

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525397	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/03/2026
NAME OF PROVIDER OR SUPPLIER Dove Healthcare - Superior		STREET ADDRESS, CITY, STATE, ZIP CODE 1800 New York Ave Superior, WI 54880	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interviews, the facility did not ensure that an alleged abuse of R1 was reported to the State Agency (SA).The facility did not report the alleged abuse of Licensed Practical Nurse (LPN) D hitting R1 on the buttocks to the SA.Findings include:The facility's policy titled, Resident Abuse, Neglect, Misappropriation of Property, and Exploitation Prevention Program revised October 2025 states in part, .7. Reporting and Response: The facility will ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment. are reported per Federal and State laws. Reporting allegations immediately: a. But no later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse .R1 was admitted to the facility on [DATE]. Diagnoses included vascular dementia, major depressive disorder, anxiety disorder, and pain.Most recent Minimum Data Set (MDS) assessment, completed on 1/20/26, indicated that R1 required assist with ambulation, no behaviors indicated and has a Brief Interview for Mental Status (BIMS) score of 03/15, which indicates severe cognitive impairment.Record review of R1's electronic medical record indicated no documentation of an incident occurring around 1/9/26 or any follow up investigation/documentation in relation to the allegations of abuse to R1. Incident reports provided by the facility upon admission did not include any documentation of the alleged incident.On 2/3/26 at 11:50 AM, Surveyor called R1's son, primary contact, who reported, sometime in January, unsure of date, he received a call from the Director of Nursing (DON). He was told R1 had been slapped in the butt by a nurse, in a playful nature, and the nurse was joking around. He denied any concerns or notable changes in R1's behavior.On 2/3/26 at 12:15 AM, Surveyor interviewed Executive Administrator C, who reported there was a Quality Assurance (QA) report from 1/9/26, when a nurse tapped R1 on the bottom. The nurse was reportedly sent home, and DON B investigated the report. Surveyor requested facility provide all documentation on the incident. Executive Administrator C stated she was just made aware of this and agreed this was an allegation of abuse and should have been reported to the State Office immediately and was not.Surveyor reviewed incident report which stated, On 1/9/26 [R1] was in her gown at the nurses' station and had her backside open towards the dining area. [R1] was wearing only a brief. Staff attempted multiple times to cover [R1] up, but when [R1] moved gown would open again. Nurse then tied gown in back and tapped resident on bottom. [R1] initially said, don't do that, I don't like that. When attempting to interview (R1) the next day, resident was in and out of sleep and didn't remember that happening the night before. Report stated [LPN D] was immediately talked to and was sent home until investigation was complete. CNA's who witnessed were interviewed. No staff member said the action looked or seemed sexual in nature or seemed to have been done in harm or shame the resident. CNA's and nurse said she was trying to be funny. [LPN D] was assigned to Relias education regarding professionalism and conduct and given coaching and learning. No injuries observed at the time of incident.Surveyor reviewed DON's written CNA interviews, noting CNA F reported she saw LPN D get up and</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 525397	Facility ID: 525397 If continuation sheet Page 1 of 4

