STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525338	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beaver Dam Health Care Center	410 Roedl CT Beaver Dam, WI 53916

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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41788 Based on observation, interview, and record review, the facility did not ensure that all residents are clinically appropriate to self-administer medications for 1 of 1 Residents (R9) reviewed for self administration. R9 was observed to have her medications left at bedside. This is evidenced by: The facility policy entitled, Self-Administration, undated, states, in part: . Policy: In order to maintain the residents' high level of independence, residents who desire to self-administer medications are permitted to do so if the facility's interdisciplinary team has determined that the practice would be safe for the resident and other residents of the facility and there is a prescriber's order to self-administer. Procedures: A. If the resident desires to self-administer medications, an assessment is conducted by the interdisciplinary team of the resident's cognitive (including orientation to time), physical, and visual ability to carry out this responsibility during the care planning process . C. For those residents who self-administer, the interdisciplinary team verifies the resident's ability to self-administer medications by means of a skill assessment conducted on a quarterly basis or when there is significant change in . E. If the resident demonstrates the ability to safely self-administer medications, a further assessment of the safety of bedside medication storage is conducted . R9 was admitted to the facility on [DATE] and has diagnoses that include hypothyroidism (a condition in which the thyroid gland doesn't produce enough thyroid hormone. The deficiency can disrupt such things as heart rate, body temperature, and all aspects of metabolism), major depressive disorder, and attention-deficit hyperactivity disorder (a chronic condition including attention difficulty, hyperactivity, and impulsiveness). (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
	525338	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beaver Dam Health Care Center	410 Roedl CT Beaver Dam, WI 53916

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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R9's Admission Minimum Data Set Assessment, dated 2/5/25, shows R9 has a Brief Interview of Mental Status score of 14 indicating R9 is cognitively intact. R9's Physicians Orders for February 2025 include: -Levothyroxine Sodium Oral Tablet 25 micrograms (MCG) . Give 1 tablet by mouth in the morning for Hypothyroidism . Order Date: 1/27/25. Start Date: 1/28/25. R9's Medication Administration Record (MAR) for February 2025, states, in part: . Levothyroxine Sodium Oral Tablet 25 MCG . Give 1 tablet by mouth in the morning for Hypothyroidism. Order Date: 1/27/25 10:43. Ordered time: 06:00 AM On 2/23/25 at 11:17 AM, Surveyor observed R9 take her levothyroxine that was on her bedside table. Surveyor asked R9 what medication that was she just took and R9 indicated her thyroid medication. R9 indicated the nurse leaves it at bedside every morning and when R9 wakes up she takes it on her own. R9 indicated this morning she got sidetracked and forgot to take it until now. On 2/23/25 at 11:32 AM, Surveyor interviewed LPN P (Licensed Practical Nurse) and asked if R9 can self-administer medications. LPN P indicated just R9's inhaler. Surveyor asked if medications should be left at bedside for R9 and LPN P indicated no. Surveyor informed LPN P of R9 taking a medication that R9 identified as her thyroid medication that had been left at bedside. Surveyor asked if LPN P was aware the medication had been left at R9's bedside and LPN P indicated no. LPN P indicated the third shift nurse administers R9's levothyroxine between 5 AM and 6 AM. Surveyor asked if medication ordered for 6 AM and taken at 11:17 AM would be considered late and LPN P indicated yes, it is ordered for 6 AM. Surveyor asked LPN P what the process is for administering medications to R9. LPN P indicated staff administers the medications and observe R9 take them. Surveyor informed LPN P that R9 indicated it is normal for the nurses to leave her medication at bedside that time of day and LPN P indicated that is not the normal process; we are to administer the medications and observe residents take them. LPN P indicated we are not to leave medications at bedside for R9. On 2/25/25 at 2:58 PM, Surveyor interviewed DON B (Director of Nursing) who indicated medications should not be left at bedside for R9. DON B indicated R9 cannot self-administer medications. Surveyor informed DON B of observation of R9 taking medication that had been left at bedside this morning. Surveyor asked DON B if R9 should have a self-medication evaluation and DON B indicated no, because R9 cannot self-administer her own medications.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525338	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beaver Dam Health Care Center	410 Roedl CT Beaver Dam, WI 53916

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41788 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 6 of 17 sampled residents (R48, R264, R49, R7, R263, R10) and 4 supplemental residents (R5, R36, R16, R47). R48 voiced concerns with cleanliness of room and lack of housekeeping. Surveyor observed R48's room to be unclean. R264's floor in room observed to be in need of mopping. Foot tracks and white markings and tracks on floor. R49 indicated housekeeping pushes debris under the bed. Small pieces of debris were observed under R49's bed. R5's room had cheesy crackers on left side of bed and floor showed white markings and appeared unclean. Observed under the bed was small debris, and around and under garbage container it was dusty and there were small particles of debris. R36's room has dust build up along base boards, under the sink, and on heat base board. Small particles noted all over floor. R47, R36, R16, R10, and R7 voiced concerns in Resident Council Meeting with Surveyors related to the cleanliness of the facility. R7's room was observed to be unclean. Evidenced by: Facility could not provide a policy on housekeeping. The facility housekeeping daily check off sheet shows: -All resident rooms duties include garbage, restock paper products, bags and soap. Disinfect room/bathroom. Mop/Sweep/dust the whole room and under furniture. -High touch areas- counter, faucets, side table, door frames, knobs, handrails, chairs, call lights, light switches and remotes Example 1: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525338	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beaver Dam Health Care Center	410 Roedl CT Beaver Dam, WI 53916

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	R48 admitted to the facility on [DATE] and has diagnoses that include Type 2 Diabetes Mellitus (A long term condition in which the body has trouble controlling blood sugar and using it for energy), peritoneal abscess (a collection of pus in the peritoneal cavity, the space between the abdominal organs and the lining of the abdomen), and Methicillin Resistant Staphylococcus Aures Infection, unspecified site (a type of staph bacteria that's resistant to many antibiotics). R48's Quarterly Minimum Data Set (MDS) Assessment, dated 1/10/25, shows that R48 has a Brief Interview of Mental Status (BIMS) score of 15 indicating R48 is cognitively intact. On 2/23/25 at 10:31 AM, Surveyor interviewed R48 who indicated he has concerns with the housekeeping in his room. R48 indicated his bed does not get made daily and his bedding does not get changed unless he asks the staff to change it. Surveyor observed a chunk out of the wall next to the bed, popcorn on floor, dirty laundry on floor and debris in corner under sink and under bed side table. Surveyor observed the handrail in the bathroom to be unclean with brownish substance smeared on it, the windowsill and the top of the heat base board with dust build up, and all along the edges of the floor around the room was dusty. On 2/23/25 at 11:03 AM, Surveyor interviewed CNA Q (Certified Nursing Assistant) and showed her what Surveyor was seeing in R48's room. Surveyor asked CNA Q if floor needed sweeping and mopping and CNA Q indicated the floor is kind of dusty. Surveyor asked CNA Q if the faucet appeared dirty and CNA Q indicated a little bit. Surveyor showed CNA Q the handrail in bathroom and CNA Q indicated it needed to be cleaned. Surveyor asked CNA Q if your floors looked like this at home would you be OK with it and CNA Q indicated she would mop them. On 2/24/25 at 10:27 AM, Surveyor observed popcorn still on R48's floor. Surveyor observed R48's bed unmade with dark brown/rust-colored stains on sheets and on the pillowcase. Surveyor observed R48's pillow to be ripped along the seam and debris/dust under chair and on the floor. The heat base board was still dusty and along base boards in room dust was observed. The bathroom handrail was observed to have a brownish substance smeared on it still. On 2/24/25 at 2:09 PM, Surveyor observed R48's bed unmade with dark brown/rust-colored stains on the sheets and on the pillowcase. Surveyor observed R48's pillow ripped along the seam and debris/dust under chair and on the floor. The heat base board still dusty and along the perimeter of the room dust was observed. Example 2: R264 was admitted to the facility on [DATE] and has diagnoses that include Mild Cognitive Impairment of Uncertain or Unknown Etiology (a brain condition that causes subtle changes in thinking and memory) and Blindness, One Eye, Low Vision other eye, and encounter for palliative care (a type of medical care that helps people with serious illnesses live more comfortably). R264 does not have MDS assessment completed at this time. On 2/23/25, at 12:04 PM, Surveyor observed R264's floor in need of mopping. Foot tracks and white markings like salt carried through from outside and tracked over floor. Example 3: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525338	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beaver Dam Health Care Center	410 Roedl CT Beaver Dam, WI 53916

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	R49 admitted to the facility on [DATE] and has diagnoses that include enterocolitis due to clostridium difficile (an inflammatory condition that affects both the small and large intestines), major depressive disorder, and anxiety disorder. R49's Admission MDS Assessment, dated 10/14/24, shows that R49 has a BIMS score of 15 indicating R49 is cognitively intact. On 2/23/25 at 12:33 PM, Surveyor interviewed R49 who indicated housekeeping does not come in room and clean every day. R49 indicated when housekeeping does come in they empty the garbage, run a swifter mop around and debris gets pushed under the bed. R49 indicated housekeeping comes in to clean on Mondays, Wednesdays, and Fridays. Surveyor asked if housekeeping dusts and R49 indicated no. Surveyor observed small pieces of debris under R49's bed. On 2/24/25 at 10:40 AM, Surveyor observed the small pieces of debris still under R49's bed. On 2/25/25, at 2:09 PM, Surveyor observed the small pieces of debris still under R49's bed. Example 4: R5 was admitted to the facility on [DATE] and has diagnoses that include metabolic encephalopathy (a condition in which the brain does not function properly due to an underlying metabolic imbalance) and Type 2 Diabetes Mellitus (A long term condition in which the body has trouble controlling blood sugar and using it for energy). R5's Admission MDS Assessment, dated 11/26/24 shows that R5 has a BIMS score of 5 indicating R5 has severe cognitive impairment. On 2/23/25, at 2:57 PM, Surveyor observed pieces of cheesy crackers on the left side of R5's bed. The floor in R5's room has the same white foot tracks and white markings like salt carried through from outside and tracked on the floor. Example 5: R36 admitted to the facility on [DATE] and has diagnoses that include anxiety disorder, altered mental status, and asthma (a condition in which a person's airways become inflamed, narrow and swell, and produce extra mucus, which makes it difficult to breathe. R36's Quarterly MDS Assessment, dated 2/18/25 shows R36 has a BIMS score of 12 indicating R36 has moderate cognitive impairment. On 2/24/25 at 10:36 AM, Surveyor observed dust build up along the base boards of room and under the sink. R36's floor is dusty with small particles of debris. The heat base board has dust build up on it. On 2/24/25 at 2:07 PM, Surveyor observed under R36's bed was small debris and around and under the garbage container was dust and small particles of debris. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525338	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beaver Dam Health Care Center	410 Roedl CT Beaver Dam, WI 53916

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 2/26/25 at 2:23 PM, Surveyor interviewed NHA A (Nursing Home Administrator) regarding housekeeping and concerns from residents about room cleanliness. Surveyor informed NHA A of observations made in resident rooms. NHA A indicated the facility has been working extremely short in housekeeping. The facility had 2 open positions in housekeeping, but the facility has hired 2 housekeepers, and one is to start tomorrow. NHA A indicated his expectation is for resident rooms to get cleaned daily to residents' expectation to create a safe, clean homelike environment. 38882 Example 6: R10 admitted the facility on 5/11/23. His most recent MDS (Minimum Data Set) with ARD (Assessment Reference Date) of 2/12/25, indicates R10's cognition is intact with a BIMS (Brief Interview for Mental Status) score of 15 out of 15. R16 admitted to the facility on [DATE]. His most recent MDS with ARD of 11/19/24 indicates R16's cognition is intact with a BIMS score of 15 out of 15. R47 admitted to the facility on [DATE]. His most recent MDS with ARD of 1/15/25 indicates R47's cognition is moderately impaired with a BIMS score of 12 out of 15. R36 admitted to the facility on [DATE]. Her most recent MDS with ARD of 11/18/24 indicates R36's cognition is moderately impaired with a BIMS score of 12 out of 15. R7 admitted to the facility on [DATE]. His most recent MDS with ARD of 12/2/24 indicates R7's cognition is intact with a BIMS score of 15 out of 15. On 2/25/25 at 10:03 AM, during Resident Council Task, R47, R36, R16, R10, and R7 indicated they have concerns with the cleanliness of the facility. R47, R7, R36, R16, and R10 housekeeping do not come in their rooms every day to take out the trash and to clean. R47, R7, R36, R16, and R10 indicated there is no housekeeping services provided on the weekends, the bed linens are not always changed when they are supposed to be, floors need to be swept and mopped, there is dust/dirt build up in corners and along baseboards. R47, R7, R36, R16, and R10 indicated the housekeeping department has not been fully staffed in a little while. 50698 Example 7: R7 was admitted to the facility on [DATE] and has diagnoses that include Alzheimer's Disease, Type 2 Diabetes, vascular dementia, major depressive disorder, chronic kidney disease - stage 3, ventricular tachycardia (a condition in which the lower chambers of the heart beat very quickly), and insomnia. R7's Minimum Data Set (MDS) Annual Assessment, dated 12/2/24, shows R7 has a Brief Interview of Mental Status (BIMS) score of 15 indicating R7 is cognitively intact. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525338	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beaver Dam Health Care Center	410 Roedl CT Beaver Dam, WI 53916

