STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525333	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Watertown Health Care Center	121 Hospital Dr Watertown, WI 53098

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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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff and resident interview and record review, the facility did not ensure grievances were thoroughly investigated and resolved for 6 residents (R) (R66, R14, R35, R7, R56, and R32) of 34 sampled residents. R66 reported concerns about the laundry process and missing items. R66 stated R66 was missing a sweater and a pair of pajama pants. R14 reported that laundry is frequently lost. R14 stated R14 was missing a nightgown with red cardinals that was reported to staff. R35, R7, and R56 reported concerns about the laundry process and missing items. R32 arrived at the facility in a wheelchair that was borrowed from a friend. R32 reported to staff that the wheelchair went missing approximately 4 days after R32 was admitted . The grievance was not thoroughly investigated or resolved.Findings include: The facility's Grievance policy, dated 9/15/25, indicates: The designated Grievance Official will: receive and track grievances through to resolution; provide written grievance resolutions to residents or representatives. Grievances should be resolved as promptly as possible with a goal of resolution within 5 working days. The facility's Personal Property policy, revised August 2022, indicates: .10. The resident's personal belongings and clothing are inventoried and documented upon admission and updated as necessary. On 3/9/26 at 12:51 PM, Surveyor interviewed R35 who stated laundry frequently went missing and the facility was aware. R35 was the Resident Council president and stated the issue was discussed at Resident Council meetings. R35 wanted staff to bring more personal items up from laundry like they did in the past so residents could go through them. On 3/9/26 at 12:55 PM, Surveyor interviewed R66 who stated R66 was missing a pair of pajama pants and a sweater. R66 stated Nursing Home Administrator (NHA)-A was aware of the missing items and stated they would be replaced, however, the items had not been replaced. On 3/9/26 at 12:04 PM, Surveyor interviewed R56 who stated laundry frequently went missing and R56 had issues with socks. On 3/9/26 at 12:10 PM, Surveyor interviewed R14 who stated R14 was missing a nightgown with cardinals. R14 and R14's roommate (R56) indicated staff were aware of the missing nightgown, however, it had not been found and R14 was not given an update. On 3/9/26 at 3:39 PM, Surveyor interviewed R7 who stated there were a lot of missing laundry items and the facility had been working on the process. R7 stated staff brought items to a Resident Council meeting in the past and residents went through the items to see if they knew who they belonged to. (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

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	R7 stated R7 made a list of R7's clothing so R7 had something to refer to when items went missing. Between 3/10/26 and 3/12/26, Surveyor reviewed the facility's Resident Council minutes which indicated: ~ On 11/10/25, housekeeping staff discussed missing clothing and provided lost and found items for residents to look through and claim. ~ On 1/5/26, staff stated they were working on an improved process to decrease missing items. Residents reported that hangers had gone missing. The group was reminded to label all personal belongings. Surveyor reviewed the grievance log and noted there were no grievances for R66 or R14's missing items. On 3/11/26 at 1:55 PM, Surveyor completed a tour of the laundry area with Laundry Staff (LS)-BB and observed a bin of clothing. LS-BB stated the items were unlabeled and staff could not tell who they belonged to. LS-BB stated residents' items should be inventoried upon admission. Nursing staff should log residents' belongings on a form and put the form in a bag with the resident's clothing for laundry staff to label. LS-BB indicated the process was not consistent and residents' items are often laundered prior to being labeled. When Surveyor asked how LS-BB knows what to look for, LS-BB pointed to a bulletin board above the label maker. The bulletin board contained 6 pieces of paper with residents' names and missing items. LS-BB indicated the papers stay up until an item is found. LS-BB stated if laundry staff are told something is missing, they write it on paper and hang it on the board so they know what to look for. LS-BB was not aware of a grievance log to fill out. On 3/11/26 at 1:08 PM, Surveyor interviewed LS-AA via phone who expressed concerns about the inventory process which resulted in missing items. LS-AA indicated someone should take inventory when a resident is admitted or when they receive new items. An inventory sheet should be filled out and sent with the resident's clothing to be labeled. LS-AA indicated the process is not consistent which results in missing items. LS-AA also expressed a concern about the communication process and indicated residents can tell a manager, the Social Worker, a Certified Nursing Assistant (CNA), or laundry staff. If a resident tells LS-AA about a missing item, LS-AA asks for the description and size and puts a note on the board in the laundry room. LS-AA indicated sometimes a grievance form is filled out. When Surveyor asked about R14's cardinal nightgown and R66's sweater and pants. LS-AA was not aware of R14's missing nightgown. LS-AA was aware of R66's sweater but not the pajama pants. LS-AA stated when residents tell staff an item is missing, the message does not always make it to laundry staff. LS-AA stated at times when LS-AA is delivering laundry, residents ask if certain items were found, however, LS-AA did not know the items were missing. LS-A indicated items go missing on almost a daily basis. On 3/12/26 at 3:42 PM, Surveyor interviewed NHA-A who stated missing laundry items should be documented on grievance forms. NHA-A stated an investigation should be completed if a resident says they are missing clothing. NHA-A stated the facility orders new items for residents if they cannot locate the items. NHA-A stated the facility has an angel program where staff regularly speak to residents and try to capture grievances. NHA-A stated all missing laundry item concerns should written on formal grievance forms that are assigned to laundry or housekeeping. 2. Between 3/10/26 and 3/12/26, Surveyor reviewed R32's medical record. R32 was admitted to the (continued on next page)

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	facility on [DATE] and had diagnoses including cellulitis of the right lower limb, spina bifida, major depressive disorder, recurrent anxiety disorder, and acquired absence of the right leg above-the-knee. R32's Quarterly Minimum Data Set (MDS) assessment, dated 2/20/26, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R32 had intact cognition. The MDS assessment also indicated R32 used a wheelchair. On 3/10/26 at 1:30 PM, Surveyor interviewed R32 who stated R32 was admitted to the facility in a brown wheelchair that a friend lent to R32. Approximately 4 days after R32 was admitted , the wheelchair went missing. R32 stated R32 told multiple staff about the missing wheelchair and staff said they'd keep looking for it. Surveyor observed a blue facility wheelchair in R32's room. R32 stated, I want my friend's wheelchair back. Surveyor reviewed a grievance, dated 9/11/25, that indicated R32's care team reported that a brown wheelchair that R32 brought to the facility was missing. The grievance indicated the staff searched the facility but the wheelchair was not found. The receptionist was interviewed but did not recall a brown wheelchair when R32 was admitted . R32 was provided with a new wheelchair. The grievance indicated R32 was okay with the new wheelchair and had no further complaints about the brown wheelchair. The grievance did not contain interviews with other staff or residents to determine if anyone else saw the wheelchair or knew where it was. R32's medical record did not contain an inventory of R32's belongings upon admission. On 3/12/26 at 9:20 AM, Surveyor interviewed Assistant Director of Nursing (ADON)-I. When asked if residents' belongings are inventoried upon admission, ADON-I stated belongings are inventoried and documented on a form. ADON-I verified R32's medical record did not contain an inventory of belongings and indicated if a form was completed, it would be in the medical records office. Nursing Home Administrator (NHA)-A was present during the interview. NHA-A stated NHA-A investigated the grievance and R32 was fine with the new wheelchair. NHA-A was not aware the missing wheelchair was borrowed from a friend and R32 needed to return it. NHA-A was not sure if R32's belongings were inventoried upon admission and verified the information was not included with the grievance. NHA-A stated NHA-A would check the medical records office for an inventory of belongings and follow-up with Surveyor. An inventory of R32's belongings was not provided.

