STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525403	A. Building B. Wing	06/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Clark County Rehabilitation & Living Center	W4266 County Highway X Owen, WI 54460

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 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to organize and participate in resident/family groups in the facility. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews, record review and policy review, the facility failed to ensure that residents were provided timely updates of concerns voiced at resident council meetings for three residents (Residents (R) 8, R9 and R10) of 13 sampled residents. Failing to update residents of measures taken to address their concerns, demonstrated their lack of knowledge of ensuring resident council was used for what it was intended, an opportunity for residents to voice their concerns and have adequate follow-up. Findings include: Review of the facility policy titled, Resident Voice/Council Policy, modified 06/11/25, revealed, It is the policy of this facility to ensure that all residents have a consistent, respectful; and structured opportunity to share feedback, voice concerns . to improve their quality of life and care within the facility . Responses and updates will be shared with residents during the next meeting. 1.Review of the admission Record under Profile tab, located in the electronic medical record (EMR), revealed R8 was admitted on [DATE] with diagnoses that included multiple sclerosis. Review of the annual Minimum Data Set (MDS), located under the MDS tab in the EMR, with an assessment reference date (ARD) date of 05/03/25 revealed R8 had a BIMS score of 15 out of 15 which revealed R8 was cognitively intact. 2. Review of the admission Record under Profile tab, in the EMR, revealed R9 admitted on [DATE] with diagnoses that included quadriplegia. Review of the quarterly MDS, located under the MDS tab in the EMR, with an ARD date of 04/26/25 revealed R9 had a BIMS score of 15 out of 15 which revealed R9 was cognitively intact. 3. Review of the admission Record under Profile tab, R10 admitted on [DATE] with diagnoses that included coronary artery disease. Review of the annual MDS, located under the MDS tab in the EMR, with an ARD date of 04/23/25 revealed R10 had a BIMS score of 15 out of 15 which revealed R10 was cognitively intact. Review of the Resident Voice Minutes provided by the facility, revealed residents stated during the meetings held on 08/01/24, 09/05/24 and 10/03/24 residents could Hear staff talk about other residents. (continued on next page)

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
	525403	A. Building B. Wing	06/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Clark County Rehabilitation & Living Center	W4266 County Highway X Owen, WI 54460

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 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Resident Voice Minutes provided by the facility revealed residents stated during the meetings held on 10/03/24 and 11/07/24, they need more staff. Review of the Resident Voice Minutes provided by the facility, revealed residents stated during the meetings held on 01/02/25, 02/06/25 and 04/03/25, call lights waiting too long. Review of the Resident Voice Minutes provided by the facility, revealed during the 03/06/25 meeting and the 05/01/25 meeting call light waiting times were too long were addressed at the NCC (Nurse Care Coordinator) meeting. During a group interview on 06/09/25 at 2:30 PM, R8, R9, and R10, stated they often have to wait for call lights up to thirty minutes. They stated they feel like the facility never has enough staff to help and administration never comes and talks to them about it. During an interview on 06/10/25 at 10:00 AM, R9 stated, There are never enough staff. He stated he had never seen the administrator to know what is going on. During an interview on 06/11/25 at 10:21 AM, the Director of Nursing (DON) stated that she does not attend Resident Council but did when she first started in the role as DON. She stated she was not aware when it occurred but stated, I should go. During an interview on 06/11/25 at 10:44 AM, the Activity Director (AD) stated she does not document any conversations she has had with specific residents regarding their concerns voiced in Resident Council. During an interview on 06/11/25 at 11:05 AM, R10 stated she always attends Resident Council and the concern about not enough staff is frequently mentioned. She stated the Activity Director (AD) states, We'll check it out. R10 stated it is not mentioned again. R10 stated it is important to her that they give updates in Resident Council about staffing. R10 stated the lack of staff does impact her breakfast. R10 stated that she would like coffee around seven in the morning but both yesterday (06/10/25) and this morning (06/11/25) when she went to the dining room, there was no one to get her coffee and the lights were off. R10 stated she came back to her room. R10 stated that she went back to the dining room at 7:25 AM and was able to get coffee. R10 stated breakfast should be served at 7:15 AM. During an interview on 06/11/25 at 12:24 PM, Case Manager (CM) stated the social services department is responsible for grievances and concerns. CM stated they do not have a formal process for following up with residents when a concern is voiced in resident council. The CM stated if a resident brought up staffing concerns in resident council the AD would notify nursing. CM stated social services would not be involved in anything related to staffing.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525403	A. Building B. Wing	06/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Clark County Rehabilitation & Living Center	W4266 County Highway X Owen, WI 54460

