STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525397	A. Building B. Wing	05/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Dove Healthcare - Superior	1800 New York Ave Superior, WI 54880

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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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. The facility did not prepare food in accordance with professional standards for food service safety which had potential to affect all 58 residents. -Foods items in kitchen not labeled with an expiration or use-by date.-Thermometers in 3 kitchen freezers were not functioning properly.-Cook K washed dishes, contaminating [NAME] K's clothes while prepping/serving food.-Cook M touched food with contaminated gloves while preparing ready to eat food.-Cook K prepared lunch meals without taking the temperature of all foods before serving.This is evidenced by: Example 1 Surveyor reviewed the facility policy titled Food Safety Requirements dated last revised 02/26 which states: .1. B. Storage of food in a manner that helps prevent deterioration or contamination of the food, including growth of microorganisms. 3. Facility staff should inspect all food, food products, and beverages for safe transport and quality upon delivery/receipt and ensure timely and proper storage. c. Practices to maintain safe refrigerated storage include i. monitoring food temperatures and functioning of the refrigeration equipment daily, iv. Labeling, dating, and monitoring food, including, but not limited to leftovers, so it is used by its use-by date, or frozen/discarded. On 05/11/2026 at 9:38 AM, Surveyor toured the facility kitchen with [NAME] K. Surveyor observed 3 freezers sitting in an extra room down the hall from the kitchen. [NAME] K walked Surveyor into room and explained the 3 freezers are for kitchen use in storing frozen food for all residents in the facility. Surveyor observed the middle freezer to have orange duct tape taped to the bottom of the freezer lid. Surveyor asked [NAME] K to open the freezer. Surveyor observed the top of the freezer lid sagging a little with orange duct tape holding the freezer lid in place. Surveyor observed a build-up of ice noted along sides at the entrance of the top of freezer lid around the cracked seal. Surveyor observed a gallon Ziploc bag dated 05/06, with two sections of a roast in the Ziploc bag, and a box of hamburger patties which were visible. Surveyor observed build-up of ice on the inside of the Ziploc bag all over the roast, which appeared to be freezer burnt. Surveyor observed fried rice in a package with ice build-up on the inside of the package with two manual dates 0/27 and 04/07 written on the package with no identifiable label stating what the food was and when it will expire. Surveyor did not observe a manufacturing expiration date on the package. Surveyor observed this freezer was full of frozen foods for the residents. On 05/11/2026 at 9:41 AM, Surveyor interviewed [NAME] K and asked what the meat was in the Ziploc bag. [NAME] K stated, It appears to be very freezer burnt; it is a pot roast. I am going to go ahead and take that out now and throw it away. Surveyor asked if temperatures are being checked in the freezer. [NAME] K reported temperatures do get checked. Surveyor asked [NAME] K to review the thermometer. [NAME] K grabbed thermometer and reported to Surveyor that the thermometer had a broken piece of plastic, and the gauge did not move to register a temperature. Surveyor asked [NAME] K if [NAME] K knew how long the thermometer was broken. [NAME] K stated, I actually forget about checking these freezer temperatures all the time, so I am not sure how long the thermometer has been broken. Surveyor observed two other freezers which also had thermometers which did not have working gauges. Surveyor could not find any other thermometer to ensure the proper temperature. Surveyor asked [NAME] K how long the fried rice was good for. [NAME] K reported [NAME] K was unsure about the frozen fried rice as it had two different dates written on it (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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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	and no manufacturing expiration date. [NAME] K stated, It is not in its original box to see the manufacturing expiration date, making it difficult to figure out how long it is good for in the freezer. [NAME] K stated, I would normally probably discard within a month if it didn't have a label. On 05/11/26 at 9:42 AM, Surveyor asked [NAME] K to review temperature logs. [NAME] K showed Surveyor temperature logs which were checked every day but confirmed with Surveyor the temperature gauges in all 3 freezers in this room are broken. [NAME] K stated other staff must have filled in the temperatures on the logs, because [NAME] K had not. Surveyor observed the temperatures on the logs, and all were documented with proper temperatures, but there was no working thermometer in the kitchen. On 05/12/26 at 4:18 PM, Surveyor interviewed Director of Nutritional Services L and asked if she was aware the freezer thermometers were not working. Director of Nutritional Services L reported to Surveyor that [NAME] K informed Director of Nutritional Services L of the broken thermometers today and [NAME] K did replace the thermometers. Surveyor asked Director of Nutritional Services L what the expectation is for labeling foods. Director of Nutritional Services L stated, There is not a regulation that states kitchen staff must have an open date and a use by date on the label. One or the other is fine. Surveyor asked Director of Nutritional Services L how staff would know when a food item is past the use by date if it is not needed on the label. Director of Nutritional Services L stated to Surveyor, I usually just educate them to use the 5-day mark although some will tell you 7 days is fine. I just try to play it safe and tell staff anything is open 5 days past the opened date it will be discarded. Example 2 Surveyor reviewed the facility policy titled Food Safety Requirements dated last revised 02/26 which states: .7. Staff shall adhere to safe hygienic practices to prevent contamination of foods from hands or physical objects. A. Staff should wash hands according to facility procedures. B. Staff shall not touch food with bare hands, exhibiting appropriate use of gloves, tongs, deli paper, and spatulas. On 05/11/2026 at 11:25 AM, Surveyor observed [NAME] K walk to the 3-compartment sink and start to wash blender parts. Surveyor did not observe [NAME] K don a gown to protect [NAME] K's clothing from contamination. Surveyor observed [NAME] K's shirt touching and hanging over the sink. Surveyor observed water and food particles splashing around the sink and landing on [NAME] K's shirt. Surveyor observed [NAME] K dry hands