidney failure in which the kidney's no longer function well enough to sustain life), type 2 diabetes mellitus, infection and inflammatory reaction due to indwelling urethral catheter, obstructive and reflux uropathy (urine flow is blocked and backs up into the kidneys), and retention of urine.R11's Quarterly Minimum Data Set (MDS) with Assessment Reference Date (ARD) 12/22/25 indicates a Brief Interview for Mental Status score of 10 out of 15, indicating R11 has a moderate cognitive impairment. Section H indicates R11 has an indwelling catheter. Section O indicates R11 is receiving hospice care.R11's Physician Orders include:[Organization Name] hospice services in place d/t (due to) diagnosis of End Stage Renal Disease. Start date: 2/14/25. Active order.R11's Comprehensive Care Plan indicates:Focus: R11 has a terminal/end stage prognosis r/t (related to) dx (diagnosis) of end stage renal disease. Date initiated: 3/28/25.Interventions:Hospice and facility will coordinate plans of care to manage symptoms such as nausea, agitation, pain, uncomfortable breathing, pressure ulcer prevention interventions, nutrition and hydration needs, and psychosocial interventions. Date initiated: 3/28/25.Hospice case manager will collaborate with wound care nurse r/t (related to) skin integrity issues. Date initiated: 3/28/25.Notify [Organization Name] hospice of changes in condition. Date initiated: 3/28/25.Resident will be communicated with by the hospice case manager for routine updates. Facility will contact Hospice as needed. Date initiated: 3/28/25.Encourage R11 to express feelings, listen with non-judgmental acceptance, compassion. Date initiated: 3/28/25.Encourage support system of family and friends. Date initiated: 3/28/25.On 3/4/26, Surveyor reviewed the facility hospice binders. No hospice binder was able to be located for R11. Surveyor also reviewed the facility's electronic medical record and did not find any hospice notes. On 3/4/26, Surveyor requested all R11's hospice notes. The facility provided hospice notes printed off an outside electronic medical record. The date printed is indicated to be 3/4/26.On 3/5/36 at 9:37 AM, Surveyor interviewed RN F (Registered Nurse). Surveyor asked RN P where she would look for hospice notes. RN P indicates the electronic medical record, and sometimes the notes are in the binder. Surveyor asks RN P if she has access to the outside electronic medical record. RN P states, no.On 3/5/26 at 9:51 AM, Surveyor interviewed LPN L (Licensed Practical Nurse). Surveyor asked LPN L where he would look for hospice notes. LPN L indicates the hospice binders and sometimes they get scanned into the facility's electronic medical record. Surveyor asked LPN L if he has access to the outside electronic medical record. LPN L states, no.On 3/5/26 at 2:52 PM, Surveyor interviewed DON B (Director of Nursing). Surveyor asked DON B what the process is for communicating with hospice providers. DON B indicates hospice nurses send their notes via email to the facility's clinical management team. Additionally, hospice providers will give in-person reports to facility staff. Surveyor asked DON B where hospice notes are kept. DON B indicates hospice notes are all in the outside electronic medical record. DON B also notes that notations or important notes are faxed to the facility. These would include important information such as resident monitoring. Surveyor asked DON B if all direct care licensed nursing staff have access to the outside electronic medical record. DON B indicates, no. Surveyor asked DON B if direct care licensed nursing staff should have access to residents' hospice notes. DON B indicates that she would not say they need access to the outside electronic medical record since the important notes are getting faxed directly from hospice. Surveyor asked DON B if R11 has a hospice binder. DON B indicates she knows hospice nurses weren't putting notes in there because they are emailed. DON B also indicates some documents are uploaded to the facility's (continued on next page)

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	525330	A. Building B. Wing	03/05/2026

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F 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	electronic medical record such as the important notes, orders, and care plans.R11's hospice visit notes were not available to the facility's direct care licensed nursing staff.