

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 11/13/2025
NAME OF PROVIDER OR SUPPLIER Beaver Dam Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not ensure each resident received the necessary care and services in accordance with professional standards of practice to meet each resident's physical needs for 3 of 3 sampled residents (R1, R3 & R2).</p> <p>R1 and R3 did not receive all scheduled wound care treatments as ordered. Facility did not update physician on missed wound care treatments. Facility did not provide residents with risks and benefits due to missing treatments.</p> <p>R2 did not have daily assessments while receiving antibiotic therapy.</p> <p>Evidenced by:</p> <p>The facility policy entitled, Wound Management, dated 2019, states, in part: . To promote wound healing of various types of wounds, it is the policy of this facility to provide evidence-based treatments in accordance with current standards of practice and physician orders.</p> <p>Policy Explanation and Compliance Guidelines:</p> <p>1.Wound treatments will be provided in accordance with physician orders, including the cleansing method, type of dressing, and frequency of dressing change.</p> <p>6c. The facility will follow specific physician orders for providing wound care.</p> <p>7. Treatments will be documented on the Treatment Administration Record (TAR) .</p> <p>Example 1:</p> <p>R1 admitted to the facility on [DATE] and has diagnoses that include muscle wasting and atrophy and anxiety disorder.</p> <p>R1's Minimum Data Set (MDS) admission Assessment, dated 10/15/25 shows R1 has a Brief Interview of Mental Status (BIMS) score of 14 indicating R1 is cognitively intact.</p> <p>R1's Physician Orders, dated 10/01/25-11/30/25, states, in part: .</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Left Lower Extremity (LLE) Wound: remove ACE and boot to change gauze dressing daily one time a day for wound care. Order Date: 10/23/25. Start Date: 10/23/25.</p> <p>R1's October 2025 TAR shows for 10/23/25- 10/31/25:</p> <p>LLE Wound: remove ACE and boot to change gauze dressing daily one time a day for Wound Care. Order Date: 10/23/25.</p> <p>R1 did not receive wound care on 10/24, 10/25, 10/26, 10/27, 10/29, 10/30, and 10/31. R1 did not receive wound care 7 out of 9 days due to being out of facility or refusal. This is shown by documentation on the TAR by refusal or leave of absence.</p> <p>R1's November 2025 TAR shows for 11/01/25-11/12/25:</p> <p>LLE Wound: remove ACE and boot to change gauze dressing daily one time a day for Wound Care. Order Date: 10/23/25.</p> <p>R1 did not receive wound care on 11/01, 11/02, 11/03, 11/05, 11/07, 11/08, 11/09, and 11/10 due to refusal.</p> <p>R1's Care Plan, dated 10/08/25, states, in part: .</p> <p>Pressure ulcer at risk due to weakness, physical limitations, and need for staff assistance.</p> <p>Active: Surgical wound to left ankle. Date Initiated: 10/08/25.</p> <p>Interventions: .</p> <p>*Monitor skin under splints to left lower extremity for breakdown. Date Initiated: 10/08/25.</p> <p>*Treatments as ordered. Date Initiated: 10/08/25.</p> <p>On 11/12/25, at 11:30 AM, Surveyor interviewed LPN E (Licensed Practical Nurse) who indicated R1 is to receive wound care to surgical wound daily but does not receive daily wound care due to R1 is out of the facility frequently. Surveyor asked LPN E what R1's wound care consists of. LPN E indicated R1's treatment is to remove ACE wrap and boot and change dressing daily. Surveyor asked LPN E what the process is for missed wound care treatments and LPN E indicated she passes the missed treatment on to the next shift in report and would expect the next shift to complete the treatment when resident returns and document the treatment completed in the progress notes. Surveyor asked LPN E should education/risks versus benefits be discussed to R1 regarding refusing wound care or missing wound care treatments. LPN E indicated yes, and LPN E indicated she has not provided any education to R1 regarding missed wound care and the importance of having the wound care completed daily. LPN E indicated the wound is not being monitored with missing treatments.