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F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement policies and procedures to prevent abuse, neglect, and theft. Based on staff interview and record review, the facility did not implement written policies and procedures that prohibit and prevent abuse for 6 (Certified Nursing Assistant (CNA)-DD, CNA-EE, CNA-FF, Activity Aide (AA)-GG, Maintenance Staff (MS)-HH, and CNA-II) of 10 staff reviewed for caregiver background checks. The facility did not ensure timely completion of CNA-DD's caregiver background check. The facility did not ensure a caregiver background check was completed for CNA-EE. The facility did not ensure timely completion of CNA-FF's caregiver background check. The facility did not ensure a caregiver background check was completed before allowing AA-GG to work with residents. The facility did not ensure a caregiver background check was completed before allowing MS-HH to work in resident care areas. The facility did not ensure timely completion of CNA-II's caregiver background check. Findings include: The facility's undated Abuse/Neglect/Exploitation policy indicates: It is the policy of the facility to provide protections for the health, welfare, and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation, and misappropriation of resident property .I. Screening: A. Potential employees will be screened for a history of abuse, neglect, exploitation, or misappropriation of resident property. 1) Background, reference, and credentials checks shall be conducted on potential employees, contracted temporary staff, students affiliated with academic institutions, volunteers, and consultants. On 3/11/26, Surveyor reviewed background check information for 10 staff and noted the following: ~ CNA-DD was hired on 6/24/16. CNA-DD's Background Information Disclosure (BID) form, dated 6/23/16, was not completed within the last four years. CNA-DD's Department of Justice (DOJ) and Government Findings (GF) Reports were completed on 3/11/26 following Surveyor's request to review CNA-DD's background check information. ~ CNA-EE was hired on 1/29/26. CNA-EE's BID form, dated 1/30/26, was completed after CNA-EE's hire date. The facility did not request DOJ or GF Reports for CNA-EE. ~ CNA-FF was hired on 11/2/04. CNA-FF's BID form was completed on 8/26/16. CNA-FF's DOJ and GF Reports were completed on 12/29/20 which was not within the last four years. ~ AA-GG was hired on 1/24/26. AA-GG's BID form was completed on 1/26/26. AA-GG's DOJ and GF Reports were completed on 1/27/26 which was after AA-GG's hire date. ~ MS-HH was hired on 12/8/25. MS-HH's DOJ and GF Reports were completed on 12/9/25 which was after MS-HH's hire date. ~ CNA-II was hired on 1/6/26. CNA-II's DOJ and GF Reports were completed on 1/8/26 which was after CNA-II's hire date. On 3/12/26 at 1:42 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A and Director of Nursing (DON)-B who stated the previous Business Office Manager (BOM) was responsible for completing employee background check. NHA-A stated the previous BOM left employment a couple weeks ago. NHA-A verified the hire dates for MS-HH, AA-GG, and CNA-II were the same dates the employees would have worked on the floor with or in resident care areas. NHA-A and DON-B verified background checks should be completed every four years and before employees work with residents.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview and record review, the facility did not develop and/or implement an individualized comprehensive care plan for 3 residents (R) (R82, R74, and R72) of 26 sampled residents.R82 reported an allegation of misappropriation. The facility's investigation indicated a safe keeping of valuables care plan would be implemented. The facility did not implement a safe keeping of valuables care plan for R82.R74 received dialysis services. The facility did not implement a dialysis care plan for R74.R72 had a diagnosis of Alzheimer's disease. The facility did not implement an Alzheimer's disease/dementia care plan for R72.Findings include: The facility's Comprehensive Care Plans policy, dated 1/2026, indicates: .3. The comprehensive care plan will describe, at a minimum, the following: a. The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being. The facility's Dementia-Clinical policy, revised November 2018, indicates: .1. For the individual with confirmed dementia, the Interdisciplinary Team (IDT) will identify a resident-centered care plan to maximize remaining function and quality of life .5. The IDT will identify and document the resident's condition and level of support needed during care planning and review changing needs as they arise .The IDT will adjust interventions and the overall plan depending on the individual's response to the progression of dementia, development of new acute medical conditions or complications, changes in resident or family wishes, and other relevant factors. 1. On 3/9/26, Surveyor reviewed R82's medical record. R82 was admitted to the facility on [DATE] and had diagnoses including muscle wasting and atrophy, diabetes, encephalopathy, schizoaffective disorder, and seizures. R82's Minimum Data Set (MDS) assessment, dated 2/3/26, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R82 had intact cognition. R82 was responsible for R82's healthcare decisions. On 3/9/26, Surveyor reviewed a facility-reported incident (FRI) that contained an allegation of misappropriation (theft of money) for R82. The facility's investigation indicated a safe keeping of valuables care plan would be implemented for R82. R82's medical record did not contain a safe keeping of valuables care plan. On 3/10/26 at 11:05 AM, Surveyor interviewed Nursing Home Administrator (NHA)-A, Director of Nursing (DON)-B, and Chief Nursing Office (CNO)-S. CNO-S verified R82's care plan did not address safe keeping of valuables. DON-B verified safe keeping of valuables should have been added to R82's care plan. 2. Between 3/9/26 and 3/12/26, Surveyor reviewed R74's medical record. R74 was admitted to the facility on [DATE] and had a diagnosis of end stage renal disease. R74's MDS assessment, dated 1/27/26, had a BIMS score of 15 out of 15 which indicated R74 had intact cognition. The MDS assessment also indicated R74 was on dialysis. R74's medical record did not contain a dialysis care plan. On 3/11/26 at 3:13 PM, Surveyor interviewed DON-B who verified R74 did not have a dialysis care (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	plan. 3. Between 3/9/26 and 3/12/26, Surveyor reviewed R72's medical record. R72 was admitted to the facility on [DATE] and had diagnoses including Alzheimer's disease, anxiety, and depression. R72's MDS assessment, dated 2/9/26, had a BIMS score of 11 out of 15 which indicated R72 had moderate cognitive impairment. R72 had an activated Power of Attorney for Healthcare (POAHC) to assist with healthcare decisions. On 3/11/26 at 10:33 AM, Surveyor interviewed Certified Nursing Assistant (CNA)-T who stated R72 had dementia. CNA-T indicated R72 sometimes refused to get out of bed and CNA-T would reapproach R72 at a later time. Surveyor noted R72's care plan did not contain interventions for Alzheimer's disease/dementia care. On 3/11/26 at 2:56 PM, Surveyor interviewed DON-B who verified R72 did not have an Alzheimer's disease/dementia care plan.

