

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525348	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/15/2026
NAME OF PROVIDER OR SUPPLIER Greentree Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 70 Greentree Rd Clintonville, WI 54929	
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 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician. Based on interview and record review, the facility did not designate a person to serve as the director of food and nutrition services who was a certified dietary manager, a certified food service manager, had a national certification for food service management and safety from a national certifying body, or had an associate's or higher level degree in food service management or hospitality. This practice had the potential to affect all 32 residents residing in the facility. Findings include: During an initial kitchen tour on 7/13/26 that began at 8:18 AM, Dietary Manager (DM)-C indicated they had not received their Dietary Manager certification. DM-C stated they were currently enrolled in classes, but had not completed them. DM-C stated the facility's Registered Dietician ((RD)-D) was not a full-time employee and was usually at the facility once every other week. On 7/13/26, Surveyor requested the required certification for DM-C or an applicable waiver. On 7/14/26 at 9:44 AM, Surveyor interviewed Nursing Home Administrator (NHA)-A who stated the facility did not have a waiver for their Dietary Manager and did not know they needed one. On 7/14/26 at 2:34 PM, Surveyor interviewed RD-D who confirmed they are not a full-time employee of the facility. RD-D stated they are at the facility in person every other week and attend weekly phone meetings.		

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not complete a Pre-admission Screening and Resident Review (PASRR) assessment for 1 resident (R) (R37) of 14 sampled residents. R37 was admitted to the facility on [DATE]. A PASRR Level I Screen was not completed at the time of admission. Findings include: The facility's PASRR policy and procedure, revised 4/2026, indicates: .A PASRR shall be completed for every resident upon admission. Based upon the assessment, the facility will ensure proper referral to appropriate state agencies for the provision of specialized services to a resident with mental illness/mental retardation (MI/MR). Social Services shall contact the appropriate state agency for referral of specialized care and services the resident may require. Care plans will be updated to reflect any specialized services needed. R37 was admitted to the facility on [DATE] and had diagnoses including mild cognitive impairment and generalized anxiety disorder. R37's medical record contained a PASRR Level I Screen that was dated 11/17/25 and was from a previous stay at the facility. On 7/13/26, Surveyor requested R37's PASRR documentation for the current admission. On 7/13/26 at 4:26 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A who indicated R37's PASRR Level I Screen was missed. On 7/14/26, the facility provided R37's PASRR Level I Screen which was completed after Surveyor's initial request. The PASRR indicated R37 had a serious mental illness and a 30-day hospital discharge exemption.		

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility did not provide the necessary care and services to maintain the highest practicable physical well-being for 1 resident (R) (R37) of 1 sampled resident from a total sample of 14 residents. The facility did not ensure R37's treatment orders for a removeable boot were clearly defined or followed. Findings include: The facility's Positioning Devices policy, revised 5/2026, indicates: .A nurse with responsibility for the resident will monitor for the consistent use of the device and safety in the use of the device per provider's orders. Residents will be assessed to ensure positioning devices are properly used per provider's orders and residents are not at an increased risk for complications (e.g., skin breakdown, contractures, breathing problems, pain, etc.) . The facility's Skin/Wound Management policy, revised 6/2026, indicates: .It is the policy of this facility to have a weekly skin/wound assessment completed by a licensed nurse .for those residents admitted with a dressing to a wound or cast/splint to an extremity .When a resident is admitted with or returns to the facility with a dressed wound or a cast/splint that is being managed outside the facility, nursing staff shall assess and evaluate the dressed/casted/splinted area at least weekly to check the status of the skin . R37 was admitted to the facility on [DATE] with a right ankle fracture. A Comprehensive Minimum Data Set (MDS) assessment, dated 6/2/26, stated R37 had a Brief Interview for Mental Status (BIMS) score of 13 out of 15, indicating intact cognition. Seven Braden Scale assessments (used to determine a resident's risk for developing pressure injuries) between 5/19/26 and 6/30/26 indicated R37 was at risk for developing pressure injuries. Discharge summaries from the following appointments indicated: ~ 5/19/26: Splint to right ankle to remain intact until orthopedic follow-up appointment. ~ 6/2/26: Short leg cast applied. Follow-up in 3 weeks or sooner if needed. ~ 6/23/26: R37 is still in a short leg cast. Follow-up in two weeks. Will likely remove cast and place walking boot. Next follow-up appointment