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 11/13/25, at 10:00AM, Surveyor interviewed DON B (Director of Nursing). Surveyor asked DON B what blanks on TAR indicate. DON B indicated it was not completed. Surveyor asked DON B if it is his expectation that physician orders be followed. DON B indicated yes. Surveyor asked DON B if physician should be notified if wound care is not completed due to refusal or not being in facility or whatever the reason be for wound care not being completed. DON B indicated he would expect physician to be notified. Surveyor informed DON B of findings of R1's wound care not being completed on many days. DON B indicated he notified physician of R1's wound care not being completed due to R1 being out of facility, but DON B indicated he believes he did not document it. Surveyor asked DON B if the facility tried to schedule wound care another time that may work for R1. DON B indicated no. Surveyor asked if education and risks and benefits were offered to R1 regarding missing wound care. DON B indicated yes. Surveyor asked DON B to provide Surveyor with documentation of education and risks and benefits. DON B came back and informed Surveyor he could not find the documentation.</p> <p>Example 2:</p> <p>R3 admitted to the facility on [DATE] and has diagnoses that include hemiplegia (total paralysis of one side of the body) and hemiparesis (partial weakness or slight paralysis on one side of the body) following cerebral infarction (death of brain tissue due to a lack of blood flow, most commonly caused by a blockage from a blood clot or fatty deposits) and liver disease.</p> <p>R3's Minimum Data Set (MDS) Quarterly Assessment, dated 10/15/25 shows R3 has a Brief Interview of Mental Status (BIMS) score of 13 indicating R3 is cognitively intact.</p> <p>R3's physician's orders, dated 10/01/25-10/31/25, states, in part: .</p> <p>Wound Care to LLE (left lower extremity)- Cleanse with 1/2 strength Dakins solution and protect peri wound with skin prep. Apply santyl to wound bed. Cover wound with ABD and secure with kerlix every evening shift for wound care. Order Date: 10/23/25. Start Date: 10/23/25.</p> <p>Wound Care to LLE-Cleanse with saline solution pat dry and protect peri wound with skin prep. Apply xeroform to wound bed. Cover wound with ABD and secure with kerlix every evening shift for wound care. Order Date: 10/28/25. Start Date: 10/29/25.</p> <p>R3's Active Physician Orders, dated as of 11/13/25, states, in part: .</p> <p>Wound Care for bilateral heels: Skin prep bilateral heels every HS (hour of sleep) at bedtime for wound care. Order Date: 7/15/25. Start Date: 7/15/25.</p> <p>R3's Treatment Administration Record (TAR) for October 2025 shows:</p> <p>1) Wound Care for bilateral heels: Skin prep bilateral heels every HS at bedtime for wound care. Order Date: 7/15/25.</p> <p>R3 did not receive wound care treatment on 10/1/25 & 10/15/25 shown by blanks on TAR.</p> <p>2) Wound Care to LLE- Cleanse with 1/2 strength Dakins solution and protect peri wound with skin prep. Apply santyl to wound bed. Cover wound with ABD and secure with kerlix every evening shift for wound care. Order Date: 10/23/25. D/C (discontinue) Date: 10/28/25.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R3 did not receive treatment on 10/23/25 shown by blank on TAR.</p> <p>3) Wound Care to LLE: Cleanse with saline solution pat dry and protect peri wound with skin prep. Apply xeroform to wound bed. Cover wound with ABD and secure with kerlix every evening shift for wound care. Order Date: 10/28/25.</p> <p>R3 did not receive wound treatment on 10/30/25 shown by blank on TAR.</p> <p>On 11/13/25, at 08:00AM, Surveyor interviewed NP D (Nurse Practitioner). NP D indicated she would expect a medical provider to be notified whether it be the wound care team, physician, or NP of wound care not being completed due to refusal or not in facility or whatever the reason may be for wound care not being completed.</p> <p>On 11/13/25, at 10:00AM, Surveyor interviewed DON B (Director of Nursing). Surveyor asked DON B what blanks on TAR indicate. DON B indicated it was not completed. Surveyor asked DON B if it is his expectation that physician orders be followed. DON B indicated yes. Surveyor asked DON B if physician should be notified if wound care is not completed due to refusal or not being in facility or whatever the reason be for wound care not being completed. DON B indicated he would expect physician to be notified. Surveyor informed DON B of R3's missed treatments indicated on R3's TAR. DON B indicated he would look for documentation regarding missed treatments. DON B came back later to Surveyor and indicated he was unable to find documentation regarding missed tr</p> <p>Example 3:</p> <p>The facility's policy Vital Signs, dated 3/1/19, includes: 3. Vital signs shall be obtained at least in the following circumstances: c. At least daily for a resident receiving skilled services.