with a towel and walk back to the food line and begin pureeing food for the lunch meal. Surveyor did not observe [NAME] K perform any hand hygiene prior to pureeing food. On 05/11/26 at 11:30 AM, Surveyor interviewed [NAME] K and asked about the process for washing dishes in between prepping residents' foods. [NAME] K reported that usually [NAME] K does not have to wash dishes, but if [NAME] K was to wash dishes, [NAME] K should have applied a gown to protect clothing when prepping foods. On 05/11/2026 at 11:39 AM, Surveyor observed [NAME] K walk over to the dishwashing area where the 3-compartment sink was located. Surveyor observed [NAME] K's shirt touching the sink while water was splashing throughout the sink. Surveyor did not observe [NAME] K apply a gown to protect shirt from contamination. Surveyor observed [NAME] K finish washing dishes and walk over to prepping table with contaminated shirt. On 05/12/26 at 4:18 PM, Surveyor interviewed Director of Nutritional Services L and asked what the expectation is for [NAME] K washing dishes while prepping food for lunch. Director of Nutritional Services L reported to Surveyor that [NAME] K should apply a gown/apron to protect clothes while washing dishes, then remove the gown/apron, and wash hands prior to prepping resident foods. Example 3 Surveyor reviewed the facility policy titled Food Safety Requirements dated last revised 02/26 which states: .7. H. Gloves will be worn when directly touching ready-to-eat foods when serving residents. Surveyor reviewed facility policy titled Handwashing Guidelines for Dietary Employees dated last revised 03/26 which states: .6. Frequency of hand washing: b. After hands have touched anything unsanitary i.e., garbage, soiled utensils/equipment, dirty dishes, etc. f. While preparing food, as often as necessary to remove soil and contamination and to prevent cross contamination when changing tasks. J. After engaging in any activity that may contaminate the hands. On 05/11/2026 at 11:32 AM, Surveyor observed [NAME] M walking around the kitchen while holding onto [NAME] M's pants with gloved (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	hands and grabbing items off the counters for prepping food. Surveyor observed [NAME] M continue to walk around the kitchen with the same gloves touching kitchen surfaces such as kitchen counter, kitchen utensils, and dishes. Surveyor observed [NAME] M walk to the refrigerator, grab the door with the same gloves, and reach into the refrigerator to get the ranch dressing. [NAME] M grabbed the ranch dressing container and placed it on the prepping table while wearing the same gloves. Surveyor observed [NAME] M gather little plastic containers and separate the tops and the bottoms while wearing the same gloves. [NAME] M then poured ranch dressing into the containers. Surveyor observed [NAME] M place tops on the sauces while wearing the same gloves and place them in the refrigerator. Surveyor observed [NAME] M walk out of the kitchen, grab [NAME] M's pants to pull them up wearing the same gloves, and then walk into the freezer room down the hallway. On 05/11/2026 at 11:41 AM, Surveyor observed [NAME] M walk out of the freezer room wearing the same gloves, walk down the hallway, and back into the kitchen holding a frozen hamburger patty out of the package. Surveyor heard [NAME] K state, You [Cook M] will need to have that burger in a container. [NAME] M replied, Yea, I don't see why. Surveyor observed [NAME] M walk through the kitchen to the grill and place the frozen hamburger patty on the grill while wearing the same gloves. On 05/11/26 at 11:43 AM, Surveyor interviewed [NAME] M and asked why [NAME] M keeps touching [NAME] M's pants and pulling them up with gloves on. [NAME] M reported to Surveyor that [NAME] M's belt broke. [NAME] M stated, I just now used my apron to tie my pants to it so they will stay up while I am working. Surveyor asked [NAME] M if [NAME] M should be using gloved hands to pull pants up. [NAME] M reported to Surveyor that [NAME] M does wash hands often but did not wash hands after touching [NAME] M's pants. Surveyor reported to [NAME] M that Surveyor observed [NAME] M touch many different surfaces all morning while wearing the same gloves and cook a burger without washing hands. [NAME] M stated, Yeah, I guess I should have washed my hands. On 05/12/26 at 4:18 PM, Surveyor interviewed Director of Nutritional Services L and asked what the expectation is for hand hygiene while handling frozen hamburger patties, sauce cups, and kitchen equipment after touching contaminated surfaces. Director of Nutritional Services L reported [NAME] M should have washed hands after touching contaminated surfaces. Director of Nutritional Services L expects the kitchen staff to not wear gloves during the whole process of prepping food but continually wash hands often. Director of Nutritional Services L reported expectation is for staff to wear gloves when touching ready-to-eat food. Example 4 Surveyor reviewed the facility policy titled Record of Food Temperature dated last revised 04/26 which states: .1. Food temperatures will be checked on all items prepared in the dietary department. 6. Measure and record the temperatures for each food product, Record temperature on temperature log. 7. When holding hot foods for service, food temperature should be measured when placing it on the steam table line. On 05/11/2026 at 11:45 AM, Surveyor observed [NAME] K perform food temperature checks on the steam table. Surveyor observed [NAME] K take the temperature of the roasted seasoned regular chicken, pureed chicken, and regular noodles. Surveyor observed [NAME] K start to prep resident trays. Surveyor did not observe [NAME] K take the temperature of the pureed noodles, creamed corn, ground mechanical soft chicken, or the non-seasoned plain chicken. On 05/11/26 at 11:49 AM-12:15 PM, Surveyor observed [NAME] K prep and serve:-R22 pureed chicken and pureed noodles.-R46 mechanical soft chicken and creamed corn.-R54 mechanical soft chicken and creamed corn.-R58 pureed chicken and pureed noodles. On 05/11/26 at 12:21 PM, Surveyor interviewed [NAME] K and asked why [NAME] K did not take the temperature of other food on the steam table before serving residents. [NAME] K stated to Surveyor, I was wondering why the temp list does not have that option, but the regular chicken is the same as the puree or mechanical soft chicken. Both are on the same steam table. But I guess I probably should have temped everything on steam table. On 05/12/26 at 4:18 PM, Surveyor interviewed Director of Nutritional Services L and asked what the expectation is for [NAME] K with taking the temperature of the foods on the steam table. Director of Nutritional Services L reported all items on the steam table should have temperature taken before serving residents for food safety (continued on next page)