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 2/23/25 at 11:35 AM, Surveyor interviewed R7. Surveyor observed R7's side of the room to be filled with piles of books and notebooks covering the tables and there were piles of books/magazines/notebooks, stack of dirty cups on the floor by his bed. Surveyor observed R7's laptop to be mixed in a pile of books, empty food containers were all over room on top of piles of books/notebooks. Surveyor observed cobwebs on ceiling/wall above the light above head of R7's bed. Surveyor asked R7 how often his room gets cleaned. R7 stated he thought it got cleaned over a week ago and indicated housekeeping staff don't come in and clean it every day. R7 told Surveyor there's no housekeeping on weekends for cleaning, R7 stated they only do laundry on weekends. On 2/26/25 at 08:19 AM, Surveyor went to visit R7 and check his room. Surveyor observed the cobwebs to still be present on wall and ceiling above head of the bed and observed piles/stacks of items to be in the same places. On 2/26/25 at 02:27 PM, Surveyor interviewed NHA A. Surveyor asked if he would expect the resident rooms to be clean. NHA A stated yes, he would expect the rooms to be clean and linens to be clean. The facility did not ensure R48, R264, R49, R7, R263, R10, R5, R36, R16, & R47 had a safe, clean, comfortable, and homelike environment or ensure housekeeping provided necessary services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525338	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beaver Dam Health Care Center	410 Roedl CT Beaver Dam, WI 53916

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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** 50698 Based on interview and record review, the facility failed to ensure that a comprehensive person-centered care plan included a sleep assessment and sleep tracking for 1 of 5 residents (R25) reviewed for unnecessary medications and failed to ensure a comprehensive person-centered care plan included how to care for a tube feeding for 1 of 1 residents (R9) reviewed for tube feeding. R25 is receiving Melatonin for sleep and did not have a sleep assessment or sleep tracking completed. R25's care plan does not indicate Melatonin use. R9 is receiving nourishment through a feeding tube and R9's care plan does not indicate how to care for the tube. This is evidenced by: Surveyor requested facility policy for sleep assessments and document was not provided. Example 1 R25 was admitted to the facility on [DATE] with diagnoses that include, in part: atherosclerosis (the build-up of fats, cholesterol, and other substances in and on the artery walls); morbid (severe) obesity; major depressive disorder, unspecified (medical condition characterized by low mood, loss of interest or pleasure in activities, and other symptoms that interfere with daily functioning); obstructive sleep apnea (a condition in which the throat muscles relax during sleep and the airway may become partially or fully blocked); anxiety disorder unspecified (a group of mental health conditions characterized by excessive and persistent worry, fear, and nervousness that can significantly interfere with daily life); and bipolar disorder (a disorder associated with mood swings). R25's Quarterly Minimum Data Set (MDS) dated [DATE] indicates a Brief Interview for Mental Status (BIMS) of 15, indicating R25 is cognitively intact. R25's physician orders include, in part: Melatonin 3 mg (milligrams) by mouth at bedtime for insomnia, order date and start date 6/20/24. R25's care plan dated 12/26/24 includes, in part: .Focus: At risk for sleep pattern disturbance r/t diagnosis of obstructive sleep apnea, date initiated 6/11/24 .Interventions: assess for pain and offer pain medications and other interventions if needed .assess usual pattern of sleep .assist resident in establishing a daily routine with periods of rest and activity .discourage resident from doing physical activities within 2 hours of bedtime and consuming caffeine .encourage resident to wear C PAP when sleeping .maintain environment conducive to sleep (quiet, comfortable temperature, dimmed lights) .review medications that resident is receiving for interference with sleep . All interventions on this portion of the care plan were initiated on 6/11/24, which is R25's admitted . Melatonin was ordered and started on 6/20/24. Melatonin use, conducting a comprehensive sleep assessment, and sleep tracking are not on R25's care plan. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525338	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beaver Dam Health Care Center	410 Roedl CT Beaver Dam, WI 53916

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Surveyor requested a sleep assessment and sleep monitoring documentation for R25. Documentation was not provided. On 2/26/25 at 6:30 PM, Surveyor interviewed DON B (Director of Nursing) and asked if she would expect residents receiving Melatonin to have a comprehensive sleep assessment, sleep tracking, and a care plan for Melatonin use. DON B stated she has never done sleep assessments for Melatonin use before, and stated she didn't realize they had to do sleep assessments, sleep tracking, and care plan for Melatonin since it's an over-the-counter medication. DON B indicated they would start to do sleep assessments, sleep tracking, and have a care plan for Melatonin use. 41788 Example 2: R9 admitted to the facility on [DATE] and has diagnoses that include moderate protein-calorie malnutrition (a state where a person is experiencing a moderate level of deficiency in both protein and calories) and calculus of bile duct with cholecystitis (a condition that occurs when gallstones block the bile duct and cause inflammation of the gallbladder). R9's Admission Minimum Data Set Assessment, dated 2/5/25, shows R9 has a Brief Interview of Mental Status score of 14 indicating R9 is cognitively intact. R9's Physician Orders, dated 2/25/25, include: -Enteral Feed Order at bedtime Osmolite 1.5, 80 ml/hr (milliliters per hour) for 6 hours starting at 2000 (8:00PM) with 100 mL free water flush. Order Date: 2/3/25. Start Date: 2/4/25. -Flush with 120 mL of sterile water QID (four times a day) to help maintain hydration status. This will provide additional 480mL/day. Four times a day. Order Date: 2/25/25. Start Date: 2/25/25. -Syringe ENFit 60 mL use for enteral feeding. Order Date: 1/27/25. R9's Care Plan, dated 2/7/25, states, in part: . Focus: Infection actual related to PEG tube site infection. Date Initiated: 2/7/25. Goal: Infection will resolve without complication. Date Initiated: 2/7/25. Revision on: 2/7/25. Target Date: 4/27/25. Interventions: -Administer antibiotics and treatment as ordered. Date Initiated: 2/7/25. -Encourage fluids unless contraindicated. Date Initiated: 2/7/25. -Encourage proper rest. Date Initiated: 2/7/25. -Follow contact precautions. Date Initiated: 2/7/25. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525338	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beaver Dam Health Care Center	410 Roedl CT Beaver Dam, WI 53916

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Follow standard precautions refer to Living Center Infection Control Manual. Date Initiated: 2/7/25. -Monitor vital signs as needed. Date Initiated: 2/7/25. -Notify practitioner if symptoms worsen or do not resolve. Date Initiated: 2/7/25. -Provide adequate nutrition. Date Initiated: 2/7/25. Note: Care plan pertains to infection of PEG tube site and not care of the PEG tube/nutrition. On 2/26/25 at 6:40 PM, Surveyor interviewed DON B (Director of Nursing) and asked if she would expect a resident with a feeding tube to have a feeding tube care plan and DON B indicated yes.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525338	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beaver Dam Health Care Center	410 Roedl CT Beaver Dam, WI 53916

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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide activities to meet all resident's needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41788 Based on observation, interview, and record review, the facility did not provide an ongoing program of activities designed to meet the interests and the physical, mental, and psychosocial well-being of each resident. This has the potential to affect 1 of 2 sampled residents (R264) reviewed for activities. Surveyor observed R264 sitting in recliner in front of the television in R264's room for long periods of time. R264 is legally blind and R264's Preference Evaluation lists it is very important for R264 to keep up with the news and listen to music R264 likes, and somewhat important for R264 to be around animals. Facility has no documentation to show activities were offered to R264. R264's care plan does not list R264's interests. Evidenced by: The facility policy entitled, Activity, dated 11/17, states, in part: . Policy: It is the policy of this facility to provide an ongoing program to support residents in their choice of activities based on their comprehensive assessment, care plan, and preferences of each resident. Facility-sponsored group and individual activities and independent activities will be designed to meet the interests of and support the physical, mental, and psychosocial well- being of each resident, as well as encourage both independence and interaction within the community. Definitions: Activities refer to any endeavor, other than routine ADLS (activities of daily living), in which a resident participates that is intended to enhance her/his sense of well-being and to promote or enhance physical cognitive, and emotional health. Policy Explanation and Compliance Guidelines: . 2. Activities will be designed with the intent to: a. Enhance the resident's sense of well-being, belonging, and usefulness. b. Promote or enhance physical activity. c. Promote or enhance cognition. d. Promote or enhance emotional health. e. Promote self-esteem, dignity, pleasure, comfort, education, creativity, success and independence. f. Reflect resident's interests and age. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525338	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beaver Dam Health Care Center	410 Roedl CT Beaver Dam, WI 53916

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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	g. Reflect cultural and religious interests of the residents. h. Reflect choices of the residents . 4. Activities may be conducted in different ways: . b. Person Appropriate-activities relevant to the specific needs, interests, culture, background, etc. for the resident they are developed for . 9. Special considerations will be made for developing meaningful activities for residents with . special needs . e. Residents who have withdrawn from previous activity interest/customary routines, and isolates self in room/bed most of day . g. Residents who lack awareness of personal safety . Example: R264 was admitted to the facility on [DATE] and has diagnoses that include Mild Cognitive Impairment of Uncertain or Unknown Etiology (a brain condition that causes subtle changes in thinking and memory) and Blindness, One Eye, Low Vision other eye, and encounter for palliative care (a type of medical care that helps people with serious illnesses live more comfortably). R264's Care Plan, dated 2/18/25, with a target date of 5/19/25, states, in part: . Focus: Impaired Vision related to: Age related degenerative changes, cataract and blind in 1 eye. Date Initiated: 2/18/25. Goal: Will remain safe in the environment. Date Initiated: 2/18/25. Interventions: . -Encourage involvement in activities. Date Initiated: 2/18/25. -Provide large print reading material if appropriate. Date Initiated: 2/18/25. -Provide set up and cueing as necessary with meals and ADLS. Date Initiated: 2/18/24. Revision on: 2/18/25 . Important to note: there is no activities care plan in place for R264. R264's Resident Preference Evaluation, dated 2/19/25, states, in part: . It is very important for the resident to keep up with the news. It is very important to resident to listen to music they like. Preferred music genre: Reggae. Preferred music genre: Country. Preferred music genre: Easy listening. Preferred music genre: Classical. It is somewhat important for the resident to be around animals such as pets . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525338	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beaver Dam Health Care Center	410 Roedl CT Beaver Dam, WI 53916

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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The facility's Activity Calander for 2/20/25 lists: AM Morning News 10:00 AM Catholic Services with (Name). 11:15 AM Socializing in the dining room. 1:30 PM Celebrating February Birthdays . The facility's Activity Calander for 2/21/25 lists: AM Morning News 10:00 AM Brain Games. 11:15 AM Socializing in the dining room. 1:30 PM Bingo. 4:00 PM- Games with Friends. The facility's Activity Calander for 2/22/25 & 2/23/25 lists: Independent Activities or Games with Friends. The facility's Activity Calander for 2/24/25 lists: AM Morning News 10:00 AM Men's Group Ladies welcome. 11:15 AM Socializing in the dining room. 1:30 PM Michigan Rummy. 3:00 PM- Stop and Say Hello or Take a Cup to Go. 4:00 PM- Games with Friends. The facility's Activity Calander for 2/25/25 lists: AM Morning News 10:00 AM Left, Right, Center. 11:15 AM Socializing in the dining room. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525338	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beaver Dam Health Care Center	410 Roedl CT Beaver Dam, WI 53916

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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	1:30 PM Bingo. 3:00 PM- Stop and Say Hello or Take a Cup to Go. 4:00 PM- Games with Friends. The facility's Activity Calander for 2/26/25 lists: AM Morning News 10:00 AM Tea Party for the Ladies. Men are Welcome. 11:15 AM Socializing in the dining room. 1:30 PM Gummy Worm Challenge. 3:00 PM- Stop and Say Hello or Take a Cup to Go. 4:00 PM- Games with Friends. On 2/23/25 at 12:04 PM, Surveyor observed R264 in room sitting in recliner in front of television in gown. Western on television. Surveyor asked R264 what kinds of activities are offered to him at the facility. R264 indicated the facility does not have much for activities. Surveyor asked R264 what kinds of activities he does and R264 stated, I just sit here. Surveyor asked R264 if he would like to participate in activities and R264 indicated he would like to be involved in activities with others. Surveyor asked R264 if the facility has offered activities to R264 and R264 indicated no, the facility does not invite him. On 2/24/25 at 10:48 AM, Surveyor observed R264 sitting in recliner in room in front of television. On 2/25/25 at 8:39 PM, Surveyor observed R264 in recliner in room in front of television. R264's head hanging down as he is sleeping. On 2/25/25 at 9:15 AM, Surveyor interviewed CNA E (Certified Nursing Assistant) and asked what are R264's interests are, and CNA E indicated R264 has only been at the facility for 6 days and he is not sure what his interests are. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525338	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beaver Dam Health Care Center	410 Roedl CT Beaver Dam, WI 53916