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, staff interviews, and policy review, the facility failed to protect residents from resident-to-resident verbal and physical abuse for three (Residents (R)3, R7, R4) of 13 sampled residents. This failure had the potential to create an environment where other residents had the potential to be abused. Findings include: Review of the undated facility policy titled, Abuse Neglect, Mistreatment & Misappropriation of Resident Property Policy & Procedure, revealed . It is the policy of this facility to prevent abuse by providing residents, families and staff information and education on how and to whom to report concerns, incidents and grievances without the fear of reprisal or retribution 1. According to the admission Record under Profile tab, in the electronic medical record (EMR), R3 admitted on [DATE] with diagnoses that included dementia. R3 discharged from the facility 05/15/25. Review of the quarterly Minimum Data Set (MDS), located under the MDS tab in the EMR, with an assessment reference date (ARD) of 03/08/25 revealed R3 had a Brief Interview for Mental Status (BIMS) score of 3 out of 15, which revealed R3 was severely cognitively impaired. According to admission Record under Profile tab, R7 admitted on [DATE] with diagnoses that included chronic obstructive pulmonary disease. R7 discharged from the facility on 06/06/25. Review of the quarterly MDS, located under the MDS tab in the EMR, with an ARD date of 05/30/25 revealed R7 had a BIMS score of 15 out of 15, which revealed R7 was cognitively intact. He had behavioral symptoms directed towards others one to three days during the review period. He rejected care one to three days during the review period and wandered one to three days. He was independent with mobility and Activities of Daily Living (ADL). Review of Misconduct Incident Report provided by the facility dated 04/20/25 revealed, On April 20, 2025, [Registered Nurse Supervisor], informed [Director of Nursing (DON) name], about a suspected altercation between [R7] and [R3]. [Certified Nurse Aide (CNA) Name] overheard yelling and shuffling in the hallway. [CNA] immediately responded, and upon his arrival, he witnessed [R3] falling backwards. [R7] was standing at the doorway of his room, and the med(ication) cart was between them. After the investigation, there is no evidence of a physical altercation, but a reaction to a verbal altercation. [R7] was yelling threatening statements towards [R3], and [R3] pushed the med(ication) cart towards [R7] and [R3] lost his balance and fell backwards. [R3] sustained a bruise and an abrasion on his back. 2. According to the admission Record under Profile tab, R4 admitted on [DATE] with diagnoses that included dementia. Review of the quarterly MDS, located under the MDS tab in the EMR, with an ARD date of 05/23/25 revealed R4 had a BIMS score of 9 out of 15 which revealed R4 was moderately cognitively impaired. He had wandering behaviors one to three days during the review period. He required supervision with most ADLs and required supervision with mobility. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525403	A. Building B. Wing	06/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Clark County Rehabilitation & Living Center	W4266 County Highway X Owen, WI 54460

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	According to the admission Record under Profile tab, in the electronic medical record (EMR), R3 admitted on [DATE] with diagnoses that included dementia. R3 discharged from the facility 05/15/25. Review of the quarterly MDS, located under the MDS tab in the EMR, with an ARD of 03/08/25 revealed R3 had a BIMS score of 3 out of 15, which revealed R3 was severely cognitively impaired. Review of Misconduct Incident Report provided by the facility dated 04/25/25 revealed, The CNA was doing rounds in another resident's room when she heard [R3] yelling for help. She immediately went to [R3's] room, found [R4] standing over him, and observed [R4] hitting [R3] in the face. [R4] was immediately assisted back to his room and placed on 1:1 supervision. [R4] believed [R3] was in his bed. Law enforcement called. [police officer name] [who] arrived at 5:50 am to investigate. Case #250307. Arrangements are being made to move [R3] off the unit. [R4] will have 1:1 [one to one] supervision until the room change occurs. In addition, a door alarm will be on his [R4] door to alert staff when he exits his room. When leaving his room, [R4] will be in line of sight and away from his peers. Five residents reside in this unit. All residents were interviewed. All residents reported feeling safe and did not feel afraid of anyone, except for [R3], who expressed being afraid, yes, because he was attacked. [DON] and [Administrator], were notified. [R4] recently saw neurology, and had a recent reduction in his Carbidopa-Levodopa. This might be a contributing factor to his impulsive behavior. During an interview on 06/11/25 at 5:25 PM, the DON confirmed these incidents occurred and agreed that the incident between R7 and R3 and R3 and R4 were physical and verbal abuse.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525403	A. Building B. Wing	06/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Clark County Rehabilitation & Living Center	W4266 County Highway X Owen, WI 54460

