STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525331	A. Building B. Wing	09/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ingleside Manor	407 N Eighth St Mount Horeb, WI 53572

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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. (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.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525331	A. Building B. Wing	09/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ingleside Manor	407 N Eighth St Mount Horeb, WI 53572

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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews, and record review, the facility did not ensure each Resident is treated with dignity and respect that promoted maintenance or enhancement of quality of life for 1 of 1 residents (R6) reviewed for choices.R6 expressed she chooses to eat in the dining room and the facility did not ensure R6's choices were honored.This is evidenced by:The facility's policy titled Resident Rights, version 2/21, includes: Employees shall treat all residents with kindness, respect, and dignity. Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to: e. self-determination; f. communication with and access to people and services, both inside and outside the facility; h. be supported by the facility in exercising his or her rights;The facility's policy titled Care Plans, Comprehensive Person-Centered, revised 3/22, includes: A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. The interdisciplinary team (IDT), in conjunction with the resident and his/her family or legal representative, develops and implements a comprehensive, person-centered care plan for each resident. Each resident's comprehensive person-centered care plan is consistent with the resident's rights to participate in the development and implementation of his or her plan of care, including the right to: receive the services and/or items included in the plan of care. The comprehensive, person-centered care plan: describes the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being. includes the resident's stated goals upon admission and desired outcomes.R6 admitted to the facility on [DATE] with diagnoses including Multiple Sclerosis (a disease in which the immune system eats away at the protective covering of the nerves), cerebral infarction (occurs when blood flow to the brain is interrupted, leading to cell death and brain damage), major depressive disorder (a mood disorder characterized by persistent feelings of sadness and hopelessness), muscle weakness (decreased strength in muscles), and heart failure (a chronic condition in which the heart doesn't pump blood as well as it should).R6's comprehensive person-centered care plan, printed on 9/11/25, includes: Problem: Resident is malnourished/at risk for malnutrition related to diagnoses, inadequate nutrient/energy intakes, and/or metabolic demands.Goal: .have personal feed and dining preferences metProblem: Cognitive loss/ DementiaGoal: R6 will continue to be given the opportunity to make daily decisions - ex: (example) preferred bed time, meals, activities of preferenceApproach: Provide her opportunities to make decisionsOn 9/11/25 at 8:30 AM, Surveyor interviewed R6. R6 was sitting in her recliner wearing her pajamas and covered up with a blanket. R6 indicated she was supposed to have her shower this morning before breakfast. R6 stated she had not yet had breakfast. R6 stated she prefers to eat in the dining room, but she wants to be clean and dressed prior to going to the dining room. R6 stated she has no place to eat in her room and prefers to go to the dining room for social interaction. R6 indicated she enjoys eating with her tablemates and talking with them. R6 indicated staff do not take her to the dining room for all her meals and will give R6 her meal tray in her room.On 9/11/25 at 9:28 AM, CNA D (Certified Nursing Assistant) entered R6's room and asked R6 if she was ready to take her shower.Of note, R6 did not have breakfast in the dining room on 9/11/25 due to the delay in the timing of her shower.R6's CNA work sheet indicates R6 goes to the dining room for meals.R6's meal tickets, printed 9/11/25, state Main DR (dining room) Table (number).On 9/11/25 at 1:30 PM, Surveyor interviewed DM C (Dietary Manager) regarding R6's meal ticket. DM C stated R6 prefers to eat in the dining room, and it is marked on R6's meal ticket.On 9/11/25 at 3:33 PM, Surveyor interviewed DON B (Director of Nursing) regarding R6's preference to eat in the dining room for her meals. DON B indicated it is the resident's right to eat where they choose. DON B indicated staff should honor R6's choice to eat in the dining room.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525331	A. Building B. Wing	09/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ingleside Manor	407 N Eighth St Mount Horeb, WI 53572

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)
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. Based on observation, interview and record review, the facility did not ensure each resident had a safe, clean, comfortable, and homelike environment or ensure housekeeping provided necessary services to maintain a sanitary, orderly, and comfortable area for 4 of 4 residents (R6, R4, R12 and R13) reviewed for cleanly environment. R6's room had dried substances and crumbs on the floor and staff identified fecal matter on the outside of the toilet in R6's bathroom. R4 indicates staff come in to clean her room once a week if she is lucky. R12's room was observed to be unclean. R13's room was observed to be unclean. This is evidenced by: The facility policy titled, Cleaning and Disinfecting Residents' Rooms, dated August 2013, states in part… Purpose: The purpose of this procedure is to provide guidelines for cleaning and disinfecting residents' rooms. General Guidelines: 1. Housekeeping surfaces (e.g., floors, tabletops) will be cleaned on a regular basis, when spills occur, and when these surfaces are visibly soiled. 2. Environmental surfaces will be disinfected (or cleaned) on a regular basis (e.g., daily, three times per week) and when surfaces are visibly soiled. 3. Walls, blinds, and window curtains in resident areas will be cleaned when these surfaces are visibly contaminated or soiled. Facility provided Surveyor with copy of Housekeeping/Laundry schedule. The facility has on their schedule one to three housekeeping staff daily. Weekends show one to two housekeeping staff. On 9/11/25 at 8:30 AM, Surveyor interviewed R6. R6 indicated housekeeping had not been in to clean her room this week. R6 indicated housekeeping does not come in often to clean. Surveyor observed the following cleanliness concerns in R6's room; a mound of crumbs at the foot of the bed near the heat registers, multiple dried liquid spills on the floor under the overbed table and between the bed and recliner, crusty circles of brown flaky material in front of the dresser, and clumps of brown dried matter on the outside of the toilet bowl. R6 indicated the brown substance on the toilet bowl was feces and it had been there for over a month. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525331	A. Building B. Wing	09/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ingleside Manor	407 N Eighth St Mount Horeb, WI 53572