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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 2/25/25 at 11:51 AM, Surveyor interviewed ACT O (Activities) and asked what the AM News listed on activity calendar consists of, and ACT O indicated the television in the main area has news on and residents can come on own to watch. Surveyor asked ACT O if R264 has an activity care plan. ACT O indicated R264 just admitted to facility on 2/19/25. ACT O indicated she has not completed a full assessment yet. ACT O indicated she usually gets the full assessment completed in 7 days along with the basic care plan. ACT O is hoping to get R264's completed by tomorrow. Surveyor asked what R264's interests are, and ACT O indicated per initial assessment with R264 and hospice aid, R264 likes to sit in chair and watch television. Surveyor asked ACT O if R264 is blind and ACT O indicated yes, but he listens to the television. Surveyor asked ACT O, looking at your Resident Preference Evaluation keeping up on the news and listening to music are very important to R264 and animals are somewhat important to R264. Surveyor asked what type of news does R264 like, local, world, or a certain channel. ACT O indicated she does not know as she did not ask R264 that. Surveyor asked ACT O how R264 gets channels on television being blind and ACT O indicated the staff turn the television channels on. Surveyor asked how the staff know what R264's interests are regarding news if it is not on care plan. ACT O indicated she has told a few. Surveyor asked if R264 has access to listen to his favorite music. ACT O indicated he has a country channel on the television he can listen to. Surveyor asked if listening to music and his preferred music genre are not care planned, how do the staff know what to turn on for R264. ACT O indicated she will go room to room and ask residents what their favorite song is and play it for them on her phone. Surveyor asked if ACT O has done that for R264 and ACT O indicated no. Surveyor asked if ACT O documents what activities are offered to residents and if they participate or refuse them. ACT O indicated she does document what activities are offered and what activities residents participate in or if they refuse them. Surveyor asked ACT O if any activities have been offered to R264, and ACT O indicated she offered bingo and painting to R264. (Important to note R264 is blind). Surveyor asked if ACT O has the documentation to show that and ACT O indicated no. Surveyor asked ACT O, since R264 admitted 6 days ago all R264 has done is sit in his recliner in his room in front of the television with whatever the staff turn on for him and ACT O indicated yes and R264 will get in his wheelchair also. Surveyor asked what the plan is for R264's interests and activities. ACT O indicated the plan is to gradually get to know R264 better and learn what he is interested in and develop a better plan to make him comfortable and happy.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525338	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beaver Dam Health Care Center	410 Roedl CT Beaver Dam, WI 53916

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 - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident’s preferences and goals. 38882 Based on interview and record review, the facility did not ensure each resident was provided care and services in accordance with professional standards of practice to meet each resident's physical, mental, and psychosocial needs for 1 of 1 sampled residents (R43). R43 reported that she had an unwitnessed fall where she hit her head. Facility staff observed a bruise to R43's face, but did not initiate neuro checks or continue monitoring. Evidenced by: Facility policy, titled Falls Management Process, undated, includes: Obtain neurological checks per policy for any unwitnessed fall or any fall with evidence of injury to head. R43's Fall Investigation, dated 2/3/25, includes: On 2/3/25 . staff found a bruise on R43's forehead and hand and does not recall how it happened. Summary of critical information obtained during investigation: R43 was found with a bruise on her forehead and hand, though the cause of the injury is unclear. She has a bims (brief interview of mental status) score of 3, indicating significant cognitive impairment, that remains mostly independent with daily activities. Notably the resident has a behavior of getting up independently after falls without notifying anyone, which increases her risk of further injury . Conclusion: the incident involving R43 has been thoroughly addressed with a focus on enhancing her safety and care. The facility has identified the risk associated with her independent recovery after falls and has taken proactive steps to adjust her care plan accordingly. The therapy and clinical did a review of the room of safety to ensure of clutter maintenance, did a check of the environment to ensure the room in proper work order, and tailored interventions are being implemented to ensure that she receives appropriate support, minimizing the likelihood of future incidents . Staff statement- Resident was noted to have some bruising and discoloration. Resident states that she had a fall . Staff statement- I worked on 2pm to 10pm on 2/1/25 and 2/2/25 . No falls were reported to me . Staff statement- On Friday, 1/31/25, R43 came out for breakfast holding her left shoulder. I asked her if she fell . She said, No, just old age. Asked her if I can look at her shoulder. When I looked at her shoulder she had no bruising on her shoulder or anywhere . R43's Vitals Evaluations were reviewed noting a full set of vitals were taken one time after unwitnessed fall was reported. The vitals are as follows: Temperature- 98 degrees Fahrenheit, Blood Pressure- 136/80, Pulse- 80, Respirations- 20, Oxygen saturation level on room air- 97%, weight- 117.8 pounds . R43's Rehabilitation Screen, dated 2/6/25, includes: R43 had a fall resulting in a bruise on the side of her head. On 2/25/25 at 2:38 PM, DON B (Director of Nursing) indicated the facility did not initiate neurological checks or continued monitoring after R43's reported unwitnessed fall with evidence of head injury. DON B indicated the facility focused on the abuse aspect of having an injury of unknown origin and did not follow fall policy and procedure. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525338	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beaver Dam Health Care Center	410 Roedl CT Beaver Dam, WI 53916

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 - Minimal harm or potential for actual harm Residents Affected - Few	On 2/25/25 at 4:30 PM, NHA A (Nursing Home Administrator) indicated it is his expectations that staff would follow the facility's fall policy and procedure when an unwitnessed fall is reported and that if there is evidence of a head injury that staff would follow the procedure for monitoring.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525338	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beaver Dam Health Care Center	410 Roedl CT Beaver Dam, WI 53916

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 - 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** 38882 Based on observation, interview and record review, the facility did not ensure each resident receives care, consistent with professional standards of practice (SOP), to prevent pressure injuries (PI) and each resident with PIs receives necessary treatment and services, consistent with professional SOP, to promote healing, prevent infection, and prevent new injuries from developing in 3 of 3 sampled residents (R49, R29, R63) and 1 supplemental resident (R5). (R29 is being cited at actual harm) R29 was identified to be at risk for PI development. R29 developed two stage 3 PI's and a stage 2 PI. The facility down staged R29's Pressure injury to a stage 2 when the PI contained slough. Facility staff reported they were not able to turn/reposition R29 every 2 to 3 hours as care planned. The facility failed to update R29's Care Plan with Physician recommendations for turning and repositioning every one to two hours. The facility utilized a bariatric air mattress and when the power source was partially interrupted staff noted R29 to be on a deflating air mattress for 30 to 60 minutes. Staff did not transfer R29 onto an offloading surface that was functioning. R49, R63, and R5 were identified to be at risk for PI development or have a current PI. R49, R63, and R5 were noted to be on deflating air mattresses for 30 minutes to an hour when the facility's power source was partially interrupted. Evidenced by: Facility policy, entitled Wound Management, undated, includes: it is the policy of the facility to provide evidence based treatments in accordance with current standards of practice and physician orders . treatment decisions will be based on a) etiology of the wound- pressure injuries will be differentiated from non pressure ulcers . b) characteristics of the wound- pressure injury stage or level of tissue destruction if not a pressure injury . size-including shape, depth, and presence of tunneling or undermining . volume and characteristics of exudate . presence of pain . presence of infection . condition of tissue in the wound bed . condition of peri wound skin . the effectiveness of treatments will be monitored through ongoing assessment of the wound. Considerations for needed modifications include: lack of progression towards healing, changes in characteristics of the wound, changes in the residence 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
	525338	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beaver Dam Health Care Center	410 Roedl CT Beaver Dam, WI 53916

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 - Actual harm Residents Affected - Few	National Pressure Injury Advisory Panel current standards of practice, titled Staging, dated 2016, includes: Pressure Injury: A pressure injury is localized damage to the skin and underlying soft tissue usually over a bony prominence or related to a medical or other device. The injury can present as intact skin or an open ulcer and may be painful. The injury occurs as a result of intense and/or prolonged pressure or pressure in combination with shear. The tolerance of soft tissue for pressure and shear may also be affected by microclimate, nutrition, perfusion, co-morbidities and condition of the soft tissue.Stage 2 Pressure Injury: Partial-thickness skin loss with exposed dermis Partial-thickness loss of skin with exposed dermis. The wound bed is viable, pink or red, moist, and may also present as an intact or ruptured serum-filled blister. Adipose (fat) is not visible and deeper tissues are not visible. Granulation tissue, slough and eschar are not present. These injuries commonly result from adverse microclimate and shear in the skin over the pelvis and shear in the heel. This stage should not be used to describe moisture associated skin damage (MASD) including incontinence associated dermatitis (IAD), intertriginous dermatitis (ITD), medical adhesive related skin injury (MARSI), or traumatic wounds (skin tears, burns, abrasions). Stage 3 Pressure Injury: Full-thickness skin loss Full-thickness loss of skin, in which adipose (fat) is visible in the ulcer and granulation tissue and epibole (rolled wound edges) are often present. Slough and/or eschar may be visible. The depth of tissue damage varies by anatomical location; areas of significant adiposity can develop deep wounds. Undermining and tunneling may occur. Fascia, muscle, tendon, ligament, cartilage and/or bone are not exposed. If slough or eschar obscures the extent of tissue loss this is an Unstageable Pressure Injury. Deep Tissue Pressure Injury: Persistent non-blanchable deep red, maroon or purple discoloration Intact or non-intact skin with localized area of persistent non-blanchable deep red, maroon, purple discoloration or epidermal separation revealing a dark wound bed or blood filled blister.Discoloration may appear differently in darkly pigmented skin. This injury results from intense and/or prolonged pressure and shear forces at the bone-muscle interface. Example 1 R29 admitted to the facility on [DATE] with the following diagnoses: schizotypal disorder (mental health condition characterized by a pervasive pattern of intense discomfort with and reduced capacity for close relationships, by distorted cognition and perceptions, and by eccentric behavior), altered mental status, contracture of muscle, and abscess of bursa left hip. R29's most recent Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 2/12/25, indicates R29 is dependent on staff assistance to meet his needs in toileting hygiene, dressing, bed mobility, and transfer. R29's MDS also indicates R29's cognition is severely impaired with a Brief Interview for Mental Status (BIMS) score of 3 out of 15. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525338	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beaver Dam Health Care Center	410 Roedl CT Beaver Dam, WI 53916

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 - Actual harm Residents Affected - Few	R29's Comprehensive Care Plan, initiated 1/22/21, includes: 1/22/21 Focus: I am at risk for skin breakdown related to limited mobility, history of pressure ulcers, and my need for extensive assistance with repositioning and mobility. I am also at risk due to bowel and bladder incontinence. Goal: I will have no signs and symptoms of skin breakdown through the review date of 5/13/25 . Interventions: 6/15/21 air mattress setting at 150 to 180 per patient weight and comfort. Settings to be checked every shift. 1/22/21 Complete Braden scale per living center policy. 10/13/22 I am incontinent of bladder and bowel. Please help me maintain good hygiene and skin integrity by providing me with incontinence care after each episode. 10/13/22 please report any new and abnormal skin concerns to licensed staff such as bruises, reddened areas, tender areas, cuts or abrasions so that they can update my physician. 12/9/21 I know that licensed staff will conduct a full body inspection per policy. 2/5/25 Wedge in bed for repositioning every two to three hours staff to reposition wedge as needed. 2/1/21 Focus: I have a physical functioning deficit related to mobility impairment, self-care impairment. Goal: I will improve my current level of functioning with target date of 5/13/25 . Interventions: 12/9/21 Bed mobility assistance: extensive 2 assist . 2/15/24 Transfer assistance- 2 assist with hoyer. Towel to be placed between right side strap and right leg to prevent rubbing skin injury . (It is important to note the facility had no evidence of R29's mattress settings being checked every shift.) (It is important to note R29 has an infection that set in around the hardware in his left hip. R29 had the hardware removed and his legs now lay in a frog leg position. The facility has accommodated this deformity by keeping R29 on a bariatric bed and mattress.) R29's Braden Scale for Predicting Pressure Ulcer Risk Evaluation, dated 11/13/24, indicates R29 is at high risk for PI development. R29's Body Check Form, dated 11/13/24, indicates R29 has a new skin disruption/open spot wound on his coccyx area. What kind of skin disruption was found? Open spot on bottom . open area on butt . R29's Physician Summary, dated 11/13/24, includes: Chief complaint: Patient has wound on his sacrum and a rash . Review of Systems: urinary incontinence, fecal incontinence, deconditioning, contractures . Support surfaces: bed- group 2, chair- pressure reduction cushion, feet- pillow . Non-pressure Wound Sacrum Partial Thickness: etiology- moisture associated skin damage . Objective: healing . Wound size: 6.0cm x 0.5cm x 0.1cm . Exudate: light serosanguinous . Dermis: open areas exposed dermis . Dressing Treatment Plan: Primary- Zinc ointment apply every shift (3 times a day) for 30 days . Recommendations: Off-load wound, reposition per facility protocol . R29's Physician Summary, dated 11/20/24, includes: Chief complaint: Patient has wound on his sacrum . Review of Systems: urinary incontinence, fecal incontinence, deconditioning, contractures . Support surfaces: bed- group 2, chair- pressure reduction cushion, feet- pillow . Non-pressure wound sacrum partial thickness: etiology- moisture Associated Skin Damage, objective- healing, wound size: 5.0cm x 0.5cm x 0.1cm . Exudate: light serosanguinous . Dermis: open area with exposed dermis . Dressing Treatment Plan: Primary: Zinc ointment apply every shift (3 times a day) for 23 days . Recommendations: Off-load wound; Reposition per facility protocol . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525338	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beaver Dam Health Care Center	410 Roedl CT Beaver Dam, WI 53916

