

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525353	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2025
NAME OF PROVIDER OR SUPPLIER Stevens Point Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 1800 Sherman Ave Stevens Point, WI 54481	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interview, and record review, the facility did not ensure proper footwear was worn during a mechanical lift transfer for 1 resident (R) (R17) of 1 sampled resident.</p> <p>R17 had diabetes and was at risk for foot injury. Staff did not ensure R17 wore proper footwear when they transferred R17 with a sit-to-stand lift.</p> <p>Findings include:</p> <p>The facility's Safe Lifting and Movement of Residents policy, revised 11/28/22. indicates: In order to protect the safety and well being of staff and residents and to promote quality of care, this facility uses appropriate techniques and devices to lift and move residents. Procedure: 1. Resident safety, dignity, comfort, and medical condition will be incorporated into goals and decisions regarding the safe lifting and moving of residents.</p> <p>WisTech Open under Nursing Assistant Section 8.4-Assisting Clients to Transfer indicates staff should check that the resident is wearing non-skid footwear before transferring.</p> <p>https://wtcs.pressbooks.pub/nurseassist/chapter/8-4-assisting-clients-to-transfer/</p> <p>On 6/13/25, Surveyor reviewed R17's medical record. R17 was admitted to the facility on [DATE] and had diagnoses including stroke, type 2 diabetes, anxiety, personal history of other infectious and parasitic diseases, and zoster. R17's Minimum Data Set (MDS) assessment, dated 4/16/25, had a Brief Interview for Mental Status (BIMS) score of 12 out of 15 which indicated R17 had moderate cognitive impairment.</p> <p>R17's fall risk care plan, dated 7/1/24, indicated R17 was a fall risk related to a recent stroke and left-sided hemiparesis (paralysis on one side of the body). R17's endocrine system care plan, dated 7/15/24, indicated R17 was at risk for foot injuries related to diabetes and needed diabetic foot care. R17's alteration in skin integrity care plan, dated 7/1/24, indicated R17 was at risk related to diabetes and impaired mobility.</p> <p>On 6/13/25 at 9:28 AM, Surveyor observed Certified Nursing Assistant (CNA)-E and CNA-F transfer R17 with a sit-to-stand lift. During the transfer. R17 wore non-gripper socks. After the transfer, CNA-F assisted R17 with putting on R17's shoes and wheelchair peddles.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525353	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2025
NAME OF PROVIDER OR SUPPLIER Stevens Point Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 1800 Sherman Ave Stevens Point, WI 54481	
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 - Few	On 6/13/25 at 1:50 PM, Surveyor interviewed Director of Nursing (DON)-B who verified R17 was diabetic and should have worn shoes or gripper socks during the transfer.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525353	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2025
NAME OF PROVIDER OR SUPPLIER Stevens Point Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 1800 Sherman Ave Stevens Point, WI 54481	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>Based on observation, staff interview, and record review, the facility did not ensure a medication cart was locked when unattended. This practice had the potential to affect more than 4 of the 38 residents residing in the facility.</p> <p>On 6/13/25, Surveyor observed an unattended and unlocked medication cart on the second floor by the nurses' station. Two residents were in the vicinity.</p> <p>Findings include:</p> <p>The facility's Administering Medication Storage/Storage of Medication policy, dated 1/2025, indicates: Medications and biologicals are stored properly, following manufacturer's or provider pharmacy recommendations, to keep their integrity and to support safe, effective drug administration .Procedure: .3. In order to limit access to prescription medications, only licensed nurses, pharmacy staff, and those lawfully authorized to administer medications (such as Medication Aides) are allowed to access medication carts. Medication rooms, cabinets, and medication supplies should remain locked when not in use or attended to by persons with authorized access.</p> <p>On 6/13/25 at 9:50 AM, Surveyor observed an unlocked and unattended medication cart in front of the second floor nurses' station and noted two residents were in the area. One resident walked by the medication cart with a walker and another resident was sitting in the common area watching television.