

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525333	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/14/2026
NAME OF PROVIDER OR SUPPLIER Watertown Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 121 Hospital Dr Watertown, WI 53098	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview, record review, and review of the facility's policy, the facility failed to ensure the results of an abuse investigation were submitted to the State Agency (SA) within five working days for 1 resident (R) (R4) of 2 sampled residents reviewed for allegations of abuse. The facility submitted an initial report to the SA on 11/22/25 for an allegation of abuse involving R4. The final investigative report report was due on 12/1/25. The facility did not submit the final investigative report until 12/3/25. Findings include: Review of the facility's undated Abuse/Neglect/Exploitation policy indicates: The Administrator should/will follow up with government agencies during business hours to confirm the initial report was received and to report the results of the investigation when final within 5 (five) working days of the incident, as required by state agencies. Review of R4's admission Record revealed R4 was admitted to the facility on [DATE]. Review of R4's admission Minimum Data Set (MDS) assessment, with an Assessment Reference Date (ARD) of 11/16/25, revealed R4 had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R4 had intact was cognition. Review of a facility-reported incident (FRI) revealed the facility submitted an initial allegation of abuse involving R4 to the SA on 11/22/25. Review of the facility's Misconduct Incident Report (final investigative report) revealed it was completed and submitted on 12/3/25 at 1:55 PM by the Chief Nursing Officer (CNO). The report indicated R4 exhibited a significant escalation in behavior on 11/22/25 after a family visit. Family member (FM)2 reported that (FM)3 may have previously provided R4 with illicit substances. During an interview on 1/14/26 at 10:55 AM, the CNO stated the facility had five working days to submit the final report. The CNO stated the final report was due on 11/28/25. During an interview on 1/14/26 at 1:34 PM, the Administrator stated the final investigative report was due to the SA within five working days of the initial report. The Administrator stated the final report's due date was 12/1/25 and verified the final report was not submitted timely.</p>		

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 525333
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