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, staff interviews, and policy review, the facility failed to complete a thorough investigation when receiving abuse allegations from residents for two residents (Residents (R)6 and R5) out of 13 sampled residents. Failing to interview other residents to complete a thorough investigation, had the potential to increase a resident's risk of abuse. Findings include: Review of the undated facility policy titled, Abuse Neglect, Mistreatment & Misappropriation of Resident Property Policy & Procedure, revealed, When an incident or suspected incident of abuse is reported, the Administrator or designee will investigate the incident .The investigation will include .Resident statements . According to the admission Record under Profile tab in the electronic medical record (EMR), R5 admitted on [DATE] with diagnoses that included palliative care. Review of the quarterly Minimum Data Set (MDS), located under the MDS tab in the EMR, with an Assessment Reference Date (ARD) of 05/07/25 revealed R5 had a Brief Interview Mental Score (BIMS) score of 15 out of 15 which revealed R5 was cognitively intact. According to the admission Record under Profile tab, in the EMR, R6 admitted on [DATE] with diagnoses that included acute kidney failure. Review of the quarterly MDS, located under the MDS tab in the EMR, with an ARD of 05/03/25 revealed R6 had a BIMS score of 15 out of 15 which revealed R5 was cognitively intact. Review of Misconduct Incident Report provided by the facility dated 06/04/25 revealed A resident-to-resident altercation occurred between [R5] and [R6]. [R5] was sleeping in his bed when his roommate [R6] woke him up, looking for the TV remote- While [R5] was searching for the remote in his bed, [R6] found the remote on [R5] bedside table and said, It's right freaken [sic] there. [R5] stated. How should I know you were searching for it? [R6] interpreted [R5] as being cocky and struck [R5] in the head with his remote. [R5] expressed being fearful for [sic] [R6]. Law enforcement was called. Case #250411. [R6] and [R5] were separated immediately. [R5] was assessed for injury. [R6] transferred into a private room in a different unit. [Administrator], Director of Nuring [DON], [Assistant DON] and Director of Social Services were notified immediately of the incident. During an interview on 06/10/25 at 2:45 PM, Registered Nurse (RN) 1 stated she was there the night of the incident. RN 1 stated that staff heard the two residents and could tell something was going on. They moved R6 to the other side of the building and then moved him downstairs the following day. RN 1 stated no one had told her to interview other residents or provide education to staff. RN 1 stated that she had never had any other incidents with R6 and believed this was an isolated incident. During an interview on 06/11/25 at 3:44 PM, the DON stated they had not completed any other investigations for the incident between R5 and R6. The DON stated she did not think it was necessary because it was an isolated event.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525403	A. Building B. Wing	06/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Clark County Rehabilitation & Living Center	W4266 County Highway X Owen, WI 54460

