STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525363	A. Building B. Wing	04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Suring Health and Rehab Center	430 Manor Dr Suring, WI 54174

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	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interview, and record review, the facility did not ensure the resident environment remained as free of accident hazards as possible for 3 residents (R) (R6, R7, and R9) of 6 sampled residents.Paint, drywall, and plaster compound were left in an unoccupied room that was accessible to residents.Findings include:The Material Safety Data Sheet (MSDS) (Date of Preparation October 17, 2015) for [NAME] SUPERPAINT Interior Satin Latex wall Paint, Extra [NAME] indicates: .Section 3 - Hazardous Identification: Routes of Exposure: Inhalation of vapor or spray mist .Effects of overexposure .In a confined area, vapors in high concentration may cause headache, nausea, or dizziness .Section 7: Handling and Storage: Keep out of the reach of children .Section 8 - Exposure Controls/Personal Protection: Precautions to be Taken in Use: Use only with adequate ventilation .Removal of old paint by sanding, scraping, or other means may generate dust or fumes that contain lead. Exposure to lead dust or fumes may cause brain damage or other adverse health effects .Containing exposure to lead or other hazardous substance requires the use of proper protective equipment, such as a properly fitted respirator (NIOSH approved) .Ventilation: Local exhaust preferable .Section 11 -Toxicological Information: Chronic Health Hazards: Long term exposure to high levels of silica dust, which can occur only when sanding or abrading the dry film, may cause lung damage (silicosis) and possibly cancer.The Material Safety Data Sheet for Joint Compound (ready mixed), Taping Compound, Mud, Finishing Compound (Version #2 revised 11/6/25) indicates: .2. Hazard Information: Physical, health, and environmental hazards not classified .7. Handling and Storage: Precautions for Safe Handling: Avoid breathing dust/fumes/gas/mist/vapors/spray. Avoid contact with eyes, skin, and clothing. Avoid prolonged exposure. Provide adequate ventilation. Wear appropriate personal protective equipment .8. Exposure Controls/Personal Protection: Respiratory Protection: Wear positive pressure self-contained breathing apparatus. In case of insufficient ventilation, wear suitable respiratory equipment .11. Toxicological Information: Skin Contact: Dust or powder may irritate the skin.The Material Safety Data Sheet for Rust-Oleum Stops Rust Gloss Protective Enamel Aerosol (revised 7/20/23) indicates: Possible Hazards: 33% of the mixture consists of ingredient(s) of unknown acute toxicity. GHS Hazard Statements Include: Extremely flammable, causes serious eye irritation, may cause drowsiness or dizziness, may cause cancer, may cause damage to organs, contains gas under pressure, may explode if heated .Precautionary Statements: Store locked up. Store in a well-ventilated place. Keep container tightly closed. On 4/1/26, Surveyor reviewed R6's medical record. R6 had a diagnosis of dementia. R6's Minimum Data Set (MDS) assessment, dated 3/16/26, had a Brief Interview for Mental Status (BIMS) score of 8 out of 15 which indicated R6 had moderate cognitive impairment. The MDS assessment indicated R6 was independent with a manual wheelchair. On 4/1/26, Surveyor reviewed R7's medical record. R7 had a diagnsis of dementia. R7's MDS assessment, dated 3/5/26, had a BIMS score of 15 out of 15 which indicated R7 had intact cognition. The MDS assessment indicated R7 was independent with ambulation.On 4/1/26, Surveyor reviewed R9's medical record. R9 had a diagnosis of dementia. R9's MDS assessment, dated 2/19/26, had a BIMS score of 9 out of 15 which indicated R9 had moderate cognitive impairment. The (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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	MDS assessment indicated R9 required supervision with ambulation and was independent with wheelchair mobility. On 4/1/26 at 1:00 PM, Surveyor observed the following items in room [ROOM NUMBER]:~ Two cans of sealed Superior Paint by [NAME] one of which had been opened ~ One opened and sealed can of interior/exterior urethane modified acrylic paint primer by [NAME] (door finish was written on top of the can)~ One can of [NAME] Pro Industrial DTM Acrylic Coating paint~ One container of all-purpose joint compound for drywall and plaster patching repairsEarlier in the day, Surveyor observed a Rust-Oleum hammered brown spray can. The label indicated: Use outdoors in a well-ventilated area. Contains liquid petroleum gas, acetone, aromatic carcinogens, acetate, and petroleum distillates. Use only with adequate ventilation.On 