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	525397	A. Building B. Wing	05/13/2026

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	practices. Director of Nutritional Services L reported to Surveyor that [NAME] K should have taken the temperature of all foods including mechanical soft and pureed.

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F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Dispose of garbage and refuse properly. Based on observation, interview, and record review, the facility failed to ensure the garbage in dumpster was covered. This had the potential to affect all 58 residents residing in the facility.Findings include: Surveyor reviewed facility policy titled Disposal of Garbage and Refuse dated last revised 06/13/25 which states: .7. Refuse containers and dumpsters kept outside the facility shall be designed and constructed to have tightly fitting lids, doors, or covers. Containers and dumpsters shall be kept covered when not being loaded so insect/rodent attractions are minimized. During the kitchen tour and observation of garbage dumpsters with [NAME] K on 05/11/26 at approximately 9:28 AM, two dumpsters for garbage were located at the backside of the building with their lids opened. Surveyor interviewed [NAME] K and asked if garbage dumpsters were supposed to be covered. [NAME] K reported to Surveyor dumpsters are to be covered but it is hard to keep the neighboring apartment complex from using dumpsters and leaving lids open. [NAME] K reported to Surveyor other staff also utilize the dumpsters. On 05/12/26 at approximately 2:01 PM, Surveyor observed the same dumpster's lid still open, and dumpster not covered while not in use. There were multiple garbage bags inside the dumpster. On 05/12/26 at 4:18 PM, Surveyor interviewed Director of Nutritional Services L and asked what the expectation is for dumpsters being covered when not in use to minimize rodent attraction. Director of Nutritional Services L reported to Surveyor the expectation is dumpsters stay covered when not in use.

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Keep all essential equipment working safely. Based on observation, interview, and record review, the facility did not maintain mechanical and/or electrical equipment in safe operating condition, having the potential to affect all 58 residents in the facility. Surveyor observed top of a freezer in the kitchen broken with orange duct tape and being held shut with syrup bottles to keep the lid closed. Findings include: On 05/11/2026 at 9:38 AM, Surveyor toured kitchen with [NAME] K. Surveyor observed 3 freezers sitting in an extra room down the hall from the kitchen. [NAME] K walked Surveyor into room and explained the 3 freezers are for kitchen use in storing frozen food for all residents in the facility. Surveyor observed the middle freezer to have orange duct tape taped to the bottom of the freezer lid which had 2 big heavy syrup bottles on top to hold the freezer lid closed. Surveyor asked [NAME] K to open the freezer. Surveyor observed the top of the freezer lid sagging with orange duct tape holding the freezer lid in place. Surveyor observed ice build-up along the sides at the entrance of the top of freezer lid around the cracked seal. Surveyor observed a gallon Ziploc bag dated 05/06, with what appeared to be two sections of a roast in the Ziploc bag. Surveyor observed ice build-up on the inside of the Ziploc bag covering the roast and it appeared freezer burnt. Surveyor observed fried rice in a package with ice build-up on the inside of food indicating freezer burn. The freezer was full of frozen foods. On 05/11/2026 at 9:42 AM, Surveyor interviewed [NAME] K and asked how long the freezer with the orange tape has been broken. [NAME] K reported when [NAME] K discovered the freezer was broken [NAME] K placed orange tape on it and reported this to the Director of Nutritional Services L, who then reported the issue to Maintenance Director N. [NAME] K reported the freezer has been broken for over 6 months. On 05/11/26 at 12:04 PM, Surveyor observed Maintenance Director N walking with [NAME] K to the freezer room. Surveyor followed. Surveyor observed Maintenance Director N review the freezer with [NAME] K. Maintenance Director N reported to [NAME] K that Maintenance Director N can order the needed part. On 05/11/26 at 12:06 PM, Surveyor interviewed Maintenance Director N and asked if Maintenance Director N knew about the broken freezer having orange duct tape, not shutting correctly, and needing to be held down with two-gallon syrup containers. Maintenance Director N reported Maintenance Director N is unsure if staff reached out to Maintenance Director N or not. Surveyor asked Maintenance Director N if it was appropriate to store frozen food in the broken freezer. Maintenance Director N reported to Surveyor if the thermometer is still under freezing temperatures, then it is appropriate, but the kitchen manager is in charge of the decision on food in the freezer. On 05/12/26 at 4:18 PM, Surveyor interviewed Director of Nutritional Services L and asked if aware upon review of freezers, the middle freezer contains orange duct tape, is being held down with two syrup bottles, and the freezer contains freezer burnt pot roast and stir fry. Surveyor reported to Director of Nutritional Services L that Surveyor observed ice build-up on all sides of the freezer. Director of Nutritional Services L reported to Surveyor the freezer has been broken for months, and kitchen staff have to chip away at the ice build-up in freezer. Surveyor asked Director of Nutritional Services L if Maintenance Director N was notified of the broken freezer. Director of Nutritional Services L reported to Surveyor Maintenance Director N was informed of the broken freezer 6 months ago.