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 - Actual harm Residents Affected - Few	R29's Physician Summary, dated 11/27/24, includes: Chief complaint: Patient has wound on his sacrum . Review of Systems: urinary incontinence, fecal incontinence, deconditioning, contractures . Support surfaces: bed- group 2, chair- pressure reduction cushion, feet- pillow . Unstageable Deep Tissue Injury Sacrum: etiology- pressure, objective- healing, wound size: 2.5cm x 0.7cm x 0.1cm . Additional Wound Details: Adjusting etiology given appearance of wound bed . Dressing Treatment Plan: Primary: Zinc ointment apply every shift (3 times a day) for 16 days . Recommendations: Reposition per facility protocol; offload wound; group 2 mattress . (Of note: R29's sacrum wound is now being identified as a pressure injury. Even though the physician ordered repositioning to offload the wound, there is no evidence R29's care plan was updated to include this intervention. R29's Physician Summary, dated 12/4/24, includes: Chief complaint: Patient has wound on his sacrum. Review of systems: urinary incontinence, fecal incontinence, deconditioning, contractures . Support surfaces: bed- group 2, chair- pressure reduction cushion, feet- pillow . Unstageable Deep Tissue Injury Sacrum: etiology- pressure, objective- healing, wound size: 2.5cm (centimeter) x (by) 1.0cm x 0.2cm . Exudate: moderate serosanguinous . Dressing Treatment Plan: Primary: Alginate calcium apply three times per week for 30 days . Secondary: Dry dressing apply three times per week for 30 days . Recommendations: Reposition per facility protocol; offload wound; group 2 mattress . (It is important to note in this assessment there is no description of the wound characteristics, including color, tissue type or tissue percentage. Wound MD note indicates unstageable DTI within and around wound.) R29's Physician Summary, dated 12/11/24, includes: Chief complaint: Patient has a wound on his sacrum. Review of systems: urinary incontinence, fecal incontinence, deconditioning, contractures . Support surfaces: bed- group 2, chair- pressure reduction cushion, feet- pillow . Unstageable Deep Tissue Injury Sacrum: etiology- pressure, objective- healing, wound size: 2.5cm x 0.7cm x 0.2cm . Exudate: moderate serosanguinous . Dressing Treatment Plan: Primary: Alginate calcium apply three times per week for 23 days . Secondary: Dry dressing apply three times per week for 23 days . Recommendations: Reposition per facility protocol; offload wound; group 2 mattress . R29's Body Check Form, dated 12/11/24, indicates R29 has a new skin disruption/old wound on his coccyx area. What kind of skin disruption was found? Open area on bottom . R29's Physician Summary, dated 12/18/24, includes: Chief complaint: patient has wound on his sacrum. Review of systems: urinary incontinence, fecal incontinence, deconditioning, contractures . Support surfaces: bed- group 2, chair- pressure reduction cushion, feet- pillow . Unstageable Deep Tissue Injury Sacrum: etiology- pressure, objective- healing, wound size: 2.5cm x 0.7cm x 0.2cm . Exudate: moderate serosanguinous . Dressing Treatment Plan: Primary: Alginate calcium apply three times per week for 16 days . Secondary: Dry dressing apply three times per week for 16 days . Recommendations: Reposition per facility protocol; offload wound; group 2 mattress . R29's In House Assessment, dated 12/24/24, includes: Type of wound: non-pressure . Location of wound: coccyx . admitted or Acquired: in house acquired . Date identified: 11/13/24 . Measurements: 2.5cm x 1.5cm x 0.2cm . Treatment: Clean. Pat dry. Calcium alginate dry dressing . Frequency: 3 times per week and as needed . Care planned: yes . Orders up to date in (electronic health record): yes . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525338	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beaver Dam Health Care Center	410 Roedl CT Beaver Dam, WI 53916

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 - Actual harm Residents Affected - Few	(It is important to note in this assessment the PI is larger in width, there is no description of the wound including color, drainage description, drainage amount, drainage color, if there was an odor, description of wound edges, description of wound bed, or description of the surrounding area. It is important to note even though the physician is now identifying the area as an unstageable deep tissue injury, which is a pressure injury, the facility continues to identify it as non-pressure wound.) On 3/11/25 at 12:15 PM, Surveyor spoke with DON B, who indicated R29's coccyx/sacrum PI and non-pressure wound are the same wounds. DON B indicated R29 did not have two different wounds to the sacrum/coccyx area. R29's Physician Summary, dated 12/31/24, includes: Chief complaint: patient has wound on his sacrum. Review of systems: urinary incontinence, fecal incontinence, deconditioning, contractures . Support surfaces: bed- group 2, chair- pressure reduction cushion, feet- pillow . Unstageable Deep Tissue Injury Sacrum: etiology- pressure, objective- healing, wound size: 3.0cm x 1.0cm x 0.2cm, exudate- light serosanguinous . Dressing Treatment Plan: Primary: Alginate calcium apply once daily for 30 days; Leptospermum honey apply once daily for 30 days . Secondary: Dry dressing apply once daily for 30 days . Recommendations: Reposition per facility protocol; offload wound; group 2 mattress . The physician continued to order repositioning and offloading. There is no evidence this intervention was added to the care plan to promote healing. R29's Physician Summary, dated 1/8/25, includes: Chief complaint: patient has wounds on his sacrum, right buttock, left buttock . Review of systems: urinary incontinence, fecal incontinence, deconditioning, contractures . Support surfaces: bed- group 2, chair- pressure reduction cushion, feet- pillow . Stage 3 Pressure Wound Sacrum Full Thickness: etiology- pressure, objective- healing, wound size: 4cm x 4cm x 0. 2cm, Exudate- moderate serosanguinous, Granulation tissue- 70%, Skin- intact normal color 30% . Dressing Treatment Plan: primary- Alginate calcium apply once daily for 22 days, Secondary- dry dressing apply once daily for 22 days, Recommendations- reposition per facility protocol; offload wound; group 2 mattress . Stage 2 Pressure Wound of the Right Buttock Partial Thickness: Etiology- pressure, objective- healing, wound size- 4.0cm x 5.0cm x 0.1cm, Exudate- light serosanguinous, dermis- open areas with exposed dermis . Stage 2 Pressure Wound of the Left Buttock Partial Thickness: Etiology- pressure, objective-healing, wound size- 4. 0cm x 5.0cm x 0.1cm . Additional wound details- multifactorial, reviewed need for dressings and for continued offloading of wounds . Dressing Treatment Plan: primary dressing- alginate calcium apply once daily for 22 days. Leptospermum honey apply once daily for 22 days, secondary- dry dressing apply once daily for 22 days . Recommendations: Reposition per facility protocol; offload wound; group 2 mattress . (It is important to note R29 now has three in house acquired PI, one stage 3 on the sacrum, a stage 2 on the right buttock, and a stage 2 on the left buttock. R29's Stage 3 pressure injury has increased in size.) On 1/8/25, R29's Nursing advance skin check indicates additional skin issue education documentation: Staff for am also updated and will updated [sic] pm staff cop (change of position) q 2 hours, check for incont, only 1 sheet under him, check hob (head of bed) position. R29's Body Check Form, dated 1/12/25, staff circled coccyx area indicating R29 has a skin disruption on his coccyx area and handwritten note indicating wounds. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525338	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beaver Dam Health Care Center	410 Roedl CT Beaver Dam, WI 53916

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 - Actual harm Residents Affected - Few	R29's Physician Summary, dated 1/15/25, includes: Chief complaint: patient has wounds on his sacrum, right buttock, left buttock . Review of systems: urinary incontinence, fecal incontinence, deconditioning, contractures . Support surfaces: bed- group 2, chair- pressure reduction cushion, feet- pillow . Stage 3 Pressure Wound Sacrum Full Thickness: etiology- pressure, objective- healing, wound size: 3.0cm x 1.0cm x 0.2cm . Exudate- Moderate Serosanguinous, granulation tissue-100% . Stage 2 Pressure Wound of Right Buttock Partial Thickness: etiology- pressure, objective- healing, wound size- 3.0cm x 3.0 x 0.1cm . Exudate- moderate serosanguinous, dermis- open area with exposed dermis . Dressing Treatment Plan: primary dressing- collagen sheet apply once daily for 30 days, secondary- dry dressing apply once daily for 30 days, Recommendations- reposition per facility protocol; offload wound; group 2 mattress . Stage 2 Pressure Wound of Left Buttock Partial Thickness: etiology- pressure, objective-healing; wound size 2.0cm x 2.0cm x 0.1cm .; exudate- moderate sersanguinous[sic]; dermis- open areas with exposed dermis . Dressing Treatment Plan: primary- collagen sheet apply once daily for 30 days, secondary- dry dressing apply once daily for 30 days . Recommendations- reposition per facility protocol, offload wound, group 2 mattress . R29's Body Check Form, dated 1/19/25, indicates R29 has a new skin disruption on his coccyx area. What kind of skin disruption was found? (blank) . (It is important to note staff circled the coccyx area on the image indicating a new skin disruption noted, but then handwrote No when asked if new skin disruption found.) R29's Physician Summary, dated 1/23/25, includes: Chief complaint: patient has wounds on his sacrum, right buttock, left buttock . Review of systems: urinary incontinence, fecal incontinence, deconditioning, contractures . Support surfaces: bed- group 2, chair- pressure reduction cushion, feet- pillow . Stage 3 Pressure Wound Sacrum Full Thickness: etiology- pressure, objective- healing, wound size: 3.0cm x 0.8cm x 0.2cm . exudate- light serosanguinous, Thick adherent devitalized necrotic tissue- 80%, slough- 10%, granulation tissue- 10% . Dressing Treatment Plan- primary- Iodosorb gel, apply once daily for 30 days . secondary- gauze island with border apply once daily for 30 days . Peri wound treatment- Skin prep apply once daily for 30 days . Recommendations: cleanse with soap and water, turn side to side in bed every one to two hours if able, offload wound, group 2 mattress already on . surgical excisional debridement was performed today on this wound . surgical excisional debridement procedure: indication for procedure- remove necrotic tissue and establish the margins of viable tissue . procedure note: the wound was cleansed with normal saline and anesthesia was achieved by using topical benzocaine . then with clean surgical technique, 15 blade was used to surgically excise 2.16cm ^2 of devitalized tissue and necrotic subcutaneous level tissues along with slough and biofilm were removed at a depth of 0.3 centimeters and healthy bleeding tissue was observed. As a result of this procedure, the non viable tissue in the wound bed decreased from 90% to 0%. Hemostasis was achieved and a clean dressing was applied (Of note: R29's Sacrum/coccyx wound deteriorated from 100% granulation tissue to 80% necrotic tissue requiring debridement (removal of necrotic and devitalized tissue).) (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525338	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beaver Dam Health Care Center	410 Roedl CT Beaver Dam, WI 53916

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 - Actual harm Residents Affected - Few	. Stage 3 Pressure Wound of the Right Buttock Full Thickness: etiology- pressure, objective- healing, wound size- 2.0cm x 2.0cm x 0.1cm, exudate- light serosanguinous, slough- 80%, granulation tissue- 20% . Dressing Treatment Plan- primary- Iodosorb gel, apply once daily for 30 days . secondary- gauze island with border apply once daily for 30 days . Peri wound treatment- skin prep apply once daily for 30 days, zinc ointment apply once daily for 30 days . Recommendations: offload wound, reposition per facility protocol, group 2 mattress, cleanse with soap and water, turn side to side in bed every one to two hours if able, changing schedule every two hours . Sharp Selective Debridement Procedure: indication for procedure-remove biofilm. Remove devitalized tissue at margins of a wound . procedure note: the wound was cleansed with normal saline and anesthesia was achieved using topical benzocaine. Then with clean surgical technique, 15 blade was used to selectively remove biofilm, remove devitalized tissue at margins of a wound over the wound surface area of 4cm ^2. The wound was cleansed again and clean dressing was applied . Employing selective debridement of slough only. (Of note: R29's Right buttock PI deteriorated to a stage 3 pressure injury and required debridement.) . Stage 2 Pressure Wound of Left Buttock Partial Thickness: etiology-pressure, objective-healing, wound size- 2.0cm x 0.7cm x 0.1cm, exudate light serosanguinous, dermis- open areas with exposed dermis . Dressing Treatment Plan- Primary- zinc ointment apply once daily for 30 days, Iodosorb gel apply once daily for 30 days, Secondary- Gauze island with border apply once daily for 30 days, peri wound treatment- Skin prep apply once daily for 30 days . Recommendations: group 2 mattress, offload wound, repositioned per facility protocol, cleanse with soap and water, turn side to side in bed every one to two hours if able, changing schedule every two hours . (It is important to note R29 now has two in house acquired stage 3 pressure injuries and one stage 2 PI. The facility did not update R29's care plan to reflect the recommendations of turn side to side every one to two hours.) R29's Body Check Form, dated 1/26/25, indicates R29 has skin disruption on his coccyx area circled by staff. Are there any new skin disruptions found? No. What kind of skin disruption was found? (blank) . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525338	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beaver Dam Health Care Center	410 Roedl CT Beaver Dam, WI 53916