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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 observation, staff and resident interview, and record review, the facility did not ensure the accurate administration of medication for 9 residents (R) (R71, R13, R66, R67, R14, R15, R23, R58, and R63) of 9 sampled residents. R71 had an order for acetic acid that was unclear regarding application and use. R71 was not administered 11 of 44 doses. R13's methenamine hippurate for frequent urinary tract infections (UTIs) was not restarted timely after a hospital stay. Medications for R66, R67, R14, R15, R23, R58, and R63 were not administered timely or in accordance with physician orders. n 3/9/26. Findings include: The facility's Medication Administration policy, dated 10/25/14, indicates: Medications are administered as prescribed in accordance with good nursing principles and practices .The facility has sufficient staff and a medication distribution system to ensure safe administration of medications without unnecessary interruptions. A schedule of routine dose administration times is established by the facility and utilized on administration records. Medications are administered within (60 minutes) of the scheduled time, except before, with, or after meal orders which are administered (based on mealtimes). Unless otherwise specified by the prescriber, routine medications are administered according to the established medication administration schedule for the facility .Medications designed to be administered over a 24-hour period (sustained-release) are scheduled accordingly. In these cases, an order for twice daily, for example, shall be interpreted as every 12 hours .Documentation (including electronic): 1) The individual who administers the medication dose records the administration on the resident's Medication Administration Record (MAR) directly after the medication is given. At the end of each medication pass, the person administering the medication reviews the MAR to ensure necessary doses were administered and documented. In no case should the individual who administered the medication report off-duty without first recording the administration of any medications .The resident's MAR is initialed by the person administering the medication, in the space provided under the date, and on the line for that specific medication dose administration. Initials on each MAR are cross- referenced to a full signature in the space provided .If a dose of regularly scheduled medication is withheld, refused, not available, or given at a time other than the scheduled dose time, or a starter dose of antibiotic i The facility's Medication Administration policy, dated 10/25/14, indicates: Medications are administered as prescribed in accordance with good nursing principles and practices .The facility has sufficient staff and a medication distribution system to ensure safe administration of medications without unnecessary interruptions. 4. Five rights: .right time are applied for each medication being administered. Administration: .2. Medications are administered in accordance with the written orders of the prescriber. Medications are administered within 60 minutes of the scheduled time, except before, with, or after meal orders, which are administered (based on meal times) .13. Medications designed to be administered over a 24-hour period (i.e., sustained release) are scheduled accordingly. In these cases, an order for twice daily, for example, shall be interpreted as every 12 hours. 1. Between 3/9/26 and 3/12/26, Surveyor reviewed R71's medical record. R71 was admitted to the facility on [DATE] and had diagnoses including acute osteomyelitis-multiple sites, pressure ulcer of lower left back (unstageable), pressure ulcer of left buttock (unstageable), pressure ulcer of other site (unstageable), pressure ulcer of right hip (stage 4), pressure ulcer of left hip (stage 4), pressure ulcer of sacral region (stage 4), pressure ulcer of left heel (stage 4), pressure ulcer of left upper back (stage 4), pressure ulcer of other site (stage 3), hemiplegia and hemiparesis following cerebral (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	infarction, and severe protein calorie malnutrition. R71's admission Minimum Data Set (MDS) assessment, dated 2/23/26, had a Brief Interview for Mental Status (BIMS) score of 6 out of 15 which indicated R71 had severely impaired cognition. R71 had an activated Power of Attorney for Healthcare (POAHC) to assist with medical decisions. R71's Medication Administration Record (MAR) contained the following wound care order: ~ Acetic acid 5%. Apply externally every day and evening shift for Medical Doctor (MD) order until 3/18/26. (Start date: 2/16/26). Surveyor noted 11 of 44 scheduled doses were not documented as administered. Surveyor noted 10 of the 44 scheduled doses contained code 7 other and 1 entry contained code 2 refused. (Of note: the acetic acid order did not specify the location for application, method of application, or treatment parameters.) R71's progress notes did not indicate why 10 doses of acetic acid were marked as other. R71's medical record indicated R71 had multiple significant pressure injuries and a serious infection. The lack of clear direction on the acetic acid order and missed doses created the potential for inconsistent or inappropriate application which could put R71 at risk for ineffective wound treatment. On 3/12/26, Surveyor interviewed Licensed Practical Nurse (LPN)-KK who was unsure of the indication for R71's acetic acid. LPN-KK verified LPN-KK signed out some of R71's acetic acid doses but could not recall where LPN-KK applied the medication. LPN-KK indicated the order was not clear and should have been clarified with the physician. LPN-KK indicated when a medication is documented with code 7 or other, there should be a progress note that indicates why the medication wasn't administered. LPN-KK indicated medications should be administered as ordered and documented appropriately on the MAR or in a progress note if not administered. On 3/12/26 at 12:54 PM, Surveyor interviewed Director of Nursing (DON)-B who did not know where acetic acid should be applied for R71 and verified the order was unclear. DON-B did not know why the medication was prescribed. DON-B indicated staff should clarify an order from the prescriber if the order is not complete or is unclear. DON-B indicated medication should be documented on the MAR when given. On 3/19/26 at 10:20 AM Surveyor interviewed Confidential Staff (CS)-OO who stated CS-OO had never applied acetic acid for R71 even though CS-OO had documented it as administered multiple times on R71's MAR. CS-OO stated the wound nurse completes all wound care, including acetic acid. CS-OO stated CS-OO tried to refuse signing out medications and treatments that CS-OO did not administer or complete, but has been pressured by the wound care nurse to sign out medications and treatments. Surveyor and CS-OO reviewed R71's acetic acid order. CS-OO stated CS-OO did not know where acetic acid should be applied because the order was unclear and needed clarification from the physician. DON-B indicated staff should indicate why a medication was not administered if code 7 or other is used. CS-OO indicated all medications should be signed out when administered by the person who administered them. 2. Between 3/9/26 and 3/12/26, Surveyor reviewed R13's medical record. R13 was admitted to the facility on [DATE] and had diagnoses including paraplegia, sepsis, anxiety, and depression. R13's MDS assessment, dated 1/19/26, had a BIMS score of 15 out of 15 which indicated R13 had intact cognition. (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	R13's medical record contained an order for one 1 gram (gm) methenamine hippurate tablet 2 times daily for frequent urinary tract infections (starting 7/17/25). The medication was discontinued on 1/23/26. R13 was hospitalized from [DATE] to 1/23/26. R13's hospital Discharge summary, dated [DATE], indicated R13 was diagnosed with sepsis with an etiology of right lower extremity cellulitis versus a urinary tract infection (UTI). Discharge instructions indicated R13 was prescribed oral Bactrim for 7 days and to hold methenamine hippurate until 3 days after Bactrim was completed. The discharge summary indicated under important outpatient follow-up/medications: Hold methenamine - May resume on 2/1/26. R13's methenamine hippurate was not resumed until 2/12/26. On 3/12/26 at 1:05 PM, Surveyor interviewed Assistant Director of Nursing (ADON)-I who was also the facility's Infection Preventionist. ADON-I confirmed R13's methenamine hippurate should have resumed on 2/1/26 or 3 days after Bactrim ended per the hospital instructions. ADON-I indicated the order must have been missed. 