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	525397	A. Building B. Wing	05/13/2026

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on observation, interview and record review, [NAME] K did not follow a recipe to make pureed and mechanical soft chicken and noodles for 8 of 8 residents who receive pureed and mechanical soft diets out of 58 residents. This resulted in the potential for 4 residents (R22, R46, R54, and R58) not receiving the nutrients necessary at lunch meal to meet nutritional needs and 4 of 15 residents (R14, R29, R53 and R25) verbalized food was not palatable. Findings include: According to the National Food Service Management Institute, recipes will ensure that nutritional values per serving are valid and consistent - nutrients per serving for a recipe can be altered significantly when a recipe is not followed. Example 1 On 05/11/2026 at 11:16 AM, Surveyor observed [NAME] K take chicken pieces out of the oven and place them in a blender. [NAME] K walked over to kitchen sink and filled blender with a little bit of water and [NAME] K started blending chicken with water to make puree. Surveyor observed [NAME] K finish the mixing of chicken and water and then poured mixture into a pan. [NAME] K stated, Puree is complete. On 05/11/26 at 11:28 AM, Surveyor observed [NAME] K, walk over to the kitchen sink and place an unknown amount of water with noodles in the blender. [NAME] K blended mixture, poured pureed noodles into a pan, and placed it on the steam table. Surveyor reviewed facility policy titled, Puree Food Preparation, dated last revised 04/26, which states: .#5. Do not use water as an additive to prepare pureed foods. 7. Puree food preparation guidelines per serving: -Poultry: Add 1 teaspoon chicken broth or chicken gravy. -Noodles: Add 1 teaspoon margarine. On 05/11/26 at 11:33 AM, Surveyor interviewed [NAME] K and asked if there is a puree recipe that [NAME] K follows when preparing pureed foods. [NAME] K stated, There is no recipe, but I just ballpark how much water I need. On 05/11/26 at 11:49 AM-12:15 PM, Surveyor observed [NAME] K prep and serve: -R22 pureed chicken and pureed noodles. -R46 mechanical soft chicken and creamed corn. -R54 mechanical soft chicken and creamed corn. -R58 pureed chicken and pureed noodles. On 05/12/26 at 4:18 PM, Surveyor interviewed Director of Nutritional Services L and asked what the expectation is for [NAME] K to prepare pureed diets. Director of Nutritional Services L reported to (continued on next page)

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Surveyor [NAME] K should follow the puree recipe policy that states adding substitutions when prepping puree such as use of margarine, broth, gravy, or depending on which food is chosen when prepping. Director of Nutritional Services L reported to Surveyor that [NAME] K should not have used water in puree preparation. Example 2 On 05/11/26 at 1:00 PM, Surveyor observed lunch in the first-floor dining room. Three residents (R14, R29, & R53) were attempting to eat their lunch and reported to Surveyor the chicken was very dry, and they were unable to chew/eat it. A 4th resident (R25), who had already received a lunch tray in R25's room prior to this observation, reported to Surveyor R25 only ate the garlic bread, as the chicken was too dry and R25 could not eat it. Surveyor observed R29 as R29 attempted to cut the chicken, and it appeared very dry and tough. Surveyor observed R29 take a bite of chicken, attempt to chew it, and spit it back out. On 05/11/26 at 1:05 PM, Surveyor observed activity staff offering residents snacks and iced coffee while still in the dining room eating lunch. R14, R29, R53, and R25 accepted a snack of a fruit pouch or nutrition bar, and iced coffee in place of lunch. On 05/12/26 at 8:25 AM, Surveyor observed three residents (R14, R29, & R53) eating breakfast. All 3 residents had scrambled eggs which appeared very dark (brown/black) in several areas and appeared hardened in those areas. Surveyor asked all three residents about the eggs. R14 and R53 reported the eggs were burnt. R53 reported the eggs were tough. R8 was present in the dining room and reported to the Surveyor R8 was upset because there was no meat for breakfast and the menu had stated sausage links. No sausage links were observed for any of the residents present in the dining room. R8 was not aware the menu had been changed.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility did not provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections which had the potential to affect all 29 residents on the first floor.-Personal soaps and shampoos were in the basket hanging in the shower.-A disposable razor was present in the basket hanging in the shower.Findings include:Facility policy titled, Shower, last revised 01/2025, includes .Assist the resident to the shower room and bring all necessary supplies .Help the resident back to their room and return personal hygiene products to their designated spot.On 05/11/26 at 11:03 AM, Surveyor observed personal body soaps, shampoo, and a disposable razor present in the basket hanging in the shower on the 112-127 hall shower room. On 05/12/26 at 8:50 AM, Surveyor interviewed Certified Nursing Assistant (CNA) J about what should be done with resident's personal shower toiletries upon completion of a shower. CNA J reported the supplies should be put away when done using them.On 05/13/26 at 10:15 AM, Surveyor interviewed Director of Nursing (DON) B about the expectations of personal shower toiletries. DON B stated all personal supplies should be kept separate. DON B acknowledged personal soaps, shampoos, and disposable razors should not be left in the shower.