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 - Actual harm Residents Affected - Few	R29's Physician Visit Summary, dated 1/30/25, includes: Chief complaint: wound on sacrum, right buttock, left buttock . Review of systems: urinary incontinence, fecal incontinence, deconditioning, contractures . Support surfaces: bed- group 2, chair- pressure reduction cushion, feet- pillow . Stage 3 Pressure Wound Sacrum Full Thickness: etiology- pressure, objective- healing, Wound size (length x width x depth) - 2.5cm x 0.5cm x 0.2cm . periwound radius- macerated, exudate- light serosanguinous, Thick adherent devitalized necrotic tissue- 80%, slough- 10%, granulation tissue- 10% . Dressing Treatment Plan- primary- Iodosorb gel, apply once daily for 23 days . secondary- gauze island with border apply once daily for 23 days . Peri wound treatment- Skin prep apply once daily for 23 days . Recommendations- cleanse with soap and water; turn side to side in bed every one to two hours if able; offload wound; group 2 mattress already on . Stage 3 Pressure Wound of Right Buttock Full Thickness: etiology-pressure, Wound size- 1.0cm x 2.0cm x o.1cm, exudate- light serosanguinous, Slough- 80%, Granulation tissue- 20% . Dressing Treatment Plan- primary- Iodosorb gel, apply once daily for 23 days . secondary- gauze island with border apply once daily for 23 days . Peri wound treatment- Skin prep apply once daily for 23 days . Recommendations- offload wound, reposition per facility protocol, group 2 mattress, cleanse with soap and water, turn side to side in bed every one to two hours if able, changing schedule every two hours .Sharp Selective Debridement Procedure: indications for procedure- remove biofilm, remove dried exudates or debris . procedure note: the wound was cleansed with normal saline and anesthesia was achieved by using topical benzocaine . then with clean surgical technique, 15 blade was used to selectively remove biofilm, remove dried exudates or debris over the wound surface area of 2.0cm ^2. The wound was cleansed again and a clean dressing was applied . Stage 2 pressure wound of the left buttock: resolved . Of note: due to deterioration of the right buttock PI, the physician debrided the PI to remove debris and biofilm.) R29's Body Check Form, dated 2/2/25, includes: no new skin disruptions noted .In House Weekly Wound Roster, dated 2/5/25, includes: R29- Coccyx, non pressure, in house acquired, date identified 11/13/24, stage-3, measurement- 3.0cm x 1.0cm x 0.2cm . Treatment- Clean, pat dry, medi-honey, calcium alginate, dry dressing . frequency- daily and as needed . Care planned- yes . Orders up to date in electronic health record- yes .Right buttock, pressure, in house acquired, date identified 1/8/25, stage- 2, measurement- 3. 0cm x 3.0cm x 0.1cm . Treatment- collagen sheet, dry dressing . frequency- daily and as needed . Care planned- yes . Orders up to date in electronic health record- yes .Left buttock, pressure, in house acquired, date identified 1/8/25, stage- 2, measurement- 2.0cm x 2.0cm x 0.1cm . Treatment- collagen sheet, dry dressing . frequency- daily and as needed . Care planned- yes . Orders up to date in electronic health record- yes . (It is important to note the facility continues to measure R29's left buttock wound after it was noted to be resolved on 1/30/25. There is no indication the facility notified R29's Medical Doctor when this area reopened. It is important to note the Facility down staged R29's wound to the sacral region from a stage 3 to a stage 2. The facility documents it as being non-pressure even though the physician indicates it's a stage 3 pressure injury.) On 2/5/25, R29's care plan was updated to include Wedge in bed for repositioning every two to three hours staff to reposition wedge as needed. This is the first time the care plan had been updated to include repositioning; however, the facility documented that repositioning should be done every 2-3 hours, when the physician actually ordered every 2 hour side to side repositioning. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525338	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beaver Dam Health Care Center	410 Roedl CT Beaver Dam, WI 53916

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 - Actual harm Residents Affected - Few	R29's Physician Note, dated 2/11/25, include: pressure ulcer sacral region, measurements: 5.2cm x2.0cm x0. 2cm . Stage 2, moderate exudate, serosanguineous, no odor, necrotic- (blank), granulation tissue: 0% . Tissue exposed- subcutaneous, periwound- non-blanchable, erythematous, macerated . Treatment Recommendations: the plan for the pressure ulcer is to cleanse the area with wound cleanser and the periwound area with vashe wound solution. Wound filler- Iodosorb Gel . Primary dressing- mepilex . This treatment will be done daily for 1 month. Today's treatment will be performed by the wound care team and other care performed by the staff of the facility . The pressure ulcer is to be offloaded using low air loss mattress . will be able to heal if offloading is able to continue in the setting of this acute illness. (It is important to note there are no weekly measurements or description for R29's left buttock PI or right buttock PI in this note or indication that the areas resolved. R29's sacrum (coccyx) PI has increased in length and is documented as a stage 2. Per standards of practice, a pressure injury should not be down staged.) R29's Braden Scale for Predicting Pressure Ulcer Risk, dated 2/12/25, indicates R29 is at high risk for developing pressure ulcers. On 2/15/25 the facility updated R29's care plan to include transfer assistance - 2 assist with Hoyer (full body lift) towel to be placed between right side strap and right leg to prevent rubbing skin injury. Physician Note, dated 2/18/25, includes: sacral region, wound type-pressure ulcer, measurements: 5.2cm x 2.0cm x 0.2cm . Tunnels- none, Stage 2, moderate exudate, serosanguineous, no odor, wound margins- well defined, necrotic material- over 50% .25% granulation tissue, scattered beefy red, pale . Tissue exposed- subcutaneous . Treatment Plan: The plan for the pressure ulcer-sacral region is to cleanse the area with wound cleanser and the periwound area with vashe wound solution . Wound filler- santyl . Primary dressing- mepilex . This treatment will be done twice a day for 1 month. The pressure ulcer was debrided using sharp debridement. The pressure ulcer is to be offloaded using a low air loss mattress . Left gluteal, wound type- abrasion, measurements- 1.5cm x 1.5cm x 0.1cm . Exudate amount- low, Exudate type- sanguinous, Odor-none, Wound Margins- poorly defined, periwound-denuded . Tissue exposed- partial thickness . Treatment Plan: The plan for the abrasion is to cleanse the area with vashe wound solution and the periwound area with vashe wound solution . Periwound Skin Treatment- SurePrep rapid dry, no sting barrier film . Primary dressing: Hydrocolloid dressing. This treatment will be done 3 times per week for 1 month. (Of note the Physician staged R29's sacral wound at a stage 2 but described the wound bed as having more than 50% necrotic tissue) On 2/23/25 at 2:40 PM LPN U (Licensed Practical Nurse) indicated the facility lost some power and then lost total power. LPN U indicated R29's air mattress was deflated for 30 minutes to an hour. LPN U indicated staff did not attempt to transfer R29 to a different surface or plug his bed into an emergency outlet. On 2/25/25 at 10:33 AM Surveyor observed R29's wound care with ADON C (Assistant Director of Nursing). ADON C indicated the sacral wound measures at 3.1cm x 0.6cm with 0.2cm. ADON C stated, There is some slough, 25 % granulation. Surveyor asked ADON C if there is slough in the wound how can it be a stage 2. ADON C stated, The slough is going away. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525338	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beaver Dam Health Care Center	410 Roedl CT Beaver Dam, WI 53916

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 - Actual harm Residents Affected - Few	Physician Note, dated 2/25/25, includes: wound- sacral region, wound type- pressure ulcer, measurements- 3.1cm x 0.6cm x 0.2cm . Stage- 2, Exudate amount- moderate, exudate type- serosanguinous, Odor- none, wound margins- well defined, peri wound- erythematous, necrotic material- 50%, granulation between 25% and 50% scattered, beefy red, pale, tissue exposes-subcutaneous . Treatment Plan: the plan for the pressure ulcer is to cleanse the area with wound cleanser in the peri wound area with Vashe wound cleanser . Wound filler- santyl . Primary dressing- mepilex . this treatment will be done twice a day for one month. The pressure ulcer was debrided using sharp debridement. The pressure ulcer is to be offloaded using low air loss mattress. Dressings can be changed as needed for soiling or if they are dislodged between scheduled dressing changes . wound- Left gluteal- healed Wound Type- abrasion . exudate amount- low, exudate type- sanguinous, wound margins- poorly defined, peri wound- denuded, tissue exposed- partial thickness . (Of note: During the dressing change on 2/25/25 ADON C and Surveyor both observed and noted slough in the wound bed while the physician does not mention slough. The left gluteal area is indicated as resolved.) On 2/25/25 at 2:38 PM, DON B (Director of Nursing) indicated the facility needed to provide education on emergency preparedness. DON B indicated staff should have transferred residents with pressure injuries whose bed was deflating/deflated to a support surface that was functioning appropriately. On 2/26/25 at 11:25 AM, CNA L (Certified Nursing Assistant) indicated they try to turn and reposition R29 every 2 to 3 hours, but there are times they are late doing this because they are busy with other residents. On 2/26/25 at 11:46 AM, RN G (Registered Nurse) stated, Staffing is a concern on this unit and to be honest, there have been times the staff was late to reposition and turn R29. It is very difficult for aides to get to him every 2 to 3 hours. On 2/26/25 at 4:36 PM, CNA S indicated staff turn and reposition R29 every 3 hours most days but they cannot get to him every 1 to 2 hours. CNA S indicated because of the acuity on the unit, they could use some more help especially [TRUNCATED]

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525338	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beaver Dam Health Care Center	410 Roedl CT Beaver Dam, WI 53916

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50698 Based on observation, interview, and record review, the facility did not ensure that the residents environment remained as free of accidents and hazards as possible for 2 of 2 sampled residents (R33& R10) and 8 supplemental residents (R47, R36, R16, R38, R59, R4, R13, R60) and 1 of 1 sampled resident (R263) reviewed for oxygen therapy. Surveyor observed a motorized wheelchair being charged in the main dining room with other residents present during meal time. Surveyor observed R263's portable oxygen tank to be on the floor below clothing that was hanging above it. Evidenced by: Facility policy, entitled Electric Wheelchair Policy dated 3/8/20 states in part . Due to the potential for fire or explosion, all electric wheelchairs will be recharged in an area which is not used by the residents for sleeping and which has no oxygen in the vicinity . Example 1: On 2/24/25 at 11:34 AM, Surveyor observed CNA F (Certified Nursing Assistant) plug in R35's electric wheelchair in the main dining room while residents were eating lunch. There were 10 residents in the dining room at the time of the incident (R33, R10, R47, R36, R16, R38, R59, R4, R13, R60). Surveyor intervened and asked if CNA F always plugs in electric wheelchairs in the dining room for charging. CNA F state she wasn't sure, stated they can't get charged in the rooms, resident told her it gets charged in the dining room. Surveyor approached ADON C who was also in the dining room and asked if power wheelchairs should be getting charged in the main dining room. ADON C (Assistant Director of Nursing) indicated she didn't know they couldn't get charged in the dining room, she stated they can't get charged in their rooms. Surveyor asked if it's a fire hazard to charge a wheelchair in the dining room if it's a hazard to charge in the resident's room. ADON C indicated that it is a fire hazard and stated she would unplug the wheelchair right away, remove the wheelchair and find a safe place to charge it. On 2/24/25 at 11:48 AM, Surveyor interviewed NHA A (Nursing Home Administrator), VP M (Vice President of Operations), and CNO N (Chief Nursing Officer). All 3 staff indicated power wheelchairs should be charged behind a fire safe door. They stated they will do staff education right away and work on a safe place to charge the wheelchairs. 41788 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
	525338	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beaver Dam Health Care Center	410 Roedl CT Beaver Dam, WI 53916

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The manufacturer's guidelines for the Puritan- [NAME] Companion 1000 and Companion T Liquid Oxygen Portables states, in part: . Keep oxygen equipment in a well-ventilated area at all times. These units periodically release small amounts of oxygen gas that must be ventilated to prevent build-up. Do not store liquid oxygen equipment in a car trunk, closet, or other confined area. Do not place bags, blankets, draperies, or other fabrics over the equipment when it contains liquid oxygen. Do not place the Portable unit under clothing. These units normally vent oxygen. Placing a Portable unit under clothing may saturate fabrics with oxygen and cause them to burn rapidly if exposed to sparks or flame . R263 admitted to the facility on [DATE] and has diagnoses that include Chronic Obstructive Pulmonary Disease (a group of lung diseases that block airflow and make it difficult to breathe) and Diabetes Mellitus Type 2 (a long-term condition in which the body has trouble controlling blood sugar and using it for energy). R263's Physicians Orders, dated 2/26/25, states, in part: . O2 at 2 Liters continuous every shift. Order Date: 2/19/25. Order Start Date: 2/19/25 . On 2/26/25 at 8:35 AM, Surveyor observed portable oxygen tank sitting on floor in closet. Clothes were hanging above portable oxygen tank. On 2/26/25 at 8:45 AM, Surveyor asked LPN P (Licensed Practical Nurse) to go into R263's room with her. Upon entering R263's room, Surveyor asked LPN P if portable oxygen cannisters should be sitting on floor unsecured. LPN P unsure of answer. Surveyor opened R263's closet door staff had closed and showed LPN P the portable oxygen cannister sitting on the floor in closet with clothing hanging above the oxygen. LPN P indicated she would find out. LPN P left area and returned and indicated no, the portable oxygen cannister should not be sitting on the floor. LPN P removed the oxygen from R263's room.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525338	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beaver Dam Health Care Center	410 Roedl CT Beaver Dam, WI 53916

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38882 Based on observation, interview, and record review, the facility did not ensure that residents with an indwelling catheter received the appropriate care and services to prevent a urinary tract infection (UTI) for 2 of 2 residents (R26 and R63) reviewed for catheters as catheter bags were observed to be uncovered and resting on the floor. Surveyor observed R63's and R26's indwelling catheter bags to be resting in direct contact with the floor. This is evidenced by: The Centers of Disease Control and the Healthcare Infection Control Practices Advisory Committee - Guidelines for Prevention of Catheter-Associated Urinary Tract Infections 2009. III. Proper Techniques for Urinary Catheter Maintenance B. Maintain unobstructed urine flow. 1. Keep the catheter and collecting tube free from kinking. 2. Keep the collecting bag below the level of the bladder at all times. Do not rest the bag on the floor. 1. R63 admitted to the facility on [DATE] with the following diagnoses: Type 2 Diabetes Mellitus, polyneuropathy, and Chronic kidney disease stage 3. On 2/23/25 at 10:31 AM, Surveyor observed R26's catheter to be in direct contact with the facility's floor. R26 indicated staff provide catheter care for R26. On 2/23/25 at 10:44 AM, Surveyor and CNA E observed R26's catheter to be in direct contact with the floor. CNA E indicated the catheter bag should not be in contact with the floor, rather it should be suspended from the bedside. On 2/23/25 at 10:59 AM, Med Tech X, LPN P, and CNA W indicated catheters should not be in contact with the facility floor due to infection control/prevention for urinary tract infection. On 2/25/25 at 2:38 PM, DON B (Director of Nursing) indicated catheter bags should not be resting in direct contact with the floor. 30992 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525338	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beaver Dam Health Care Center	410 Roedl CT Beaver Dam, WI 53916