</p> <p>On 6/13/25 at 9:57 AM, Surveyor observed Registered Nurse (RN)-D exit a resident's room and walk from hallway 3 toward the medication cart. RN-D then pushed the medication cart down hallway 2 and parked the cart outside a resident's room.</p> <p>On 6/13/25 at 9:59 AM, Surveyor interviewed RN-D who indicted RN-D was pulled away from the medication cart quickly and did not normally leave the medication cart unlocked. RN-D indicated RN-D should not have left the medication cart unlocked and unattended.</p> <p>On 6/13/25 at 1:47 PM, Surveyor interviewed Director of Nursing (DON)-B who indicated medication carts should always be locked when nurses are not around.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525353	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2025
NAME OF PROVIDER OR SUPPLIER Stevens Point Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 1800 Sherman Ave Stevens Point, WI 54481	
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 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff, resident, and resident representative interview, and record review, the facility did not ensure food preferences were accommodated and/or individualized meal tickets were followed for 10 residents (R) (R1, R4, R6, R7, R9, R10, R11, R12, R13 and R14) of 16 sampled residents.</p> <p>Staff did not follow R1's individualized meal ticket on 6/13/25.</p> <p>Staff did not provide item listed on R4's individualized meal ticket on 6/13/25.</p> <p>Staff did not ensure R6, R7, R9, R10, R11, R12, R13 and R14 received drinks as indicated on their individualized meal tickets for lunch on 6/13/25.</p> <p>Findings include:</p> <p>The facility's Meal Distribution policy, revised 9/2017, indicates: .1. All meals will be assembled in accordance with the individualized diet order, plan of care, and preferences .4. The nursing staff will be responsible for verifying meal accuracy and the timely delivery of meals to residents. 5. For point-of-service dining, the Dining Services department staff, under the supervision of the licensed nurse, will assemble the meal in accordance with the individualized meal card and present it to the resident or care staff for delivery to the resident.</p> <p>1. On 6/13/25, Surveyor reviewed R1's medical record. R1 was admitted to the facility on [DATE] and had diagnoses including morbid obesity, congestive heart failure and bariatric surgery status. R1's Minimum Data Set (MDS) assessment, dated 3/7/25, had a Brief Interview for Mental Status (BIMS) score of 14 out of 15 which indicated R1 had intact cognition.</p> <p>On 6/13/25 at 12:40 PM, Surveyor interviewed R1 who verified R1 was on a cardiac diet. Surveyor observed R1's lunch tray which contained a piece of cod, mashed potatoes, cucumber salad, a full-size brownie, a white roll, chocolate milk, and coffee. Surveyor reviewed R14's meal ticket which indicated R1 should have received 4 ounces (oz) of summer herb cod, 1 piece lemon wedge, half cup parsley new potatoes, 1 wheat roll, half brownie, 4 oz chocolate milk, and 8 oz coffee; small portions and no desserts.</p> <p>2. On 6/13/25, Surveyor reviewed R4's medical record. R4 was admitted to the facility on 4/1/21 and had diagnoses including dysphagia (difficulty swallowing). R4's MDS assessment, dated 5/23/25, had a BIMS score of 10 out of 15 which indicated R4 had moderate cognitive impairment.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525353	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2025
NAME OF PROVIDER OR SUPPLIER Stevens Point Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 1800 Sherman Ave Stevens Point, WI 54481	
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 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 6/13/25 at 12:35 PM, Surveyor interviewed R4 who stated butter isn't provided with meals and R4 has to ask for it. Surveyor observed R4's lunch tray which contained ground cod, a package of tartar sauce, mashed potatoes, peas, a slice of white bread, a brownie, milk, coffee, and a Magic Cup (nutritional supplement). Surveyor reviewed R4's meal ticket which indicated R4 should have received 4 oz ground summer herb cod, 1 package tartar sauce, half cup soft-cooked cabbage, half cup mashed potatoes with gravy, 1 slice white bread, 1 margarine, 1 frosted brownie, 8 oz 2% milk, 8 oz coffee, 1 Magic Cup, and soup of the day. When Surveyor asked if R4 had soup, R4 did not know R4 was supposed to get soup and said R4 had enough to eat. Surveyor noted R4 did not receive margarine, cabbage, or a frosted brownie.