3. Between 3/9/26 and 3/12/26, Surveyor reviewed R66's medical record. R66 was admitted to the facility on [DATE] and had diagnoses including anxiety disorder, hallucinations, and delusional disorder. R66's MDS assessment, dated 1/19/26, had a BIMS score of 15 out of 15 which indicated R66 had intact cognition. On 3/9/26 at 12:35 PM, Surveyor interviewed R66 who indicated medications are sometimes late and R66 was still waiting for R66's AM medications. Surveyor reviewed R66's Medication Administration Record Audit Report for 3/9/26 and noted the following: ~ R66 had an order for 7.5 milligrams (mg) of olanzapine twice daily for delusions, hallucinations, and anxiety. R66's AM dose was scheduled at 8:00 AM. The report indicated R66 did not receive olanzapine until 12:55 PM. ~ R66 had an order for one tablet of glipizide extended release 24-hour tablet for type 2 diabetes. The medication was scheduled at 8:00 AM. The report indicated R66 did not receive the medication until 12:51 PM. ~ R66 had an order for 30 mg of fluoxetine once daily for major depressive disorder and anxiety disorder. The medication was scheduled at 8:00 AM. The report indicated R66 did not receive the medication until 12:50 PM. 4. On 3/9/26, Surveyor reviewed R67's medical record. R67 was admitted to the facility on [DATE] and had diagnoses including atrial fibrillation, hypertension, peripheral vascular disease, anxiety, and depression. R67's MDS assessment, dated 2/6/26, had a BIMS score of 15 out of 15 which indicated R67 had intact cognition. R67 was responsible for R67's healthcare decisions. R67 was admitted to the facility on [DATE] at 12:20 PM and had the following physician orders (dated 2/4/26): ~ Amiodarone HCL 200 mg, give 1 tablet by mouth once daily for arrythmia ~ Hydroxychloroquine sulfate 200 mg, give 1 tablet by mouth two times daily for rheumatoid arthritis (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	~ Metoprolol tartrate 100 mg, give 1 tablet by mouth two times daily for hypertension ~Sulfasalazine oral 500 mg, give 1 tablet by mouth every morning and at bedtime for rheumatoid arthritis Surveyor reviewed R67's February 2026 MAR which indicated the following: ~ On 2/11/26, 2/12/26, and 2/13/26, amiodarone was not administered because the medication was unavailable. ~ On 2/4/26, 2/11/26, 2/12/26, 2/13/26, and 2/21/26, hydroxychloroquine sulfate was not administered because the medication was unavailable. ~ On 2/15/26, 2/19/26, and 2/27/26, metoprolol tartrate was not administered because the medication was unavailable. ~ On 2/11/26, 2/12/26, and 2/13/26, sulfasalazine was not administered because the medication was unavailable. On 3/10/26 at 3:53 PM, Surveyor interviewed DON-B who indicated staff should administer medications as prescribed by the provider. DON-B stated staff may also obtain medications from the facility's contingency stock. 5. On 3/9/26, Surveyor reviewed R14's medical record. R14 was admitted to the facility on [DATE] and had diagnoses including Alzheimer's disease, dementia, diabetes, and hypertension. R14's MDS assessment, dated 1/19/26, had a BIMS score of 11 out of 15 which indicated R14 had moderate cognitive impairment. R14 was responsible for R14's healthcare decisions. On 3/9/26 at 9:38 AM, Surveyor observed Registered Nurse (RN)-Y prepare and administer R14's medications. R14's physician order for metformin indicated the medication should be administered at 7:00 AM. R14's physician orders for methenamine, acetaminophen, amlodipine, apixaban, gabapentin, glimepiride, and senna plus indicated the medications should be administered at 8:00 AM. (See interview under example #8.) 6. On 3/9/26, Surveyor reviewed R15's medical record. R15 was admitted to the facility on [DATE] and had diagnoses including schizophrenia, hypertension, renal insufficiency, and obstructive uropathy. R15's MDS assessment, dated 2/16/26, had a BIMS score of 9 out of 15 which indicated R15 had moderate cognitive impairment. R15 had an activated POAHC for healthcare decisions. On 3/9/26 at 9:51 AM, Surveyor observed RN-Y prepare and administer medications for R15. R15's physician orders for benztropine, fenofibrate, acetaminophen, and olanzapine indicated the medications should be administered at 8:00 AM. (See interview under example #8.) 7. On 3/9/26, Surveyor reviewed R23's medical record. R23 was admitted to the facility on [DATE] and had diagnoses including hypertension, renal insufficiency, hyperlipidemia, anxiety, and depression. R23's MDS assessment, dated 2/16/26, had a BIMS score of 10 out of 15 which indicated (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	R23 had moderate cognitive impairment. R23 had an activated POAHC for healthcare decisions. On 3/9/26 at 9:58 AM, Surveyor observed RN-Y prepare and administer medications for R23. R23's physician orders for amlodipine, buspirone, carvedilol, risperidone, aspirin, clopidogrel, docusate sodium, doxycycline, pantoprazole, and paroxetine indicated the medications should be administered at 8:00 AM. (See interview under example #8.) 8. On 3/9/26, Surveyor reviewed R58's medical record. R58 was admitted to the facility on [DATE] and had diagnoses including cerebrovascular accident, dementia, anxiety, depression, and hypertension. R58's MDS assessment, dated 1/27/26, had a BIMS score of 3 out of 15 which indicated R58 had severe cognitive impairment. R58 had an activated POAHC for healthcare decisions. On 3/9/26 at 9:29 AM, Surveyor observed RN-Y prepare and administer medications for R58. R58's physician orders for acetaminophen, citalopram, quetiapine, amlodipine, and losartan indicated the medications should be administered at 8:00 AM. On 3/9/26 at 10:08 AM, Surveyor interviewed RN-Y who verified the medications were administered late and stated morning medications should be given between 7:00 and 11:00 AM. RN-Y stated RN-Y attempts to administer all medications timely and starts with diabetic medications. On 3/10/26 at 3:53 PM, Surveyor interviewed DON-B who indicated staff should administer medications timely. DON-B stated medications should be administered an hour before or an hour after the prescribed time. 9. Between 3/9/26 and 3/12/26, Surveyor reviewed R63's medical record. R63 was admitted to the facility on [DATE] and had diagnoses including epilepsy, diabetes, asthma, and anxiety. R63's MDS assessment, dated **, had a BIMS score of 15 out of 15 which indicated R63 had intact cognition. R63 made R63's own healthcare decisions. On 3/9/26 at 5:06 PM, Surveyor interviewed R63 who stated R63 needs R63's seizure medication timely, however, it was administered 2 hours late. R63 stated R63 took Keppra and another seizure medication twice daily. R63 stated R63 had small seizures because the medications were not administered timely. R63 stated R63 can tell when R63 is having a seizure because a table next to R63 ends up farther away and a pillow under R63's right knee ended up on the floor. R63 stated R63's seizure medications were administered late that morning. R63 told the nurse that R63 had a seizure, however, the nurse stated the seizure was not due to the medications. R63 also told DON-B who also indicated the seizure was from something else. R63's progress notes did not indicate R63 had any seizures. A pharmacy note, dated 3/10/26 at 10:23 AM, indicated R63's medication regimen review was completed and did not contain