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	2. R26 admitted to the facility on [DATE] with diagnoses including, but not limited to, benign prostatic hyperplasic with lower urinary tract symptoms and urinary tract infections. R26's most recent Minimum Data Set (MDS) with ARD (Assessment Reference Date) of 12/14/22 indicates R26 has Brief Interview for Mental Status (BIMS) score of 8/15. This score indicates R26 is moderately cognitively impaired. R26's Guidelines for Daily Cares, dated 2/26/25, indicates the following: Elimination/Toileting: Keep drainage bag of catheter below the level of the bladder at all times and off floor; R26 requires 1 assist with transferring, personal hygiene and dressing. On 2/26/25 at 3:53 PM, Surveyor observed R26 in bed with his catheter bag lying in direct contact with the facility floor. On 2/26/25 at 3:55 PM, Surveyor spoke with CNA J (Certified Nursing Assistant). Surveyor asked CNA J to walk with to R26's room. Surveyor asked CNA J if R26's catheter bag was on the floor. CNA J stated, yes. Surveyor asked CNA J, should R26's catheter bag be off the floor. CNA J stated, yes, for infection control. CNA J added, she just recently started her shift and did not leave R26's catheter bag on the floor.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525338	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beaver Dam Health Care Center	410 Roedl CT Beaver Dam, WI 53916

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 - Few	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** 41788 Based on observation, 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 1 of 1 sampled resident (R9) reviewed for timing of medications. R9's levothyroxine was left at bedside and R9 self-administered the medication. Levothyroxine is scheduled for 6 AM and R9 took the medication at 11:17 AM. Evidenced by: The facility policy entitled, Medication Administration, dated 2002, states, in part: . Policy: Medications are administered as prescribed in accordance with good nursing principles and practices and are only by persons legally authorized to do so . The facility has sufficient staff and a medication distribution system to ensure safe administration of medications without unnecessary interruptions. Procedures: . 4. Five Rights- Right Resident, Right Drug, Right Dose, Right Route, and Right Time, are applied for each medication being administered . Administration: . 4) When medications are administered by mobile cart taken to the resident's location (room, dining area, etc.) medications are administered at the time they are prepared. Medications are not pre-poured . 7) The person who prepares the dose for administration is the person who administers the dose . 12) Medications are administered within [60 minutes] of scheduled time . 14) Residents are allowed to self-administer medications when specifically authorized by the attending physician and in accordance with procedures for self-administration of medication . 18) The resident is always observed after administration to ensure that the dose was completely ingested . R9 was admitted to the facility on [DATE] and has diagnoses that include hypothyroidism (a condition in which the thyroid gland doesn't produce enough thyroid hormone - the deficiency can disrupt such things as heart rate, body temperature, and all aspects of metabolism), major depressive disorder, and attention-deficit hyperactivity disorder (a chronic condition including attention difficulty, hyperactivity, and impulsiveness). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525338	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beaver Dam Health Care Center	410 Roedl CT Beaver Dam, WI 53916

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 - Few	R9's Admission Minimum Data Set Assessment, dated 2/5/25, shows R9 has a Brief Interview of Mental Status score of 14 indicating R9 is cognitively intact. R9's Physicians Orders for February 2025 include: -Levothyroxine Sodium Oral Tablet 25 micrograms (MCG) . Give 1 tablet by mouth in the morning for Hypothyroidism . Order Date: 1/27/25. Start Date: 1/28/25. R9's Medication Administration Record (MAR) for February 2025, states, in part: . Levothyroxine Sodium Oral Tablet 25 MCG . Give 1 tablet by mouth in the morning for Hypothyroidism. Order Date: 1/27/25 10:43. Ordered time: 06:00AM On 2/23/25 at 11:17AM, Surveyor observed R9 take her levothyroxine that was on her bedside table. Surveyor asked R9 what medication that was she just took and R9 indicated her thyroid medication. R9 indicated the nurse leaves it at bedside every morning and when R9 wakes up she takes it on her own. R9 indicated this morning she got sidetracked and forgot to take it until now. On 2/23/25 at 11:32 AM, Surveyor interviewed LPN P (Licensed Practical Nurse) and asked if R9 can self-administer medications. LPN P indicated just R9's inhaler. Surveyor asked if medications should be left at bedside for R9 and LPN P indicated no. Surveyor informed LPN P of R9 taking a medication that R9 identified as her thyroid medication that had been left at bedside. Surveyor asked if LPN P was aware the medication had been left at R9's bedside and LPN P indicated no. LPN P indicated the third shift nurse administers R9's levothyroxine between 5 AM and 6 AM. Surveyor asked if medication ordered for 6 AM and taken at 11:17 AM would be considered late and LPN P indicated yes, it is ordered for 6 AM. Surveyor asked LPN P what the process is for administering medications to R9. LPN P indicated staff administers the medications and observe R9 take them. Surveyor informed LPN P that R9 indicated it is normal for the nurses to leave her medication at bedside that time of day and LPN P indicated that is not the normal process; we are to administer the medications and observe residents take them. LPN P indicated we are not to leave medications at bedside for R9. On 2/25/25 at 2:58 PM, Surveyor interviewed DON B (Director of Nursing) who indicated medications should not be left at bedside for R9. DON B indicated R9 can not self-administer medications. Surveyor informed DON B of observation of R9 taking medication that had been left at bedside this morning.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525338	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beaver Dam Health Care Center	410 Roedl CT Beaver Dam, WI 53916

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30992 Based on observation, interview, and record review, the facility did not ensure drugs and biologicals are labeled in accordance with currently accepted professional standards for 4 of 4 residents who had undated open insulin vials (R41, R48, R63, and R31) and did not ensure 2 medication carts were not left unlocked or with unlocked medications on top of the cart This is evidenced by: The facility policy, Storage of Medications, dated 10/25/14, states in part as follows: When the original seal of a manufacturer's container or vial is initially broken, the container or vial will be dated. The nurse shall place a date opened sticker on the medication and enter the date opened and the new date of expiration (Note: the best stickers to affix contain both a date opened and expiration notation line). The expiration date of the vial or container will be 30 days unless the manufacturer recommends another date or regulations/guidelines require different dating. Example 1: R41's Physician Orders indicate the following: Insulin Glargine Solostar Subcutaneous Solution Pen Injector 100 units/ml (milliliter) (Insulin Glargine) Inject 20 units subcutaneously one time a day related to Type 2 Diabetes Mellitus without complications. On 2/25/25 at 2:10 PM, Surveyor observed an open Lantus Solostar Pen Injector. The insulin's dispense date was 1/21/25. There was no open date indicated on the insulin pen. Example 2: R48's Physician Orders indicate the following: Lantus Solostar Subcutaneous Solution Pen Injector 100 unit/ml (milliliter) (Insulin Glargine) Inject 18 units subcutaneously in the evening for diabetes On 2/25/25 at 2:11 PM, Surveyor observed an open Insulin Glargine Pen Injector. The insulin's dispense date was 1/16/25. There was no open date indicated on the insulin pen. Example 3: R63's Physician Orders indicate the following: Insulin Glargine Subcutaneous Solution Pen-Injector 100 unit/ml (Insulin Glargine) Injector 10 units subcutaneously two times a day related to Type 2 Diabetes Mellitus with proliferative diabetic retinopathy without macular edema, bilateral. On 2/25/25 at 2:12 PM, Surveyor observed an open Insulin Glargine Pen Injector. The insulin's dispense date was not indicated (rubbed off). There was no open date indicated on the insulin pen. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525338	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beaver Dam Health Care Center	410 Roedl CT Beaver Dam, WI 53916

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Example 4: R31's Physician Orders indicate the following: Lantus SoloStar Subcutaneous Solution Pen Injector 100 unit/ml (milliliters) (Insulin Glargine) Inject 10 units subcutaneously at bedtime related to Type 2 Diabetes Mellitus without complications. On 2/25/25 at 2:13 PM, Surveyor observed an open Insulin Glargine Pen Injector. The insulin's dispense date was 2/17/25. There was no open date indicated on the insulin pen. On 2/25/25 at 2:05 PM, Surveyor started the Medication Storage task with RN G (Registered Nurse). RN G stepped away to complete an admission and LPN H (Licensed Practical Nurse) completed the interview with Surveyor. Surveyor asked LPN H, how long are insulin pens good once opened. LPN H stated, 28 days. Surveyor and LPN H reviewed the four insulin pen injectors above with dates indicated. Surveyor asked LPN H, should R41, R48, R63, and R31's insulin pens have an open date. LPN H stated yes. On 2/25/25 at 3:00 PM, Surveyor spoke with DON B (Director of Nursing). Surveyor asked DON B if she expects staff to date insulin pens when they open them. DON B stated, yes, staff should date insulin pens when they open them. Surveyor asked DON B, how long are insulin pens good for once opened. DON B stated, most residents go through one (1) pen per week and very few people use less than that. DON B added, insulin pens are good for 28 days. DON B added, I would expect them to have an open date on them, absolutely. 38882 Example 5: On 2/25/25 at 8:29 AM, Surveyor observed an unlocked cart sitting in a hallway without staff present. Surveyor opened the top drawer and found residents' topical medications. Surveyor opened the next drawers and found wound care supplies. During an interview, ADON C indicated she left the cart in the hallway unlocked and unsupervised and she should have locked the cart before walking away from it. On 2/26/25 at 2:23 PM, NHA A indicated ADON C should not leave a medication cart unlocked and unsupervised in the hallway. NHA A indicated ADON C should lock cart before walking away from it or take it in the room with her. 41788 Example 6: R49 admitted to the facility on [DATE] and has diagnoses that include pressure ulcer of sacral region, acquired absence of left great toe, major depressive disorder, and anxiety disorder. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525338	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beaver Dam Health Care Center	410 Roedl CT Beaver Dam, WI 53916

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 2/26/25 at 8:35 AM, Surveyor was observing LPN P (Licensed Practical Nurse) during medication administration with R49. As LPN P finished dispensing R49's medications, she locked the med cart and left the stock bottles of Vitamin C 500 milligrams (mg), Vitamin D3 25 micrograms (mcg), Vitamin B12 100 mcg, multivitamins, ibuprofen 200 mg, Vitamin B1 100 mg, and a box of lidocaine 4% patches with 4 in the box on top of the med cart. LPN P entered R49's room and had her back to med cart the entire time she was in R49's room administering meds. On 2/26/25 at 8:45 AM, Surveyor and LPN P returned to the medication cart and Surveyor asked LPN P if the bottles of medications and box of lidocaine patches should have been left on top of the cart unsupervised. LPN P indicated no; the medications should have been locked up in med cart. Surveyor asked if residents, staff, or visitors that pass by could have access to the medications left on top of the med cart and LPN P indicated yes. LPN P put the bottled medications back into the cart and locked the cart and proceeded to leave the hallway and the med cart with the box of lidocaine patches on top. Surveyor observed med cart unsupervised with the box of lidocaine patches on top for 10 minutes until LPN P returned. On 2/26/25 at 2:25 PM, Surveyor interviewed NHA A (Nursing Home Administrator) and informed him of the medications observed left on top of med cart. NHA A indicated his expectation is for all medications to be locked up when med cart is unsupervised.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525338	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beaver Dam Health Care Center	410 Roedl CT Beaver Dam, WI 53916

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50698 Based on observation, interview, and record review, the facility did not store and prepare food in accordance with professional standards for food service safety. This has the potential to affect all 68 residents. Surveyor observed food that had been removed from original containers and not labeled with a use by date. Surveyor observed food that was uncovered and not labeled in the main refrigerator. Surveyor observed opened food without use by dates and expired food in circulation in the facility's kitchenette. Surveyor observed the microwave in the facility's kitchenette to have several multi-colored dried-on splatters on the inside. Evidenced by: Facility policy titled Food Receiving and Storage with a revision date of ,d+[DATE] states in part . 7. Dry foods that are stored in bins will be removed from original packaging, labeled and dated (use by date) .8. All foods stored in the refrigerator or freezer will be covered, labeled and dated (use by date) .14. Food items and snacks kept on the nursing units must be maintained as indicated below: .all foods belonging to residents must be labeled with the resident's name, the item and the use by date .beverages must be dated when opened and discarded after 24 hours .other opened containers must be dated and sealed or covered during storage . Facility policy, titled Food Preparation and Service with a revision date of ,d+[DATE] states in part . 5. Food preparation staff will adhere to proper hygiene and sanitary practices to prevent the spread of foodborne illness . Example - Unlabeled Container of Food On [DATE] at 9:13 AM, during initial tour of the kitchen, Surveyor observed in dry food storage a container of corn flakes that was removed from its original packaging and did not have a use by date. DM K (Dietary Manager) indicated food opened and/or removed from its original packaging should be labeled with a use by date. Example - Uncovered and Unlabeled Food On [DATE] at 9:20 AM, Surveyor observed in the main kitchen refrigerator 6 bowls of pureed bread uncovered and not dated sitting on a tray. DM K indicated what they were and stated they should be covered and dated. Example - Unlabeled and Expired Food in Kitchenette (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525338	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beaver Dam Health Care Center	410 Roedl CT Beaver Dam, WI 53916