4/1/26 at 11:19 AM and 2:04 PM, Surveyor interviewed MD-D who stated the therapy room was painted from 3/27/26 to 3/30/26 and room [ROOM NUMBER] was painted from 3/25/26 to 3/27/26. MD-D provided MSDS sheets for the supplies found in room [ROOM NUMBER]. MD-D could not locate the facility's flammable storage policy. MD-D indicated the standard policy is to store flammable items in the garage; however, there is also a locked cabinet in the maintenance shop that contains cleaning supplies. MD-D verified the paint supplies in room [ROOM NUMBER] had been there since 3/30/26. MD-D stated resident rooms are closed during painting but are not locked. MD-D verified it was possible for a resident to enter room [ROOM NUMBER] and have access to painting supplies. MD-D confirmed the unsecured painting supplies could pose a safety hazard.On 4/1/26 at 1:15 PM, Surveyor interviewed Director of Nursing (DON)-B who verified there was a risk of residents entering room [ROOM NUMBER] and the potential for an accident to occur if painting supplies were stored in an unsecured areas. DON-B indicated there were no residents with dementia on the 200 hall and stated no residents from the 200 hall would go into room [ROOM NUMBER]. Surveyor reviewed the facility's Matrix and noted there were 6 residents identified as having dementia. Surveyor noted R6 and R9 had moderate cognitive impairment and were independent with wheelchair mobility. R9 could ambulate with supervision. Surveyor noted R6 and R7 resided in the same hallway as room [ROOM NUMBER] and R7 was independent with ambulation.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on 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. This practice had the potential to affect more than 4 of the 46 residents residing in the facility.The facility had a COVID-19 outbreak that ended in February of 2026. The facility did not complete N95 fit testing for staff since 2022.Findings include:The facility's Respirator Protection and Fit Testing policy, revised 1/1/2026, indicates: It is the expectation to protect residents, staff, and visitors from airborne infectious disease (e.g., tuberculosis, COVID-19, influenza with aerosol-generating procedures) by ensuring appropriate respirator use and fit. The facility will implement and maintain a respiratory protection program, including medical evaluation, fit testing, training, and proper use of respirators in accordance with: Occupational Safety and Health Administration (OSHA) Respiratory Protection Standard (29 CFR 1910.134); Centers for Disease Control and Prevention (CDC) infection control guidance; and Centers for Medicare and Medicaid Services (CMS) Appendix PP (F880 Infection Prevention & Control) Definitions: Respirator: A personal protective device worn to reduce inhalation of airborne contaminants (e.g., N95 filtering facepiece respirator); Fit test: A procedure used to verify that a respirator properly fits the wearer's face.Identification of Required Staff: Fit testing is required for staff who: Provide care to residents on transmission-based precautions (airborne or enhanced droplet); Participate in aerosol-generating procedures; Work in outbreak or respiratory illness units.Fit Testing Requirements: The facility will ensure fit testing is completed: Prior to initial respirator use; Annually thereafter; Whenever a different respirator model/size is used; When physical changes occur (e.g., weight change, facial surgery, dental changes).Staff must receive training on: When respirators are required; Proper donning and doffing techniques; Limitations of respirators; Performing a user seal check; Storage and disposal procedures.The Infection Preventionist (IP) or designee is responsible for: Program implementation and monitoring; Ensuring compliance with OSHA and CMS requirements; Maintaining records; Evaluating program effectiveness annually.Surveyor reviewed the facility's fit testing binder and noted the last documented fit testing was in February of 2022 with multiple fit test forms completed in 2021.On 4/1/26 at 2:34 PM, Surveyor interviewed Certified Nursing Assistant (CNA)-F who indicated CNA-F was hired in October of 2025. CNA-F stated CNA-F was not fit tested for an N95 mask.On 4/1/26 at 2:35 and 3:28 PM, Surveyor interviewed Director of Nursing (DON)-B who verified fit testing for N95 masks was not done in the facility since 2022. DON-B indicated DON-B was not fit tested since DON-B started at the facility. DON-B stated staff should be fit tested annually. DON-B verified the facility had a COVID-19 outbreak which ended in February (2026). DON-B stated DON-B expects staff to wear an N95 mask when caring for a resident with COVID-19. DON-B stated an N95 mask should be worn by anyone who enters a the room of a resident on airborne precautions.