recommendations for lacosamide or levetiracetam. R63's MAR contained the following medications to control seizures: ~ Lacosamide oral tablet 200 mg, give 1 tablet by mouth two times daily for seizures (ordered 2/26/26 and scheduled for 8:00 AM and 4:00 PM) (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	~ Levetiracetam (Keppra) oral tablet 750 mg, Give 1 tablet by mouth two times daily for seizures (ordered 2/26/26 and scheduled for 8:00 AM and 4:00 PM) R63's lacosamide administration history indicated the following: ~ On 2/26/26, R63's 4:00 PM dose was documented as code 7 (other/see nurse notes) at 5:12 PM. ~ On 2/27/26, R63's 8:00 AM dose was documented as code 7 at 10:17 AM. ~ On 2/27/26, R63's 4:00 PM dose was documented as code 7 at 6:02 PM. ~ On 2/28/26, R63's 4:00 PM dose was documented as code 5 (leave of absence) at 5:54 PM. ~ On 3/1/26, R63's 4:00 PM dose was administered at 5:33 PM. ~ On 3/3/26, R63's 8:00 AM dose was administered at 1:22 PM. ~ On 3/4/26, R63's 8:00 AM dose was administered at 9:12 AM. ~ On 3/8/26, R63's 4:00 PM dose was administered at 5:39 PM. ~ On 3/9/26, R63's 8:00 AM dose was administered at 9:25 AM. ~ On 3/10/26, R63's 4:00 PM dose was administered at 5:10 PM. (Surveyor was unable to review nurses' notes for the above listed dates) R63's levetiracetam administration indicated the following: ~ On 2/26/26, R63's 4:00 PM dose was administsered at 9:06 PM. ~ On 2/27/26, R63's 4:00 PM dose was administered at 5:18 PM. ~ On 2/28/26, R63's 4:00 PM dose was administered at 5:54 PM. ~ On 3/1/26, R63's 4:00 PM dose was administered at 5:33 PM. ~ On 3/3/26, R63's 8:00 AM dose was administered at 1:22 PM. ~ On 3/9/26, R63's 8:00 AM dose was administered at 9:22 AM. ~ On 3/10/26, R63's 4:00 PM dose was administered at 5:25 PM. On 3/10/26 at 10:23 AM, Surveyor interviewed Certified Nursing Assistant (CNA)-T and CNA-NN who had not witnessed R63 have a seizure or complain of seizure-like symptoms. On 3/11/26 at 2: 20 PM, Surveyor interviewed LPN-QQ who had not witnessed R63 have a seizure or complain of seizure-like symptoms. (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Surveyor contacted DON-B via email on 3/17/26 at 9:19 AM and received a response on 3/17/26 at 1:21 PM. DON-B indicated DON-B was not aware of any seizure activity and stated R63 did not report any seizure symptoms to DON-B. On 3/24/26 at 2:50 PM, Surveyor interviewed Pharmacist (PH)-PP regarding dosage frequency of lacosamide and levetiracetam and if the medications needed to be given every 12 hours. PH-PP indicated for any medication that is ordered twice daily, it is recommended the medications be administered at least eight hours apart but closer to 12 hours; considering medication administration specifics like food and sleep. PH-PP stated there was a refill request on 2/26/26 prior to admission and 3 levetiracetam tablets were sent to the facility on 2/27/26. PH-PP stated the prescription could not be filled since levetiracetam was filled on 2/18/26 at another pharmacy and insurance would not authorize a refill until 3/24/26. A three-day supply was sent to the facility so R63 would have a few doses upon arrival. PH-PP indicated R63 may have had medication from home to cover the time until levetiracetam was delivered on 3/24/26. PH-PP indicated lacosamide was last filled on 2/27/26 with a quantity of 60. PH-PP indicated certain medications require dosing frequency every 12 hours, however, lacosamide and levetiracetam do not a need to be administered every 12 hours and are well tolerated if not administered every 12 hours.

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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 staff interview and record review, the facility did not ensure 2 residents (R) (R71 and R84) of 26 sampled residents were free of significant medication errors. R71 was admitted to the facility with a diagnosis of osteomyelitis. R71 did not receive three doses of intravenous (IV) antibiotics as ordered. R84 was admitted to the facility with sepsis from a soft tissue infection and right calf cellulitis and abscess. R84 did not receive two scheduled doses of IV antibiotics. R84 requested to go to the hospital so R84 would not miss another dose. Findings include: The facility's Medication Administration policy, dated 10/25/14, indicates: Medications are administered as prescribed in accordance with good nursing principles and practices and only by persons legally authorized to do so. Personnel authorized to administer medications do so only after they have been properly oriented to the facility's medication distribution system .Preparation: .4. Five Rights - Right resident, right drug, right dose, right route, and right time are applied for each medication being administered. A triple check of these five rights is recommended at three steps in the process of preparation of a medication for administration: (1) When the medication is selected, (2) When the dose is removed from the container, and (3) Just after the dose is prepared and the medication put away .Administration: .2. Medications are administered in accordance with written orders of the prescriber .Documentation (including electronic): 1. The individual who administers the medication records the administration on the resident's Medication Administration Record (MAR) directly after the medication is given. At the end of each medication pass, the person administering the medication reviews the MAR to ensure necessary doses were administered and documented. In no case should the individual who administered the medication report off-duty without first recording the administration of any medication .6. If a dose of regularly scheduled medication is withheld, refused, not available, or given at a time other than the scheduled time .an exploratory note is entered .If (xx consecutive doses) of a vital medication are withheld, refused, or not available, the physician is notified. Nursing documents the notification and physician response . 1. Between 3/9/26 and 3/12/26, Surveyor reviewed R71's medical record. R71 was admitted to the facility on [DATE] and had diagnoses on admission including acute osteomyelitis-multiple sites, pressure ulcer of lower left back (unstageable), pressure ulcer of left buttock (unstageable), pressure ulcer of other site (unstageable), pressure ulcer of right hip (stage 4), pressure ulcer of left hip (stage 4), pressure ulcer of sacral region (stage 4), pressure ulcer of left heel (stage 4), pressure ulcer of left upper back (stage 4), pressure ulcer of other site (stage 3), hemiplegia and hemiparesis following cerebral infarction, and severe protein calorie malnutrition. R71's admission Minimum Data Set (MDS) assessment, dated 2/23/26, had a Brief Interview for Mental Status (BIMS) score of 6 out of 15 which indicated R71 had severly impaired cognition. R71 had an activated Power of Attorney for Healthcare (POAHC) to assist with medical decisions. R71's medical record contained the following physician orders: ~ Ceftriaxone sodium intravenous solution (Rocephin), reconstituted 1 gram (gm). Use 1 gram intravenously once daily for osteomyelitis for two weeks (Order date: 2/24/26 at 3:48 PM). (continued on next page)