is 7/7/26 at 9:00 AM. A progress note written by orthopedic Physician Assistant (PA)-L on 7/7/26 indicated the cast was removed. There was no redness, induration, or skin breakdown and the surgical incisions were healed. The note indicated: 1) Activity modification - wear the boot 24/7 but can remove for hygiene purposes and twice for gentle range of motion exercises. You are strictly not to bear any weight on your right foot . A progress note on 7/7/26 indicated R37 was seen by ortho on 7/7/26 and returned with the following orders/recommendations: Wear the boot 24/7 but can remove for hygiene purposes and twice for gentle range of motion exercises. You are strictly not to bear any weight on your right foot. R37's July 2026 Treatment Administration Record (TAR) included the following order: Wear the boot 24/7 but can remove for hygiene purposes and twice for gentle range of motion exercises. You are strictly not to bear any weight on your right foot. (Every shift - dated 7/8/26). A shower skin check form on 7/10/26 indicated R37 had a right walking boot and staff washed and applied lotion to their lower legs. A skin assessment on 7/10/26 did not indicate R37 had an external device or boot. On 7/13/26 at 11:03 AM, Surveyor interviewed R37 who stated when they admitted to the facility, they had a hard cast on their right lower leg due to an ankle fracture that required surgery. R37 stated the cast was removed a week ago and they wore a removable boot (with foam and Velcro straps) on their right lower leg. R37 stated staff had only removed the boot once. On 7/14/26 at 11:14 AM, Surveyor interviewed Licensed Practical Nurse (LPN)-H who stated nurses complete a weekly head-to-toe skin assessment on a resident's shower day. LPN-H stated R37 had a wound that required a cream (not the ankle) but did not have other skin issues. LPN-H stated they ensure R37's boot is not too tight but do not remove the boot to assess their skin. On 7/14/26 at 11:19 AM, Surveyor interviewed R37 who (continued on next page)		

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	stated they received a bed bath that morning, but Certified Nursing Assistant (CNA)-I did not remove their boot. R37 stated Assistant Director of Nursing (ADON)-F was the only one who removed the boot and washed the skin underneath. R37 stated no one had removed the boot to complete range of motion on their right ankle. On 7/14/26 at 11:25 AM, Surveyor interviewed CNA-I who stated nurses take care of R37's boot. CNA-I verified they gave R37 a bed bath that morning but did not remove the boot. CNA-I stated the boot was removed on 7/11/26 because it was bothering R37. CNA-I washed R37's toes and applied lotion. CNA-I stated there was a light bruise on the top of R37's second toe which may have been from surgery and the incision looked healthy. CNA-I did not report the bruise to the nurse. On 7/14/26 at 11:32 AM, Surveyor interviewed CNA-J who stated they gave R37 a partial bed bath which did not include their legs and they did not remove their boot. CNA-J stated a nurse checks a resident's skin during a full bed bath. On 7/14/26 at 3:11 PM, Surveyor interviewed LPN-K who stated R37 should keep the right foot elevated. LPN-K stated they offered ice but R37 refused. LPN-K stated they peek at R37's right leg once per shift and offered to show Surveyor how they assess the leg. At 3:13 PM, LPN-K and Surveyor entered R37's room. LPN-K loosened the boot by undoing the Velcro straps and assessed the top of the leg. LPN-K did not take R37's foot out of the boot. When Surveyor asked how they assess the skin that is in the boot, LPN-K asked R37 to lift their leg and removed the boot. LPN-K assessed R37's right lower leg, ankle, and foot and identified three reddened areas. LPN-K stated they would write a progress note and inform ADON-F. LPN-K stated R37's leg needed to be exfoliated and washed. When LPN-K asked if they had a bed bath that day, R37 stated yes, but staff did not remove the boot and that was only the second time the boot had been removed. Following the observation, LPN-K stated R37's TAR should contain orders for the boot. LPN-K and Surveyor reviewed R37's TAR and noted the following order: Wear the boot 24/7 but can remove for hygiene purposes and twice for gentle range of motion exercises. You are strictly not to bear any weight on your right foot. Every shift. LPN-K stated the order needed clarification and they would talk to ADON-F. A progress note by LPN-K on 7/14/26 at 3:29 AM indicated the boot was removed from R37's right lower extremity and toe sensation was intact. There was a reddened area behind the great toe. The skin was dry and flaky on the entire leg. There was also a pinpoint area on the top of the foot near the little toe. Rubbing was observed on the skin on the back of the calf where the boot met the calf. Clarification was needed for the orders. The note indicated to add to the TAR that staff remove the boot off once per shift, check skin and sensation, and assess for pressure injuries. On 7/14/26 at 3:32 PM, Surveyor interviewed ADON-F who was also a wound nurse. When Surveyor informed ADON-F of the observation with LPN-K and R37, ADON-F stated they removed R37's boot last week and cleaned and applied lotion to the skin underneath. ADON-F agreed the boot should be removed daily for cleaning and inspection. ADON-F stated R37 had a hard cast until