

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525369	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/07/2025
NAME OF PROVIDER OR SUPPLIER Wausau Manor Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 3107 Westhill Dr Wausau, WI 54401	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility did not ensure activities of daily living and activities for dependent residents were completed per standards of practice and resident care plans for 2 out of 3 sampled residents (R) (R1 and R2).</p> <p>-R1 did not receive weekly showers.</p> <p>-R2 did not receive restorative care or weekly showers per standards of practice and the resident's care plan.</p> <p>This is evidenced by:</p> <p>Example 1</p> <p>R1 was admitted on [DATE] with diagnoses that include post shoulder surgery, weakness, fragile X, fibromyalgia, morbid obesity, hemiplegia, and asthma. R1's brief interview of mental status (BIMS) score was 13/15 indicating intact cognition. Minimum Data Set (MDS) dated [DATE] indicates R1 is understood and understands. R1 is dependent on staff for showering, and received max assist with transfers, toileting, and bed mobility.</p> <p>On 07/07/25, Surveyor reviewed R1's record. In review of Certified Nursing Assistant (CNA) documentation for weekly showers, 2 out of 6 showers were not given. On 5/14/25, documentation indicates the resident refused. On 05/28/25, the documentation was left blank. This was the date R1 was scheduled to receive a shower. There was no documentation of further attempts, the reason for R1 not receiving a shower, or that it was reported to supervising nurse.</p> <p>Example 2</p> <p>R2 was admitted on [DATE] with diagnoses that include cerebral palsy, cognitive communication deficit and developmental disability.</p> <p>MDS, dated [DATE], notes that R2 sometimes understands and is sometimes understood and has no speech. R2 requires max assist with dressing, toileting, and transfers and moderate assist with bed mobility. R2 was up in wheelchair in hallway, noted to have clean hair/body and dressed.</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
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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R2's shower review for April, May and June showed R2 is to have showers on Saturday AM shift. On 05/10/25 NA was documented. When asked CNA C what that meant, CNA C replied that is how it is documented if it was not their shower day. This was a shower day for R2. On 05/31/25, which is another Saturday AM, the area was blank. On 6/21/25, NA was recorded, and it was a Saturday AM.</p> <p>Surveyor reviewed restorative care documentation for R2. R2 is dependent for all cares and requires moderate assistance with bed mobility and maximum assistance with transfers and self-care. Surveyor noted on 04/09/25, 05/09/25, and 06/06/25 there was no documentation indicating assistance with bed mobility. On 04/09/25, 05/08/25, and 06/07/25 there was no documentation indicating assistance with ambulation. On 05/31/25, there was no documentation that R2 received scheduled shower, why it was not given, interventions, or that it was reported. R2 had scheduled shower days on 05/10/25 and 06/21/25. Documentation on those days indicated only N/A. Further investigation revealed no documentation of showers given for R2 in the weeks indicating N/A.</p> <p>On 07/07/25 at 3:00 PM, Surveyor interviewed Director of Nursing (DON) B and Nursing Home Administrator (NHA) A regarding cares not being provided to R1 and R2. Administration could not provide further documentation of cares not provided, not reported, or not followed up on.</p>		