STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525355	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Randolph Health Services	502 S High St Randolph, WI 53956

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview and record review, the facility failed to store, prepare, distribute and serve food in accordance with professional standards for food service safety. This has the potential to affect all 60 residents. Dish washing was completed without testing for dishwasher temperature.DA G (Dietary Aide) was observed stacking wet dishes without allowing them ample time to dry. Evidenced by:The facility's Warewashing policy, dated 9/2017, states: All dishware, serviceware, and utensils will be cleaned and sanitized after each use. 1. The Dining Services staff will be knowledgeable in the proper technique for processing dirty dishware through the dish machine, and proper handling of sanitized dishware. 2. All dish machine water temperatures will be maintained in accordance with manufacturer recommendations for high temperature or low temperature machines.4. All dishware will be air dried and properly stored.2022 Food and Drug Administration (FDA) Food Code states:4-501.112 Mechanical Warewashing Equipment, Hot Water Sanitization Temperatures. (A) Except as specified in (B) of this section, in a mechanical operation, the temperature of the fresh hot water SANITIZING rinse as it enters the manifold may not be more than 90 degrees Celsius (C) (194 degrees Fahrenheit (F)), or less than: (1) For a stationary rack, single temperature machine, 74 degrees C (165 degrees F); or (2) For all other machines, 82 degrees C (180 degrees F).Example 1On 3/11/26 at 12:25 PM, Surveyor observed DA H (Dietary Aide) perform dishwashing. Surveyor did not note any checks being performed of the high-temperature dishwasher's temperatures. Surveyor asked DA H if there are any checks of the machine before beginning dishwashing. DA H stated no, we check the temperature on the yellow disk at the end of dishwashing. Surveyor asked DA H if the water temperature at the start of dishwashing was known to ensure that dishes were being sanitized. DA H stated, I don't know; should we be doing this before we start?On 3/11/26 at 12:46 PM, Surveyor interviewed RDM I (Regional District Manager) and asked if temperatures are not tested prior to dishwashing, can you tell if the dishes were sanitized. RDM I stated I don't know; maybe we should start doing temperatures before the start of dishwashing.Example 2On 3/11/26 at 12:34 PM, Surveyor observed DA G (Dietary Aide) remove 2 pans from the dishwasher and place the pans together on top of other pans. Surveyor asked DA G if the pans were dry. DA G stated no, they were wet. DA G stated dishes should be dry prior to stacking them or it could cause mold.On 3/11/26 at 12:46 PM, Surveyor interviewed RDM I (Regional District Manager) who stated that wet-stacking of dishes is not allowed. Dishes need to be dry before stacking.