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	On [DATE] at 9:47 AM, Surveyor observed in the kitchenette across from room [ROOM NUMBER] the following: Opened jar of Great Value peanut butter in the cupboard next to the refrigerator not labeled with a best by date of [DATE], opened jar of Skippy peanut butter not labeled with a best by date of [DATE], opened loaf of honey wheat bread in the cupboard next to refrigerator which was not labeled with a sell by date of [DATE], opened loaf of whole wheat bread which was not labeled with a best by date of ,d+[DATE] and does not indicate the year. In the refrigerator, Surveyor observed an unlabeled glass of red juice with saran wrap on the top of the glass and a piece of cake with frosting sitting on a saucer uncovered and not labeled. On [DATE] at 10:03 AM, Surveyor asked CNA L about the items. CNA L did not know who the items belonged to, indicated they should be labeled, verified items were expired, and threw them away. CNA L indicated she did not know who was responsible for going through the items in the kitchenette and making sure items were labeled and checking for expiration dates. On [DATE] at 2:37 PM, Surveyor interviewed DM K regarding the items in the kitchenette. DM K indicated kitchen staff should be checking the refrigerator in the kitchenettes and making sure items are labeled and expired items get thrown away. DM K stated she was unsure who was responsible for the items in the cupboard and indicated she would come up with a plan to label and check the cupboard food items. Example - Kitchenette Microwave On [DATE] at 10:05 AM, Surveyor observed several multi-colored dried-on splatters on the inside of the microwave in the kitchenette across from room [ROOM NUMBER] on the memory care unit. On [DATE] at 2:37 PM, Surveyor interviewed DM K regarding this microwave having dried-on splatters on the inside. Surveyor asked DM K if there was a cleaning schedule for cleaning that microwave and who was responsible for cleaning it. DM K indicated she was unsure about a cleaning schedule for that microwave, unsure who is responsible for cleaning it. DM K stated she will develop and implement a plan for cleaning that microwave. On [DATE] at 9:27 AM, Surveyor interviewed NHA A (Nursing Home Administrator) regarding Surveyor's observations. NHA A indicated food should be covered, labeled, and expired items should be thrown away. NHA A indicated a cleaning schedule will be implemented for the kitchenette microwaves.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525338	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beaver Dam Health Care Center	410 Roedl CT Beaver Dam, WI 53916

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. 41788 Based on interview and record review, the facility does not have a system for preventing, identifying, reporting, investigating, and controlling infections and communicable disease for all residents. This has the potential to affect the census of 68 residents. The facility's staff surveillance line lists do not include signs and symptoms (s/sx) of illness or specific symptoms, s/sx onset date, date of last s/sx, return-to-work dates, or area last worked. The facility's resident surveillance line lists do not include s/sx or specific s/sx, type of infection, and type of precautions with start and end dates. This is evidenced by: The facility policy titled, Infection Prevention and Control Program, dated 11/17, states, in part: . Policy: It is a policy of this facility to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. Policy Explanation and Control Program: . 3. Surveillance: a. A system of surveillance is utilized for prevention, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon a facility assessment and accepted national standards . 5. Isolation Protocol: . b. A resident with an infection or communicable disease shall be placed on isolation precautions as recommended by current CDC (Centers for Disease Control) Guidelines for Isolation Precautions . 7. All resident infections will be tracked. Separate, site-specific measures may be tracked as prioritized from the infection control risk assessment . 8. Employee, volunteer, and contract employee infections will be tracked, as appropriate . 9. Data to be used in the surveillance activities may include, but are not limited to: . h. Documentation of signs and symptoms in clinical record . Facility policy titled, Infection Outbreak and Response, dated 10/1/22, 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
	525338	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beaver Dam Health Care Center	410 Roedl CT Beaver Dam, WI 53916

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Policy: The facility promptly responds to outbreaks of infectious diseases within the facility to stop transmission of pathogens and prevent additional infections . Policy Explanation and Compliance Guidelines: 1. Prompt recognition of outbreak: a. Changes in condition and/or signs and symptoms of infection will be reported according to procedures for infection reporting . 2. Implementation of infection control measures: a. Symptomatic residents will be considered potentially infected, assessed for immediate needs, and placed on empiric precautions while awaiting physician orders. b. Symptomatic employees will be screened by the Infection Preventionist, or designee . Example 1: The facility's staff line lists do not include symptoms or specific symptoms, no return-to-work dates, or the area last worked previous to symptoms. The facility's staff line lists show columns to include name, date, role, area worked, and symptom. The November 2024 staff line list includes 36 call ins. 14 of the 36 call-ins have for symptom: not given or unknown. All 36 call-ins show no return-to-work date. The date listed on all 36 call-ins does not indicate if it is date called in or symptom onset date. All 36 call-ins list nursing as area worked last, which is not a specific location. The December 2024 staff line list includes 38 staff call-ins. 5 of the 38 call-ins lists for symptoms: unknown and 1 of the 38 lists just not feeling well, weak. All 38 do not have return-to-work dates listed. The date listed on all 38 call-ins does not indicate if it is the date called in or symptom onset date. All 38 call-ins list nursing as area worked last, which is not a specific location. The January 2025 staff line list includes 10 call-ins with 1 call-in with no symptoms listed. All 10 call-ins have no return-to-work dates listed. All 10 call-ins list nursing as area worked last, which is not specific location. Example 2: The facility's resident surveillance line lists do not include s/sx, type of infection, and type of precautions with start and end dates. November 2024, December 2024, and January 2025 Resident Line lists are incomplete without symptoms, unknown infection, and no precautions with start and end dates. Resident line list for November 2024 includes: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525338	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beaver Dam Health Care Center	410 Roedl CT Beaver Dam, WI 53916

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	-2 residents with unknown listed as infection. -3 residents listed with no s/sx. -1 resident that should have been on precautions, the line list does not show which precaution, when the precautions were initiated, or when the resident came off precautions. Resident line list for December 2024 includes: -4 residents with unknown listed as infection. -9 residents listed with general complaints or s/sx of common cold, which are not specific symptoms. -15 residents that should have been on precautions, the line list does not show which precaution, when the precautions were initiated, or when the resident came off precautions. Resident line list for January 2025 includes: -8 residents with unknown listed as infection. -3 residents listed with no s/sx and 1 resident with general complaints listed, which is not a specific symptom. -1 resident that should have been on precautions, the line list does not show which precaution, when precautions were initiated, or when the resident came off precautions. On 2/25/25 at 1:35 PM, Surveyor interviewed ADON/IP C (Assistant Director of Nursing/Infection Preventionist). ADON/IP C indicated specific symptoms should be listed on staff and resident line lists and many are not. ADON/IP C indicated general complaints and s/sx of common cold are not specific symptoms. ADON/IP C indicated not given for symptoms on staff line lists should have specific s/sx listed. When Surveyor asked ADON/IP C if residents who were put on precautions, should the type, initiation date of precaution, and end date identified on resident line lists and ADON/IP C indicated yes. ADON/IP C indicated she has just recently started putting precautions on line lists and will continue going forward. Surveyor asked ADON/IP C if infection type should be listed on line lists and ADON/IP C indicated yes. Surveyor asked ADON/IP C if onset date, date of last sx, and return-to work dates should be on line lists for staff and ADON/IP C indicated yes.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525338	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beaver Dam Health Care Center	410 Roedl CT Beaver Dam, WI 53916

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 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement a program that monitors antibiotic use. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41788 Based on interview and record review, the facility did not ensure they followed their antibiotic stewardship program that includes antibiotic use protocols and a system to monitor antibiotic use for 1 of 5 (R26) sampled residents and 1 of 1 (R57) supplemental resident reviewed for antibiotic stewardship. R57 was on an antibiotic for a urinary tract infection. Facility did not have documentation of Culture and Susceptibility (C&S). Facility unable to determine if R57 met criteria to be treated with antibiotics. R26 was on an antibiotic for a urinary tract infection without an appropriate indication in December 2024 and January 2025. Facility did not have documentation of urinalysis (UA) and C&S. Facility unable to determine either time if R26 met criteria to be treated with antibiotics. Evidenced by: The facility policy entitled, Antibiotic Stewardship Program, dated 3/1/19, states, in part: . Policy: It is the policy of this facility to implement an Antibiotic Stewardship Program as part of the facility's overall infection prevention and control program. The purpose of the program is to optimize the treatment of infections while reducing the adverse events associated with antibiotic use . Policy Explanation and Compliance Guidelines: . a. Infection Preventionist-coordinates all antibiotic stewardship activities, maintains documentation . 4. The program includes antibiotic use protocols and a system to monitor antibiotic use. a. Antibiotic use protocols: . ii. Laboratory testing shall be in accordance with current standards of practice. iii. The facility uses the (CDC's NHSN (National Healthcare Safety Network) Surveillance Definitions) to define infections. iv. Criteria specific to each state are used to determine whether or not to treat an infection with antibiotics . b Monitoring antibiotic use: i. Antibiotic orders obtained upon admission, whether new admission or readmission, to the facility shall be reviewed for appropriateness. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525338	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beaver Dam Health Care Center	410 Roedl CT Beaver Dam, WI 53916

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 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	ii. Antibiotic orders obtained from consulting, specialty, or emergency providers shall be reviewed for appropriateness . iii. The facility policy titled, Infection Surveillance, dated 11/17, states, in part: . Policy: A system of surveillance is utilized for prevention, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon a facility assessment and accepted national standards. Policy Explanation and Compliance Guidelines: . 7. All resident infections will be tracked. Separate, site-specific measures may be tracked as prioritized from the infection control risk assessment . 8. Data to be used in the surveillance activities may include, but are not limited to: . b. Lab reports . h. Documentation of signs and symptoms in clinical record . Example 1: R57 admitted to the facility on [DATE]. Surveyor reviewed the Infection Surveillance Monthly Report for January 2025. R57 was listed on the line list for Urinary Tract Infection (UTI). The monthly report indicated the following: Unit/Room# - Wing: [room/wing] Infection Onset - 1/02/25 Infection - Urinary Tract Infection Signs & Symptoms - Confusion (new onset), New or marked increase in urgency Status - Closed (1/14/25) Resolved Pharmacy Order - Cephalexin Oral Capsule 500 mg (milligrams) (1/2/25) . Facility could not provide C&S for this UTI. Facility could not show Surveyor R57 met criteria to treat with antibiotics. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525338	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beaver Dam Health Care Center	410 Roedl CT Beaver Dam, WI 53916

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 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 2/25/25 at 1:35 PM, Surveyor interviewed ADON/IP C (Assistant Director of Nursing/Infection Preventionist). ADON/IP C indicated R57 went to the emergency department and returned with diagnosis of UTI and orders for Cephalexin. Surveyor asked if facility had the documentation of the C&S. ADON/IP C indicated no. Surveyor asked ADON/IP if criteria was met, and ADON/IP C indicated she could not say without having the C&S. Surveyor asked how the facility ensures residents coming from an emergency department or admitting from a hospital are on the correct antibiotic and ADON/IP C indicated by meeting criteria, looking at the UA, C&S, and verifying it in PCC (Point Click Care; electronic health record system). ADON/IP indicated the documentation should be in the medical record and it is not. Surveyor asked if it is appropriate to treat R57 without the supporting documentation and ADON/IP C indicated no. Example 2: R26 admitted to the facility on [DATE]. Surveyor reviewed the Infection Surveillance Monthly Report for December 2024. R26 was listed on the line list for UTI. The monthly report indicated the following: Unit/Room# - Wing: [room/wing] Infection Onset - 12/21/24 Infection - Urinary Tract Infection Signs & Symptoms - (left blank) Status - Closed (1/6/25) Resolved Pharmacy Order - Cefuroxime Axetil Oral Tablet 250 mg (12/21/24) . Facility could not provide UA and C&S for this UTI. Facility could not show Surveyor R57 met criteria to treat with antibiotics. Facility could not show what signs and symptoms R57 was showing. On 2/25/25 at 1:35 PM, Surveyor interviewed ADON/IP C and asked what signs and symptoms R57 was having. ADON/IP C was unable to say and indicated the signs and symptoms should be listed on the monthly report and are not. Surveyor asked if facility has R57's UA and C&S in the medical record and ADON/IP C indicated no and it should be. Surveyor asked if R57 met criteria to treat with antibiotic and ADON/IP C indicated she would not know without the lab results and C&S. 30992 Example 3: On 1/3/25, R26's emergency department (ED) report documents the following: No nausea, vomiting, fever, chills, anorexia, or abdominal pain General: Awake and alert, interactive and in no acute distress. Patient is oriented x2 (person, place, time, situation) and reported to be at baseline. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525338	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beaver Dam Health Care Center	410 Roedl CT Beaver Dam, WI 53916