</p> <p>3. On 6/13/25 at 12:02 PM, Surveyor observed staff deliver R6's lunch tray. Surveyor observed R6's meal ticket and noted R4 did not receive 8 oz skim milk, 8 oz coffee, and 4 oz juice of choice. At 12:04 PM, Surveyor interviewed R6's spouse who was assisting R6 with the meal and confirmed R6 did not receive any beverages. At 12:30 PM, Surveyor returned to R6's room and interviewed R6's spouse again who confirmed staff did not bring R6 any milk.</p> <p>4. On 6/13/25 at 12:05 PM, Surveyor observed R7's lunch tray which did not contain any beverages. Surveyor reviewed R7's meal ticket which indicated R7's should have received 8 oz skim milk, 8 oz coffee and 4 oz juice of choice.</p> <p>5. On 6/13/25 at 12:11 PM, Surveyor observed R9's lunch tray and meal ticket. Certified Nursing Assistant (CNA)-E indicated R9 will not eat a pureed meal so a meal was not delivered. Surveyor noted R9 received 8 oz thickened milk, juice, and 4 oz Mighty Shake (a nutritional supplement). R9's meals ticket indicated R9 should have received 4 oz chocolate milk, a Mighty Shake, juice-nectar thick, and 8 oz coffee-nectar thick.</p> <p>6. On 6/13/25 at approximately 12:15 PM, Surveyor observed staff deliver R10's lunch tray. Surveyor observed R10's meal ticket and noted R10 did not receive 4 oz juice of choice.</p> <p>7. On 6/13/25 at 12:17 PM, Surveyor observed R11's lunch tray and meal ticket and noted R11 did not receive 4 oz chocolate milk, 6 oz coffee, or 4 oz juice. R11's meal ticket also indicated R11 should have received 2 oz healthy shake, however, R11 received 4 oz healthy shake.</p> <p>8. On 6/13/25 at approximately 12:19 PM, Surveyor observed R12's lunch tray and meal ticket and noted R12 did not receive 8 oz 2% milk or 4 oz juice of choice.</p> <p>9. On 6/13/25 at 12:20 PM, Surveyor observed R13's lunch tray and meal ticket and noted R13 did not receive 8 oz skim milk.</p> <p>10. On 6/13/25 at 12:26 PM, Surveyor observed R14's lunch tray and meal ticket and noted R14 did not receive 8 oz 2% milk or 4 oz juice of choice.</p> <p>On 6/13/25 at 12:27 PM, Surveyor interviewed CNA-H who indicated staff offer residents beverages from their meal tickets. CNA-H indicated residents can have whatever they want except for those on a fluid restriction.</p> <p>On 6/13/25 at 12:28 PM, Surveyor interviewed Registered Nurse (RN)-G who confirmed residents should receive the beverages that are on their meal tickets.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525353	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2025
NAME OF PROVIDER OR SUPPLIER Stevens Point Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 1800 Sherman Ave Stevens Point, WI 54481	
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 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 6/13/25 at 1:59 PM, Surveyor interviewed Director of Nursing (DON)-B who indicated staff should offer items off the cart at meals. When Surveyor asked about R11's meal ticket which indicated R11 should receive 2 oz healthy shake but was provided 4 oz, DON-B confirmed staff should follow the meal ticket.</p> <p>On 6/13/25 at 2:09 PM and 2:12 PM, Surveyor interviewed Dietary Manager (DM)-C via phone who indicated there was an issue with the food truck which was supposed to deliver on Thursday. DM-C indicated the food truck arrived that day and cucumber salad was served instead of coleslaw. DM-C indicated DM-C was not in the facility and was unsure of the procedure for changing meal tickets to reflect updated meals. DM-C indicated if R1's meal ticket said no dessert, then R1 should not have been given a brownie. If R4's meal ticket indicated soup of the day, R4 should have been given soup. DM-C indicated meal tickets are printed daily for each meal and are individualized to meet residents' needs, therapeutic diet, portion sizes, and substitutions for food allergies. DM-C indicated margarine was currently out of stock with the contracted food company and there were no individual butter cups despite the fact DM-C had requested substitutions multiple times. DM-C indicated dinner rolls were available in white yeast only. DM-C confirmed nursing staff should provide beverages to residents on their trays when delivered and should follow what is listed on residents' meal tickets when serving beverages. DM-C verified meal tickets should reflect what residents receive during meals and should be followed as written.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525353	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2025
NAME OF PROVIDER OR SUPPLIER Stevens Point Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 1800 Sherman Ave Stevens Point, WI 54481	
