

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525386	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/08/2026
NAME OF PROVIDER OR SUPPLIER Ashland Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 1319 Beaser Ave Ashland, WI 54806	
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 record review, observation and interview, the facility did not ensure the resident environment remains free of accident hazards as possible and each resident receives adequate supervision and assistance devices to prevent accidents for 1 of 3 residents (R) reviewed. (R1)-R1 was transferred with only 1 person not with the assistance of 2 people, as indicated in R1's care plan to prevent falls. Findings include: The facility policy titled Fall Prevention and Management Guidelines last revised on 7/18/2024, states: The nurse will initiate interventions to help prevent falls on the resident's baseline care plan. a. Implement universal environmental interventions that decrease the risk of the resident falling. R1 was admitted to the facility on [DATE], with a diagnoses including dementia, bipolar disorder, depression, abnormal posture, weakness, unsteadiness on feet, and bilateral osteoarthritis of hip. Minimum Data Set (MDS), dated [DATE], which is a quarterly assessment documents R1 having a Brief Interview for Mental Status (BIMS) score of 6/15, meaning severe cognitive impairment. R1 requires substantial assistance with activities of daily living (ADL). R1 is dependent with toileting and ambulation. R1's care plan last revised on 05/14/26 with a target date 07/31/26 indicates, ADL self-care deficit due to cognition and impacted subcapitellar fracture of the left hip, . Will not develop any complications related to decreased mobility. With an intervention initiated on 04/02/24 and revised on 11/12/25 indicated Transfer: assist of 2 with gait belt. On 06/08/26 at 9:50 AM, Surveyor observed R1 in room, asleep in wheelchair. Surveyor was able to wake R1. R1 indicated she did not currently have any pain but was not able to answer any other questions. On 06/08/26 at 12:51 PM, Surveyor observed R1 in bed asleep with no signs of distress. On 06/08/26 at 1:00 PM, Surveyor interviewed Certified Nursing Assistant (CNA) C, who stated R1 was stiff when transferring her. CNA C initially stated they transferred R1 by themselves. After Surveyor asked what R1's Kardex indicated, CNA C read R1's plan of care and stated they sometime use 2. CNA C then stated that CNA D assisted in transferring R1 to bed. On 06/08/26 at 1:06 PM, Surveyor interviewed CNA D who stated they did not assist in transferring R1 into bed. CNA D stated they thought R1 was an assist of 1 to transfer and has been transferring R1 with only 1 person since starting a couple of months ago. Surveyor went back to interview CNA C who then admitted they thought R1 only required 1 person to assist with transferring, and they have been transferring R1 with only 1 person. CNA C stated they were not aware R1 required 2 people to transfer R1. On 06/08/26 at 2:07 PM, Surveyor interviewed Director of Nursing (DON) B and shared interviews of CNAs not following R1's care plan and using 2 staff when transferring R1. DON B stated the expectation would be for staff to follow and implement the plan of care interventions.		

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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