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 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Additional Emergency Medical Services (EMS) Information: Pt is coming in from (facility name). Nurse reports that pt (patient) was here a week ago and has since then stopped eating gradually and today has not eaten at all. Pt normally walks with a walker and will no longer get up and just wants to be in bed. Pt has been showing signs of decline and seems confused. NP (Nurse Practitioner) would like pt evaluated. The ED documents the following antibiotic is ordered: Cephalexin (Cephalexin 500 milligrams oral capsule) 1 Capsules Oral four times a day for 14 days. Refills: 0 The ED did not obtain a urine C/S. R26 returned to the facility and was given Cephalexin per ED orders with no C/S completed. Surveyor requested R26's McGeers criteria. The facility did not provide this information. On 2/26/25 at 1:45 PM, Surveyor spoke with DON B (Director of Nursing). Surveyor asked DON B, what is the process when a resident goes out to the emergency department and returns on an antibiotic. DON B stated, generally those orders get faxed to the resident's primary care physician and we enter the orders. DON B stated, the IP (Infection Preventionist) puts the information in our Infection Prevention module. The IP will do McGeers criteria. DON B stated, once an order is entered for an antibiotic it triggers our IP. Surveyor asked DON B, do you expect staff to obtain a culture and sensitivity? DON B stated, we do try to obtain a C/S if they have been ordered. DON B stated a lot of times the local hospital does not order a C/S. DON B stated, the hospital will collect the urine and the ED does not order it as C/S. DON B stated, she reached out to the NP (Nurse Practitioner) but has not received a response from her yet. DON B stated, we usually send those discharge summaries to primary care physician so they can see diagnoses and treatment orders. Surveyor asked DON B, would you have expected staff to obtain a urine C/S? DON B stated R26 was sent to the ED where they obtained a urine sample. DON B stated, the NP (Nurse Practitioner) did ask for C/S and was notified that the hospital didn't do a C/S. DON B stated, the ED just ordered a urine with no culture and sensitivity. DON B stated, the NP returned it with Noted, no culture 1/7/25. Surveyor asked DON B, would you have expected the NP to order a C/S. DON B stated, Yes, I should have reached out to confirm that she didn't want a C/S. Surveyor asked DON B, why is this important? DON B stated, we want to make sure we're treating them with the appropriate antibiotic. DON B stated, R26 has a history of sepsis. Surveyor asked DON B, with R26's history of sepsis would there be added importance to obtain a C/S to ensure that R26 is receiving the correct antibiotic. DON B stated yes.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525338	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beaver Dam Health Care Center	410 Roedl CT Beaver Dam, WI 53916

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 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41788 Based on interview and record review, the facility did not ensure each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized for 4 of 5 residents (R26, R10, R25, and R9) reviewed for immunizations. R26, R10, R25, and R9 were not offered pneumococcal vaccines. The facility does not have a declination or consent for the pneumococcal vaccine for any of the 4 residents. Evidenced by: The facility policy, titled Infection Prevention and Control Program, dated November 2017, states, in part: . Policy: It is a policy of this facility to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. Policy Explanation and Compliance Guidelines: . 7. Influenza and Pneumococcal Immunization: . b. Residents will be offered the pneumococcal vaccines recommended by the CDC (Center of Disease Control) upon admission, unless contraindicated or received the vaccines elsewhere. c. Education will be provided to the residents and/or representatives regarding the benefits and potential side effects of the immunizations prior to offering the vaccines. d. Residents will have the opportunity to refuse the immunizations. e. Documentation will reflect the education provided and details regarding whether the resident received the immunizations . Example 1: R26 admitted to the facility on [DATE]. R26 had Pneumovax Vaccines documented as follows: Pneumovax 23 on 10/7/05 and 4/14/21. R26 was not offered the PCV15, PCV20, or PCV21 per CDC recommendations. There is no documentation that R26 was offered the next pneumococcal vaccine. Facility could not provide a declination or consent for R26. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525338	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beaver Dam Health Care Center	410 Roedl CT Beaver Dam, WI 53916

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 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Per Pneumo Recs Vax Advisor, the recommendation for R26's age group is to give 1 dose of PCV15, PCV20, or PCV21 at least 1 year after last dose of PPSV23. R26 did not receive PCV15, PCV20, or PCV21 therefore Pneumococcal vaccinations are not complete. Example 2: R10 admitted to the facility on [DATE]. R10 had Pneumovax Vaccines as follows: Pneumovax 23 on 1/15/07. R10 was not offered the PCV15, PCV20, or PCV21 per CDC recommendations. There is no documentation that R10 was offered the next pneumococcal vaccine. Facility could not provide a declination or consent for R10. Per Pneumo Recs Vax Advisor, the recommendation for R10's age group is to give 1 dose of PCV15, PCV20, or PCV21 at least 1 year after last dose of PPSV23. R10 did not receive PCV15, PCV20, or PCV21 therefore Pneumococcal vaccinations are not complete. Example 3: R25 admitted to the facility on [DATE]. There is no documentation of R25 receiving any pneumococcal vaccines R25 was not offered the pneumococcal vaccines. Per Pneumo Recs Vax Advisor, the recommendation for R25's age group is to give one dose of PCV15, PCV20, or PCV21. If PCV20 or PCV21 is used their pneumococcal vaccinations are complete. If PCV15 is used, follow with one dose of PPSV23 to complete their pneumococcal vaccinations . Example 4: R9 admitted to the facility on [DATE]. There is no documentation of R9 receiving any pneumococcal vaccines. R9 was not offered the pneumococcal vaccines. Per Pneumo Recs Vax Advisor, the recommendation for R9's age group is to give one dose of PCV15, PCV20, or PCV21. If PCV20 or PCV21 is used their pneumococcal vaccinations are complete. If PCV15 is used, follow with one dose of PPSV23 to complete their pneumococcal vaccinations . On 2/25/25 at 1:35 PM, Surveyor interviewed IP C (Infection Preventionist) and asked if pneumococcal vaccines were offered to R26, R10, R25, and R9. IP indicated no. IP C indicated the pneumococcal vaccines had not been offered and should have been offered.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525338	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beaver Dam Health Care Center	410 Roedl CT Beaver Dam, WI 53916

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 0940 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Develop, implement, and/or maintain an effective training program for all new and existing staff members. 38882 Based on interview and record review, the facility did not develop, implement, and maintain an effective emergency training program for all facility and contracted staff consistent with their expected roles and based on the facility assessment. This has the potential to affect the total census of 68 residents and 3 of 3 units. 15 different facility staff were interviewed on 3 of 3 units, who did not know where to locate emergency outlets during a power outage. Staff had not received training on electric power outages or emergency outlet use. Evidenced by: Facility policy titled Power Outage, undated, includes: it is the policy of the facility to protect our residents, staff, and others who may be in our facility from harm during emergency events. To accomplish this we have developed procedures for specific hazards which build on the cross cutting strategies in our continuity of operations plan . Our facility is prepared to safely manage resident care through effective and efficient nursing home operations during the loss of power in this facility. To mitigate the impact of a power outage we have contacted our electrical power provider and requested to be on the priority level for restoration should a major power outage occur in our community . should a power outage occur in our facility we will initiate the following actions: . evaluate safety of residents, staff and visitors in relationship to power outage impact on physical plant . assess residence for risk, prioritize care and resources as appropriate, report need for additional staffing to assist with care and supervision of residents, determine battery life on essential care equipment . , set up portable oxygen as needed, identify residents whose fragile condition may require transfer, ensure continuation of resident care and essential services, ensure generator is functioning properly, preserve power supplies by making sure all non-critical power needs are suspended, continue to assess residents for adverse impacts from the incident . On 2/23/25 at 9:00 AM, Survey Team entered the facility and observed the lights to be yellow and wavering. MDS RN Y (Minimum Data Set Registered Nurse) indicated the facility's power had been interrupted. MDS RN Y indicated after an hour one unit lost total power and then the generator finally kicked on. On 2/23/25 at 10:31 AM, R63 stated, The power went out and I laid on steel with my air mattress deflating. Felt very uncomfortable. At 4:30 AM, I think the transformer popped. I laid on the deflating air mattress between 30 minutes to an hour. On 2/23/25 at 10:37 AM, CNA V (Certified Nursing Assistant) indicated she was aware R63's air mattress was deflating and she was not sure if the facility had emergency outlets and where to find them. CNA V indicated she had not had emergency preparedness training for when the electricity is interrupted. On 2/23/25 at 10:44 AM, R5 stated her air mattress lost air and was deflating for over a half hour. R5 stated this was because of a power outage. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525338	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beaver Dam Health Care Center	410 Roedl CT Beaver Dam, WI 53916

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 0940 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 2/23/25 10:45 AM, CNA E indicated he is unsure if there are emergency outlets in the facility and where they would be located. CNA E indicated in his last facility he knew which outlets the generator would run because they were red, but in this facility they are white. CNA E indicated he was not educated on what to do if the power goes out. On 2/23/25 at 10:59 AM, CNA W, Med Tech X (Medication Technician), and LPN P (Licensed Practical Nurse) indicated they were aware some residents' air mattresses deflated when power went out. CNA W, Med Tech X, and LPN P indicated they were not sure if the facility had emergency outlets if the regular outlets weren't working. LPN P, CNA W, and Med Tech X indicated they did not have emergency preparedness training for when the power went out. On 2/23/25 at 11:03 AM, Surveyor interviewed CNA Q (Certified Nursing Assistant) and asked where the red emergency outlets are located and CNA Q indicated she does not know. Surveyor asked CNA Q if she is aware of the facility having red emergency outlets and CNA Q indicated she does not know. On 2/23/25 at 2:40 PM, LPN U indicated R29's air mattress deflated when the power was interrupted/went out. LPN U indicated she did not have Emergency Preparedness training for if/when the building loses power. LPN U indicated she was unsure if the facility has emergency outlets. On 2/24/25 at 9:06 AM, DON B (Director of Nursing) indicated the building lost partial power and some of the air mattresses deflated. DON B indicated staff should have gotten all residents in deflating air mattresses up onto their chair cushions until the power was restored. DON B indicated there is a power strip by the nurse station that staff could use in an emergency. DON B indicated staff should be trained on where to find the strip by the nurse station and on emergency preparedness for when the building loses power and she will begin education right away. 02/24/25 11:50 AM, DM Z (Director of Maintenance) indicated there are 3 phases that power the building. A squirrel got in the transducer box and a fuse blew. The building was left with two phases trying to power for all three. After an hour or so, one unit lost total power and then the generator decided to fire up then when it realized the power was not enough for the building. That is why it probably took an hour for the generator to kick on, because there was some power still coming to the building. DM Z indicated there are no emergency outlets in the resident rooms so staff would have to transfer residents off of deflating air mattresses or find a way to plug them into the emergency outlets in the hallways. On 2/25/25 at 2:08 PM, Surveyor interviewed CNA D (Certified Nursing Assistant) regarding Emergency Preparedness training and knowing where the emergency outlets are. CNA D indicated she had received Relias (computer training) training in December but no other education since the facility's power outage on 2/23/25. On 2/25/25 at 2:13 PM, Surveyor interviewed CNA E regarding Emergency Preparedness training and knowing where the emergency outlets are. CNA E indicated he has not received any training at the facility regarding emergency preparedness and does not know where the emergency outlets are located. On 2/25/25 at 2:15 PM, Surveyor interviewed CNA F regarding Emergency Preparedness training and knowing where the emergency outlets are. CNA F stated she has never received any training at the facility about emergency preparedness and does not know where the emergency outlets are located. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525338	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beaver Dam Health Care Center	410 Roedl CT Beaver Dam, WI 53916

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 0940 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 2/25/25 at 2:33 PM, Surveyor interviewed DON B (Director of Nursing) regarding providing staff education about emergency preparedness and emergency outlets since the facility's power outage on 2/23/25. DON B indicated she has not done education yet but will do staff education soon on emergency preparedness, emergency outlets, and emergency power strips. On 2/26/25 at 11:25 AM, CNA L indicated she has not received emergency preparedness training for when the power goes out. CNA L indicated the emergency outlets are red. Surveyor asked where these outlets are located. CNA L stated, I do not know where they are located. On 2/26/25 at 11:30 AM, CNA T indicated she has not received emergency preparedness training on when there is a power outage. CNA T indicated she is unaware if the building has emergency outlets. On 2/26/25 at 11:46 AM, RN G (Registered Nurse) indicated she has no knowledge of emergency outlets in the building and where to locate them. On 2/26/25 at 2:23 PM, NHA A (Nursing Home Administrator) indicated staff need to be aware there is a power strip they could use at the nurse station if the facility would lose power. NHA A indicated staff should know where the emergency outlets are located. On 2/26/25 at 3:52 PM, Surveyor spoke with CNA I (Certified Nursing Assistant). CNA I stated he has worked at the facility for nine (9) months. Surveyor asked CNA I if he has received training in emergency preparedness. CNA I stated, yes, some training like fire drills. Surveyor asked CNA I if he has received training regarding what to do for a power outage. CNA I stated, not that he has heard. CNA I stated, he would probably make sure the back up generator kicked on, ensure supplemental oxygen is running, if not, fill portables, make sure all residents are feeling safe and secure and answer any questions they may have. Surveyor asked CNA I, what about air mattresses. CNA I stated he would make sure they're inflated or try to find a regular mattress to transfer them to. Surveyor asked CNA I, are there emergency outlets on the Memory Care unit. CNA I stated, Not that I know of. On 2/26/25 at 3:56 PM, Surveyor spoke with CNA J (Certified Nursing Assistant). CNA J has worked at the facility for ten (10) months. Surveyor asked CNA J if she has received training in emergency preparedness. CNA J stated yes. Surveyor asked CNA J, what would you do in the event of a power outage. CNA J stated she would go find her nurse, make sure residents are safe, check to see if residents are scared or distressed, talk to nurse, and probably call an ambulance to make sure residents can get supplemental oxygen. Surveyor asked CNA J, what would you do for residents on an air mattress. CNA J stated, get them off the bed as wounds could worsen if left on a deflated air mattress. Surveyor asked CNA J, are there special outlets to use in the event of a power outage and the generator kicks in. CNA J stated, the red outlets. Surveyor asked CNA J, can you show me the red outlets. CNA J looked around and stated she does not see any red outlets. (Note, there are no red outlets in the entire facility.) Surveyor asked CNA J, if there are no red outlets what outlets would you use. CNA J stated she would try to find outlets that are working. On 2/26/25 at 4:36 PM, CNA S indicated she is unaware what she should do if the power goes out and she is not sure where the emergency outlets are located in the facility. A total of 15 different staff working 3 of 3 units were unable to locate emergency outlets during a partial power outage and those same staff have not received emergency preparedness training on what to do during a power outage. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525338	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beaver Dam Health Care Center	410 Roedl CT Beaver Dam, WI 53916

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 0940 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	30992 41788 50698