last week which is why ADON-F assessed the skin under the boot for dressings and incisions. ADON-F stated the surgical wounds did not contain a dressing and the wounds were well approximated. ADON-F did not document the condition of R37's skin because the surgical wounds appeared healed. ADON-F stated R37's heel was pink but blanchable and there were no concerning areas. ADON-F stated they would assess R37's right leg and contact the physician about removing the boot more while in bed since R37 did not get up and understood the need to be non-weight bearing. A progress note by ADON-F on 7/14/26 at 6:25 PM indicated there was a small scab with serous crust on the dorsolateral aspect of R37's right foot where the plastic portion of the air cast was rubbing (0.7 x 0.6 x 0.1) and an area on the distal portion of the incision on the medial malleolus (0.3 x 0.6 x 0.1) with scant serous drainage. The areas were cleaned with soap and water and bandages were applied. Lotion was applied to the intact skin. There was a recommendation for daily changes to assess for (continued on next page)		

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	any changes. The remaining incisions were well approximated. There were multiple other areas of pink, blanchable skin and a small bruise on the plantar aspect of the medial arch. The medial aspect of the foot contained purple discoloration and what felt like hardware/a screw fixation/or scar underneath a 0.2 x 0.4 area that was not open or weeping and not blanchable. The cast padding was adjusted before reapplication. The note indicated an order would be added to R37's TAR to remove the air cast every shift to assess the skin and ensure the padding is protecting the skin. Recommendations: Right dorsolateral and medial ankle: Remove bandages and wash foot and lower extremity with soap and water. Apply lotion to intact skin and apply protective bandages. Clean air cast boot Monday, Wednesday, and Friday. Nursing to contact ortho in the AM on 7/15/26 to see if the air cast can be off for longer rest periods while in bed with the lower extremity elevated. On 7/15/26 at 10:54 AM, Surveyor interviewed ADON-F who stated they would create a skin issues form based on their findings. ADON-F stated they repositioned the foam under R37's boot and no pressure injuries were identified. ADON-F agreed the order in R37's TAR should have been clarified.		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility did not establish and maintain an infection prevention and control program designed to prevent the transmission of communicable disease and infection. This practice had the potential to affect 2 residents (R) (R25 and R7) of 14 sampled residents. R25 was on transmission-based precautions (TBP). Staff did not wear the appropriate personal protective equipment (PPE) during cares. In addition, a TBP sign outside R25's room was not in accordance with their order. R7 was on enhanced barrier precautions (EBP). Staff did not wear the appropriate PPE during cares. Findings include: The facility's IPCP Standard and Transmission Based Precautions policy, revised July 2026, indicates: .Transmission-based precautions (TBP) are the second tier of basic infection control and are used in addition to standard precautions for residents who are or may be infected or colonized with certain infectious agents for which additional precautions are needed to prevent infection transmission .Enhanced Barrier Precautions (EBP): .a. Personal Protective Equipment (PPE): The use of gowns and gloves for high-contact resident care activities is indicated, when contact precautions do not otherwise apply, for nursing home residents with: i. Wounds and/or indwelling medical devices regardless of multidrug-resistant organism (MDRO) colonization .c. Examples of high-contact resident cares requiring gown and glove use for EBP include: i. Dressing, ii. Bathing/showering, iii. Transferring, iv. Providing hygiene, v. Changing linens, vi. Changing briefs or assisting with toileting, vii. Device care or use: .indwelling urinary ., viii Wound care: any skin opening requiring a dressing .4. Droplet precautions are used for residents known or suspected to be infected with pathogens transmitted by respiratory droplets that are generated by coughing, sneezing, or talking .c. Use PPE appropriately. i. [NAME] mask (and eye protection if indicated) upon entry into the resident's room or space. d. Limit transport and movement of residents outside of the room to medically necessary purposes .The facility will implement a system to alert staff, residents, and visitors that a resident is on TBP. i. Post clear signage on the door or wall outside the resident's room indicating the type of precautions and the required PPE . 