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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 9/11/25 at 9:28 AM, Surveyor interviewed CNA D (Certified Nursing Assistant) regarding the cleanliness of R6's room. CNA D indicated the dried spots on the floor looks like food and drinks that may have spilled. CNA D identified the brown matter on the outside of the toilet bowl as “poop”. CNA D indicated the room was not clean. On 9/11/25 at 11:27 AM, Surveyor observed R6's room. R6's room still had the crumbs, dried liquid, and crusty brown flaky circles on the floor and the toilet still had the brown matter on the outside of it. Surveyor also observed two bags of trash outside of R6's bathroom door on her bedroom floor. One trash bag contained linen, the other bag contained dirty personal protective equipment (gloves, gowns and other trash). On 9/11/25 at 3:33 PM, Surveyor interviewed DON B (Director of Nursing) regarding the cleanliness in R6's room. Surveyor made DON B aware of the above observations. DON B indicated R6's room was not clean and should be. On 9/11/25 at 4:00 PM, Surveyor observed R6's room. The outside of the toilet had been cleaned and R6's floor had been mopped. The two trash bags still remained on the floor outside of R6's bathroom door. Example 2 On 9/11/25 at 9:15 AM, Surveyor interviewed R4. Surveyor asked R4 how often they clean her room. R4 indicates staff come in to clean her room once a week if she is lucky. Example 3 On 9/11/25 at 9:10 AM, Surveyor interviewed R13. Surveyor asked R13 how often housekeeping comes in to clean her room. R13 states, my room is not cleaned daily. I am not sure I can say it is even cleaned weekly. Surveyor noted R13 had debris on floor and floor appeared as it had not been cleaned in some time. On 9/11/25 at 9:30 AM, Surveyor interviewed R12. Surveyor asked R12 how often housekeeping comes in to clean his room. R12 states, my room is not cleaned daily and only has been cleaned once in the last month. Surveyor noted R12 had fly strip hanging on wall next to bed. Room was dusty and floor appears to have debris on it from food and fluids. On 9/15/25 at 8:45 AM, Surveyor interviewed CNA O. Surveyor asked CNA O how often resident rooms are cleaned. CNA O stated that they are not always able to get to all rooms in a day. On 9/15/25 at 11:15 AM, Surveyor interviewed HS N (Housekeeping Supervisor). Surveyor asked HS N if she has any staffing concerns in her department. HS N stated, we don't have enough staff to get it all done. If rooms are not done, will communicate verbally what was not done and it will be completed the next day. Surveyor asked HS N if she meets with residents to see if they have concerns. HS N states that the new Activities Manager does not bring other departments into resident council to listen to resident concerns. If there are concerns the Activities Manager will bring the issue or concern to the department to be addressed. The facility did not ensure each resident had a safe, clean, comfortable, and homelike environment

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525331	A. Building B. Wing	09/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ingleside Manor	407 N Eighth St Mount Horeb, WI 53572

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)
F 0684 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525331	A. Building B. Wing	09/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ingleside Manor	407 N Eighth St Mount Horeb, WI 53572

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)
F 0684 Level of Harm - Actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility did not ensure that residents received treatment and care in accordance with professional standards of practice (N6, Wisconsin Nurse Practice Act) for 1 of 4 sampled residents (R2). R2 was admitted to the facility with a wound on her left abdomen. The facility failed to complete ongoing comprehensive wound assessments throughout her stay. While at the facility, R2's wound increased in size and developed a foul odor. No physician notification was made. R2 was readmitted to the hospital with a diagnosis of a wound infection. Evidenced by:According to the Wisconsin Nurse Practice Act, N6.03(1), An R.N. (Registered Nurse) shall utilize the nursing process in the execution of general nursing procedures in the maintenance of health, prevention of illness or care of the ill. The nursing process consists of the steps of assessment, planning, intervention, and evaluation. This standard is met through performance of each of the following steps of the nursing process:(a) Assessment. Assessment is the systematic and continual collection and analysis of data about the health status of a patient culminating in the formulation of a nursing diagnosis.(b) Planning. Planning is developing a nursing plan of care for a patient which includes goals and priorities derived from the nursing diagnosis.(c) Intervention. Intervention is the nursing action to implement the plan of care by directly administering care or by directing and supervising nursing acts delegated to L.P.N.s (Licensed Practical Nurse) or less skilled assistants.(d) Evaluation. Evaluation is the determination of a patient's progress or lack of progress toward goal achievement which may lead to modification of the nursing diagnosis.Per the wound care education institute Best Practices for Wound Assessment and Documentation indicates: Foundational elements of wound assessment. A structured approach to wound assessment is key to capturing the clinical picture and determining the best course of action for care. Here are the essential components to document: .2. Wound classification and etiology. Determine and document the wound's origin. Common types include: Pressure injuries: Classify by stage using the National Pressure Injury Advisory Panel's (NPIAP) guidelines. Arterial or venous ulcers: Note underlying circulatory insufficiencies. Diabetic foot ulcers: These are often neuropathic, so assess the patient's offloading status. The patient should be assigned a [NAME] grade and updated as needed. Surgical incisions or traumatic wounds: Include the mechanism of injury or surgical intent.Documenting wound etiology ensures targeted interventions and appropriate resource use 4. Wound bed characteristics Quantify the percentage and type of tissue present: Granulation: Red, moist, and bumpy - This is a sign of healthy tissue growth. Slough: Yellow/white, stringy, or moist. May be adherent or loosely attached. This is non-viable and may require debridement. Eschar: Thick, dry, black, or brown. Document if stable or if debridement is needed. Hypergranulation: Assess for signs of infection and/or necessary treatment changes, such as stopping a collagen application.Descriptive wound bed assessments help monitor healing phases and guide appropriate debridement strategies.5. Wound edge and margin assessment Evaluate wound edges for signs of healing or chronicity: Defined vs. undefined: Defined edges are more acute, and undefined may suggest chronicity. Epibole (rolled edges): This is common in stalled wounds. Undermining or maceration: This may indicate moisture imbalance or shearing/friction forces.Marginal changes can be early indicators of delayed healing or infection.6. Exudate characteristics Drainage quality provides vital clues about wound status: Amount: None, scant, light, moderate, or heavy. Type: Serous (clear), serosanguineous, sanguineous, seropurulent, or purulent. Color and consistency: Thick yellow/green with odor may indicate infection. Odor: Describe only after cleansing to eliminate confounding factors.Always correlate exudate changes with wound progression and signs of infection.7. Periwound skin statusDocument any abnormal findings in the tissue surrounding the wound: Color: Erythema may signal infection or inflammation. Texture: Watch for induration, bogginess, or dryness. Breakdown: Maceration, excoriation, or denuded skin may indicate excessive moisture or friction.Healthy periwound skin supports optimal wound healing and should be protected as part of the overall care plan.8. Pain and symptom reportingPain is a critical, yet often under-documented, aspect of wound assessment. Capture: Intensity: Use a numeric or verbal pain scale. Descriptors: Burning, aching, stabbing, etc. Timing: Before, during, or after dressing changes. Management: Note what interventions alleviate or exacerbate pain The facility policy entitled, Change in a Resident's Condition or Status, dated 5/2017, states, in part: Policy Statement: Our facility shall promptly notify the resident, his or her Attending Physician, and representative (sponsor_ of changes in the resident's medical/mental condition and/or status. 1. The nurse will notify the resident's Attending Physician or

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525331	A. Building B. Wing	09/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ingleside Manor	407 N Eighth St Mount Horeb, WI 53572

