STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525337	A. Building B. Wing	06/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rocky Knoll Health Care	N7135 Rocky Knoll Parkway Plymouth, WI 53073

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, staff interview, and record review, the facility did not ensure food was stored and prepared in a safe and sanitary manner. This practice had the potential to affect all 138 residents residing in the facility. The facility did not consistently follow safe food cooling protocol. The facility did not ensure wash and rinse cycles for the dishwasher met the minimum required temperatures. The facility did not ensure cooked, pureed, and reheated food or food held for service reached a temperature of 165 degrees Fahrenheit (F). Findings include:On 6/8/26, Dietary Manager (DM)-F verified the facility follows the Food and Drug Administration (FDA) Food Code. Cooling Procedure: The 2022 FDA Food Code documents at 3-501.14 Cooling: (A) Cooked Time/Temperature Control for Safety Food shall be cooled: (1) Within 2 hours from 57 Celcius (C) (135 Fahrenheit (F)) to 21 C (70 F); and (2) Within a total of 6 hours from 57 C (135 F) to 5 C (41 F) or less. (B) Time/Temperature Control for Safety Food shall be cooled within 4 hours to 5 C (41 F) or less. If food is not cooled to 70 F within 2 hours, it must be either reheated to 165 F for 15 seconds and then re-cooled, or it must be discarded. This is because food that spends too long in the danger zone (between 41 F and 135 F) is at risk of rapid bacterial growth, which can lead to foodborne illness. Proper cooling is essential to prevent the risk of foodborne illness, and failing to meet the cooling time requirements can result in food safety violations. During an initial kitchen tour that began at 8:45 AM on 6/8/26, Surveyor and DM-F observed the following items in the reach-in cooler: ~ A container labeled Veg dated 6/7/26~ A container labeled Mashed potato dated 6/7/26~ A container labeled Lasagna dated 6/7/26~ A container labeled Beef dated 6/7/26~ A container labeled Ham dated 6/6/26~ A container labeled Grilled chicken dated 6/4/26~ A container labeled Egg bake dated 6/4/26~ A container labeled Peppers and sausage dated 6/7/26DM-F indicated the cooling log is on the cooler for staff to obtain and document the temperatures of all food put in the cooler for future resident consumption. DM-F indicated temperatures are obtained every two hours until the food reaches 41 degrees F or below. DM-F verified the container labeled Peppers and sausage was not on the cooling log. DM-F indicated they would provide previous cooling logs to ensure all food observed in the reach-in cooler was documented as cooled to an appropriate temperature. During a continuous kitchen observation that began at 2:16 PM on 6/8/26, Surveyor and DM-F reviewed the cooling logs and noted the above items that were cooked, cooled, and saved for resident consumption were not documented as reaching a safe cooled temperature within six hours:Dishwashing Temperatures: The 2022 FDA Food Code documents at 4-501.112 Mechanical Ware Washing Equipment, Hot Water Sanitization Temperatures: The temperature of hot water delivered from a ware washer sanitizing rinse manifold must be maintained according to the equipment manufacturer's specifications and temperature limits specified in this section to ensure surfaces of multi-use utensils such as kitchenware and tableware accumulate enough heat to destroy pathogens that may remain on such surfaces after cleaning. The surface temperature must reach at least 71 C (160 F) as measured by an irreversible registering temperature measuring device to affect sanitization .The lower temperature limits of 74 C (165 F) for a stationary rack, single temperature machine, and 82 C (180 F) for other machines are based on the sanitizing rinse contact time required to achieve the 71 C (160 F) utensil surface temperature. During (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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	an initial kitchen tour that began at 8:45 AM on 6/8/26, Surveyor and DM-F observed staff wash breakfast dishes. The dishwasher's data plate indicated the required minimum temperatures are 160 degrees F for the wash cycle and 180 degrees F for the rinse cycle. Surveyor observed the following temperatures for the wash and rinse cycles: ~ Wash cycle: 166 degrees F; Rinse cycle: 177 degrees F~ Wash cycle: 159 degrees F; Rinse cycle: 181 degrees F~ Wash cycle: 158 degrees F; Rinse cycle: 186 degrees FSurveyor observed the June 2026 dishwashing temperature log and noted the dishwasher did not reach the required minimum wash cycle temperature of 160 degrees F on 7 occasions or the required minimum rinse cycle temperature of 180 degrees F on 3 occasions. The lowest wash cycle temperature was 154 degrees F. The lowest rinse cycle temperature was 160 degrees F. Surveyor also noted the internal temperature of the dishwasher did not reach the required temperature of 160 degrees F on 4 occasions. Surveyor interviewed DM-F who verified the temperature should reach 160 degrees F for the wash cycle and 180 degrees F for the rinse cycle. DM-F was not aware the dishwasher was not consistently reaching the required minimum temperatures and stated DM-F would provide the May 2026 dishwashing temperature log for review. During a continuous kitchen observation that began at 2:16 PM on 6/8/26, Surveyor reviewed the May 2026 dishwashing temperature log and noted the dishwasher did not reach the required minimum wash temperature of 160 degrees F on 21 occasions. The dishwasher did not reach the required minimum rinse cycle temperature of 180 degrees F on 4 occasions. The lowest wash cycle temperature was 151 degrees F. The lowest rinse cycle temperature was 161 degrees F. Surveyor also noted the internal temperature of the dishwasher did not reach the required temperature of 160 degrees F on 5 occasions. The lowest documented internal temperature was 151 degrees F. Surveyor interviewed DM-F who confirmed the dishwasher did not reach the required minimum wash, rinse, or internal temperatures on multiple occasions. Reheating for Hot Holding:The 2022 FDA Food Code documents at 3-403.11 Reheating for Hot Holding: (A) Except as specified under (B) and (C) and (E) of this section, Time/Temperature Control for Safety Food that is cooked, cooled, and reheated for hot holding shall be reheated so that all parts of the food reach a temperature of at least 165 degrees F for 15 seconds. (B) Except as specified under (C) of this section, Time/Temperature Control for Safety Food reheated in a microwave oven for hot holding shall be reheated so that all parts of the food reach a temperature of at least 165 degrees F and the food is rotated or stirred, covered, and allowed to stand covered for 2 minutes after reheating.During a continuous kitchen observation that began at 2:16 PM on 6/8/26, Surveyor reviewed the facility's cooked food, hot holding, and reheated temperature logs for lunch from 6/1/26 through 6/8/26 and noted 33 pureed meals were not reheated to ensure they reached 165 degrees F. Surveyor observed temperatures between 115 degrees F and 155 degrees F with the lowest documented temperature of 115 degrees F on 3 occasions. Surveyor interviewed DM-F who verified food is cooked, pureed, and then reheated and staff obtain temperatures of the items prior to service. DM-F was not aware the documented temperatures did not reach the minimum requirements.