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	~ Vancomycin HCl intravenous solution 1000 mg/200 milliliters (ml). Use 1000 mg intravenously in the evening for osteomyelitis for 3 days (Order date: 2/24/26 at 3:48 PM). ~ Vancomycin HCl intravenous solution use 1.5 grams intravenously every 24 hours for osteomyelitis (Order date: 3/2/26 at 12:27 PM). Surveyor reviewed R71's February and March 2026 Medication Administration Records (MARs) which indicated R71 did not receive ceftriaxone or vancomycin on the following dates: ~ On 2/25/25, ceftriaxone was not administered. Licensed Practical Nurse (LPN)-JJ documented code 7 on the MAR which meant Other, see Nurse's note. ~ On 2/25/26, Vancomycin was not administered. LPN-KK documented code 3 on the MAR which meant Hold, see Nurse's note. Surveyor noted vancomycin was only administered on 2 days because of the missed dose on 2/25/26. ~ On 3/8/26, Ceftriaxone was not administered. LPN-JJ documented code 7 on the MAR which meant Other, see Nurse's note. A progress note, dated 2/24/26 at 3:54 PM by Director of Nursing (DON)-B, indicated the wound doctor requested a culture and would assess R71's wounds. R71 had orders for IV Rocephin and vancomycin for 2 weeks. A vanco trough (a test to monitor antibiotic levels to guide antibiotic therapy) was ordered. R71 also had orders for a peripherally-inserted central catheter (PICC) line and stat (immediate) labs. A medication administration note, dated 2/25/26 at 7:01 AM by LPN-JJ, indicated R71's PICC line had not been placed. A nursing note, dated 2/25/26 at 9:24 AM by LPN-P, indicated LPN-P contacted R71's POAHC for PICC line placement consent due to a new order for IV antibiotics. A medication administration note, dated 2/25/26 at 9:52 PM by LPN-KK, indicated the facility was awaiting vancomycin from the pharmacy. A nursing note, dated 3/2/26 at 9:26 AM by Registered Nurse/Unit Manager (RNUM)-LL, indicated staff called the pharmacy regarding R71's vancomycin trough level of 11.9. The pharmacist stated vancomycin was discontinued on 2/28/26 and recommended the facility call the physician to see if antibiotic therapy should be extended. The wound doctor ordered a comprehensive metabolic panel and to continue antibiotic therapy with no end date. The pharmacist was updated and stated they would fax a copy of the dose recommendation to the facility. A nursing note, dated 3/2/26 at 12:23 PM by RNUM-LL, indicated the pharmacy called with an order for 1.5 grams of vancomycin every 24 hours starting that night. The pharmacy stated to pull the first dose from the Nexus machine. A medication administration note, dated 3/8/26 at 8:48 AM by LPN-JJ, indicated ceftriaxone was not available. R71's medical record did not indicate the physician was notified of the two missed doses on 2/25/26 (continued on next page)

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	or the missed dose on 3/8/26. On 3/12/26 at 1:49 PM, Surveyor interviewed LPN-KK who indicated sometimes there is a delay in starting IV antibiotics because the facility uses an outside agency to insert PICC lines which can take 1 to 2 days. LPN-KK verified the physician should be notified of a missed dose of antibiotics. LPN-KK stated the physician might send the resident to the hospital for PICC line placement or change and extend the antibiotic order. LPN-KK could not recall the 2/25/26 dosing issue for the original vancomycin order and was unsure if it was a PICC line issue or if the medication hadn't arrived. On 3/12/26 at 12:54 PM, Surveyor interviewed DON-B who indicated medications should be administered as ordered. DON-B stated staff should initial medications on the MAR when they are administered and should use codes on the MAR if a medication is not administered. DON-B stated medications that are not initialed or contain a code are considered to be not administered. DON-B stated there should be no blanks on the MAR. DON-B confirmed an IV medication should be started right away if the medication is available. Staff should notify the physician if the medication will not start until the next day and document the notification in the resident's medical record. If the physician changes the start date, the order should reflect the new start date. Chief Nursing Officer (CNO)-S was present during the interview and indicated medications should be started within 24 hours. When asked when a PICC line should be placed for an order dated 2/24/26 at 3:54 PM, DON-B stated a PICC line should be placed that day if possible. DON-B verified documentation of physician notification for the missed IV antibiotics should be in R71's medical record. CNO-S indicated the facility needed to be better about physician notification and documentation. 2. Between 3/10/26 and 3/12/26, Surveyor reviewed R84's medical record. R84 was admitted to the facility on [DATE] and had diagnoses including type 2 diabetes, cutaneous abscess of limb, and non-pressure chronic ulcer of right foot. R84's MDS assessment, dated 11/20/25, had a BIMS score of 15 out of 15 which indicated R84 had intact cognition. R84 made R84's own medical decisions. A care plan, dated 11/14/25, indicated R84 was admitted to the facility on IV antibiotics related to sepsis and right extremity cellulitis. The care plan contained interventions to administer antibiotics and treatments as ordered (dated 11/14/25). A care plan, dated 11/14/25, indicated R84 was at risk for potential infection/complication related to IV use/PICC line. The care plan contained an intervention to administer IV fluids/medications per physician's orders. R84 was admitted to the facility after an acute hospital stay with sepsis from a soft tissue infection and right calf cellulitis and abscess. A hospital discharge summary indicated R84 was non-compliant with diabetic medications and diet prior to the hospital stay. Magnetic resonance imaging (MRI) for evolving osteomyelitis was started but could not be completed due to an issue with R84 lying in a supine (lying flat on one's back face upward) position. A progress note, dated 11/15/25, indicated R84 was concerned about R84's wounds and antibiotic therapy and the pharmacy would stat medication to the facility. The note indicated R84 wanted to go to the Emergency Department (ED) for evaluation and did not want to go twenty-four hours without antibiotics. R84 was transported to the ED. Emergency Department documentation, dated 11/15/25, indicated R84 had missed three doses of IV antibiotics. R84 had chronic lower leg edmea. The documentation indicated there was no redness to (continued on next page)

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	the lower legs and R84 did not appear septic. R84's medical record contained the following order: ~ Cefazolin sodium injection solution reconstituted 2 grams intravenously three times daily for infection (Order date: 11/14/25 at 12:28 PM). R84's MAR indicated the medication was scheduled at 7:00 AM, 2:00 PM, and 9:00 PM. R84's November 2025 MAR indicated the order was started on 11/15/25 at 7:00 AM but was not administered at 7:00 AM and 2:00 PM. (Of note, R84 was admitted to the facility on [DATE] prior to 5:00 PM, however, cefazolin was not scheduled to start until 7:00 AM on 11/15/25.) A health note, dated 11/17/25, indicated R84 had a history of methicillin-resistant Staphylococcus aureus (MRSA) (a type of staph baceteria resistant to several common antibiotics) infection and had wounds on both lower extremities. The note indicated R84 had missed antibiotics due to pharmacy issues. On 3/11/26 at 1:25 PM, Surveyor interviewed LPN-QQ who verified residents miss doses of medications that are not delivered timely from the pharmacy. LPN-QQ indicated the pharmacy (which is in a neighboring state) delivers medications nightly but can send stat medications (which take approximately 2 hours) if requested. LPN-QQ stated if LPN-QQ calls the pharmacy on the AM shift to request a medication, the medication will be in the facility the next day when LPN-QQ arrives for work. On 3/11/26 at 10:00 AM, Surveyor interviewed DON-B who indicated R84's cefazolin was scheduled to arrive after midnight on 11/14/25. DON-B indicated R84 was upset that the facility didn't have the IV medication upon admission. DON-B stated when R84 expressed concerns on 11/15/25 about the missed antibiotic doses, the facility obtained an order to give an oral antibiotic in the meantime. R84 refused the oral antibiotic and went to the ED for an IV dose. DON-B stated the facility's process is to let the provider know if a medication hasn't arrived so the provider can either hold the medication or offer an alternative until the medication is delivered. DON-B indicated the provider was first contacted on 11/15/25 (which was after R84 had already missed multiple doses of the antibiotic). DON-B was unsure what time the physician was notifed of the missed doses. R84's medical record did not indicate when or if the physician was notified.

