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	12/18/2025

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

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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. Based on observation, interview and record review, the facility did not ensure food was stored, prepared, distributed and served in accordance with professional standards for food service safety with the potential to affect all 144 residents.-Staff did not demonstrate appropriate hand hygiene while serving a meal.-Food was uncovered and exposed while transported from one unit to another via the hallway.-Towel meant to cover food was observed in the food.-Plastic pitcher observed sitting in a bowl of food.-Hot food items not kept hot.-Drinks for meals service not kept cold on cart.-Multiple beverage containers not labeled and/or covered.-Freezers on units not monitored for temperature.Findings include: Facility policy titled, Food Production and Food Safety, last revised on 11/22/2017, reads in part: Food or beverages should be labeled and dated to monitor for food safety.Foods should be stored at the appropriate temperature to maintain safety -cold foods: less than 41 degrees F. Facility policy titled, Hand Hygiene, last reviewed on 06/22/22, reads in part: Employees are required to use soap and water if hands are visibly soiled, before eating or handling food.hand hygiene using soap and water is required when handling food. According to the U.S. Food and Drug Administration (FDA). (2022). Food Code 2022. U.S. Department of Health and Human Services, Public Health Service, FDA, reads in part: The FDA Food Code requires hot foods to be held at 135 degrees F (57 degrees C) or above for serving and safety, preventing bacterial growth, with thermometers used to verify internal temperatures. On 12/15/25 at 8:45 AM, Surveyor observed a small plastic pitcher sitting in a bowl of elbow macaroni that was being used as a scoop. Elbow macaroni was also not covered. On 12/15/25 at 10:51 AM, Surveyor observed unlabeled pitcher of liquid in the med room refrigerator on 1 East Unit B. On 12/15/25 at 11:11 AM, Surveyor observed a pitcher of unknown liquid not dated or labeled in the dining area refrigerator on 2 [NAME] Unit B. On 12/15/25 at 11:15 AM, Surveyor observed the refrigerator on 2 [NAME] Unit A had two pitchers of unknown liquid not dated or labeled. Surveyor observed there was no thermometer present in the freezer on the same unit. On 12/15/25 at 11:27 AM, Surveyor observed the refrigerator on 2 East Unit B had 3 pitchers of unknown liquid not labeled or dated. Surveyor observed there was no thermometer in the freezer of the same unit. (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	On 12/15/25 at 11:30 AM, Surveyor interviewed Certified Nursing Assistant (CNA) H. CNA H was unaware of who monitors temperatures in the refrigerators and freezers. On 12/15/25 at 12:44 PM, Surveyor observed kitchen/serving staff push a portable steam table from 3 East Unit B to 3 East Unit A during mealtime. Food items on the steam table were uncovered in the hallway. The aluminum foil previously covering the food had been torn open. On 12/15/25 at 12:48 PM, Surveyor observed Dietary Aide (DA) N. DA N adjusted eyeglasses and shirt while serving lunch and did not perform hand hygiene. DA N used the walkie talkie to contact the main kitchen staff twice while serving lunch without performing hand hygiene. DA N did not perform hand hygiene after removing a glove during meal service. On 12/16/26 at 7:30 AM, Surveyor entered 3 [NAME] Unit A. Breakfast food cart was present. Food was first distributed to residents at 7:49 AM. Pancakes appeared dry, and butter did not melt when applied. Facility schedule indicated a delivery time of 7:20 AM. On 12/16/25 at 12:45 PM, Surveyor observed DA N wheel the steam table from 3 East Unit B to 3 East Unit A. The pans of food on the steam table were covered with a towel, but the corner/side of the towel was resting inside the pan of mashed potatoes. On 12/16/25 at 12:58 PM Surveyor observed unknown liquid in a glass bottle on 2 East Unit A without labeling. Surveyor observed the water, juice, and chocolate milk for resident's meal were sitting on cart with no way to keep them cold. On 