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525397	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/03/2026
NAME OF PROVIDER OR SUPPLIER Dove Healthcare - Superior		STREET ADDRESS, CITY, STATE, ZIP CODE 1800 New York Ave Superior, WI 54880	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>smack R1's brief. R1 said, I don't like that, and LPN D smacked R1 on the brief again. R1 then raised her fist in the air and said, I don't like that, I told you. LPN D responded by laughing. CNA F felt uncomfortable. On 2/3/26 at 1:22 PM, Surveyor interviewed LPN D, who reported the events to be accurate as previously indicated in report. LPN D felt it was more of a playful boop on the butt, and she did it a second time just before R1 told her not to and R1 did get upset with her but just at that moment. LPN D stated she realizes now it was inappropriate behavior but did not mean to cause R1 harm. On 2/3/26 at 2:15 PM, Surveyor called CNA F who confirmed the incident occurred as stated in the DON's interview report. On 2/3/26 at 1:38 PM, Surveyor interviewed CNA E, who reported she did not witness but does care for R1 and has not noted any negative changes in R1's behavior nor has R1 ever spoken of incident. On 2/3/26 at 12:45 PM, Surveyor interviewed DON B, who investigated the incident. DON B stated the incident was not reported because after she did an investigation, it was determined LPN D did it in fun and did not intentionally hurt the resident. DON B stated she now understands the allegation was of abuse and should have been reported immediately to the State Agency.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525397	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/03/2026
NAME OF PROVIDER OR SUPPLIER Dove Healthcare - Superior		STREET ADDRESS, CITY, STATE, ZIP CODE 1800 New York Ave Superior, WI 54880	
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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not ensure a thorough investigation was conducted when receiving a report of alleged physical abuse. The facility did not thoroughly investigate to rule out abuse of a Resident (R1). No interviews were conducted with other residents to ensure there had been no further incidents of abuse, a thorough physical exam/skin assessment or a psycho-social exam were not conducted. The acting administrator was not notified of the incident. Findings include: The facility's policy titled, Resident Abuse, Neglect, Misappropriation of Property, and Exploitation Prevention Program revised October 2025 states in part, .5. Investigation- A thorough investigation is an investigation that adequately addresses the circumstances of the allegation. The facility will promptly and thoroughly investigate reports of abuse that includes mistreatment. Designated facility personnel will begin the investigation immediately and will collect information that corroborates or disproves the incident and document the findings for the incident. The information gathered is reviewed by the Administrator and facility grievance officer(s). R1 was admitted to the facility on [DATE]. Diagnoses included vascular dementia, major depressive disorder, anxiety disorder, and pain. Most recent Minimum Data Set (MDS) assessment completed on 1/20/26 indicated that R1 required assist with ambulation, no behaviors indicated and has a Brief Interview for Mental Status (BIMS) score of 03/15, which indicates severe cognitive impairment. Record review of R1's electronic medical record indicated no documentation of an incident occurring around 1/9/26 or any follow up investigation/documentation in relation to the allegations of abuse to R1. Incident reports provided by the facility upon admission did not include any documentation of the alleged incident. On 2/3/26 at 11:50 AM, Surveyor called R1's son, primary contact, who reported, sometime in January, unsure of date, he received a call from the Director of Nursing (DON). He was told R1 had been slapped in the butt by a nurse, in a playful nature, and the nurse was joking around. He denied any concerns or notable changes in R1's behavior. On 2/3/26 at 12:15 AM, Surveyor interviewed Executive Administrator, who reported there was a Quality Assurance (QA) report from 1/9/26, when a nurse tapped R1 on the bottom. The nurse was reportedly sent home, and DON B investigated the report. Surveyor requested facility provide all documentation on the incident. Executive Administrator agreed this was an allegation of abuse and she had not been aware of the allegation until now. Surveyor reviewed incident report which stated, On 1/9/26 [R1] was in her gown at the nurses' station and had her backside open towards the dining area. [R1] was wearing only a brief. Staff attempted multiple times to cover [R1] up, but when [R1] moved gown would open again. Nurse then tied gown in back and tapped resident on bottom. [R1] initially said, don't do that, I don't like that. When attempting to interview (R1) the next day, resident was in and out of sleep and didn't remember that happening the night before. Report stated the LPN was immediately talked to and was sent home until investigation was complete. CNA's who witnessed were interviewed. No staff member said the action looked or seemed sexual in nature or seemed to have been done in harm or shame the resident. CNA's and nurse said she was trying to be funny. LPN was assigned to Relias education regarding professionalism and conduct and given coaching and learning. No injuries observed at the time of incident. Surveyor reviewed DON's written CNA interviews, noting CNA F reported she saw LPN D get up and smack R1's brief, R1 said, I don't like that, and LPN D smacked R1 on the brief again. R1 then raised her fist in the air and said, I don't like that, I told you. LPN D responded by laughing. CNA F felt uncomfortable. On 2/3/26 at 1:22 PM, Surveyor interviewed LPN D, who reported the events to be accurate as previously indicated in report. LPN D felt it was more of a playful boop on the butt, and she did it a second time just before R1 told her not to and R1 did get upset with her but just at that moment. LPN D stated she</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525397	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/03/2026
NAME OF PROVIDER OR SUPPLIER Dove Healthcare - Superior		STREET ADDRESS, CITY, STATE, ZIP CODE 1800 New York Ave Superior, WI 54880	

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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>realizes now it was inappropriate behavior. On 2/3/26 at 2:15 PM, Surveyor called CNA F who confirmed the incident occurred as stated in the DON's interview report. On 2/3/26 at 1:38 PM, Surveyor interviewed CNA E, who reported she did not witness but does care for R1 and has not noted any negative changes in R1's behavior nor has R1 ever spoken of incident. On 2/3/26 at 12:45 PM, Surveyor interviewed DON B, who investigated the incident. DON B stated the incident was not reported because after she did an investigation, it was determined LPN D tapped R1 in the butt in fun and did not intend hurt the resident. The facility did not provide documentation of a physical exam, skin assessment or psychosocial assessment of R1 after incident. There was no indication the investigation was reviewed by the Administrator or facility grievance officer. The facility did not report alleged abuse to the State per Federal and State laws. On 2/3/26 at 12:15 PM, Surveyor interviewed Executive Administrator C, who stated this allegation of abuse was not reported to her or to the State Survey and Certification Agency as it should have been.</p>