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	525397	A. Building B. Wing	05/13/2026

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F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility did not ensure 1 of 15 residents (R5) stored medication safely and securely. R5 was observed to leave nicotine lozenges on the dining room table and not stored safely or securely.Findings include:Facility policy titled, Resident Self-Administration of Medication, last revised 02/2026, includes: The intent of the policy is to support residents who are evaluated as capable of administering their medications while ensuring resident safety, proper oversight, and regulatory compliance.When determining if self-administration is clinically appropriate for a resident, the interdisciplinary team should at a minimum consider the following.the resident's ability to ensure that medication is stored safely and securely.The following conditions are met for bedside storage to occur.the manner of storage prevents access by other residents.On 05/11/26, Surveyor reviewed R5's electronic health record. R5 was admitted to the facility on [DATE].R5's most recent Minimum Data Set (MDS) assessment on 03/26/26 shows a Brief Interview for Mental Status (BIMS) score of 9/15 indicating moderate cognitive impairment.On 05/11/26 at 12:15 PM, Surveyor observed a bottle of Nicotine lozenges on a dining room table left by R5. R5 left the dining room. R14, R29, & R53 were present in the dining room at this time.On 05/11/26 at 12:17 PM, Surveyor observed R5 return to the dining room table.On 05/11/26 12:20 PM, Surveyor observed R5 leaving the dining room, leaving the lozenges on the table unattended.On 05/11/26 at 12:21 PM, Surveyor observed Certified Nursing Assistant (CNA) J enter and exit the dining room. CNA J did not acknowledge the bottle of nicotine lozenges sitting on the dining room table.On 05/11/26 at 12:24 PM, Surveyor observed R5 return to the dining room table.On 05/11/26 at 12:27 PM, Surveyor observed R5 leaving the dining room. On 05/11/26 at 12:30 PM, Surveyor observed R5 return to the dining room table for lunch.On 05/12/26, Surveyor reviewed R5's self-administration assessments. Assessment completed on 10/21/24 indicated R5 was unable to self-administer medications and had been unable prior to admission to the facility. The assessment completed on 06/25/25 indicated R5 was fully capable of ensuring medications were kept in a secure location in R5's room. No quarterly self-administration assessments completed since 06/25/25.On 05/12/26, Surveyor reviewed R5's physician orders which include Nicotine Polacrilex Mouth/Throat Lozenge 4mg. Give 1 lozenge by mouth every 4 hours as needed for smoking cessation.On 05/12/26, Surveyor reviewed R5's Medication Administration Record (MAR) in relation to the administration of the lozenges.In November 2025 1 administration was documented on 11/28/25.In December 2025 1 administration was documented on 12/29/25.In January 2026 1 administration was documented on 01/04/26.In February 2026, March 2026, April 2026, and May 2026, there was no documentation of Nicotine Lozenges administered to R5.On 05/12/16, Surveyor reviewed R5's care plan in relation to self-administering Nicotine lozenges but was unable to find any information.On 05/13/26, at 9:13 AM, Surveyor interviewed Licensed Practical Nurse (LPN) P about self-administered medications. When asked who determines if a resident is able to self-administer medications, LPN P stated the nursing staff interact with the physician if the resident is requesting it and if the physician states it is appropriate, the facility would document it in the resident's care plan. When asked how the medications are monitored, LPN P stated LPN P would usually hang around and talk with the resident or stop back in 10-15 minutes to make sure the medication was taken. When asked about as needed medications, LPN P stated LPN P tries to get the resident to take the medication while LPN P is present. Surveyor asked LPN P how R5's Nicotine lozenges are monitored. LPN P stated R5 keeps the bottle of lozenges with R5 and mostly carries them for comfort. LPN P stated nursing staff usually only give R5 about 10 lozenges in the bottle at a time. LPN P stated they don't count the number of remaining lozenges each shift or each day. Surveyor asked what LPN P would do if LPN P observed the bottle of Nicotine lozenges left on a table unattended. LPN P stated LPN P would take them and put them in the medication cart. LPN P stated LPN P had to re-educate R5 previously on not leaving them out (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525397	A. Building B. Wing	05/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Dove Healthcare - Superior	1800 New York Ave Superior, WI 54880