12/16/25 at 1:13 PM, Surveyor received a test tray. The temperature of the chocolate milk was 52 degrees. Hot food items were warm and ranged from 98-128 degrees. On 12/16/25 at 12:37 PM, Surveyor observed food cart being delivered to 2 East Unit A. Trays first provided to residents at 12:58 PM. Facility schedule indicates a delivery time of 12:45 PM. On 12/16/25 at 1:00 PM, Surveyor interviewed CNA J. CNA J stated CNA J was the only one working on 2 East Unit A. CNA J stated staff from Unit B were supposed to assist but that does not always happen. CNA J stated at times there will be a CNA that is on light duty floating, but they can only do so much. CNA J stated some days CNA J has no help. On 12/17/25 at 1:37 PM, Surveyor interviewed Dietary Manager (DM) M. DM M stated it is expected the staff cover foods on the portable steam table when transporting it from one unit to another. DM M confirmed the towel should not be resting in the food. DM M reported drinks should be dated when opened in original container and when placed in pitchers and should only be used for 4 days. DM M stated drinks should be placed in cold tubs or on ice to keep them cold when serving. DM M stated all refrigerators and freezers should have a thermometer in them for monitoring. DM M stated the kitchen staff monitor the kitchen freezer and refrigerator temperatures, and nursing monitors the ones on the units. On 12/15/25 at 10:04 AM, Surveyor observed on the 100 south hall the coffee bar refrigerator stored 4 carafes of juice not covered or dated. A zip lock plastic baggie of macaroni and cheese was not dated and labeled. On 12/16/25 at 11:33 AM, Surveyor observed on the 100 south hall the coffee bar refrigerator stored 4 (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	carafes of juice not covered or dated. A zip lock plastic baggie of macaroni and cheese was not dated and labeled. On 12/17/15 at 8:30 AM, Surveyor held Resident Council discussion: R1 stated all snacks were removed from resident rooms for infection control reasons. R1 stated they must ask staff for their personal snacks and must eat them in the dining room. R1 stated they are not allowed to take snacks to their room to eat them. R45, R134 and R1 report the meals are late at times and the food is cold. On 12/18/25 at 11:00 AM, Surveyor observed on the 100 south hall the coffee bar refrigerator stored 4 carafes of juice not covered or dated. On 12/18/25 at 1:00 PM, Surveyor interviewed and reviewed observations with Director of Nursing (DON) B. DON B stated would expect food to be dated and covered when stored in the refrigerators, and served at proper temperatures.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility did not provide a sanitary environment to help prevent the development and transmission of communicable diseases and infections with the potential to affect all 144 residents.-Staff allowed to work 24 hours after gastrointestinal symptoms reported.-Mechanical lifts not sanitized between use by separate residents.-1 resident (R30) was not placed on Enhanced Barrier Precautions (EBP) for an indwelling catheter.-R7's catheter bag was hung on her garbage can. Findings include: Example 1 Facility policy titled, Gastroenteritis outbreak (Viral), including Norovirus last reviewed on 07/17/23, reads in part: Symptomatic staff will be required to remain off duty until they are symptom-free for at least 48 hours. On 12/16/25 at 8:30 AM, Surveyor reviewed infection line list for staff. Facility allowed 2 staff members return to work less than 48 hours after last symptoms. One staff member reported onset of vomiting and diarrhea on 10/16/25 at 15:57. Line list states that staff member was off work 10/13/25-10/15/25 and returned to work on 10/16/25. Another staff member reported onset of vomiting on 09/17/25 at 9:59 AM with a return-to-work date of 09/18/25. On 12/16/25 at 2:33 PM, Surveyor interviewed Infection Preventionist (IP) O. IP O stated if the facility is not in outbreak, staff can return to work 24 hours after gastrointestinal symptoms resolve. IP O stated the guidelines for this procedure were in place prior to IP O taking this position and was not sure what source was utilized. On 12/16/25 at 1:37 PM, Surveyor interviewed Dietary Manager (DM) M. DM M stated any