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 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 failed to ensure one out of 13 sample residents (Resident (R)1) was provided with care and services in accordance with the care plan to maintain the highest practicable physical, mental, and psychosocial well-being. R1 expressed the desire to kill herself; a Certified Nursing Assistant (CNA) failed to implement the care plan interventions and did not notify the nurse on duty or the Nurse Care Coordinator (NCC) of R1's suicidal statements. R1 was alone in her room and was not assessed by a nurse to determine what measures might be needed as directed in the care plan. Findings include: Review of the undated admission Record in the electronic medical record (EMR) under the Profile tab revealed R1 was admitted to the facility on [DATE]. Review of the Diagnoses tab in the EMR revealed R1 had diagnoses including mild cognitive impairment, legal blindness, abnormality of gait and mobility, osteoarthritis, and anxiety disorder. Review of the quarterly Minimum Data Set (MDS) with an assessment reference date (ARD) of 04/12/25 in the EMR under the MDS tab documented R1 being intact in cognition with a Brief Interview for Mental Status (BIMS) score of 13 out of 15. R1 was identified as having delusions, and both verbal behavioral symptoms towards others as well as other behavioral symptoms not directed toward others four to six days of the seven-day assessment period. During an observation on 06/09/25 at 12:06 PM, Surveyor entered the locked female dementia unit where seven female residents resided. Immediately upon entrance to the unit, Surveyor heard a resident yelling, Help me, repeatedly from R1's room several doors down the hallway. Observation revealed the door to the room was completely closed. During an interview on 06/09/25 at 12:08 PM, Certified Nursing Assistant (CNA)7 stated R1 was the resident yelling Help me and she was hallucinating, was anxious, and inconsolable today. On 06/09/25 at 12:09 PM, Surveyor knocked, asked permission, and entered R1's room. R1 was sitting in a recliner chair in a reclined position with her feet up on the footrest alone. CNA7 entered the room and R1 stated she left Walmart this morning and CNA7 stated she would contact R1's guardian after Surveyor was finished visiting with her. CNA7 left the room. R1 stated she did not want to be in the facility and became tearful. R1 stated she was confused and she just wanted to die. Then R1 stated she wanted to kill herself and repeated this statement several times. R1 continued to cry and stated she did not know what to do, was confused where she was, and wanted to get out of the facility. R1 stated she did not want to live anymore and again stated she wanted to kill herself. Surveyor stated she would get staff to come and talk with her. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525403	A. Building B. Wing	06/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Clark County Rehabilitation & Living Center	W4266 County Highway X Owen, WI 54460

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Upon leaving the room on 06/09/25 at 12:24 PM, CNA8 was standing in the hallway outside R1's room. She and CNA7 were the only staff on the unit. The surveyor informed CNA8 that R1 stated she wanted to kill herself. CNA8 stated R1 was like that every day and was disruptive and riled up other residents. CNA8 stated when R1 was like that, she removed R1 from the common area and took her to her room so she would not agitate the other residents. When asked what else she was supposed to do when R1 expressed suicidal thoughts, CNA8 stated she would ask R1 what she needed and try to talk her down. Review of the Care Plan dated 07/08/21 in the EMR under the Care Plan tab revealed the problem of Psychopharmacological medication/behavior was identified. R1 was, diagnosed with post traumatic brain injury cognitive disorder . The Care Plan revealed, [R1] has hx [history] of chronic suicidal ideation and hx of past attempts/self-harm behaviors . The Care Plan revealed, If/when [R1] expresses the wish to die or wish to harm herself or others or makes attempts to harm herself or others, DO NOT leave alone, immediately notify RN [Registered Nurse], NCC [Nurse Care Coordinator] /RN Supervisor. Provide 1:1 [one to one] until suicidal intent or intent to harm others has been assessed. Provide active and supportive listening, help [R1] identify coping strategies. Ask RN to assess for safety. RN will complete further assessment and implement further interventions as appropriate . Review of Progress Notes dated 06/09/25 (reviewed on 06/10/25), in the EMR under the Progress Notes tab did not include documentation of R1 stating she wanted to kill herself. Review of CNA documentation POC [Point of Care] Response History for the behavior of R1 expressing a wish to die and passive suicidal statements revealed two entries on 06/09/25 at 1:00 PM and 2:00 PM. During an interview on 06/10/25 at 10:31 AM, CNA7 stated R1 was confused on 06/09/25. CNA7 stated it was typical for R1 to say she wanted to kill herself. She stated the CNAs documented these statements in the kiosk as well as interventions such as asking what they could do for her, and if she needed something. CNA7 stated R1 had not tried to kill herself. CNA7 stated when R1 was disruptive, she was placed in her room so she would not bother the other residents. During an interview on 06/10/25 at 11:01 AM, Registered Nurse (RN)2 stated she was the nurse on duty on 06/09/25 during the day and she had not been notified of R1's statements of wanting to kill herself. RN2 stated staff should reassure R1 if she expressed suicidal thoughts and make sure there was no plan by the resident. RN2 verified she would have assessed R1 had she been notified of suicidal statements and verified R1 should not be left alone when she made suicidal statements. RN2 stated R1 utilized plastic silverware and had a short call light cord as ongoing safety measures. During an interview on 06/10/25 at 11:18 AM, CNA11 stated R1 frequently stated she wanted to kill herself. CNA11 stated if R1 made this statement continuously, a one-to-one observation might be implemented and she would be brought out of her room so she was not alone. During an interview on 06/11/25 at 3:37 PM, Nurse Care Coordinator (NCC)1 stated R1 was declining in cognition and becoming more confused. NCC1 stated no one had notified her that R1 was expressing suicidal thoughts on 06/09/25 and she verified she had been on duty. NCC1 verified she should have been notified or the staff nurse (RN2) should have been notified and a Registered Nurse (RN) should have completed an assessment and monitored the resident for self-harm. R1's social service staff member was unavailable for interview. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525403	A. Building B. Wing	06/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Clark County Rehabilitation & Living Center	W4266 County Highway X Owen, WI 54460