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F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	unattended and stated R5 is difficult to re-educate. When asked if LPN P would find it appropriate to perform a new assessment in relation to recurrence of leaving the medication unattended, LPN P stated, It might be worth a try.On 05/13/26 at 10:15 AM, Surveyor interviewed Director of Nursing (DON) B about residents self-administering medications. When asked who completes the self-administering assessments, DON B stated DON B and other nurse managers complete the assessments. DON B stated the assessments are based on requests from residents, verified it is appropriate by physician, and observation by the person completing the assessment. DON B stated medication kept in resident rooms are in a lock box which has a key, and nursing has an extra key. When asked how these medications are monitored, DON B stated expectation is nursing staff would keep a log of medication use and the nurses would be checking for compliance. DON B stated the self-administration assessments should be completed quarterly at a minimum. When asked if it would be appropriate for a resident to leave a medication in a common area unattended, DON B stated, It would not be advised. When asked what the expectation is for observing a medication left unattended, DON B stated DON B would give the medication to a nurse, provide the resident with re-education, and complete a new assessment. DON B acknowledged Surveyor's observation of R5's Nicotine lozenges being left unattended in the dining room with no staff intervening. DON B acknowledged there has been no self-administration assessment completed since 06/25/25 and the care plan did not include any interventions related to self-administration of Nicotine lozenges.

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	525397	A. Building B. Wing	05/13/2026

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F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. Based on interview and record review, the facility did not implement policy and procedures related to screening employees for a prior history of abuse, neglect, exploitation of residents, or misappropriation of resident property for 1 (Cook O) of 8 employees reviewed. The facility did not ensure their abuse policy was implemented when one employee's (Cook O) background information disclosure (BID) was not obtained before employee started working at facility. Findings include: The facility's Abuse, Neglect, and Misappropriation of Property policy dated 08/24 indicates, Pre-employment background screening is mandated for all facility employees. On 05/12/26 at 2:45 PM, Surveyor reviewed 8 staff BIDs, which were selected randomly. [NAME] O was hired on 01/15/26. Surveyor was reviewing a BID for [NAME] O. The form was dated 01/15/26 with the question, Have you resided outside the state of Wisconsin in the last 3 years. The box was marked yes and stated in Minnesota. Surveyor reviewed the BID and found no BID was completed for the state of Minnesota. On 05/12/26 at 3:03 PM, Surveyor interviewed Nursing Home Administrator (NHA) A and asked for [NAME] O's BID for living in Minnesota in the last 3 years. NHA A reported that [NAME] O's BID was not reviewed for out of state. NHA A reported the facility is completing the BID now for [NAME] O.

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	525397	A. Building B. Wing	05/13/2026

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility did not develop and implement a comprehensive care plan for one resident (R10) of 15 sampled residents reviewed for comprehensive care plans.The facility did not develop and implement a person-centered comprehensive care plan to address R10's dysphagia (difficulty swallowing) needs. R10's care plan did not include alternative interventions or monitoring guidelines to address R10's choice to not comply with speech therapy recommendations to reduce risks of choking/aspiration. Findings include:R10 was admitted to the facility on [DATE] with diagnoses including unspecified schizophrenia, dementia with behavioral disturbances, avoidant personality disorder and dysphagia. R10 has a Brief Interview for Mental Status (BIMS) score of 03/15 which indicates severe cognitive impairment. R10's care plan, last revised 09/09/2025, with a target date of 05/211/2026, states, Self-care deficit related to weakness, impaired mobility, impaired cognition. [R10] dictates his own care, resistive at times. Interventions for eating include Independent after set up. Between 05/11/2026 at 12:12 PM and 05/13/26 at 8:19 AM, Surveyor observed R10 eating breakfast and lunch meals while in bed, supine (on back) position with head of bed (HOB) elevated to less than 45 degrees. Certified Nursing Assistants (CNA) G set up meal tray on R10's bedside table positioned over the bed at R10's waist level. CNA G did not remain in room during meal. CNA G did not attempt to raise R10's HOB during setting up of R10's meals. On 05/13/2026 at 8:19 AM, Surveyor observed R10 have 3 coughing episodes after drinking a liquid. On 02/09/2024, R10's medical record documents a speech therapy (ST) evaluation completed for R10 with recommendations stating, One to one supervision.bed or chair fully upright. On 11/06/2025, R10's medical record documents a physician order for the following diet: consistent carbohydrate diet, regular - 7 texture [regular, easy to chew], regular/thin fluid consistency. On 05/08/2026, R10's medical record documents a Nutritional Risk Assessment (NRA) completed by a registered dietician (RD) stating, Nutritional risk related to recent incidence of swallowing difficulty with dysphagia diagnosis. On 05/12/2026 at 7:58 AM, Surveyor interviewed CNA G about R10 staying in bed. CNA G indicated R10 refuses to get out of bed. CNA G stated, We put the head of bed up, but he puts it back down. CNA G confirmed R10 was capable of operating bed controls on bed to raise or lower HOB. On 05/13/2026 at 8:26 AM, Surveyor asked Medication Assistant (MA) I and CNA F what position R10 should be in when eating meals in bed. MA I stated, We try to put it up and he yells at us and puts it back down. MA I stated R10 complains of pain when HOB is elevated and prefers to lay flat. CNA F stated, You don't want to be on his bad side, referring to R10's history of aggressive behaviors of yelling and resisting cares. On 05/13/2026 at 8:22 AM, Surveyor interviewed R10 on preferences while eating in bed. R10 stated, Do you know how hard it is when I can only bend my neck? Surveyor asked R10 if he was able to change the elevation of HOB, and R10 pointed to the bed control panel located to R10's left side and stated, I don't want to mess it up. R10 became agitated during conversation and Surveyor was unable to further complete interview. Surveyor reviewed R10's medical record. R10's care plan did not identify R10's preference to eat all meals in bed. R10's care plan did not have approaches or interventions in place for R10 's preference to eat all meals in bed. R10's care plan did not have alternative approaches/interventions in place if R10 refused to have HOB elevated while eating meals in bed. R10's care plan did not have approaches/interventions in place for monitoring for risk of R10 choking or aspirating foods/liquids secondary to dysphagia while eating meals in bed. On 05/13/2026, Surveyor asked Director of Nurses (DON) B who can add or make changes to a resident's care plan. DON B stated staff notify DON B or the nurse manager if changes need to be made and it is done as needed or at a minimum quarterly. DON B could not provide Surveyor with care plan approaches or interventions for R10's refusal to get up for meals, or have HOB elevated during meals to ensure proper positioning to prevent choking/aspiration. DON B stated (continued on next page)