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)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility did not ensure each resident received care, consistent with professional standards of practice, to prevent pressure injuries (PI) for 1 of 1 Residents (R6) reviewed for pressure injuries.R6 has a stage 2 pressure injury and pressure injury prevention devices were observed not in place.This is evidenced by:The facility's policy Prevention of Pressure Injuries, dated 4/20, includes: The purpose of this procedure is to provide information regarding identification of pressure injury risk factors and interventions for specific risk factors. Use a standardized pressure injury screening tool to determine and document risk factors. Select appropriate support surfaces based [sic] the resident's risk factors, in accordance with current clinical practice.The facility's policy Pressure Ulcers/Skin Breakdown - Clinical Protocol, dated 4/18, includes: The nursing staff and practitioner will assess and document an individual's significant risk factors for developing pressure ulcers. In addition, the nurse shall describe and document report the following: d. Current treatments, including support surfaces. The physician will order pertinent wound treatments, including pressure reduction surfaces. R6 admitted to the facility on [DATE] with diagnoses including Multiple Sclerosis (a disease in which the immune system eats away at the protective covering of the nerves), cerebral infarction (occurs when blood flow to the brain is interrupted, leading to cell death and brain damage), major depressive disorder (a mood disorder characterized by persistent feelings of sadness and hopelessness), muscle weakness (decreased strength in muscles), and heart failure (a chronic condition in which the heart doesn't pump blood as well as it should).R6's 8/24/25 Braden Scale for Predicting Pressure Score Risk assessment indicates R6 is at risk for pressure injury.R6's comprehensive person-centered care plan, printed on 9/11/25, includes:Problem: Start date: 8/11/25. Pressure ulcer/injury. R6 presented with a stage 2 pressure injury to her coccyx. Approach: Consider specialty mattress or bed. Elevate heels and use protectors. Consider postural alignment, weight distribution, balance stability, and pressure relief when positioning in chair or wheelchair. Consider specialty chair pad.R6's active physician orders, printed 9/11/25, include:Must be on pulsate mattress. Use pressure offloading cushion (waffle or roho) when up in chair. Must reposition every 30 minutes while up.R6's Resident Profile sheet, used by CNAs (Certified Nursing Assistant), to guide care does not include any pressure relieving interventions.On 9/11/25 at 8:30 AM, Surveyor interviewed R6. R6 was sitting in her recliner, there was no cushion in the recliner. Surveyor observed a cushion in R6's wheelchair. Surveyor observed R6 had a specialty mattress. The settings on the mattress were set to static. R6 indicated she had a pressure injury on her buttocks. Surveyor was in R6's room until 9:28 AM. Surveyor did not observe facility staff encourage or offer R6 to reposition during the 58 minutes surveyor was in the room.On 9/11/25 at 9:28 AM, Surveyor interviewed CNA D about resident care needs for R6. CNA D indicated the CNAs use a sheet that includes pertinent information about the residents. Of note, the sheet being used by the CNAs does not include any pressure injury prevention interventions.On 9/11/25 at 3:59 PM, Surveyor interviewed CNA H regarding resident care needs for R6. CNA H indicated the resident's Resident Profile sheet would state how to care for a resident. Surveyor asked where the CNAs would find pressure injury interventions and CNA H indicated on the Resident Profile sheet.Of note, R6's Resident Profile does not include any pressure injury prevention interventions.On 9/11/25, Surveyor interviewed DON B (Director of Nursing) regarding R6's pressure injury. DON B indicated R6 has a stage 2 pressure injury on her buttocks. DON B indicated R6 should have a pulsating mattress and cushion when up in her chair. DON B indicated staff should ensure the pressure injury prevention devices are in place. Surveyor informed DON B of the observations Surveyor made of R6's cushion not being in the recliner and R6's bed being set to static. DON B indicated R6's bed should be on pulsate and R6 should have a cushion in her recliner. DON B indicated R6's interventions were not being followed for pressure injury prevention and should be.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525331	A. Building B. Wing	09/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ingleside Manor	407 N Eighth St Mount Horeb, WI 53572

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)
F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. Based on observation, interview, and record review, the facility did not ensure that a resident with urinary catheters receive appropriate treatment and services for 1 of 1 residents (R6) reviewed for catheters as catheter bags were observed resting on the floor.Surveyor observed R6's urinary catheter bag resting on the floor.This is evidenced by:The facility's policy titled Catheter Care, Urinary, dated 9/14, includes: The purpose of this procedure is to prevent catheter-associated urinary tract infections. Infection control 2. b. Be sure the catheter tubing and drainage bag are kept off the floor.R6's active physician orders, dated 9/11/25, include: SP Catheter (Suprapubic Catheter, a thin, flexible tube inserted directly into the bladder through a small incision in the lower abdomen): cleanse daily with mild soap and water; pat dry with soft towel.R6's resident profile sheet, printed 9/11/25, is used by the CNAs (Certified Nursing Assistant) and includes: indwelling catheter: do not allow tubing or any part of the drainage system to touch the floor.R6's comprehensive care plan, printed 9/11/25, includes:Problem: Indwelling catheter. Resident requires a suprapubic catheter.Goal: Resident will have suprapubic catheter care managed appropriately as evidenced by: not exhibiting obstruction, signs of infection, dislodgement of catheter, bowel perforation, or trauma. Approach: Do not allow tubing or any part of the drainage system to touch the floor.On 9/11/25 at 8:30 AM, Surveyor interviewed R6. R6 was sitting in her recliner in her room. Surveyor observed R6's catheter tubing and drainage bag sitting on the floor next to R6's recliner. R6 indicated she has a history of urinary tract infections and was concerned with the care she receives for her catheter tubing and drainage bag.On 9/11/25 at 9:28 AM, Surveyor interviewed CNA D (Certified Nursing Assistant) regarding R6's catheter tubing and drainage bag. CNA D indicated R6's catheter tubing and drainage bag should not be on the floor. CNA D moved R6's catheter tubing and drainage bag off the floor.On 9/11/25 at 3:33 PM, Surveyor interviewed DON B (Director of Nursing) regarding placement of catheter tubing and drainage bags. DON B Indicated tubing and drainage bags should be hung below the level of the resident's bladder and should not be placed on the floor. Surveyor made DON B aware of surveyor's observation of R6's catheter tubing and drainage bag being on the floor. DON B indicated R6's catheter tubing and drainage bag should not have been on the floor.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525331	A. Building B. Wing	09/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ingleside Manor	407 N Eighth St Mount Horeb, WI 53572

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)
F 0740 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident must receive and the facility must provide necessary behavioral health care and services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not provide behavioral health services to ensure a resident received the highest practicable mental and psychosocial well-being. The facility did not create a comprehensive assessment and plan of care to address a substance use disorder (SUD) for 1 of 1 residents (R17) reviewed for SUDs and 1 of 1 Residents reviewed for suicidal ideations (R1). R17 has a SUD. The facility failed to create a care plan related to R17's alcohol consumption and failed to implement interventions for behaviors associated with R17's alcohol consumption. R1's record indicates R1 had a history of suicidal ideation and suicidal attempts. The facility did not develop a Plan of Care with goals and interventions for R1's history of suicidal attempts and ideations. The facility did not have any precautions or monitoring in place related to R1's suicidal ideations and suicidal attempts. This is evidenced by: Surveyor requested a substance abuse policy from the facility. On 9/15/25 at 3:25 PM, DON B (Director of Nursing) indicated the facility does not have one. R17 admitted to the facility on [DATE] with diagnoses including alcohol abuse with unspecified alcohol-induced disorder, alcohol-induced chronic pancreatitis (inflammation of the pancreas caused by excessive alcohol consumption), alcohol dependence, uncomplicated, cocaine abuse, uncomplicated, other psychoactive substance abuse, uncomplicated, end stage renal disease (a condition where kidneys can no longer filter waste products from blood), and dependence on renal dialysis (a treatment that removes waste products from the blood when kidneys are failing). R17's medication and treatment administration records for September 2025 do not include monitoring of substance use. R17's physician orders do not include an order stating R17 can consume alcoholic beverages. R17's comprehensive care plan, dated 9/11/25, states in part: Problem: [R17] is at risk for adverse effects of smoking. Goal: [R17] will be free of injury due to smoking through next review date. Approach: Assess [R17] for independent smoking. Encourage [R17] to utilize designated smoking area… Offer smoking cessation. Problem: Resident has potential for weight fluctuations and alterations in labs due to receiving dialysis treatments. Goal: Meet nutritional needs and maintain appropriate weights and labs for dialysis. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525331	A. Building B. Wing	09/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ingleside Manor	407 N Eighth St Mount Horeb, WI 53572