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 06/12/25 at 4:30 PM, the Director of Nursing (DON) indicated R1's care plan should be implemented. The DON stated if the care plan directed the CNAs to not leave the resident alone, to notify the nurse, and for the nurse to assess the resident when she expressed suicidal ideation, that is what the staff should do.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525403	A. Building B. Wing	06/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Clark County Rehabilitation & Living Center	W4266 County Highway X Owen, WI 54460

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 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, record review and policy review, the facility failed to ensure two out of two sampled residents at risk for falls and reviewed for alarm use (Resident (R)1 and R4) were not consistently provided with non-alarm interventions prior to the implementation of multiple alarms or following the implementation of alarms, that were implemented to prevent falls/accidents. Five separate alarms were utilized for R1 and four separate alarms were utilized for R4, without a reduction plan in place. A gait belt was not consistently used and the care plan was not followed regarding notifying the nurse if R1 refused the gait belt. This created the potential for residents to experience emotional distress due to the noise level and potential for falls due to being startled by the sound of the alarms. Findings include: Review of the undated Fall Prevention policy and provided by the facility revealed, The [facility name] strives to minimize resident falls and related injuries through a fall management program whose purpose is . To develop effective interventions to prevent falls and minimize injury . When there are multiple contributing factors and/or a root cause is still being determined; the use of a bed or chair alarm may be appropriate pending other interventions. -Bed alarms that are connected to the call light system are preferred to prevent emotional distress due to the noise level. These are known as silent bed alarms. -Continued use or discontinuation of chair or bed alarms will be reviewed during care conferences and PRN [as needed]. -The IDT [interdisciplinary team] will review the potential for elimination of any type of alarm used for the purpose of fall reduction while developing other strategies. Review of the Safety: Bed Check Sensormat and Chair Sensormat policy, dated 02/16/10, and provided by the facility revealed, The Bed Check and Chair Sensormat is used as part of and in conjunction with a comprehensive fall prevention program and is intended to augment but not replace any fall prevention measures or caregiver's vigilance . It remains the responsibility of the assessment team to identify reasons for the resident's attempts to self-transfer and minimize the risk of a fall through interventions directed at meeting those identified needs. Bed sensor and chair sensor alarms will be utilized on a short-term basis during the assessment period and discussions will be held with the guardian or POA-HC [Power of Attorney Health Care] on their use during the quarterly and annual care conferences . 1. Review of the undated admission Record in the electronic medical record (EMR) under the Profile tab revealed R1 was admitted to the facility on [DATE]. Review of the Diagnoses tab in the EMR revealed R1 had diagnoses including mild cognitive impairment, legal blindness, abnormality of gait and mobility, osteoarthritis, and anxiety disorder. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525403	A. Building B. Wing	06/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Clark County Rehabilitation & Living Center	W4266 County Highway X Owen, WI 54460