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview and record review, the facility did not ensure care plans were revised for 2 residents (R) (R9 and R11) of 28 sampled residents. R9 started Hospice care on 11/5/25. R9's care plan did not indicate R9 was on Hospice. R11 returned to the facility on 3/5/26 from a hospitalization where a catheter was inserted. R11's care plan did not indicate R11 had a catheter. Findings include: The facility's Comprehensive Care Plan policy, revised December 2025, indicates: Care Plan Review and Revision: 1. The comprehensive care plan is a dynamic document and shall be reviewed and revised whenever necessary to accurately reflect the resident's current condition, goals, and needs. 2. The care plan shall be reviewed and revised when: .A significant change in condition occurs . 1. R9 was admitted to the facility on [DATE] and had diagnoses including Alzheimer's disease, dementia, and urine retention. R9's Minimum Data Set (MDS) assessment, dated 5/6/26, stated R9 had a Brief Interview for Mental Status (BIMS) score of 11 out of 15, indicating moderately impaired cognition. R9 had an activated Power of Attorney for Healthcare (POAHC). On 6/8/26, Surveyor reviewed R9's medical record which contained an order for Hospice care dated 11/5/25. R9's care plan did not contain a focus, goals, or interventions related to Hospice care. On 6/10/26 at 10:54 AM, Surveyor interviewed Director of Nursing (DON)-B who indicated staff should include Hospice interventions on a resident's care plan. 2. R11 was admitted to the facility on [DATE] and had diagnoses including Parkinson's disease, dementia. and urinary retention. R11's MDS assessment, dated 3/26/26, contained a staff assessment that indicated R11 was cognitively impaired. Between 6/8/26 and 6/10/26, Surveyor reviewed R11's medical record and noted R11 had a catheter. R11's medical record did not contain a care plan related to catheter use. (Of note: R11 returned to the facility on 3/5/26 from the hospital where a catheter was inserted.) On 6/10/26 at 11:49 AM, Surveyor interviewed DON-B who confirmed R11 did not have a care plan that addressed catheter use.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interview, and record review, the facility did not maintain an infection prevention and control program designed to prevent the development and transmission of communicable disease and infection for 1 resident (R) (R9) of 5 sampled residents. R9 was on enhanced barrier precautions (EBP) related to an indwelling catheter. R9's catheter bag was observed on the floor on multiple occasions. In addition, staff did not wear gowns or gloves during catheter care. Findings include: The facility's Enhanced Barrier Precautions policy, revised 6/2026, indicates: .Enhanced Barrier Precautions (EBP) help prevent the transmission of multidrug-resistant organisms (MDROs) during high-contact care activities .EBP apply to any resident who has a wound or indwelling medical device even if they aren't colonized with an MDRO. EBP requires that anyone providing or assisting a resident with high-contact care wear a gown and gloves . R9 was admitted to the facility on [DATE] and had diagnoses including Alzheimer's disease, dementia, and urine retention. R9's Minimum Data Set (MDS) assessment, dated 5/6/26, stated R9 had a Brief Interview for Mental Status (BIMS) score of 11 out of 15, indicating moderately impaired cognition. On 6/8/26 at 12:34 PM, Surveyor observed R9 in a wheelchair. R9's catheter bag was hooked to the frame of the wheelchair and was resting on the floor. On 6/9/26 at 9:03 AM, Surveyor observed R9 in a wheelchair in the dining room. R9's catheter bag was touching the floor. On 6/9/26 at 9:05 AM, Surveyor interviewed Licensed Practical Nurse (LPN)-C who verified R9's catheter bag was touching the floor. Without donning a gown or gloves, LPN-C adjusted the bag to prevent it from touching the floor. LPN-C indicated a gown and gloves should have been worn. On 6/9/26 at 10:25 AM, Surveyor observed R9 in bed in a low position. R9's catheter bag was resting on the floor. Surveyor interviewed LPN-C who verified the bag was on the floor and asked Certified Nursing Assistant (CNA)-D to adjust the bag. Without donning a gown or gloves, CNA-D adjusted the bag and placed a pad underneath it. On 6/10/26 at 10:45 AM, Surveyor interviewed Director of Nursing (DON)-B who indicated staff should wear a gown and gloves during all catheter care. DON-B also verified catheter bags should not be on the floor without a barrier.