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	525397	A. Building B. Wing	05/13/2026

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R10's care plan should include R10's preferences for meals, as well as monitoring tools for risks of R10 choking or aspirating.

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	525397	A. Building B. Wing	05/13/2026

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility did not ensure a resident with limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion for 1 of 3 residents (R) reviewed for mobility/positioning (R34).-R34 requested a trapeze for bed mobility assistance, and it was not addressed timely.-R34 has a trapeze in place with no assessment conducted or documentation of R34 having a trapeze.-R34 had a decrease in bed mobility during Minimum Data Set (MDS) Assessment dates of 10/31/25 to 01/26/26.Findings include:Facility policy titled, Use of Assistive Devices, last revised 04/2026, includes: Facility staff will provide appropriate assistance to ensure hat the resident can use the assistive devices safely. This may include assessment, education, or therapy sessions for training on the use of the device, set up assistance, supervision, or physical assistance as needed.On 05/11/26 at 9:48 AM, Surveyor interviewed R34 in relation to bed mobility. R34 reported it was difficult to get things requested at times and stated R34 finally got a trapeze to help with bed mobility after asking for 6 months. Surveyor observed R34's bed has a trapeze and half-side rails on both sides of the bed that are used for bed mobility.On 05/12/26 at 7:00 AM, Surveyor reviewed R34's medical record. R34 was admitted to the facility on [DATE].R34's most recent MDS assessment, completed on 03/10/26, showed a Brief Interview for Mental Status (BIMS) score of 14/15 indicating no cognitive impairment.Surveyor reviewed R34's progress notes, physician orders, and care plan, and noted no information regarding the trapeze. Surveyor reviewed R34's MDS assessments from 10/31/25 and 01/22/26 in relation to bed mobility and noted a decline from substantial/max assist to dependent.On 05/12/26 at 12:34 PM, Surveyor interviewed Certified Nursing Assistant (CNA) J about how a resident would obtain an assistive device for bed mobility. CNA J stated if a resident requested an assistive device such as side rails or a trapeze, CNA J would let therapy know so they could do an evaluation. CNA J stated CNA J would also talk to nursing to have them assess if a trapeze would be safe and necessary.On 05/12/26 at 12:45 PM, Surveyor interviewed CNA R about assistive devices. CNA R stated CNA R would tell therapy if applicable, if a resident asked for a trapeze or side rails. CNA R stated CNA R would also tell the nurse. If found to be appropriate, CNA R stated CNA R would tell maintenance so they can put it in place. CNA R believes R34 has had the trapeze for about 3-4 weeks, and it is working well for R34.On 05/12/26, Surveyor reviewed R34's assessments, which indicated a side rail re-assessment was completed on 05/11/26. No documentation regarding a trapeze assessment.On 05/12/26 at 1:39 PM, Surveyor interviewed Director of Rehab Services (DRS) E about assessing residents for assistive devices for bed mobility. DRS E stated when a resident is admitted , DRS E or another therapy staff will complete an assessment to see if side rails are appropriate. DRS E stated they don't complete assessments for a trapeze. DRS E stated if therapy feels a trapeze would be beneficial, they will get one for a resident. When asked about R34's trapeze, DRS E stated DRS E was not aware R34 had one. DRS E stated DRS E did not see it while completing the assessment on 05/11/26.On 05/12/26 at 2:57 PM, Surveyor interviewed CNA C about R34's trapeze. CNA C stated R34's trapeze has been on R34's bed for about a month and a half and maintenance placed it. CNA C was unsure about how long R34 had been asking for one but did state there was talk prior to R34 receiving one.On 05/12/26 at 3:00 PM, Surveyor interviewed DRS E about any further information about R34's trapeze. DRS E stated DRS E did find out Maintenance Technician (MT) S placed the trapeze for R34. MT S had asked Occupational Therapist (OT) T if it would be appropriate for R34's bed. DRS E stated DRS E spoke with R34 and R34 stated the trapeze is helping with bed mobility. DRS E told Surveyor the trapeze was placed on 03/26/26. DRS E stated DRS E remembers CNAs (not sure which ones) reporting R34 wanted a trapeze about 2-3 months prior and stated, I guess it never really went anywhere. DRS E stated a therapy assessment will be conducted (continued on next page)