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F 0774 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Help the resident with transportation to and from laboratory services outside of the facility. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff and resident interview and record review, the facility did not have reliable transportation to and from the source of service for 1 resident (R) (R13) of 2 sampled residents. R13 had a baclofen pump that needed to be changed. R13 had multiple missed appointments due to transportation issues prior to getting the pump changed.Findings include: Between 3/9/26 and 3/12/26, Surveyor reviewed R13's medical record. R13 was admitted to the facility on [DATE] and had diagnoses including paraplegia, unspecified injury at T1 level of thoracic spinal cord, anxiety, and depression. R13's Minimum Data Set (MDS) assessment, dated 1/19/26, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R13 had intact cognition. On 3/9/26 at 8:19 AM, Surveyor interviewed R13 who indicated there were concerns with transportation when R13 needed to get R13's baclofen pump changed. R13 stated R13 made it to the appointment on the fourth try. R13 stated the first time, the facility did not schedule a ride for the pre-op appointment and did not do the necessary blood work. The second time, the facility did not hold R13's Eliquis timely. The third time, the transportation company arrived with a car instead of a wheelchair van. R13 stated the pump was finally changed last week. R13 indicated R13 was mad about the situation and stated, I could have done a damn better job myself. A progress note, dated 2/19/26 at 3:26 PM, indicated R13 missed a pre-procedure physical appointment due to transportation issues. The clinic asked if R13's physical could be completed by the facility's physician. An Advanced Practice Nurse Prescriber (APNP) note, dated 2/25/26, indicated R13 was awaiting blood work and a physical examination in preparation for baclofen pump replacement surgery which had been delayed multiple times due to transportation issues. On 3/11/26 at 11:37 AM, Surveyor interviewed Transportation staff (TS)-CC who had been assisting with transportation for approximately 6 months. TS-CC indicated the facility used several different transportation companies. TC-SS was not aware of R13's recent transportation issues. When Surveyor provided the 2/19/26 progress note, TS-CC reviewed a paper planner and indicated R13 was supposed to be picked up at 9:00 AM for a 10:30 AM appointment. TS-CC was unsure what happened and indicated there was another transportation staff who no longer worked at the facility and might have had notes elsewhere. On 3/12/26 at 11:04 AM, Surveyor interviewed Registered Nurse (RN)-Y who indicated there had been a few missed appointments lately. RN-Y indicated the facility had a new process which was implemented a couple of months ago. RN-Y confirmed R13 had at least one missed appointment. RN-Y stated staff had R13 ready to go, however, R13's ride did not show up. On 3/12/26 at 10:13 AM, Surveyor interviewed Nursing Home Administrator (NHA)-A and Director of Nursing (DON)-B. DON-B confirmed there were issues with a transportation company. DON-B stated for one of R13's appointments, the clinic said it was okay and asked if the pre-op exam could be completed by the facility's physician. NHA-A stated the facility changed some processes due to the transportation issues. NHA-A stated TS-CC schedules all of the transportation and the facility has a dedicated staff person to ensure residents are ready to go to appointments. The staff person also attends the appointments if needed. NHA-A indicated there is a binder at the desk for appointments and appointments are also noted on a resident's electronic dashboard. NHA-A stated NHA-A has to approve all transportation services. Surveyor requested to see staff education for the updated transportation process which was not provided.

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	525333	A. Building B. Wing	03/12/2026

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Watertown Health Care Center	121 Hospital Dr Watertown, WI 53098

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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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff and resident interview, and record review, the facility did not establish and maintain an infection prevention and control program designed to prevent the transmission of communicable disease and infection. This practice had the potential to affect more than 4 of the 77 residents residing in the facility. Certified Nursing Assistant (CNA)-NN did not complete appropriate hand hygiene during cares for R72. R13 was on contact precautions. Assistant Administrator (AA)-M entered R13's room without completing hand hygiene or donning appropriate personal protective equipment (PPE). Registered Nurse (RN)-Y did not complete appropriate hand hygiene during medication preparation and administration for R14, R15, R23, and R58.Hand hygiene was not offered to multiple residents prior to dining, including R73 and R66.Findings include: The facility's hand hygiene policy, dated 2023, indicates: Bedrock Healthcare facilities recognize hand hygiene as the primary measure to prevent the transmission of healthcare-associated infections (HAIs). All personnel must follow proper hand hygiene practices to protect residents, staff, and visitors and reduce the spread of infection within the facility .Indications for Hand Hygiene: Hand hygiene must be performed: Before touching a resident; Before performing aseptic tasks; After contact with blood or body fluids; After touching a resident; After touching a resident's environment; Before moving from a soiled body site to a clean body site; Immediately after glove removal. Glove Use: Gloves should be worn when anticipating contact with blood or body fluids, performing aseptic procedures, or when caring for residents on contact precautions. Gloves do not replace hand hygiene. The facility's Infection Prevention and Control Program policy, revised 7/2025, indicates: Enhanced Barrier Precautions: a. Enhanced Barrier Precautions (EBP) use gowns and gloves during high-contact care to prevent the spread of resistant germs. b. EBP is recommended for residents with: i. Wounds or medical devices, regardless of multidrug-resistant organism (MDRO) status. ii. MDRO infection or colonization. c. High-contact resident care (includes): i. Dressing; ii.Bathing/showering; iii.Transferring; iv.Toileting; v. Providing hygiene; vi.Changing linens or briefs; vii. Device care or use (central line, urinary catheter, feeding tube, tracheostomy, or wound care); viii.Chronic wound; ix. Therapy sessions .Isolation Protocol (Transmission-Based Precautions). A. A resident with an infection or communicable disease shall be placed on transmission-based precautions (TBP) as recommended by current Centers for Disease Prevention and Control (CDC) guidelines. CDC.gov indicates: Carbapenem-resistant Acinetobacter baumannii (CRAB) are bacteria resistant to nearly all antibiotics and difficult to remove from the environment. As a result, CRAB can cause deadly infections and large outbreaks among hospitalized patients and nursing home residents. Patients can become colonized with CRAB, meaning that the organism can live on the skin or another part of the body, but is not causing signs or symptoms of disease. Both infected and colonized patients can shed CRAB into the environment, which contaminate surfaces and shared medical equipment. Implementation of infection prevention interventions in healthcare settings, such as use of Transmission-Based Precautions and thorough environmental cleaning and disinfection, are critical in preventing the spread. The facility's