STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525391	A. Building B. Wing	04/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wisconsin Dells Health Services	300 Race St. Wisconsin Dells, WI 53965

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility did not maintain a safe and sanitary environment in which food is prepared, stored, and distributed. This has the potential to affect all 9 residents who reside on the memory care unit at the facility.Surveyor observed the microwave and refrigerator in the kitchenette to be unkept. The microwave had food splatters all over the inside of the microwave. The refrigerator had crumbs and food spilled on the inside of the refrigerator.Evidenced by:The facility policy, Microwave Oven, dated, 7/21/22, states in part;.The microwave oven will be kept clean, sanitized, and odor free. The microwave oven interior should be cleaned after each use as needed, and at a minimum, after each meal service.The facility policy, Cleaning Instructions: Refrigerators, dated, 7/21/22, states in part;.The refrigerator will be cleaned thoroughly inside and outside with a detergent and followed by a sanitizer at least once every month, or as needed. Spills and leaks will be cleaned as they occur.On 4/29/26 at 10:35 AM, Surveyor observed the kitchenette in the memory care unit. Surveyor observed the microwave to have food splatters on the inside of the microwave and the refrigerator to have crumbs and spills on the inside.On 4/29/26 at 10:39 AM, Housekeeper F indicated she does not know who is responsible for cleaning the refrigerator. Housekeeper F indicated housekeeping is responsible for cleaning the microwave. Housekeeper F and Surveyor observed the microwave and the refrigerator. Housekeeper indicated the microwave and refrigerator should be kept clean.On 4/29/26 at 10:45 AM, CNA G (Certified Nursing Assistant) indicated she thinks housekeeping is responsible for cleaning the kitchenette.On 4/29/26 at 10:56 AM, DM E (Dietary Manager) indicated he would assume the people who work back in memory care would be responsible for cleaning the refrigerator and microwave. DM E indicated it does look like someone is using the microwave. DM E followed back up with Surveyor and indicated it would be the CNA's responsibility to clean the kitchenette because they are the ones doing the logging of the temperatures on the refrigerator and freezer back in memory care.On 4/29/26 at 12:15 PM, NHA A (Nursing Home Administrator) indicated it is the kitchen staff's responsibility to keep the refrigerator and microwave clean. NHA A indicated there was miscommunication between the different departments. NHA A indicated she would expect the microwave and the refrigerator to be kept clean and when spills or splatters occur staff clean up the mess.The facility failed to maintain a safe and sanitary environment in which food is prepared, stored, and distributed in.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525391	A. Building B. Wing	04/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wisconsin Dells Health Services	300 Race St. Wisconsin Dells, WI 53965

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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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure that residents advanced directive was signed by the resident or resident representative for 1 (R28) of 12 residents reviewed for advance directives.R28 did not have an advanced directive signed by their Power of Attorney. Evidenced by:The facility policy, Obtaining and Communicating Code Status, dated, [DATE], states in part;.It is the policy of this facility to adhere to residents rights to direct their code status. In accordance to these rights, this facility will implement procedures to communicate a resident's code status to those individuals who need to know this information.R28 was admitted to the facility on [DATE] and R28 has an activated power of attorney in place. R28's Cardiopulmonary Resuscitation/Do Not Resuscitate (CPR/DNR) Preference Form indicates, R28 wishes to be DNR. The document is dated [DATE] and does not have the Power of Attorney's signature.On [DATE] at 1:15 PM, NHA A (Nursing Home Administrator) indicated the facility does not have a signed form from the Power of Attorney (POA) because the POA called in to R28's care conference meeting so the form was completed and verbal agreement was obtained by the POA. NHA A indicated the form should have the POA's signature.The facility failed to ensure that resident's advanced directive was signed by the resident's representative.

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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 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail. Based on observation, interview, and record review the facility did not ensure proper use of bed rails for 1 (R5) of 1 Residents reviewed for bed rails.R5 is care planned for side rails up with cares only. R5 was observed in bed, with side rails raised and no staff present.Evidenced by:The facility's Proper Use of Side Rails policy, dated 9/23/22, states, in part: It is the policy of this facility to utilize a person-centered approach when determining the use of side rails, also known as bed rails.If used, the facility ensures correct installation, use, and maintenance of the rails.5. The use of side rails will be specified in the resident's plan of care.c. Parameters for use shall be clearly defined, such as quarter rails or at certain times. 6. The facility will provide ongoing monitoring and supervision of side rail/bed rail use for effectiveness, assessment of need and determination when or if the side rail/bed rail will be discontinued. Responsibilities are specified as follows: a. Direct care staff will be responsible for care and treatment in accordance with the plan of care.c. The interdisciplinary team will make decisions regarding when the side/bed rail will be used or discontinued, or when to revise the care plan to address any residual effects of the rail.R5 admitted to the facility 12/10/25 and has diagnoses that include: Parkinson's Disease without dyskinesia, without mention of fluctuations (progressive neurodegenerative disorder that affects movement, balance, and muscle control); muscle wasting and atrophy (thinning or loss of muscle tissue); dementia in other diseases classified elsewhere, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety (progressive syndrome causing cognitive decline-memory loss, confusion, and language issues)R5's Physician Orders include *Bilateral side rails while resident is in bed, per resident request, to assist with independent mobility and repositioning. FOR CARES ONLY every shift Order Date: 3/6/26.R5's Risk vs (versus) Benefit, dated, 3/6/26, states, in part: .5. Conclusion.Resident understands that the use of bedside rails is not a standard practice and may carry certain risks, including the potential for entrapment, injury, or increased fall risk if used improperly.R5's Side Rail Assessment, dated 3/10/26, states, in part: .I. Risk vs benefits in place. Can use bilateral side rails during cares only and must be put back down when cares are not being performed.R5's Care Plan Report states, in part: Focus *ADL (Activities of Daily Living) self-care deficit as evidenced by: increased weakness and decreased mobility related to: obesity, dementia Date Initiated 12/10/25 .Interventions/Tasks .*Bed Mobility: Assist of 2, Can use bilateral side rails during cares only and must be put back down when cares are not being performed.On 4/29/26 at 9:01 AM, Surveyor observed R5 lying in bed, with side rail up on right upper side of the bed and no staff present. On 4/29/26 at 9:12 AM, Surveyor interviewed CNA D (Certified Nursing Assistant) about side rails. CNA D stated R5 is able to have side rails during cares. Surveyor and CNA D went to R5's room to observe R5's bed. CNA D stated, those rails are not down; they should have only been up while cares were occurring.On 4/30/26 at 7:10 AM, Surveyor observed R5 lying in bed, with side rails up on both right and left side, upper end of bed and no staff present. On 4/30/26 at 7:12 AM, Surveyor interviewed RN C (Registered Nurse) about side rails. RN C stated R5's rails are only up for cares. Surveyor and RN C went to R5's room to observe R5's bed. RN C stated the rails are up and should not be; staff should put them down after cares.On 4/30/26 at 8:51 AM, Surveyor interviewed DON B (Director of Nursing) who stated that R5's rails are for cares only and need to be down prior to staff leaving the room.