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)
F 0740 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Approach: Follow diet as ordered by physician. Protein, sodium, potassium and phosphorus intake need to be regulated based on kidney function. Limit fluid intake if a fluid restriction is ordered. Periodically review renal-specific labs and weights… Of note, R17's comprehensive care plan does not include R17's substance use disorder, nor the triggers related to substance use. R17's comprehensive care plan does not include goals related to R17's substance use disorder. R17's comprehensive care plan does not include person-centered interventions to prevent substance use nor mitigate the risks associated with substance use. R17's comprehensive care plan does not include R17's behaviors associated with R17's substance use. R17's Progress Notes state, in part: 8/25/25 at 10:01 AM – LPN (Licensed Practical Nurse): “Aide found three empty bottles (small) of vodka in resident's bed this AM. DON and provider notified. Resident refused going to dialysis this AM. Provider notified.” On 9/15/25 at 12:56 AM, Surveyor interviewed DON B. Surveyor asked if it is the facility's practice to care plan substance use disorders for residents. DOB B indicated that it is the facility's practice to care plan for substance use. DON B reviewed R17's care plan. DON B indicated that dialysis was listed but confirmed that she didn't see anything about substance use. Surveyor asked what was done when empty alcohol bottles were found in R17's room. DON B reviewed R17's progress notes. DON B indicated that she was notified about this on 8/25 and then R17 was sent to the hospital for being tachycardic on 8/27. DON B indicated nothing had been done following this incident. DON B stated, “We should have done something.” On 9/15/25 at 1:35 PM, Surveyor interviewed NHA A (Nursing Home Administrator). NHA A indicated substance use disorders should be care planned. On 9/15/25 at 2:55 PM, Surveyor interviewed SW Q (Social Worker). SW Q indicated the facility utilizes a program through an outside agency that residents with substance use disorders can opt in to or decline. If a resident opts in to the program, a psychiatrist and/or social worker comes in once a month, or as needed, to meet with residents. Residents get referred to this program by the NP (Nurse Practitioner) or the DON, based on residents' active diagnoses when they are admitted to the facility. SW Q indicated this is the only way she'd know about a substance use disorder unless a resident speaks to her about it. SW Q reviewed R17's chart and noted that he was never offered a referral to the substance use program. SW Q indicated she was not aware that R17 had a substance use disorder. SW Q indicated she would expect substance use to be in the care plan. On 9/15/25 at 3:07 PM, Surveyor interviewed DON B. DON B indicated a referral would be made to the substance use program if there was an order from the physician or NP. A referral would not be made based only on an active diagnosis. Example 2: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525331	A. Building B. Wing	09/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ingleside Manor	407 N Eighth St Mount Horeb, WI 53572

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)
F 0740 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R1's diagnoses includes in part… conversion disorder (is a mental health condition where psychological distress is expressed as real, involuntary physical symptoms affecting sensory or motor functions, such as paralysis, tremors, blindness, or seizures), post-traumatic stress disorder, personality disorder, poisoning by unspecified drugs. R1 is her own decision maker. Surveyor received copy of R1's Care Plan. Review of R1's care plan shows care plan does not include R1's history of suicidal attempts or suicidal ideations. Nurses Note from 9/5/25 at 7:11 AM, states, R1 went out on Thursday during the day and was going to return before midnight. R1 never returned by midnight. Writer notified NHA (Nursing Home Administrator) at 5:00 AM Friday morning that R1 hadn't returned. NHA said to notify R1's PCP (Primary Care Physician), case manager, and emergency family contact. A message was left for NP (Nurse Practitioner). Unable to contact R1's case manager related to the office isn't open during the night. R1 has no emergency family contact. Let the NHA know who had been contacted. On 9/11/25 at 10:32 AM, Surveyor interviewed NHA A. Surveyor asked NHA A about R1 leaving the facility on 9/4/25 and not returning as scheduled. NHA A states, R1 is in the hospital. R1 checked out on 9/4/25 around 5:00 PM. I was told the next day that she did not return as scheduled. At about 7:00 AM on 9/12/25 I received a call from a friend of R1's that R1 was talking suicide. I notified the police who went to R1's apartment to find that R1 was not there. I then reached out to R1 on her cell phone as we have a good relationship. R1 answered her phone, and I was able to keep R1 on the phone until I got a location for her. I then sent the police to her location, and she was transported to the hospital for having ingested approximately 100 aspirin 325 mg (milligram). Surveyor asked NHA A if a care plan should have been created for R1's history of suicidal ideation and suicidal attempts. NHA A stated she had not had a chance to look at plans of care yet, she had only been the NHA for a couple of weeks. NHA A then stated a care plan should be in place when a resident has a history of suicidal attempts or ideations. NHA A reports that she will ensure prior to R1's return from the hospital a care plan will be developed if goals and interventions for R1. On 9/11/25 at 12:15 PM, Surveyor interviewed NP M (Nurse Practitioner). Surveyor asked NP M about R1's history. NP M states that R1 has had quite a few suicidal attempts. According to a Psych note for R1, R1 has attempted suicide 12 to 13 times. In November of 2024, R1 tried to slit her throat with a box cutter and then in April of 2025 R1 took a handful of Tylenol, 50 plus, Ibuprofen and Cocaine in another attempt. Surveyor asked NP M if R1's history of suicidal ideation and suicidal attempts should be care planned. NP M stated, yes, these should be care planned for staff to be aware of previous attempts and to monitor R1's behavior. On 9/15/25 at 9:05 AM, Surveyor interviewed CNA O (Certified Nursing Assistant). Surveyor asked CNA O how she is aware what behaviors to monitor for a resident. CNA O stated, by looking and reviewed the care plan. Staff will also report if a resident is experiencing behaviors and what to report and watch for. Surveyor asked CNA O if a resident has a history of suicidal ideations and suicidal attempts if those would be or should be care planned. CNA O stated, yes, they should be so we can take better care and know what to look for and report. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525331	A. Building B. Wing	09/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ingleside Manor	407 N Eighth St Mount Horeb, WI 53572

