STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525396	A. Building B. Wing	02/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greenway Manor	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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility did not ensure that a resident who is unable to carry out activities of daily living receives the necessary services to maintain good grooming and personal hygiene for 1 (R20) of 12 reviewed for ADLs (Activities of Daily Living). Surveyor observed R20 not being shaved on 2/23/26, 2/24/26, and the morning of 2/25/26. R20's care plan, wife, and R20 indicated he needs assistance with personal hygiene and grooming. Evidenced by:The facility policy, Nursing Care, Activities of Daily Living, dated 10/25, states, in part;.A program of activities of daily living is provided to residents to preserve ADL function, promote independence, self-esteem and dignity and achieve maximum level of function.Staff assist is provided as needed to complete tasks. On 2/23/26 at 4:04PM, Surveyor met R20. Surveyor observed R20's face not shaved with long facial hair. R20 indicated he has a razor and staff assist him with shaving and personal cares. R20 was admitted to the facility on [DATE], with a diagnoses including Parkinson's disease (a progressive neurodegenerative disorder leading to movement related issues like tremors, rigidity, slowness, and postural instability), pain, arthritis, and repeated falls. R20's care plan states, I will be groomed appropriate daily and ADL's met.Grooming: 1 assist. On 2/24/26 at 4:00PM, Surveyor observed R20 still needing to be shaved. R20's wife was in his room and indicated he told her that he tried to shave himself. R20's wife indicated he does need to be shaved and that staff usually assist him. At 4:25PM, Surveyor asked Certified Nursing Assistant H (CNA) if he is familiar with working with R20. CNA H indicated R20 does need assistance with personal cares. CNA H indicated he assisted R20 with a tub bath last Wednesday and didn't ask R20 if he would like to be shaved. CNA H indicated he should have asked R20, but did not. CNA H indicated he isn't sure who is responsible for asking residents if they would like to be shaved. CNA H indicated the woman who cuts hair will also assist residents in shaving. Certified Nursing Assistant I (CNA) indicated she is familiar with working down R20's hallway and can check to see if R20 needs assistance with shaving. CNA I indicated residents are assisted with shaving every morning, shower days, and if they request as well. CNA I and Surveyor went by R20 and CNA I showed Surveyor two razors that R20 has. CNA I indicated some residents like to grow a beard in the winter months. Surveyor asked if that is R20's preference. CNA I indicated R20 is pretty laid back. R20's wife indicated that R20 prefers to be clean shaved. On 2/25/26 around 8:30AM, Surveyor observed R20 walking back from breakfast. R20's face was not shaved with long facial hair. On 2/25/26 at 8:41AM, CNA J (Certified Nursing Assistant) indicated staff assist residents with shaving in the morning when they get up, after showers, and as requested. CNA J indicated she was going to shave R20 this morning but couldn't find a razor that worked correctly. CNA J followed up with R20 and then followed back up with Surveyor at 9:47AM. CNA J indicated there was a razor that was working fine in his bedroom, and he was shaved. On 2/25/26 at 9:51AM, CNA K indicated R20 does need assistance with cares and shaving. CNA K indicated R20 has never refused or declined cares for her before. On 2/25/26 at 9:56AM, RN D (Registered Nurse) indicated R20 does need assistance with personal cares. RN D indicated R20 may say he can shave himself, but he needs assistance shaving. RN D indicated if a resident refuses care that is something that should be care planned. On 2/25/26 at 10:27AM, DON B (Director of Nursing) indicated staff should be (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	assisting residents with shaving during morning cares, after showers, and as needed. DON B indicated if residents decline the next shift should offer. DON B indicated R20 will say he can do it himself, but he needs assistance. DON B indicated she is already working with staff on their approach because staff let her know Surveyor was asking about R20 and shaving. DON B indicated if a resident is refusing cares or assistance that is something that should be care planned. The facility did not ensure that all residents receive the necessary services to maintain good grooming and personal hygiene.