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the quarterly Minimum Data Set (MDS) with an assessment reference date (ARD) of 04/12/25 in the EMR under the MDS tab documented R1 being intact in cognition with a Brief Interview for Mental Status (BIMS) score of 13 out of 15. R1 required assistance with activities of daily living (ADLs) including partial/moderate assistance with toileting and personal hygiene. R1 used a walker and wheelchair for mobility and was impaired in range of motion to both lower extremities. R1 was frequently incontinent of urine. R1 was not coded as using restraints; however, she was coded as utilizing a bed alarm, chair alarm and motion sensor on a daily basis. R1 had experienced one fall since the previous MDS assessment. During an observation on 06/09/25 at 12:06 PM, Surveyor entered the locked female dementia unit where seven female residents resided. Immediately upon entrance to the unit, the surveyor heard a resident yelling, Help me repeatedly from her room several doors down the hallway. Observation revealed the door to the room was completely closed. On 06/09/25 at 12:09 PM, Surveyor knocked, asked permission, and entered R1's room and an alarm sounded a loud beep, beep, beep that continued to go off and the resident stated she did not know what the noise was. The alarm was loud and prevented conversation with R1 until CNA7 entered the room shortly thereafter to turn off an alarm positioned on the floor. R1 was sitting in a recliner chair in a reclined position with her feet elevated at this time. CNA7 stated, after entering the room at 12:11 PM, that the rectangular device on the floor was a motion sensor alarm that had been activated when the surveyor entered the room. CNA7 stated the alarm was used to alert staff when R1 was trying to get out of the recliner or bed unassisted and that R1 was unsteady, blind, and had a history of self-transfers and falls. Observations revealed R1's wheelchair, in the room, had a Tab alarm (device clipped to the resident's clothing to alert staff when a resident is attempting to get out of bed, chair or wheelchair) attached to it. During an observation on 06/11/25 at 4:04 PM, Surveyor and Nurse Care Coordinator (NCC)1 entered R1's room. R1 was sitting in her recliner with her feet elevated. R1 stated she knew there were alarms in place; however, denied getting up out of her chair unassisted. NCC1 showed the surveyor all of R1's alarms that were in use. Observations confirmed with NCC1 revealed five alarms in use: there was an alarm on the floor that sounded a loud beep when activated by motion (getting out of the chair or bed); there was a sensor pad alarm on the seat of R1's wheelchair that sounded a loud beep if the resident tried to get up; there was a Tabs alarm on the wheelchair attached to the chair that would be clipped to R1's clothing that sounded a loud beep when activated by getting up; there was a wireless silent pad on the bed that activated to the staff without making noise, and there was a sensor pad alarm on the seat of R1's recliner that activated a loud beep if she attempted to get out of the chair. During an interview on 06/12/25 at 4:30 PM, the Director of Nursing indicated R1's alarms were initiated as follows: -Bed and chair alarms on 07/08/21; -Chair alarm in recliner to be placed in whatever chair R1 was sitting in, on 07/20/23; -Tabs alarm in wheelchair on 09/15/24; -Floor alarm on 03/15/25. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525403	A. Building B. Wing	06/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Clark County Rehabilitation & Living Center	W4266 County Highway X Owen, WI 54460