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)
F 0740 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 9/15/25 at 9:10 AM, Surveyor interviewed CNA P. Surveyor asked CNA P how she is aware if a resident has behaviors and what to monitor for. CNA P stated, staff will report what needs to be monitored for or we could look at the care plan for that information. Surveyor asked who updates that plan of care for a resident. CNA P stated that staff report changes to nurse and I am not sure who updates the care plan from there. Surveyor asked CNA P if having a history of suicidal ideation or suicidal attempts would be import for her to know when caring for a resident. CNA P stated suicidal ideations and suicidal attempts even if in the past should be care planned so we are able to monitor for any statements or behavior. On 9/15/25 at 9:15 AM, Surveyor interviewed LPN I (Licensed Practical Nurse). Surveyor asked LPN I who implements care plans for residents. LPN I stated that he tries to help along with the DON (Director of Nursing) and MDS Nurse (Minimum Data Set). Surveyor asked LPN I if a care plan should have been put in place for R1's history of suicide attempts and suicidal ideations. LPN, I stated R1 should have been care planned as history of, but it is not in the active phase. Safety interventions should be in place for R1. The facility failed to ensure a care plan was developed that included precautions and monitoring for a resident with a history of several suicide attempts in the past.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525331	A. Building B. Wing	09/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ingleside Manor	407 N Eighth St Mount Horeb, WI 53572

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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not ensure the provision of pharmaceutical services (including procedures that assure that accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident for 5 out of 16 sampled residents (R14, R9, R6, R3, & R17). R14 did not receive scheduled medications for 8:00 AM & 2:00 PM on 8/28/25 due to the facility's internet being down. R9 did not receive scheduled medication for 4:00 PM on 8/28/25 due to the facility's internet being down. R3 did not receive all of her medications as ordered on 8/20/25, 8/21/25, 8/22/25, 8/23/25, 9/8/25. R17 had medications not administered as ordered. R6 did not receive her 9/11/25 medications within the allowed time frame. Evidenced by: The facility policy titled, “Medication Errors”, dated 9/1/10, states, in part: “… 3. Dispensing errors:… 3.1 Data entry error: Entire order or part of an order was incorrectly entered into computer system by data entry. 3.2 Delivery error: Drug product not received by the resident/community at the required/expected time… 4. Administration errors:… 4.7 Omission error: Community fails to administer an ordered dose to the resident, unless refused by the resident or not administered because of a recognized contraindication…” The facility policy entitled, “Administering Medications,” dated 4/2019, states, in part: … “Policy Statement: Medications are administered in a safe and timely manner, and as prescribed. Policy Interpretation and Implementation: … 4. Medications are administered in accordance with prescriber orders, including any required time frame… 6. Medication errors are documented, reported… 7. Medications are administered within one (1) hour of their prescribed time, unless otherwise specified…” The facility policy entitled, “Medication Errors,” dated 9/1/2010, states, in part: … (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525331	A. Building B. Wing	09/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ingleside Manor	407 N Eighth St Mount Horeb, WI 53572

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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	“Applicability: This section 10.1 sets forth procedures relating to medication errors. 4. Administration errors: In the event of an administration error, community staff may follow the community's occurrence policy, associated forms and performance improvement processes. Examples of administration errors include, but are not limited to: … 4.7 Omission error: Community fails to administer an ordered dose to the resident, unless refused by the resident or not administered because of recognized contraindication…” Example 1: R14 admitted to the facility on [DATE] and has diagnoses that include multiple sclerosis (disease in which the immune system eats away at the protective covering of nerves. Resulting nerve damage disrupts communication between the brain and the body), Unspecified convulsions (rapid, uncontrolled muscle contractions or shaking without a clear, documented cause or a specific type of convulsive event being identified), major depressive disorder (a mental health condition characterized by persistent feelings of sadness, loss of interest, and other symptoms that significantly interfere with daily life), and vitamin D deficiency (too little vitamin D in the body). R14's Medication Administration Record for 8/28/25 indicates R14 is to receive the following medications at 8:00 AM: Baclofen 10 mg (milligrams) 1 tablet gastric tube. Cholecalciferol (vitamin D3) capsule 25 mcg (micrograms) (1000 units) 1 capsule by gastric tube. Ferrous sulfate 325 mg, 1 tablet by gastric tube. Multivitamin with minerals, 1 tablet by gastric tube. Vesicare 75 mg, 1 tablet by gastric tube. Venlafaxine 75 mg by gastric tube. R14's Medication Administration Record for 8/28/25 indicates R14 is to receive the following medication at 2:00 PM: Baclofen 10 mg (milligrams) 1 tablet gastric tube. R14's Medication Administration Record for the above medications on 8/28/25 for 8:00 AM & 2:00 PM were not administered shown by documentation stating, “Not administered…no internet. On 9/11/25 at 4:05 PM, Surveyor interviewed ADON R (Assistant Director of Nursing). Surveyor asked ADON R if it is acceptable to not administer a medication due to internet being down. ADON R indicated if a medication was missed and not administered or omitted that would be considered a medication error. ADON R indicated she would expect the physician and POA (Power of Attorney) and the resident to be notified of the medication error. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525331	A. Building B. Wing	09/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ingleside Manor	407 N Eighth St Mount Horeb, WI 53572

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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 9/11/25 at 4:25 PM, Surveyor interviewed DON B (Director of Nursing). Surveyor asked what the process is for medication administration if the internet goes down. DON B indicated the NHA A (Nursing Home Administrator) can make copies of the MAR/TAR (Medication Administration Record/Treatment Administration Record). Surveyor asked DON B if she was aware the internet was down on 8/28/25 and DON B indicated yes, the staff volunteered to use their personal cell phone's hot spot, and the facility offered to reimburse for any charges that may occur. Surveyor asked DON B on 8/28/25 was there another option for staff to use other than their personal cell phone's hot spot. DON B indicated at that time she did not know there was any other option. DON B indicated she just found out a few days ago that the NHA A could make copies of the MARS/TARS. Surveyor asked what would staff do if they did not want to use their personal cell phone or was unable to. DON B indicated staff could have asked management and management could have let the staff use management's cell phone's hot spot. Surveyor asked if this was communicated to all staff and DON B indicated she had mentioned it to a staff member and then it was communicated through word of mouth. Surveyor asked DON B if medications were not given and documented “not administered, internet down,” would that be considered a medication error. DON B indicated yes, and she would expect the physician to be notified. Example 2: R9 admitted to the facility on [DATE] and has diagnoses that include rhabdomyolysis (a breakdown of muscle tissue that releases a damaging protein into the blood) and traumatic ischemia of muscle (occurs when blood flow to a muscle tissue is interrupted due to a physical injury). R9's Medication Administration Record for 8/28/25 indicates R9 is to receive the following medication at 4:00PM: Acetaminophen 325 mg (milligrams) by mouth. R9's Medication Administration Record for the above medication on 8/28/25 for 4:00PM was not administered shown by documentation stating, “Not administered Other Comment: internet down…” On 9/11/25 at 4:05 PM, Surveyor interviewed ADON R (Assistant Director of Nursing). Surveyor asked ADON R if it is acceptable to not administer a medication due to internet being down. ADON R indicated if a medication was missed and not administered or omitted that would be considered a medication error. ADON R indicated she would expect the physician and POA (Power of Attorney) and the resident to be notified of the medication error. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525331	A. Building B. Wing	09/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ingleside Manor	407 N Eighth St Mount Horeb, WI 53572