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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 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care or services that was trauma informed and/or culturally competent. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility did not ensure 2 of 3 residents (R6 & R32) who are trauma survivors receive culturally competent, trauma-informed care in accordance with professional standards of practice and accounting for resident's experiences and preferences in order to eliminate or mitigate triggers that may cause re-traumatization of the resident. R6 has a diagnosis of PTSD (Post Traumatic Stress Disorder) and does not have a complete trauma assessment or a care plan addressing triggers, resident specific approaches, or interventions. The facility did not care plan R32's post-traumatic stress disorder and failed to include triggers and interventions to best support R32. This is evidenced by: Example 1: R6 was admitted to the facility on [DATE] with diagnoses that include major depressive disorder and PTSD (Post Traumatic Stress Disorder). R6's most recent MDS (Minimum Data Set) dated 1/16/26 shows R6 has a BIMS (Brief Interview of Mental Status) of 14 out of 15, indicating that R6 is cognitively intact. R6's MDS Section I also indicates that R6 has PTSD. A note for R6, dated 2/9/22 states, Historical Trauma Assessment completed with resident during review of admission paperwork on 2/8/22. Resident described experiencing PTSD, including sensitivity to loud noises. Supportive listening provided. Resident asked staff to be sure to knock prior to entering her room. R6's care plan states, Problem: Resident has health seeking questions related to post traumatic stress disorder .Goal: resident will use effective coping mechanisms to manage post traumatic stress disorder as evidenced by: less seeking of repetitive health issues .Approach: Administer medications .allow resident to practice problem solving techniques .convey an attitude of acceptance toward resident .during acute phase, do not make demands of resident. remove excess stimulation .encourage physical activity to maximal potential .encourage resident to become involved with tension reduction activities: exercise, talking with others .encourage resident to verbalize feelings and fears .maintain a calm environment and approach to the resident .review with resident past effective and ineffective coping mechanisms .teach resident how to identify the problem and options. Explore advantages and disadvantages/consequences of options. (Of note: R6's care plan does not include triggers or resident specific interventions.) On 2/25/26, SW C (Social Worker) provided Surveyors a form, titled, Historical Trauma Assessment that asks residents: 1) What have been the most difficult time/times of your life? 2) Have you ever been through anything life threatening or traumatic? 3) What helped you get through those difficult times? 4) What are some things that you do now to help you manage consequences of having gone through tough times? 5) Are you aware of any particular triggers that may make this worse for you? The form states at the bottom, Care plan notes to address the reported concerns above. (continued on next page)

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F 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Surveyor conducted the following interviews with staff on 2/25/26: *At 8:12 AM, SW C stated that the Historical Trauma Assessment form is used upon admission for all residents, however it was introduced to the facility after R6 had already been admitted and nobody from the facility went back to R6 with the document to gather the information. SW C stated that she wouldn't want to ask her about it and bring that up when asked if she was aware of the details of R6's PTSD. SW C also stated that R6 sees psych and the facility has care planned her behaviors and psychotropic medications. *At 9:32 AM RN E (Registered Nurse) stated she did not know R6 had PTSD, nor did she know of any triggers she has, but stated she (R6) seems to go into slumps of depression. *At 9:41 AM, CNA F (Certified Nursing Assistant) stated that she was not aware that R6 had PTSD nor knew any of her triggers. CNA F stated she believed R6 had attention seeking behaviors. *At 9:57 AM CNA G stated that she was aware that R6 had PTSD as it is on her care plan but did not know what her triggers were or how to address her potential PTSD related behaviors. On 2/25/2026 10:30 AM, DON B (Director of Nursing) stated that the facility tries to get as many behaviors that they will tell them about when care planning. When asked if a document such as their Historical Trauma Assessment be useful for that, DON B stated yes if they (residents) and providers are willing and open to telling them. DON B also stated that she believed if the facility asked R6, she would tell them all the answers to the questions in the Historical Trauma Assessment document. The facility was aware that R6 had a diagnosis of PTSD but did not conduct a complete assessment. On 2/9/22, R6 is noted as not liking loud noises, but her care plan does not detail this dislike. Instead, the care plan talks about seeking health information and does not state what her triggers are and staff was therefore unable to state what R6's triggers were. Example 2: R32 was admitted to the facility on [DATE] with a diagnoses including Parkinson's disease (a progressive neurodegenerative disorder leading to movement related issues like tremors, rigidity, slowness, and postural instability), dementia, major depressive disorder, degenerative disease of nervous system, pain, history of falling, Post-traumatic stress disorder, cognitive communication deficit, degenerative disease of nervous system, restlessness and agitation, adult failure to thrive, reduced mobility, and need for assistance with personal cares. R32's care plan states, 2/24/26.I may have episodes of calling out, swearing or crying related to post traumatic stress disorder. It is important to note survey started 2/23/26. The facility did not include triggers or interventions for R32's post-traumatic stress disorder (PTSD). On 2/25/26 at 8:41 AM, CNA J (Certified Nursing Assistant) indicated she does not know about R32's PTSD diagnosis. CNA J indicated she does know that R32's Parkinson's diagnosis has been very hard on him. On 2/25/26 at 9:51 AM, CNA K indicated she does not know about R32's PTSD diagnosis and possible (continued on next page)

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F 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	triggers. On 2/25/26 at 10:27 AM, DON B (Director of Nursing) indicated moving forward the facility will care plan R32's PTSD diagnosis and possible triggers. DON B indicated triggers and interventions should be on the resident's care plan.