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Quarterly Alarm Assessments provided by the facility for the past year revealed one of the three assessments was missing. a. Review of the MDS Assessment, Section A. Alarm Assessment dated 07/10/24, and provided by the facility revealed R1 utilized a chair alarm and a bed alarm (R1 utilized two chair alarms (Tabs and Sensor), and a Sensor Bed alarm). The reason for alarm use was attempting to self-transfer, poor safety awareness and restless/impulsive. Strategies and alternatives attempted included a floor mat, repositioning toileting, and scheduled pain medication. The alarms were documented as being effective and did not negatively affect the resident, with a decision to continue their use. There was no documentation regarding attempts to decrease alarm use or assessment of the concurrent use of multiple alarms. c. Review of the MDS Assessment, Section A. Alarm Assessment, dated 10/09/24, and provided by the facility documented a chair alarm, bed alarm, and floor mat alarm. R1 was noted to have a lack of safety awareness and tried to self-transfer and ambulate. The alarms were documented as being effective and a decision was made to continue their use. There was no documentation regarding attempts to decrease alarm use or assessment of the concurrent use of multiple alarms. d. Review of the MDS Assessment, Section A. Alarm Assessment, dated 04/14/25, documented use of a chair alarm and a motion sensor of the floor (R1 utilized a Tabs and Sensor alarm in the chair, a silent bed alarm, and a floor motion sensor alarm). Reasons included unsteady gait, sliding out of the chair, attempting to self-transfer, and poor safety awareness. The section for strategies and alternatives attempted was blank as was the section for diagnosis and/or symptoms to justify alarms. Alarms were documented as being effective. There was no documentation regarding attempts to decrease alarm use or assessment of the concurrent use of multiple alarms. There was no documentation that the Alarm Assessment had been completed in January 2025. Review of the Care Plan revised on 05/09/25, in the EMR under the Care Plan tab revealed a problem of, [R1] is at risk for falls r/t [related to] gait/balance problems, hypotension, psychoactive drug use, unaware of safety needs, vision/hearing problems. The goal was, [R1] will be free of falls through the review date. Interventions in full were: -Anticipate and meet the resident's needs (initiated 07/08/21). -Be sure the resident's call light is within reach and encourage the resident to use it for assistance as needed. The resident needs prompt response to all requests for assistance (07/08/21). -Chair alarm in recliner in her room. The alarm needs to also be brought out with her to the dining room and placed on whatever chair she sits in out there (initiated 07/20/23). -Dycem (non-slip material) to recliner (initiated 07/23/23). -Educate resident the importance of resting in bed at night to elevate lower extremities (initiated 06/23/24). -Educate the resident/family/caregivers about safety reminders and what to do if a fall occurs (initiated 07/08/2). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525403	A. Building B. Wing	06/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Clark County Rehabilitation & Living Center	W4266 County Highway X Owen, WI 54460

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Follow facility fall protocol (initiated 07/08/21). -Pt [physical therapy] evaluate and treat as ordered or PRN (initiated 07/08/21). -Review information on past falls and attempt to determine cause of falls. Record possible root causes. Alter remove any potential causes if possible. Educate resident/family/caregivers/IDT as to causes. (initiated: 07/08/21). Tabs alarm while sitting in room eating. Floor alarm while in room in recliner or bed. Ensure motion floor alarm is in place when doing safety checks (initiated: 09/13/24). -Transfer: Assist 1 with FWW [front wheel walker], gait belt on with all transfers for resident safety (initiated: 07/17/24). Review of the Fall assessment, dated 06/01/24, and provided by the facility revealed R1 was found on the floor in her room after trying to get up from the recliner without lowering the footrest; she was trying to go to the toilet. The chair alarm was in place, however, had not been effective in preventing the fall. Review of the Fall assessment, dated 07/16/24, and provided by the facility revealed R1 fell while washing her hands with a Certified Nursing Assistant present. R1, was drying her hands with a paper towel and lost her balance and fell on the floor. R1 was not wearing a gait belt. The immediate intervention to be put into place was to use a gait belt during all transfers. Review of the Fall assessment, dated 08/02/24, and provided by the facility revealed R1 refused the gait belt and fell while ambulating with her walker to the bathroom with staff. R1 was to be re-educated regarding gait belt use and staff were to report to the nurse if she refused. Review of the Fall assessment, dated 09/13/24, and provided by the facility revealed R1 was, found on floor next to her dining room chair in her room. Alarm was sounding . attempting to self-transfer . The chair alarm was in place, however, had not been effective in preventing the fall. Review of the Fall assessment, dated 01/07/25, and provided by the facility revealed R1 refused gait belt use, was ambulating with staff with her walker to the bathroom and fell. There was no documentation indicating the nurse was notified when the resident refused the gait belt. Review of the Fall assessment, dated 03/15/25, and provided by the facility revealed R1, was found on the floor next to her recliner. Recliner was faced towards TV [television] and motion alarm not in place. Chair alarm did not activate . Re-education to staff to place motion floor alarm . During an interview on 06/09/25 at 12:24 PM, CNA8 stated R1 was blind. CNA8 stated she toileted R1 every two hours and alarms were used to prevent falls. CNA8 stated she did not use a gait belt on R1; CNA8 stated R1 was able to stand and walk with a walker. During an interview on 06/10/25 at 11:18 AM, CNA11 stated R1 needed one person assist with walking and transfers and gait belt should be used. CNA11 stated the alarms did not prevent R1 from getting up but alerted the staff that R1 was getting up. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525403	A. Building B. Wing	06/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Clark County Rehabilitation & Living Center	W4266 County Highway X Owen, WI 54460