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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 9/11/25 at 4:25 PM, Surveyor interviewed DON B (Director of Nursing). Surveyor asked what the process is for medication administration if the internet goes down. DON B indicated the NHA A (Nursing Home Administrator) can make copies of the MAR/TAR (Medication Administration Record/Treatment Administration Record). Surveyor asked DON B if she was aware the internet was down on 8/28/25 and DON B indicated yes, the staff volunteered to use their personal cell phone's hot spot, and the facility offered to reimburse for any charges that may occur. Surveyor asked DON B on 8/28/25 was there another option for staff to use other than their personal cell phone's hot spot. DON B indicated at that time she did not know there was any other option. DON B indicated she just found out a few days ago that the NHA A could make copies of the MARS/TARS. Surveyor asked what would staff do if they did not want to use their personal cell phone or was unable to. DON B indicated staff could have asked management and management could have let the staff use management's cell phone's hot spot. Surveyor asked if this was communicated to all staff and DON B indicated she had mentioned it to a staff member and then it was communicated through word of mouth. Surveyor asked DON B if medications were not given and documented “not administered, internet down,” would that be considered a medication error. DON B indicated yes, and she would expect the physician to be notified. Example 3: R3 was admitted to the facility on [DATE] with diagnoses that include metabolic encephalopathy (brain dysfunction caused by systemic metabolic disturbances), sepsis (systemic improper response to an infection), acute respiratory failure with hypoxia (low oxygen levels), type 2 diabetes, epilepsy (seizure disorder), hypertension (high blood pressure), kidney transplant status, nontraumatic chronic subdural hemorrhage (chronic brain bleed), and hypothyroidism (thyroid gland does not produce enough thyroid hormone, leading to a slowed metabolism). R3's Medication Administration Record indicates: Calcitriol (Vitamin D) capsule; 0.25 mcg (micrograms) (5,000 unit); amt: 0.25 mcg; oral. Three Times A Day; 8:00 AM, 2:00 PM, 8:00 PM. Start Date: 8/20/25. End Date: Open Ended. 8/21/25 at 8:00 AM: Reasons/Comments states: “Not Administered: Drug/Item Unavailable” 8/21/25 at 12:00 PM: Reasons/Comments states: “Not Administered: Drug/Item Unavailable” 8/22/25 at 8:00 AM: Reasons/Comments states: “Not Administered: Drug/Item Unavailable” 8/22/25 at 12:00 PM: Reasons/Comments states: “Not Administered: Drug/Item Unavailable” 8/23/25 at 8:00 AM: Reasons/Comments states: “Not Administered: Drug/Item Unavailable” 8/23/25 at 8:00 AM: Reasons/Comments states: “Not Administered: Drug/Item Unavailable” 8/23/25 at 8:00 AM: Reasons/Comments states: “Not Administered: Drug/Item Unavailable” Gabapentin (Anticonvulsant) capsule; 100 mg (milligram); amt (amount): 2; oral. Three Times A Day; 8:00 AM, 2:00 PM, 8:00 PM. Start Date: 8/20/25. End Date: 8/22/25. 8/20/25 at 8:00 PM: Space left blank, indicating the medication was not administered. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525331	A. Building B. Wing	09/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ingleside Manor	407 N Eighth St Mount Horeb, WI 53572

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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Heparin (blood thinner) (porcine) solution; 5,000 unit/mL (milliliter): amt: 1.5 dose; injection. Three Times A Day; 4:00 AM, 12:00 PM, 8:00 PM. Start Date: 8/20/25. D/C Date: 8/21/25. 8/20/25 at 8:00 PM: Space left blank, indicating the medication was not administered. 8/21/25 at 4:00 AM: Reasons/Comments states: “Not Administered: Drug/Item Unavailable”. 8/21/25 at 12:00 PM: Reasons/Comments states: “Not Administered: Drug/Item Unavailable” Rosuvastatin (lowers cholesterol) tablet; 10 mg; amt: 2 tablets; oral. Once A Day; 8:00 PM. Start Date: 8/21/25. D/C Date: 8/22/25. On 8/20/25 at 8:00 PM: Space left blank, indicating the medication was not administered. Rosuvastatin (lowers cholesterol) tablet; 10 mg; amt: 3 tablets; oral. At bedtime; 8:00 PM. Start Date: 8/22/25. End Date: Open Ended. On 8/22/25 at 8:00 PM: Reasons/Comments states: “Not Administered: Drug/Item Unavailable” Trulicity (dulaglutide) (improves blood sugar control) pen injector; 3 mg/0.5 mL; amt: 3 mg; subcutaneous. Once A Day on Mon (Monday); 8:00 PM. Start Date: 8/21/25. End Date: Open Ended. On 9/8/25 at 8:00 PM: Reasons/Comments states: “Not Administered: Drug/Item Unavailable” The facility's medication contingency supply list includes: Gabapentin 100 MG Capsule; QOH (Quantity On Hand) 10 each On 9/15/25 at 3:08 PM, Surveyor interviewed DON B. Surveyor noted that R3 did not receive some of her medications from 8/20/25-8/23/25, including her rosuvastatin, gabapentin, and calcitriol. Surveyor asked DON B if she would have expected these medications to be administered as ordered. DON B indicates, yes, and that pharmacy sends two delivers during the day to deliver medications. Surveyor asked DON B if she would consider these medications that were not administered to be medication errors. DON B indicates, yes. Surveyor asked DON B if these medications are in contingency, would she expect staff to pull the medication from contingency to administer to the resident. DON B indicates, yes. Surveyor noted R3 did not receive her Trulicity as ordered on 9/8/25 and asked if DON B would expect that medication to be administered as ordered. DON B indicates, yes. Example 4: The facility's policy titled “Medication and Treatment Orders,” revised in July 2016, states in part: “…11. Drugs and biologicals that are required to be refilled must be reordered from the issuing pharmacy not less than three (3) days prior to the last dosage being administered to ensure that refills are readily available.” (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525331	A. Building B. Wing	09/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ingleside Manor	407 N Eighth St Mount Horeb, WI 53572

