

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525396	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/23/2025
NAME OF PROVIDER OR SUPPLIER  Greenway Manor		STREET ADDRESS, CITY, STATE, ZIP CODE  501 S Winsted St Spring Green, WI 53588	
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 0609  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.  (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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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility did not ensure that all alleged violations involving abuse, neglect, exploitation, or mistreatment, are reported immediately to the administrator of the facility and to other officials, including the State Survey Agency, in accordance with State law through established procedures for 1 of 4 residents (R1) reviewed for abuse. An allegation of abuse was reported by staff to the facility on [DATE]. The alleged allegation of abuse had occurred 2 to 3 weeks prior. Evidenced by: The facility policy, entitled Policy and Procedure for Grievances, Mistreatment Investigations, Mistreatment Prevention and Injuries of Unknown Source, dated 12/18/25, states, in part: . Purpose: To prevent and prohibit mistreatment, abuse, neglect, involuntary seclusion, incidents of unknown source, and misappropriation of property of all residents. To ensure that all residents and family complaints are investigated thoroughly, and appropriate corrective action is promptly taken. Policy: It is the policy of [NAME] manor that all residents will live in a safe, secure environment that is free of any type of mistreatment, abuse, or neglect. All residents shall be free of mental and physical abuse and shall receive considerate care and treatment at all times. Incidents of abuse, caregiver misconduct, and complaints regarding resident's welfare or any suspected violations of resident rights shall be reported immediately. The administrator shall be updated immediately. Mandated reporting shall be done per State Nursing Home Regulations. Procedure: All employees shall be educated as to specific types of abuse and their responsibility to report any and all suspected and observed incidents of abuse. Any incident of misconduct or grounds for suspicion will result in the following:1. First and foremost: Protect the resident. Anyone who witnesses an incident of a resident being physically or mentally mistreated must first and foremost remove the resident from harm. Report to supervisor immediately. Stay with the resident if needed and do not leave Resident with alleged abuser.2. Any individual who witnesses or has any knowledge of an act or suspected act of mistreatment shall notify his/her charge nurse, Director of Nursing, or Administrator immediately.3. Ensure that all residents are kept safe during the investigation.8. Immediately begin a thorough investigation of any misconduct or mistreatment allegations. Thorough internal investigation may include: . Interviewing other residents to determine if they have ever been abused or mistreated, interviewing staff who worked the same shift as the accused to determine if they ever witnessed any mistreatment by the accused; Interviewing staff who worked previous shifts to determine if they were aware of an injury or incident. Mandated Incident Reporting and Where to Report: Alleged violations involving mistreatment, neglect, or abuse, exploitation, including injuries of Unknown source, and misappropriation of resident property, are to be reported as soon as possible (not to exceed 24 hours) to the Division of Quality Assurance (DQA). If the event that causes the allegation involves abuse or results in serious injury, a report of the violation will be made to the NHA and DQA no later than two hours after the allegation is made.Facility also to notify local law enforcement authorities of any situation where there is a potential criminal offense. R1 admitted to the facility on [DATE] and has diagnoses that include severe anemia (dangerously low red blood cell count, causing extreme fatigue, dizziness, shortness of breath, pale skin, fast heart rate, and potentially leading to organ failure or death), major depression disorder, and anxiety disorder. R1's Brief Interview of Mental Status (BIMS) score on 12/22/25 was 15 indicating R1 is cognitively intact. The facility Alleged Nursing Home Resident Mistreatment, Neglect, and Abuse Report, states, in part: . Summary of Incident: Allegation type Abuse: Hitting, slapping, threats of harm, assault, humiliation Name - Affected Person: R1.Is date and time when occurred known? NoDate occurred: (blank)Time Occurred: (blank)Is occurred date and time estimated? (blank)Date discovered? 12/18/2025 Brief Summary of Incident: Staff reported hearing rumor that CNA D (certified nursing assistant) was involved in potential sexual misconduct of R1. No law enforcement contacted. CNA D was asked to leave facility and removed from schedule until investigation completed. Report Submitted by DON B (Director of Nursing)Report Submitted Date: 12/18/25 4:54:46PM. The facility's Misconduct Incident Report, dated 12/19/2025, states, in part: . Summary of Incident: Is date and time when occurred known? No Date occurred: (left blank)Time occurred: (left blank)Is occurred date and time estimated? (left blank)Date discovered: 12/18/2025. Briefly Describe the incident.On 12/18/2025, it was reported by staff that they heard a rumor of sexual misconduct regarding CNA D with a male resident on his bath day approximately 3 weeks ago. Report Submitted by: DON B Report Submitted Date: 12/19/2025 1:46:56 PM CNA G's (certified nursing assistant) facility's statement, dated 12/18/25, states: I, CNA G would like to describe an event from two to three weeks ago. I was assigned to the 300 hall and went to the sna</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>(continued on next page)</p>

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Purpose: To prevent and prohibit mistreatment, abuse, neglect, involuntary seclusion, incidents of unknown source, and misappropriation of property of all residents. To ensure that all residents and family complaints are investigated thoroughly, and appropriate corrective action is promptly taken. Policy: It is the policy of [NAME] manor that all residents will live in a safe, secure environment that is free of any type of mistreatment, abuse, or neglect. All residents shall be free of mental and physical abuse and shall receive considerate care and treatment at all times. Incidents of abuse, caregiver misconduct, and complaints regarding resident's welfare or any suspected violations of resident rights shall be reported immediately. The administrator shall be updated immediately. Mandated reporting shall be done per State Nursing Home Regulations. 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