STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525358	A. Building B. Wing	06/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Florence Health Services	5778 Chapin St Florence, WI 54121

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview and record review, the facility failed to implement policies and procedures for ensuring the reporting of a reasonable suspicion of a crime in accordance with section 1150B of the Act when an allegation of abuse was not reported to local law enforcement for 1 resident (R) (R2) of 6 sampled residents. R2 reported to staff that Certified Nursing Assistant (CNA)-C got in R2's face and would not wash R2 when R2 requested it. R2 reported to staff that R2 felt that was abuse. The facility did not report the allegation of abuse to local law enforcement. Findings include: The facility's Abuse, Neglect and Exploitation policy, dated 7/15/22, indicate: It is the policy of the facility to provide protections for the health, welfare, and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation, and misappropriation of resident property .VII Reporting/Response: A. The facility will have written procedures that include: 1) Reporting of all alleged violations to the Administrator, State Agency, Adult Protective Services, and to all other required agencies such as law enforcement when applicable, within specific time frames. a) Immediately, but not later than two hours after the allegation is made, if the event that caused the allegation involves abuse or results in serious bodily injury, or b) Not later than 24 hours if the event that caused the allegation does not involve abuse and does not result in serious bodily injury. 2) Assuring that reporters are free from retaliation or reprisal. From 6/24/25 to 6/25/25, Surveyor reviewed R2's medical record. R2 was admitted to the facility on [DATE] and had diagnoses including flaccid neuropathic bladder, congestive heart failure (CHF), and neuromuscular dysfunction of bladder. R2's Minimum Data Set (MDS) assessment, dated 5/23/25, had a Brief Interview for Mental Status (BIMS) score of 13 out of 15 which indicated R2 had intact cognition. R2 was responsible for R2's healthcare decisions. From 6/24/25 to 6/25/25, Surveyor reviewed a facility-reported incident that indicated on 4/27/25 at 10:16 PM, Nursing Home Administrator (NHA)-A emailed an initial report to the State Agency (SA). The email stated on 4/27/25 at 8:10 PM, R2 reported to staff that CNA-C entered R2's room to put R2 to bed and did not wash R2 even though R2 requested it. R2 stated CNA-C got in R2's face and told R2 that R2 did not need to be washed up and that R2 was clean and dry already. R2 told another staff that R2 felt that was abuse. The report indicated CNA-C was suspended and removed from the facility pending the outcome of the investigation. (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

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 4/27/25 at 10:00 PM, NHA-A interviewed Licensed Practical Nurse (LPN)-F who stated CNA-E informed LPN-F that R2 was put to bed in a Pull-Up and was not washed up. LPN-F asked CNA-E to wash and put a brief on R2. LPN-F spoke with R2 who was upset and indicated CNA-C told R2 that R2 was clean and dry and CNA-C did not have to wash R2. R2 indicated to LPN-F that R2 deserved to be yelled at because earlier in the evening R2 told CNA-C to get another staff to help R2 use the bathroom because CNA-C, the lift, and R2 would not all fit in the bathroom. LPN-F indicated LPN-F consoled R2. On 4/28/25 at 11:00 AM, Director of Nursing (DON)-B interviewed CNA-C who indicated R2 was not ready when CNA-C entered the room to assist R2 to bed. CNA-C told R2 to use R2's call light when R2 was ready. When R2 rang, CNA-C went back to the room to assist R2 who told CNA-C that CNA-C was too big to help R2 in the bathroom. CNA-C stated R2 was yelling and swearing when CNA-C went to get CNA-E to assist. CNA-C stated R2 then told CNA-E that CNA-C would not wash R2. CNA-C stated CNA-C planned on washing R2 in bed but needed to get a brief and was then unable to complete the cares because R2 was yelling. On 4/28/25 at 3:00 PM, NHA-A interviewed CNA-E who stated when CNA-E noticed R2's call light was on, CNA-C stated that R2 had already been toileted and assisted to bed and CNA-C was not going back into the room. CNA-E answered the call light and noted R2 was crying in bed. R2 told CNA-E that the big fat black aide who came to toilet R2 got in R2's face and said R2 was clean. R2 indicated CNA-C stated CNA-C was not going to wash R2 or change R2's underwear until R2 wet them and then someone else would change R2. CNA-E informed the charge nurse, LPN-F. On 6/25/25 at 11:24 AM, Surveyor interviewed NHA-A who verified local law enforcement was not notified of the allegation of abuse. NHA-A indicated NHA-A did not feel the incident was abuse after NHA-A interviewed R2 the following day and stated R2 did not feel it was abuse and R2 was rude to CNA-C. NHA-A understood the time frame for reporting and indicated NHA-A had two hours to report the allegation. NHA-A did not state if the incident should have been reported to local law enforcement. NHA-A stated when NHA-A spoke to R2, R2 did not feel the incident was abuse, however, NHA-A was unsure if R2 felt the incident was abuse when it was first reported.