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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	R17 was admitted to the facility on [DATE] with diagnoses that include: end stage renal disease (a condition where kidneys can no longer filter waste products from blood), alcohol abuse with unspecified alcohol-induced disorder, alcohol dependence, epilepsy neurologic disorder characterized by seizures), and dependence on renal dialysis (a treatment that removes waste products from the blood when kidneys are failing). R17's Census indicated that he left the faciity on hospital leave on 8/27/25 and returned on 9/3/25. R17's September 2025 Medication Administration Record (MAR) documents the following medications were not administered after being readmitted to the facility: *Hydrocortisone tablet; 10 mg (milligrams) / Frequency: Once a day-Start date: 7/1/25~9/6/25 8:00 AM: Not Administered: Drug/Item Unavailable ~9/7/25 8:00 AM: Not Administered: Drug/Item Unavailable / Comment: not in cart or c (contingency) box ~9/8/25 8:00 AM: Not Administered: Drug/Item Unavailable ~9/9/25 8:00 AM: Not Administered: Drug/Item Unavailable ~9/13/25 8:00 AM: Not Administered: Drug/Item Unavailable ~9/14/25 8:00 AM: Not Administered: Drug/Item Unavailable *Hydrocortisone tablet; 5 mg / Frequency: Once an evening-Start date: 7/1/25~9/6/25 8:00 PM: Not Administered: Other / Comment: on order ~9/7/25 8:00 PM: Not Administered: Drug/Item Unavailable / Comment: not available in c box or med cart ~9/8/25 8:00 PM: Not Administered: Drug/Item Unavailable ~9/9/25 8:00 PM: Not Administered: Drug/Item Unavailable ~9/10/25 8:00 PM: Not Administered: Drug/Item Unavailable ~9/13/25 8:00 PM: Not Administered: Drug/Item Unavailable *Rosuvastatin tablet; 5 mg / Frequency: At bedtime -Start date: 7/2/25 ~9/4/25 8:00 PM: Not Administered: Drug/Item Unavailable / Comment: on order ~9/5/25 8:00 PM: Not Administered: Other / Comment: on order (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525331	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ingleside Manor	407 N Eighth St Mount Horeb, WI 53572

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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	~9/6/25 8:00 PM: Not Administered: Other / Comment: on order ~9/7/25 8:00 PM: Not Administered: Drug/Item Unavailable / Comment: not available in cart or c box ~9/8/25 8:00 PM: Not Administered: Drug/Item Unavailable ~9/9/25 8:00 PM: Not Administered: Drug/Item Unavailable ~9/10/25 8:00 PM: Not Administered: Drug/Item Unavailable ~9/13/25 8:00 PM: Not Administered: Drug/Item Unavailable R17's Progress Notes state, in part: 9/7/25 at 12:16 PM – RN (Registered Nurse): “Call placed to pharmacy d/t (due to) lack of meds available in cart. Pharmacy only has two orders on file. Call placed to…DON (Director of Nursing), she will update orders so pharmacy can send new meds.” 9/8/25 at 7:53 AM – DON B (Director of Nursing): “This writer updated orders on 9-7-25. Awaiting delivery of medications.” On 9/15/25 at 12:56 PM, Surveyor interviewed DON B and asked about the process for medication orders when a resident leaves the facility with an expected return date. DON B indicated medication orders must be renewed after a resident is out of the facility for three days. DON B reviewed R17's chart. She indicated his medications were reordered on 9/7 and delivered on 9/13. DON B indicated it shouldn't have taken a whole week for the medications to be delivered. DON B indicated she should have been notified. DON B stated, “I didn't know about him not getting his meds until a couple days after that.” DON indicated this would be considered a medication error. Example 5 On 9/11/25 at 8:30 AM, Surveyor interviewed R6 regarding her medications. R6 states she regularly she gets her medications late. R6 indicated she had not yet received her morning medications that are scheduled at 8:00 AM. R6's 9/11/25 Medication Administration Record (MAR) indicates the following medications are scheduled to be given at 8:00 AM. Celexicob 200 mg (milligram) caplet, Aspirin 81 mg chewable tablet, Diltiazem 30 mg tablet, Lacosamide 100 mg tablet, Levetiracetam 500 mg tablet, Magnesium 250 mg tablet, and Sertraline 25 mg tablet. On 9/11/25 at 9:32 AM, Surveyor interviewed LPN E (Licensed Practical Nurse) regarding her medication administration pass. LPN E stated she had not yet given R6 her morning medications. LPN E stated she was still trying to complete her morning medication administration pass, and it usually takes her until 11:30 AM to complete it. LPN E indicated she is not timely with her 8:00 AM medication administration pass. On 9/11/25 at 10:46 AM, Surveyor interviewed R6. R6 indicated she had not taken her 8:00 AM medications. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525331	A. Building B. Wing	09/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ingleside Manor	407 N Eighth St Mount Horeb, WI 53572

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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 9/11/25 at 5:00 PM, NHA A (Nursing Home Administrator) supplied Surveyor with R6's 9/11/25 8:00 AM MAR including the time stamps of when the nurse signed out she gave the medications. The time stamp on R6's MAR for her 8:00 AM medication administration was time stamped at 12:09 PM. NHA A stated she spoke to LPN E and LPN E told NHA A she did give the medications a little earlier than the time she signed out the medications. On 9/11/25 at 3:56 PM, Surveyor interviewed RN G (Registered Nurse) regarding timely medication administration. RN G indicated if a medication is administered outside of the 2-hour window it is considered a medication error. Of note, the 2-hour window refers to medication administration up to 1 hour prior or 1 hour after the scheduled administration time. For example, if a medication is scheduled for 8:00 AM, administration is considered timely if the medication is administered between 7:00 AM and 9:00 AM. On 9/11/25 at 4:03 PM, Surveyor interviewed LPN F regarding medication administration. LPN F indicated if medication is administered outside of the 2-hour window it is considered a medication error. On 9/11/25 at 3:33 PM, Surveyor interviewed DON B (Director of Nursing) regarding medication administration. DON B indicated if medication is not administered timely, it is considered a medication error. DON B indicated since R6 had not yet received her 8:00 AM medications at 10:46 AM it is considered a medication error for those medications. DON B indicated medications should be administered timely and R6's was not.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525331	A. Building B. Wing	09/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ingleside Manor	407 N Eighth St Mount Horeb, WI 53572

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)
F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility did not ensure residents are free of any significant medication errors for 2 of 17 Residents (R14 & R3) reviewed for medications. R14 had 2 seizure medications not administered on 8/28/25 due to the facility's internet being down. R3 did not receive all of her medications as ordered on 8/20/25, 8/21/25, 8/22/25, 8/23/25, and 9/5/25 This is evidenced by: The facility policy entitled, “Administering Medications,” dated 4/2019, states, in part: … “Policy Statement: Medications are administered in a safe and timely manner, and as prescribed. Policy Interpretation and Implementation: … 4. Medications are administered in accordance with prescriber orders, including any required time frame… 6. Medication errors are documented, reported… 7. Medications are administered within one (1) hour of their prescribed time, unless otherwise specified…” The facility policy entitled, “Medication Errors,” dated 9/1/2010, states, in part: … “Applicability: This section 10.1 sets forth procedures relating to medication errors. 4. Administration errors: In the event of an administration error, community staff may follow the community's occurrence policy, associated forms and performance improvement processes. Examples of administration errors include, but are not limited to: … 4.7 Omission error: Community fails to administer an ordered dose to the resident, unless refused by the resident or not administered because of recognized contraindication…” Example 1: R14 admitted to the facility on [DATE] and has diagnoses that include Unspecified convulsions (rapid, uncontrolled muscle contractions or shaking without a clear, documented cause or a specific type of convulsive event being identified). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525331	A. Building B. Wing	09/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ingleside Manor	407 N Eighth St Mount Horeb, WI 53572

