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	03/08/2026

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observation, staff and resident interview, and record review, the facility did not ensure toilets were in a clean and home-like condition for 4 residents (R) (R17, R6, R18, and R10) of 18 sampled residents. The toilets in R17, R6, R18, and R10's shared bathrooms contained rusty metal strips. R17, R6, and R18 stated they did not like the rusty metal strips and had reported them to staff.Findings include:The facility's Safe and Homelike Environment Policy, dated 6/16/22, indicated: Housekeeping and maintenance services will be provided as necessary to maintain a sanitary, orderly, and comfortable environment.During a concurrent observation and interview on 3/3/26 at 10:40 AM, the toilet in R17's shared bathroom contained a rusty metal strip at the opening of the toilet. R17 stated the rusty metal strip bothered R17 and R17 had told a Certified Nursing Assistant (CNA) and a housekeeper about it.During a concurrent observation and interview on 3/3/26 at 10:54 AM, the toilet in R6's shared bathroom contained a rusty metal strip. R6 had just exited the bathroom and stated R6 did not like the rusty metal strip. R6 stated R6 told staff a while ago that the rusty metal strip bothered R6.During an observation on 3/3/26 at 11:04 AM, the toilet in R18's shared bathroom had an elevated toilet seat that sat on a rusty metal strip on the toilet.During an interview on 3/3/26 at 11:42 AM, R18 stated the rusty metal strip on the toilet bothered R18 and R18 told maintenance staff a long time ago.During an observation on 3/3/26 at 10:51 AM, the toilet in R10's shared bathroom contained a rusty metal strip at the opening of the toilet.During an interview on 3/4/26 at 8:28 AM, Licensed Practical Nurse (LPN)-E stated she had not seen rusty metal strips on any toilets. LPN-E then observed the rusty metal strip on the toilet in R10's shared bathroom and stated it was not okay.During an interview on 3/4/26 at 8:40 AM, Housekeeper (HSK)-D stated he noticed a rusty metal strip on a toilet which he included on the maintenance clipboard at one time. HSK-D verified residents had complained about rusty metal toilet strips. HSK-D stated even though it was just rust, it resembled feces running into the toilet bowl.Surveyor reviewed Maintenance Requests for November 2025 through January 2026 and noted there were no entries regarding rusty metal toilet strips.During an interview on 3/4/26 at 8:54 AM, Account Manager (AM)-C stated he supervised the Housekeeping Department and was aware of the rusty metal toilet strips. AM-C stated he had not reported the rusty metal strips and verified they were not home-like.During an interview on 3/6/26 at 2:58 PM, Director of Nursing (DON)-B stated the rusty metal strips were attached to the toilet handrails. DON-B stated housekeeping should have reported any resident complaints to DON-B or entered them in the facility's computerized maintenance program. DON-B verified the rusty metal strips were not documented on the facility's maintenance log. DON-B confirmed residents' toilets should not contain rusty metal strips.During an interview on 3/6/26 at 3:26 PM, Executive Director (ED)-A stated the rusty metal toilet strips had been there for a long time. ED-A stated they were not appropriate and if someone had notified her of a resident complaint, she would have removed them.

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview and record review, the facility did not ensure medical records were complete for 1 resident (R) (R8) of 18 sampled residents.The facility did not ensure communication with medical providers was documented during a change in condition for R8.Findings include:The facility's Change in Condition of the Resident Policy, revised 9/20/22, indicates: Documentation needs to include, but is not limited to the following: 1. Description of change in condition noted and assessment or observation of findings. 2. Emergency care provided, if appropriate. 3. Notification of provider - include date, time, what was conveyed, any orders received (each time notified). 4. Notification of responsible party - include date, time, what was conveyed, any comments (each time notified). 5. Names and titles of employees involved with resident's care at that time.An admission Record indicated R8 was admitted to the facility on [DATE]. According to the admission Record, R8 had a medical history that included diagnoses of vascular dementia, urinary tract infection (UTI), obstructive and reflux uropathy, and benign prostatic hypertrophy with lower urinary tract symptoms.A Quarterly Minimum Data Set (MDS) assessment, with an Assessment Reference Date (ARD) of 11/26/25, revealed R8 had a Brief Interview for Mental Status (BIMS) score of 10 out of 15 which indicated R8 had moderate cognitive impairment. The MDS assessment also indicated R8 had an indwelling catheter.R8's Care Plan Report included a focus area, initiated 6/12/24, that indicated R8 had an indwelling urinary catheter. Interventions directed staff to report any changes in amount and color or odor of urine (initiated 6/12/24) and to report to the physician signs of UTI such as blood, cloudy urine, fever, increased restlessness, lethargy, or complaints of pain/burning (initiated 6/12/24).A nursing Progress Note, dated 12/11/25 at 4:09 AM, indicated R8 was in the hall with a walker and stated R8 was going to breakfast. The Progress Note indicated R8 was reoriented to the time and assisted back to bed. The Progress Note indicated R8's indwelling catheter was draining milky, yellow urine.An eINTERACT Situation, Background, Assessment, Recommendation (SBAR) Summary (an electronic communication tool with a summary of the resident's condition) for Providers Progress Note, dated 12/11/25 at 2:15 PM, indicated R8 had abnormal blood pressure and increased confusion. The SBAR Progress Note revealed the provider gave an order for a urinalysis or culture and a new intervention to increase oral fluids.R8's Physician Discharge summary, dated [DATE] (no time noted), revealed Medical Director (MD)-P and R8's family were aware of orders to send R8 to Urgent Care.During interviews on 3/8/26 at 2:13 PM and 8:52 PM, Director of Nursing (DON)-B stated she arrived at the facility at 6:30 AM on 12/11/25 and was notified of R8's condition. DON-B stated she called the medical center's Urology Department at 8:00 AM to see if they could fit R8 into their schedule. DON-B did not know what time the Urology Department called back but guessed it was appproximately 2:00 PM since the SBAR paperwork was documented at that time. The Urology Department said to take R8 to Urgent Care for testing. R8 was admitted to the hospital from Urgent Care. DON-B stated she did not document in a progress note that she notified the physician or the Urology Department, but verified the notifications should have been documented.During an interview on 3/8/26 at 9:19 PM, Executive Director (ED)-A stated R8's change in condition should have been documented before 2:00 PM.