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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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview and record review, the facility did not ensure preventative action was taken following an allegation of misappropriation for 1 resident (R1) of 6 sampled residents. R1's family reported that two $50 bills were missing from R1's wallet. The facility was not able to determine what happened to R1's money and did not provide staff education on misappropriation to prevent recurrence. Findings include: The facility's Abuse, Neglect and Exploitation policy, dated 7/15/22, indicates: It is the policy of the facility to provide protections for the health, welfare, and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation, and misappropriation of resident property .III. Prevention: The facility will implement policies and procedures to prevent and prohibit all types of abuse, neglect, misappropriation of resident property, and exploitation .VII. Reporting: A. The facility will have written procedures that include: .4) Taking all necessary actions as a result of the investigation, which may include, but are not limited to the following: A. Analyzing the occurrence to determine why abuse, neglect, misappropriation of resident property, or exploitation occurred, and what changes may be needed to prevent further occurrence. B. Defining whether care provisions should be changed and or improved to protect residents receiving services. C. Training of staff on changes made and demonstration of staff competency after training is implemented. D. Identification of staff responsible for implementation of corrective actions. E. The expected date for implementation. F. Identification of staff responsible for monitoring the implementation of the plan . From 6/24/25 to 6/25/25, Surveyor reviewed R1's medical record. R1 was admitted to the facility on [DATE] and had diagnoses including infection and inflammatory reaction due to indwelling catheter, vascular dementia, metabolic encephalopathy, and Parkinsonism. R1's Minimum Data Set (MDS) assessment, dated 5/26/25, had a Brief Interview for Mental Status (BIMS) score of 7 out of 15 which indicated R1 had severe cognitive impairment. R1 had an activated Power of Attorney for Healthcare (POAHC). From 6/24/25 to 6/25/25, Surveyor reviewed a facility-reported incident (FRI), dated 6/2/25, that indicated R1's Family Member ((FM)-G) reported to Nursing Home Administrator (NHA)-A on 5/27/25 that R1 had four $50 bills in R1's wallet and two of them were missing. FM-G stated FM-G counted the money every morning when FM-G arrived at the facility and indicated the money went missing in the previous two days. FM-G counted the money on 5/23/25 and 5/24/25 and felt the money went missing on 5/25/25 or 5/26/25 because the money was missing when FM-G counted it on 5/27/25 between 6:30 AM and 7:00 AM. The FRI indicated on 5/27/25 at 3:30 PM, Director of Nursing (DON)-B interviewed another family member ((FM)-H) who stated R1 had $100 three weeks prior and had only $13 on 5/19/25. FM-H stated FM-H gave R1 five $50 bills on 5/19/25. FM-H stated FM-H put one in a graduation card for R1 and R1 should have had four $50 bills plus $13 from previous funds in R1's wallet. When DON-B asked if FM-H knew what happened to the $100 from three weeks ago, FM-H stated FM-H thought R1 hid money somewhere but denied R1 had hidden money prior. FM-H stated family would search R1's room. (continued on next page)

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 5/27/25 at 3:00 PM, DON-B interviewed R1 who indicated family informed R1 of the missing money. R1 confirmed R1 usually kept $100 in R1's wallet and was unable to state how much money was missing. When asked if R1 had seen anyone in R1's wallet, R1 stated sometimes R1 saw a medium-height bushy haired person exit R1's room in the middle of the night. R1 indicated R1 does not trust anyone. On 5/29/25 at 3:15 PM, FM-H stated family searched R1's room but did not find the missing money. FM-H stated FM-H would look into getting fake money to replace the real money in R1's wallet. On 6/25/25 at 11:33 AM, Surveyor interviewed NHA-A who stated staff searched R1's room but did not find the money. NHA-A stated the facility spoke with R1's family and offered to keep R1's money in the office safe, however, R1's family refused. NHA-A stated R1's family disagreed about what happened to the money. FM-H felt R1 hid the money but FM-G did not think that was something R1 would do. NHA-A stated the family was upset and believed they knew who took the money but would not tell the facility. NHA-A was unsure if staff education was completed and stated NHA-A would have to ask DON-B. On 6/25/25 at 11:47 PM, Surveyor interviewed DON-B who stated staff education related to misappropriation was not completed following the incident.

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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. Based on observation, staff interview, and record review, the facility did not ensure drugs and biologicals were stored in accordance with the facility's policy when 1 of 2 medication carts was left unlocked and unattended during medication pass. This practice had the potential to affect more than 4 of the 50 residents residing in the facility. On 6/25/25, staff left a medication cart unlocked and unattended on multiple occasions during medication administration. Findings include: The facility's Storage of Medication policy, dated 1/2023, indicates: .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 access to medication carts. Medication rooms, cabinets, and medication supplies should remain locked when not in use or attended by persons with authorized access . On 6/25/25 at 8:25 AM, Surveyor observed Licensed Practical Nurse (LPN)-I leave a medication cart unlocked and unattended on the 200 wing. The medication cart drawers faced the hallway and exposed the drawers during medication pass. On 6/25/25 at 11:25 AM, Surveyor observed LPN-I leave a medication cart unlocked and unattended outside the dining room. Surveyor observed multiple residents walk or wheel past the unlocked medication cart. The medication cart drawers faced the hallway and exposed the drawers during medication pass. On 6/25/25 at 9:03 AM and 11:25 AM, Surveyor interviewed LPN-I who verified the medication cart should not have been unlocked when unattended. LPN-I stated LPN-I usually locked the cart but forgot. On 6/25/25 at 11:29 AM, Surveyor interviewed Director of Nursing (DON)-B who verified medications carts should be locked when unattended.