Administering Medications policy, dated 10/2014, indicates: Medications are administered as prescribed in accordance with good nursing principles and practices and only by person legally authorized to do so .A. Preparation .2. Handwashing and Hand Sanitization: The person (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	administering medications adheres to good hand hygiene, which includes washing hands thoroughly before beginning a medication pass, prior to handling any medication, after coming into direct contact with a resident . The facility's Assistance with Meals policy, revised July 2017, indicates: .3. All employees who provide resident assistance with meals will be trained and shall demonstrate competency in the prevention of foodborne illness, including personal hygiene practices and safe food handling. All residents will be offered hand hygiene prior to meals. The Centers for Disease Control About Handwashing information from CDC.gov, dated 2/16/24, indicates: Many diseases and conditions are spread by not washing hands with soap and clean, running water. Hand washing with soap is one of the best ways to stay healthy. If soap and water are not readily available, use a hand sanitizer with at least 60% alcohol to clean your hands. Washing hands can keep you healthy and prevent the spread of respiratory and diarrheal infections. Germs can spread from person to person or from surfaces to person when you: Touch your eyes nose and mouth with unwashed hands; Prepare or eat food and drinks when with unwashed hands; Touch surfaces or objects that have germs on them; Blow your nose, cough, or sneeze into hands and then touch other people's hands or common objects. You can keep yourself and your loved ones healthy by washing your hands often, especially during these key times when you are likely to get and spread germs: Before, during, after preparing food; Before and after eating food . 1. Between 3/9/26 and 3/12/26, Surveyor reviewed R72's medical record. R72 was admitted to the facility on [DATE] and had diagnoses including diabetes, polyneuropathy, Alzheimer's disease, anxiety, sacral pressure injury stage 3, and non-pressure ulcer left foot. R72 had an activated Power of Attorney for Healthcare (POAHC) and was on EBP due to a catheter and a wound. On 3/11/26 at 9:17 AM, Surveyor observed an enhanced barrier precautions (EBP) sign and a personal protective equipment (PPE) cart outside R72's room. Surveyor observed CNA-NN wash R72's upper body and anterior peri area and complete catheter care. CNA-NN did not remove soiled gloves, cleanse hands, and don clean gloves before touching R72 and R72's gown. When CNA-NN removed soiled gloves, CNA-NN removed a bottle of hand sanitizer from under CNA-NN's gown and reached into CNA-NN's scrub top without completing hand hygiene. CNA-NN washed R72's peri rectal area and did not remove soiled gloves, cleanse hands, or don clean gloves. CNA-NN touched R72 and a bottle of lotion before removing gloves, cleansing hands, and donning clean gloves. Director of Nursing (DON)-B was present during most of the observation. DON-B verified that when going from dirty to clean, staff should remove soiled gloves, cleanse hands, and don clean gloves. Surveyor interviewed CNA-NN who did not understand the breach in hand hygiene. 2. Between 3/9/26 and 3/12/26, Surveyor reviewed R13's medical record. R13 was admitted to the facility on [DATE] and had diagnoses including history of Carbapenem-resistant Acinetobacter baumannii (CRAB), paraplegia, sepsis, and anxiety. R13's MDS assessment, dated 1/19/26, had a BIMS score of 15 out of 15 which indicated R13 had intact cognition. R13 had an order for contact isolation due to open wound due to CRAB (initiated 5/10/25). On 3/9/26 at 10:54 AM, Surveyor observed a sign on R13's door that indicated: Contact Precautions, everyone must clean their hands, including before entering and when leaving room. Providers and staff must also: Put on gloves before room entry. Discard gloves before room exit. Put on gown before room entry. Discard gown before room exit. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 3/9/26 at 10:55 AM, Surveyor observed AA-M enter R13's room without completing hand hygiene or donning PPE. AA-M then exited R13's room and entered a room across the hall without completing hand hygiene. When Surveyor asked AA-M about the contact precautions sign near the door, AA-M pointed to the sign on the wall and stated if it wasn't on the resident's door, it wasn't active. Surveyor observed Registered Nurse (RN)-Y near R13's door. RN-Y looked in R13's electronic medical record and indicated R13 was on precautions due to open wounds and CRAB. Surveyor informed AA-M of the sign and what it meant. AA-M then asked about an enhanced barrier precautions (EBP) sign and what to do for EBP. AA-M verified AA-M should have followed the appropriate precautions. 3. On 3/9/26 from 9:29 AM through 9:59 AM, Surveyor observed RN-Y prepare and administer medications for R14, R15, R23, and R58. RN-Y did not complete hand hygiene at the start of medication preparation or before administering medications to the residents. On 3/9/26 at 10:08 AM, Surveyor interviewed RN-Y who stated RN-Y usually completes hand hygiene between every several residents unless there are bodily fluids visible. On 3/10/26 at 3:53 PM, Surveyor interviewed DON-B who indicated staff should complete hand hygiene prior to medication preparation and after medication administration. 4. On 3/9/26 at approximately 12:00 PM, Surveyor observed staff deliver lunch trays on the 400 wing. Surveyor noted there were no hand hygiene wipes on the trays and residents were not offered hand hygiene prior to receiving their meal tray. On 3/9/26 at 12:07 PM, a second Surveyor observed staff deliver lunch trays on the 200 wing. Surveyor noted there were no hand hygiene wipes on the trays and residents were not offered hand hygiene prior to receiving their meal tray. On 3/10/26 at 8:33 AM, Surveyor observed breakfast in the main dining room. There were eight residents in the dining room. Surveyor noted the tables did not contain hand wipes or bottles of hand sanitizer and residents were not offered hand hygiene prior to eating their meals. On 3/10/26 at 8:37 AM, Surveyor interviewed CNA-MM who stated CNA-MM did not offer residents hand hygiene in the dining room prior to breakfast. CNA-MM indicated residents should be offered hand hygiene prior to eating. CNA-MM stated if a resident's hands are dirty or sticky after a meal, CNA-MM gets a wet paper towel from the kitchen. CNA-MM stated staff used to bring hand wipes to the dining room from from the supply closet. On 3/10/26 at 12:17 PM, Surveyor interviewed R73 who had just finished lunch. R73 stated R73 was not offered hand hygiene prior to or after the meal but it would be a good idea if R73 was offered hand hygiene. Surveyor noted there were no visible hand hygiene wipes in the dining area. On 3/10/26 at 12:18 PM, Surveyor interviewed R66 who had just finished lunch. R66 stated R66 was not offered hand hygiene prior to or after the meal but would like to be offered hand hygiene during meals. Surveyor noted there were no visible hand hygiene wipes in the dining area. On 3/10/26 at 2:43 PM, Surveyor interviewed Dietary Manager (DM)-C who indicated residents should be offered hand hygiene prior to meals. DM-C indicated staff can use hand hygiene wipes or a bottle of hand sanitizer to offer hand hygiene. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 3/12/26 at 12:54 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A and DON-B who indicated staff should follow the facility's infection control and hand hygiene policies. DON-B indicated residents should be offered hand hygiene in the dining room and hand wipes should be on room trays for all meals.