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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(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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not ensure that residents receive treatment and care in accordance with professional standards of practice for 1 of 5 residents (R26) R26's surgical wound care was not completed as ordered.This is evidenced by:On 3/12/26, Surveyor requested a policy for following physician orders and treatments. NHA A (Nursing Home Administrator) stated the facility follows the Board of Nursing, Standards of Practice for Registered Nurses and Licensed Practical Nurses, which includes: N6.03(2)(d) Perform delegated acts under the general supervision or direction of provider.R26 admitted to the facility on [DATE] with diagnoses including resident reported skin cancer.R26's Minimum Data Set (MDS) dated [DATE], indicates R26 has a Brief Interview for Mental Status (BIMS) score of 15, indicating R26 is cognitively intact.On 3/10/26 at 9:53 AM, Surveyor interviewed R26. Surveyor observed a wound to R26's head on the right side that had exposed bone. R26 stated he had a mole removed from the right side of his head because of skin cancer.On 3/11/26 at 10:19 AM, Surveyor interviewed LPN C (Licensed Practical Nurse) regarding R26's right side head wound. LPN C stated R26 had a [NAME] procedure done to the right side of his head.(Mohs procedure is used to treat common skin cancers by removing layers of skin until only cancer-free tissue remains)On 2/9/26, R26's faxed order from Dermatology related to R26's [NAME] Surgery states in part: Wound care for [NAME] site on scalp: Wash daily and apply Vaseline to entire wound. Wound does not need to be covered with bandage. Continue to wash daily and keep wound covered with Vaseline until new tissue has filled in and the area is healed.R26's February 2026 and March 2026 physician orders include Wound care for right scalp where [NAME] procedure was performed: Clean drainage on the skin around the wound with water and a soft cloth daily. **DO NOT USE SOAP AS IT CAN DRY THE WOUND and there is exposed bone** Clean the wound bed and wound edges with tap water two times a week. Apply LARGE amount of Vaseline to the wound every day. Keep wound covered when showering.R26's February 2026 and March 2026 Treatment Administration Record (TAR) includes clean drainage on the skin around the wound with water and a soft cloth daily. **DO NOT USE SOAP AS IT CAN DRY THE WOUND and there is exposed bone** Clean the wound bed and wound edges with tap water two times a week. Apply LARGE amount of Vaseline to the wound every day. Keep wound covered when showering. every day shift every Tue (Tuesday), Fri (Friday)Of note, the TAR only displays the treatment order on Tuesdays and Fridays and does not display the treatment to be completed on any other day. The treatment was signed as being completed only on Tuesdays and Fridays. The order from 2/9/26 indicates R26's treatment is to be done daily. On 3/11/26 at 3:52 PM, Surveyor interviewed RN D (Registered Nurse). RN D reviewed R26's TAR and treatment order and stated the treatment for R26's right side head wound is completed on Tuesdays and Fridays. RN D indicated if the Vaseline is to be completed daily, it should show on the TAR every day, not just Tuesdays and Fridays.On 3/11/26 at 4:09 PM, Surveyor interviewed DON B (Director of Nursing). DON B indicated the order was entered into the computer incorrectly and should have been entered as daily. DON B indicated the facility should have been completing R26's wound care daily and they were not.

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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** 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 infections or complications for 1 of 3 Residents (R45) reviewed for catheters.R45's urinary drainage bag was noted uncovered and sitting on the floor on two separate occasions.Evidenced by:The facility's Catheter Care policy, dated 3/15/23, states, in part: It is the policy of this facility to ensure that residents with indwelling catheters receive appropriate catheter care and maintain their dignity and privacy when indwelling catheters are in use.2. Privacy/dignity bags will be available and catheter drainage bags should be covered or shielded at all times while in use.R45 admitted to the facility on [DATE] and has diagnoses that include: Urinary Tract Infection; Obstructive and Reflux Uropathy (a blockage of the urinary tract preventing proper drainage and backward flow of urine toward the kidneys).R45's Care Plan Report states, in part: Focus: Use of indwelling urinary catheter-foley r/t (related to) BPH (Benign Prostatic Hyperplasia-an enlargement of the prostate gland), retention, outlet obstruction.Interventions/Tasks: .Catheter collection bag placed in dignity bag holder on bed/wheelchair.On 3/10/26 at 10:39 AM, Surveyor observed R45 lying in bed with urinary drainage bag uncovered and resting on the floor.On 3/10/26 at 10:41 AM, Surveyor interviewed CNA E (Certified Nursing Assistant) and asked about a CNA's responsibility with a catheter. CNA E stated empty as needed, hang in a bag from the wheelchair or bedrail, ensure it is not touching floor. Surveyor asked CNA E about the placement of R45's catheter bag. CNA E confirmed it was on the floor and stated it should not be on the floor and it should be in a bag.On 3/12/26 at 7:55 AM, Surveyor observed CNA F entering R45's room. R45 was lying in bed with urinary drainage bag uncovered and resting on the floor. Surveyor asked CNA F about the positioning of the catheter bag. CNA F confirmed that the bag was on the floor and stated it should not be; it should be in a bag or a basin.On 3/12/26 at 8:30 AM, Surveyor interviewed DON B (Director of Nursing) and asked about catheter bags. DON B stated they need to be covered and cannot be on the floor.