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	525397	A. Building B. Wing	05/13/2026

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	in relation to the trapeze to make sure it is appropriate.On 05/13/26 at 9:21 AM, Surveyor interviewed OT T about R34's trapeze. OT T stated MT S had been looking for a trapeze for R34 and asked if OT T thought the one found would work for R34's bed. OT T stated OT T figured MT S had a work order for it. OT T stated OT T had never worked with R34.On 05/13/26 at 9:30 AM, Surveyor interviewed MT S about R34's trapeze. MT S stated MT S was asked to place a trapeze on R34's bed but could not recall who asked MT S to do so. MT S stated that MT S placed the trapeze on 03/26/26. MT S stated orders are given to MT S through text messages, by word of mouth, and sometimes in passing.On 05/13/26 at 10:15 AM, Surveyor interviewed Director of Nursing (DON) B about assistive devices for bed mobility. DON B stated DRS E assesses residents for such devices. DON B stated if deemed appropriate, someone from maintenance would be informed, take measurements, get the parts, and put the device in place. When asked about documentation, DON B stated the provider would be updated, a progress note would be placed in the resident's medical record, and the information would be added to the care plan. DON B stated that R34 had asked for a trapeze several months prior to receiving one. DON B acknowledged R34 had no documentation in the progress notes, orders, or care plan regarding the trapeze. DON B acknowledged an assessment was not completed in relation to the trapeze and R34 had a decline in bed mobility prior to receiving the trapeze.

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	525397	A. Building B. Wing	05/13/2026

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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 observation, interview and record review, the facility failed to ensure supervision to prevent choking for 1 (R10) of 15 residents reviewed. R10 was assessed to require supervision with meals due to choking risk. R10 did not have supervision in place and observations were made of R10 coughing with meals.Findings include:R10 was admitted to the facility on [DATE] and has diagnoses of unspecified schizophrenia, dementia with behavioral disturbances, avoidant personality disorder and dysphagia. R10 has a Brief Interview for Mental Status (BIMS) score of 03/15 which indicates severe cognitive impairment. R10 does not have a documented care plan for risk of choking or aspiration related to dysphagia. On 05/08/2026, a Nutritional Risk Assessment (NRA) done by a Registered Dietician (RD) Q stated, Nutritional risk related to recent incidence of swallowing difficulty with dysphagia diagnosis. A therapy referral was placed by RD Q for a speech therapy screening to be done related to swallowing difficulties on CNA task documentation. CNA task documentation for R10 included a question, Did the resident choke or cough during the meal or when swallowing meds? During a 30 day look back period, CNAs documented yes on 3 separate dates. On 05/13/2026 at 8:19 AM, Surveyor observed R10 having 3 coughing episodes after drinking a liquid while lying in bed eating breakfast and head of bed (HOB) elevated to less than 45 degrees. R10 did not have dentures in place. On 05/12/2026 at 7:58 AM, Surveyor interviewed CNA G about R10 lying in bed. CNA G indicated R10 refuses to get out of bed. CNA G stated, We put the head of bed up, but he puts it back down. On 05/13/2026 at 8:26 AM, Surveyor asked medication assistant (MA) I and CNA F what position R10 should be in when eating meals in bed. MA I stated, We try to put it up and he yells at us and puts it back down. On 05/12/2026, Director of Rehabilitation Services (DRS) E, who is also an Occupational Therapist (OT), performed a speech therapy screening on R10. DRS E's documentation states, The reason for screen is due to a staff referral/recommendation for a screen. Speech therapy is not indicated at this time.discussed with CNAs and nursing. They report no current issues with swallow.no speech language pathology intervention warranted at this time.On 05/13/2026 at 11:00 AM, Surveyor interviewed DRS E and asked what the facility screening process is for residents who have a referral for therapy services. DRS E stated staff communicate a referral request when concerns are identified via a paper form titled Hey Therapy Form. DRS E stated OT can perform speech therapy screenings and make recommendations if speech therapy evaluations are indicated by observation of the resident during meals and it must be a hands-off approach. DRS E stated the screening cannot last longer than 15 minutes duration. DRS E stated a resident with a known history of dysphagia would be a concern for aspiration or choking and their HOB should be always elevated. DRS E confirmed a speech therapy screening was done by DRS E that day and no actual observation of R10 was done. DRS E stated the decision for no speech therapy evaluation for R10, was determined through DRS E's interviews with CNAs and nurses working that day who had not personally witnessed R10 coughing/choking. DRS E confirmed there was CNA task documentation of R10 having 3 witnessed coughing/choking episodes within the past 30 days. DRS E stated, I did not talk to the resident, and I should have. DRS E confirmed an observation of R10 during meals should have been conducted before deciding no further interventions were warranted.