</p> <p>The facility's policy Charting and Documentation, dated 7/17, includes: All services provided to the resident, progress toward the care plan goals shall be documented in the resident's medical record. The following information is to be documented in the resident medical record: c. Treatments or services performed; f. Progress toward or changes in the care plan goals and objectives. 7. Documentation of procedures and treatments will include care-specific details, including: a. the date and time the procedure/treatment was provided; c. the assessment data and/or any unusual findings obtained during the procedure/treatment; d. how the resident tolerated the procedure/treatment;</p> <p>R2 admitted to the facility on [DATE] with a diagnosis of sepsis (overwhelming immune response to an infection).</p> <p>R2's physician orders include:Daptomycin Intravenous Solution 500 mg. Use 950 mg intravenously one time a day for infection for 33 administrations. Order date 10/9/25.</p> <p>R2's comprehensive care plan includes Focus: Active infection. Endocarditis r/t (Related To) Enterococcus with IV antibiotic treatment.</p> <p>R2's Weights and Vitals Summary include blood pressure, pulse, and temperature was obtained on 10/9/25, 10/10/25, 10/11/25, 10/12/25, 10/22/25, and 10/24/25.</p> <p>Of note: R2 did not have daily vitals while receiving antibiotic therapy.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R2's Skilled Charting Note UDA (User Defined Assessment) was completed on 11/11/25 and 11/12/25.</p> <p>On 11/12/25 at 2:26 PM, Surveyor interviewed DON B (Director of Nursing) regarding assessments and skilled services. DON B indicated IV antibiotics and therapy would be considered skilled services. DON B indicated a resident on IV antibiotics and therapy should have documented daily vital signs and an assessment. DON B indicated R2 should have had daily vital signs and an assessment but did not.</p> <p>R2 did not have daily assessments while receiving antibiotic therapy.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident for 1 of 3 residents (R2) reviewed for medications. R2 did not have the correct order for his Gabapentin (medication to treat nerve pain). This is evidenced by: The facility's policy Preventing and Detecting Adverse Consequences and Medication Errors, dated 10/25/14, includes: When a resident receives a new medication, the medication order is evaluated for the following: 1) The dose, route of administration, duration, and monitoring are in agreement with the current clinical practice, clinical guidelines, and/or manufacturer's specifications for use. R2 admitted to the facility on [DATE] with a diagnosis of polyneuropathy (damage or disease affecting peripheral nerves). R2's hospital discharge paperwork, dated 10/9/25, includes an order for Gabapentin 100 mg capsule take 1 capsule by mouth every 8 hours. Of note, every 8 hours would be three times a day. R2's active physician orders, printed 11/13/25, includes Gabapentin 100 mg capsule. Give 1 capsule by mouth two times a day for pain. Scheduled at 8:00 AM and 4:00 PM. Order date 10/9/25. On 11/13/25 at 8:00 AM, Surveyor interviewed NP D (Nurse Practitioner) regarding R2's Gabapentin order. NP D indicated she did not change R2's Gabapentin order and the medication should have been given three times a day. On 11/13/25 at 8:58 AM, Surveyor interviewed UM C (Unit Manager) regarding entering medication orders. UM C indicated if R2's hospital discharge paperwork included an order for every 8 hours, the medication should have been put in for 3 times a day. On 11/13/25 at 10:00 AM, Surveyor interviewed DON B (Director of Nursing) regarding medication orders. DON B indicated if the hospital discharge paperwork included an order for every 8 hours, the medication should have been put in for 3 times a day. DON B indicated this was a medication error.</p>		