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)
F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R14's Medication Administration Record for 8/28/25 indicates R14 is to receive the following medications at 8:00 AM: Lamictal 150 mg (milligrams) by gastric tube twice a day at 8:00 AM and 8:00 PM. Diagnoses: seizures. Levetiracetam solution 100mg/mL(milliliters). Administer 10 mL by gastric tube twice a day at 8:00 AM and 8:00 PM. Purpose: Seizure. R14's Medication Administration Record (MAR) for the above medications on 8/28/25 for 8:00 AM were not administered shown by documentation stating, “Not administered…no internet.” R14's Care Plan, dated, 7/14/2021, states, in part: … “Problem: … R14 has risk for seizure related to epilepsy… Approach: … 7/14/2021 Administer medications as ordered. Assess for effectiveness and side effects…” On 9/11/25, at 4:05 PM, Surveyor interviewed ADON R (Assistant Director of Nursing). Surveyor asked ADON R if it is acceptable to not administer a medication due to internet being down. ADON R indicated if a medication was missed and not administered or omitted that would be considered a medication error. ADON R indicated she would expect the physician and POA (Power of Attorney) and the resident to be notified of the medication error. On 9/11/25, at 4:25 PM, Surveyor interviewed DON B (Director of Nursing). Surveyor asked what the process is for medication administration if the internet goes down. DON B indicated the NHA A (Nursing Home Administrator) can make copies of the MAR/TAR (Medication Administration Record/Treatment Administration Record). Surveyor asked DON B if she was aware the internet was down on 8/28/25 and DON B indicated yes, the staff volunteered to use their personal cell phone's hot spot, and the facility offered to reimburse for any charges that may occur. Surveyor asked DON B on 8/28/25 was there another option for staff to use other than their personal cell phone's hot spot. DON B indicated at that time she did not know there was any other option. DON B indicated she just found out a few days ago that the NHA A could make copies of the MARS/TARS. Surveyor asked what would staff do if they did not want to use their personal cell phone or was unable to. DON B indicated staff could have asked management and management could have let the staff use management's cell phone's hot spot. Surveyor asked if this was communicated to all staff and DON B indicated she had mentioned it to a staff member and then it was communicated through word of mouth. Surveyor asked DON B if medications were not given and documented “not administered, internet down,” would that be considered a medication error. DON B indicated yes, and she would expect the physician to be notified. Example 2 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525331	A. Building B. Wing	09/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ingleside Manor	407 N Eighth St Mount Horeb, WI 53572

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)
F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R3 was admitted to the facility on [DATE] with diagnoses that include metabolic encephalopathy (brain dysfunction caused by systemic metabolic disturbances), sepsis (systemic improper response to an infection), acute respiratory failure with hypoxia (low oxygen levels), type 2 diabetes, epilepsy (seizure disorder), hypertension (high blood pressure), kidney transplant status, nontraumatic chronic subdural hemorrhage (chronic brain bleed), and hypothyroidism (thyroid gland does not produce enough thyroid hormone, leading to a slowed metabolism). R3's Medication Administration Record indicates: Lacosamide (anticonvulsant) – Schedule V tablet; 150 mg (milligrams); amt: 1 tablet; oral. Twice A Day; 8:00 AM, 8:00 PM. Start Date: 8/20/25. D/C (Discontinue) Date: 8/21/25. 8/20/25 at 8:00 PM: Space left blank, indicating the medication was not administered 8/21/25 at 8:00 AM: Reasons/Comments states: “Not Administered: Drug/Item Unavailable” Lacosamide (anticonvulsant) – Schedule V tablet; 150 mg (milligrams); amt: 1 tablet; oral. Once A Day; 8:00 AM. Start Date: 8/21/25. End Date: Open Ended. 8/22/25 at 8:00 AM: Reasons/Comments states: “Not Administered: Drug/Item Unavailable” 8/24/25 at 8:00 AM: Reasons/Comments states: “Not Administered: Drug/Item Unavailable” Lacosamide (anticonvulsant) – Schedule V tablet; 200 mg (milligrams); amt: 1 tablet; oral. At Bedtime; 8:00 PM. Start Date: 8/21/25. End Date: Open Ended. 8/21/25 at 8:00 PM: Reasons/Comments states: “Note Administered: Other. Comment: previous shift task-unknown if given” 8/22/25 at 8:00 PM: Reasons/Comments states: “Not Administered: Drug/Item Unavailable” Insulin Aspart U-100 insulin pen; 7/100 unit/mL (milliliters) (3 mL); amt: 0-6 Unit; subcutaneous. Special Instructions: With meals. Three Times A Day; 8:00 AM, 12:00 PM, 5:00 PM. Start date: 8/20/25. D/C date: 8/21/25. 8/20/25 at 5:00 PM: Space left blank, indicating the medication was not administered and the blood sugar was not assessed 8/21/25 at 8:00 AM: Reasons/Comments states: “Not Administered: Drug/Item Unavailable”. Blood sugar assessed and documented. 8/21/25 at 12:00 PM: Reasons/Comments states: “Not Administered: Drug/Item Unavailable” Insulin asp (aspart) prt-insulin aspart insulin pen; 100 unti/mL (70-30); amt: 0-4 Unit; subcutaneous. At Bedtime; 8:00 PM. Start Date: 8/20/25. D/C Date: 8/21/25. On 8/20/25 at 8:00 PM Space left blank, indicating the medication was not administered and the blood sugar was not assessed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525331	A. Building B. Wing	09/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ingleside Manor	407 N Eighth St Mount Horeb, WI 53572

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)
F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Levetiracetam (Anticonvulsant) tablet; 500 mg; amt: 1 tablet; oral. Twice A Day; 8:00 AM, 8:00 PM. Start Date: 8/20/25. D/C Date: 8/21/25. On 8/20/25 at 8:00 PM: Space left blank, indicating the medication was not administered. Mycophenolate sodium (Immunosuppressant agent to prevent organ rejection in transplant patients) tablet; delayed release (DR/EC (Delayed Released/Enteric Coated)); 360 mg; amt: 1 tablet; oral. Twice A Day; 8:00 AM, 8:00 PM. Start Date: 8/20/25. End Date: Open Ended. On 8/20/25 at 8:00 PM: Space left blank, indicating the medication was not administered. On 8/22/25 at 8:00 AM: Reasons/Comments states: “Not Administered: Drug/Item Unavailable” On 9/5/25 at 8:00 AM: Reasons/Comments states: “Not Administered: Drug/Item Unavailable” The facility's medication contingency supply list includes: Levetiracetam 250 MG; QOH (Quantity On Hand) 10 each On 9/15/25 at 3:08 PM, Surveyor interviewed DON B. Surveyor noted that R3 did not receive some of her medications from 8/20/25-8/23/25, including her Lacosamide, Insulin Aspart, Levetiracetam, and Mycophenolate. Surveyor asked DON B if she would have expected these medications to be administered as ordered. DON B indicates, yes, and that pharmacy sends two delivers during the day to deliver medications. Surveyor asked DON B if she would consider these medications that were not administered to be medication errors. DON B indicates, yes. Surveyor asked DON B if these medications are in contingency, would she expect staff to pull the medication from contingency to administer to the resident. DON B indicates, yes.