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 06/11/25 at 3:37 PM, NCC1 stated R1 was declining in cognition and becoming more confused. NCC1 stated R1 was on a toileting program due to self-transfers to use the bathroom. NCC1 verified use of five alarms (see observation above) to prevent falls. NCC1 stated the alarms did not prevent R1 from getting up but alerted staff so they might get to the resident before she fell. NCC1 stated R1 was also on 15-minute checks. NCC1 stated, I don't think there has been an attempt to reduce alarms. NCC1 stated the motion floor alarm could be considered for reduction or R1 might not need two alarms when she was in the chair. NCC1 reviewed the Alarm assessments over the past year and stated the assessments did not specify each alarm. NCC1 stated R1 had a history of crawling on the floor but did not do that anymore. NCC1 stated the primary interventions in place for falls for R1 were alarms. During an interview on 06/11/25 at 4:02 PM, the Director of Nursing (DON) verified there were three quarterly assessments for alarms over the past year; there should have been four. 2. Review of the admission Record under Profile tab in the electronic medical record, R4 admitted on [DATE] with diagnoses that included dementia. Review of the quarterly MDS, located under the MDS tab in the EMR, with an ARD of 05/23/25, revealed R4 had a BIMS score of 9 out of 15 which revealed R4 was moderately cognitively impaired. He had wandering behaviors one to three days during the review period. He required supervision with most Activities of Daily Living (ADL)s and required supervision with mobility. R4 had a bed alarm, chair alarm, motion sensor alarm and a wander/elopement alarm, all used daily. Review of R4's Baseline Care Plan, dated 11/22/24 located under the Evaluations tab revealed, R4 Used chair and bed alarm . medical symptoms to justify use of alarm and/or restraint: Lewy Body Dementia . Reduction plan: Will evaluate the need for wander guard quarterly to see if needed. Review of R4's Care Plan located under the Care Plan tab revealed the focus, [R4] has an ADL (activities of daily living) self-care performance deficit r/t (related to) confusion, dementia Care Plan. Interventions included, Safety: Wander guard bracelet, 15-minute checks, bed and chair alarms, clip alarm, line of sign when up and awake, arm's length from other resident at all times .Clip alarm [NAME] in w/c (wheelchair). Check bed alarm placement and function once a shift .Door alarm above door to notify if leaving room. Initiated 11/22/24 and revised 04/25/25. Review of the Fall - Root Cause Analysis revealed R4 had a fall on 12/08/24, 12/21/24, two on 12/27/25, 01/03/25, 01/06/25, 02/13/25, two falls on 02/14/25, and 02/16/25. Review of the quarterly MDS Assessments - V3 Section A. Alarm Assessment, dated 02/28/25, revealed R4 Used a chair alarm and a bed alarm .The medical diagnosis and/or symptoms to justify alarms Parkinson's disease, dementia, chronic pain .Comments/Reason for decision; Alarms let staff know when [R4] is self-transferring on the unit. Review of the quarterly MDS Assessments - V3 Section A. Alarm Assessment, dated 05/19/25, revealed R4 Used a chair alarm, bed alarm and a wanderguard .The medical diagnosis and/or symptoms to justify alarms Parkinson's disease, dementia, chronic pain .Comments/Reason for decision; Alarms let staff know when [R4] is self-transferring on the unit and/or attempting to leave the unit. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525403	A. Building B. Wing	06/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Clark County Rehabilitation & Living Center	W4266 County Highway X Owen, WI 54460

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Progress Notes located under the Progress Notes tab revealed no documentation for use of alarms used with R4. Review of the initial Social Services Note, and the quarterly Social Services Note, dated 03/14/25, revealed there was no documentation that alarms were discussed. During an interview on 06/11/25 at 3:30 PM, NCC2 stated when R4 admitted he had diagnoses and a history of falling that indicated he needed alarms. She stated there would be notes reflecting this in R4's EMR. During an interview on 06/11/25 at 4:00 PM, the DON stated there is not an admission assessment for R4 to determine if alarms were needed. She stated she would expect to see notes documenting why he needs alarms and what other options had been used prior to placing the alarms.