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 0810</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide special eating equipment and utensils for residents who need them and appropriate assistance.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interview, and record review, the facility did not provide adaptive eating equipment for 1 resident (R) (R5) of 16 sampled residents.</p> <p>Staff did not provide R5 with lidded cups and a divided plate per R5's meal ticket.</p> <p>Findings include:</p> <p>The facility's Assistive Devices policy, revised 9/2017, indicates: .Assistive devices/utensils will be provided as identified in the individualized plan of care to maintain or improve a resident's ability to eat or drink independently</p> <p>On 6/13/25, Surveyor reviewed R5's medical record. R5 was admitted to the facility on [DATE] and had diagnoses including Alzheimer's disease, cerebral ischemia (reduced blood flow to the brain) and dysphagia (difficulty swallowing). R5's Minimum Data Set (MDS) assessment, dated 5/9/25, had a Brief Interview for Mental Status (BIMS) score of 3 out of 15 which indicated R5 had severe cognitive impairment. R5 had a legal Guardian.</p> <p>On 6/13/25, Surveyor reviewed R5's meal ticket which indicated R5 should receive cups with lids and a divided plate.</p> <p>On 6/13/25 at 12:27 PM, Surveyor observed lunch and noted R5 was not provided cups with lids or a divided plate as indicated on R5's meal ticket.</p> <p>On 6/13/25 at 1:47 PM, Surveyor interviewed Director of Nursing (DON)-B who indicated R5 should have cups with lids and food on a divided plate per R5's meal ticket.</p> <p>On 6/13/25 at 2:12 PM, Surveyor interviewed Dietary Manager (DM)-C who indicated if R5's meal ticket indicates R5 should receive cups with lids and a divided plate, R5 should receive them. DM-C indicated lidded mugs should be on the unit or sent with the beverage cart and staff should request them from the kitchen if they don't have them. DM-C also indicated the cook should have put food on a divided plate for R5.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525353	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2025
NAME OF PROVIDER OR SUPPLIER Stevens Point Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 1800 Sherman Ave Stevens Point, WI 54481	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interview, and record review, the facility did not maintain an infection prevention and control program designed to prevent the transmission of communicable disease and infection for 1 resident (R) (R17) of 2 residents observed during the provision of care.</p> <p>Staff did not ensure enhanced barrier precautions (EBP) were followed for R17 during high-contact cares.</p> <p>Findings include:</p> <p>The facility's Enhanced Barrier Precautions policy, revised 8/8/24, indicates: The facility will implement enhanced barrier precautions (EBP) for prevention of the transmission of multidrug-resistant organisms (MDROs) .EBP refers to an infection control intervention designed to reduce transmission of MDROs that employs targeted gown and glove use during high-contact resident care activities .4. High-contact resident care activities include: a. dressing .c. transferring .</p> <p>On 6/13/25, Surveyor reviewed R17's medical record. R17 was admitted to the facility on [DATE] and had diagnoses including presence of prosthetic heart valve, colostomy, stroke, type 2 diabetes, personal history of other infectious and parasitic diseases, and zoster. R17's Minimum Data Set (MDS) assessment, 4/16/25, had a Brief Interview for Mental Status (BIMS) score of 12 out of 15 which indicated R17 had moderate cognitive impairment.</p> <p>R17's plan of care, dated 7/1/24, indicated R17 had a colostomy related to a history of colon cancer. On 5/2/25, an intervention was added for EBP during activities.</p> <p>On 6/13/25 at 9:28 AM, Surveyor observed Certified Nursing Assistant (CNA)-E and CNA-F transfer R17 with a sit-to-stand lift. Surveyor observed a sign on R17's door that indicated R17 was on EBP. Surveyor interviewed CNA-E after the transfer. CNA-E indicated CNA-E and CNA-F got R17 dressed and transferred R17 into a wheelchair. When Surveyor asked if R17 was on EBP and if CNA-E and CNA-F should be wearing personal protective equipment (PPE), CNA-E indicated CNA-E and CNA-F should have donned PPE, including gowns and gloves. At that time, CNA-F was assisting R17 with putting on R17's shoes and wheelchair peddles.</p> <p>On 6/13/25 at 1:50 PM, Surveyor interviewed Director of Nursing (DON)-B who confirmed staff should don a gown and gloves prior to completing high-contact resident cares for a resident on EBP.</p>		