1. R25 was admitted to the facility on [DATE]. On 7/10/26, R25 returned from the hospital with a suspected pneumonia diagnosis. A Minimum Data Set (MDS) assessment, dated 4/24/26, stated R25 had a Brief Interview for Mental Status (BIMS) score of 12 out of 15, indicating moderate cognitive impairment. R25's Medication Administration Record (MAR) contained an order initiated 7/10/26 that indicated: Isolation: Droplet Precautions-PPE: Gown, mask, and gloves every shift for pneumonia. A care plan indicated R25 was on an antibiotic for pneumonia and droplet precautions which required the use of a gown, mask, and gloves (initiated 7/10/26). On 7/13/26 at 9:51 AM, Surveyor observed the entry to R25's room. A facility-made sign indicated they were on droplet and standard precautions. The sign indicated staff should complete hand hygiene and don a mask before entering the room and should complete hand hygiene and dispose of the mask prior to exiting the room. On 7/13/26 at 10:00 AM, Surveyor observed Activity Director (AD)-E enter R25's room. AD-E then exited the room, donned a mask from a PPE cart across the hall, re-entered the room, and asked if R25 wanted to do group activities. R25 said they could not. AD-E then exited the room. AD-E did not don PPE the first time they entered the room or complete hand hygiene upon entering and exiting the room either time. On 7/13/26 at 10:03 AM, Surveyor interviewed AD-E who stated they should have worn a mask to enter R25's room. AD-E was unsure if they needed to don a gown or gloves. When asked if they were going to take R25 to an activity, AD-E stated they forgot R25 was on precautions. On 7/14/26 at 3:38 PM, Surveyor interviewed Infection Preventionist (IP)-F who stated the droplet precautions sign on R25's (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	door was not clear and staff had questions about what PPE to wear. IP-F stated staff should wear a gown, gloves, and a mask to enter the room and goggles if R25 was coughing. On 7/15/26, Surveyor observed the same sign posted outside R25's room which was not in accordance with the order on R25's MAR or their care plan. On 7/15/26 at 11:53 AM, Surveyor interviewed Director of Nursing (DON)-B who indicated the sign outside R25's room was old. DON-B stated the facility follows the Centers for Disease Control and Prevention (CDC) guidelines for TBP. DON-B stated precautions signs should be consistent with orders and PPE needs based on a resident's diagnosis. DON-B stated staff had PPE questions related to R25's sign and TBP requirements. 2. R7 was admitted to the facility on [DATE] and had diagnoses including pressure ulcer of the right hip (stage 4), neuromuscular dysfunction of bladder, and urinary device fitting. R7 had an indwelling catheter and required assistance with personal care. An MDS assessment, dated 6/15/26, stated R7 had a BIMS score of 15 out of 15, indicating intact cognition. On 7/13/26 at 10:09 AM, Surveyor observed the entry to R7's room which contained a CDC EBP sign that indicated: ENHANCED BARRIER PRECAUTIONS EVERYONE MUST: Clean hands, including before entering the room and when leaving the room. PROVIDERS AND STAFF MUST ALSO: Wear gloves and a gown for the following high-contact resident care activities. Dressing, bathing/showering, transferring, changing linens, providing hygiene, changing briefs, or assisting with toileting. Device care or use: Central line, urinary catheter, feeding tube, tracheostomy. Wound Care: Any skin opening requiring a dressing. Surveyor also observed a PPE cart near the doorway that contained gowns and gloves. On 7/13/26 at 1:26 PM, Surveyor observed Licensed Practical Nurse (LPN)-G exit R7's room. LPN-G indicated they had provided care for R7. When asked what PPE they wore during cares, LPN-G stated they wore a gown and gloves and disposed of the PPE in the room. On 7/13/26 at 1:27 PM, Surveyor interviewed R7 who stated LPN-G attempted to get a urine sample from their catheter. R7 stated LPN-G wore gloves but not a gown. R7 stated LPN-G disposed of their gloves in the garbage can by their bed. Surveyor observed a pair of gloves in the garbage can but not a gown. Surveyor also observed the garbage in R7's bathroom and gown receptacle which were empty. On 7/13/26 at 1:34 PM, Surveyor again interviewed LPN-G who indicated they did not wear a gown during cares for R7 but should have. On 7/15/26 at 11:53 AM, Surveyor interviewed DON-B who verified LPN-G should have worn a gown while attempting to obtain R7's urine sample.		

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility did not ensure a motorized scooter battery was charged in a safe location for 1 resident (R) (R12) of 1 sampled resident. R12 had a motorized scooter. The facility charged the battery in R12's room. Findings include: The facility's Motorized Assistive Device Policy, revised 4/2026, indicates: .Charging: When in need of charging, a device must be charged in a designated approved location. The following must be adhered to: i. The area is free from combustible materials; ii. Charging is not allowed in resident rooms, exits, and egress pathways; iii. Charging must occur on a stable, non-combustible surface away from flammable items. R12 was admitted to the facility on [DATE] and had a progressive neurological condition. An admission Minimum Data Set (MDS) assessment, dated 7/12/21, indicated R12 used a motorized scooter. A Quarterly MDS assessment, dated 4/20/26, also indicated R12 used a motorized scooter. On 7/13/26 at 11:35 AM, Surveyor observed R12's room which contained a battery charger for a motorized scooter that plugged into a wall outlet. R12 was in the scooter. The battery charger was also observed in the room on 7/14/26 and 7/15/26. On 7/15/26 at 1:22 PM, Surveyor interviewed Director of Nursing (DON)-B and Assistant Director of Nursing (ADON)-F who stated R12 prefers to charge their scooter in their room at night. DON-B expressed understanding of the potential safety concern and stated they will find a safe space to charge the scooter.		