dietary staff that are ill are reported to IP O. IP O informs all staff in the facility when they can return to work. Example 2 On 12/15/25, at 11:55 AM, Surveyor observed direct care staff remove Hoyer lift from resident room and did not sanitize it before taking it to another resident room. On 12/16/25 at 2:33 PM, Surveyor interviewed IP O. IP O stated the expectation is for staff to sanitize all shared medical equipment before and after use by each resident. Example 3 Findings: R30 was admitted to the facility on [DATE], with diagnoses including benign prostatic hyperplasia (BPH) and urine retention. R30's care plan included: (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	-Foley catheter related BPH and urinary retention. Date initiated, 10/18/24. Revision on, 03/06/25. -Urinary tract infection signs/symptoms, lab results, hematuria, suprapubic pain. Date initiated, 10/19/25. Revision on, 10/19/25. -EBP to prevent multidrug-resistant organism (MDRO), due to: urinary catheter. Date initiated, 10/17/24. Revision on, 03/17/25. Interventions: EBP sign placed on resident's door. Personal protective equipment (PPE) will be hung on the inside of resident's door. PPE will be used when performing high-contact resident care activities. On 12/15/25 at 9:33 AM, Surveyor interviewed R30. R30 was sitting in his wheelchair in his room. R30 confirmed to Surveyor he had a Foley catheter. Surveyor noted R30 did not have EBP signs placed on his door and did not have PPE on the back of his door, per his care plan. On 12/16/25 at 12:33 PM, Surveyor noted R30 did not have EBP signs on his door or PPE on the back of his door, per his care plan. Surveyor interviewed Certified Nursing Assistant (CNA) D. CNA D stated R30 should be on EBP, but since he moved to a different floor on 12/12/25, staff must have forgot. CNA D confirmed licensed nursing staff are responsible for ensuring residents are placed on EBP when appropriate. CNA D reported she has worn gloves when providing catheter care to R30. On 12/16/25 at 12:37 PM, Surveyor interviewed Registered Nurse (RN) E. RN E stated she is contracted staff and has not worked R30's unit in approximately two weeks. Surveyor asked RN E to describe the process when a resident is placed on EBP. RN E stated the Nurse Care Coordinator (NCC) would know. RN E stated when a resident has something infectious, staff gown up. Surveyor asked RN E what staff do for a resident placed on EBP. RN E asked, You mean, like gowns and gloves? Surveyor asked RN E what staff do for residents with an indwelling device. RN E stated, Well, we have gowns and gloves, and stuff. On 12/17/25 at 8:25 AM, Surveyor noted R30 did not have EBP signs on his door, or PPE on the back of his door, per his care plan. Surveyor interviewed RN F. RN F reported R30 should be on EBP, and she was not sure why he was not. RN F stated R30 should have come with the PPE from his previous room when he was transferred to his new room. RN F stated she was not sure why this wasn't done and felt it, must have gotten missed. RN F confirmed licensed nursing staff or the NCC is responsible to ensure residents are placed on EBP when appropriate. On 12/17/25 at 8:50 AM, Surveyor interviewed NCC G. NCC G confirmed R30 should be on EBP. NCC G stated when a resident transfers from a different unit, the previous unit sends a transfer sheet, which would indicate if a resident required precautions. NCC G was not sure what happened. NCC G did place EBP signs on R30's door. Example 4 R7 was admitted to the facility on [DATE], with diagnoses including dementia. R7's care plan included the following: -Indwelling catheter, neurogenic bladder with urine retention. Date initiated, 07/14/25. Revision on, 08/18/25. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 12/15/25 at 9:55 AM, Surveyor observed R7 in her room sitting in her recliner. Surveyor observed R7's catheter bag hanging from the garbage can placed next to the recliner. On 12/15/25 at 10:15 AM, Surveyor interviewed CNA H. CNA H reported she was not sure why R7's catheter bag was hanging from the garbage can. CNA H confirmed staff have received training on infection control. On 12/18/25 at 11:43 AM, Surveyor interviewed NCC G. NCC G acknowledged R7's catheter bag hanging on the garbage can was not facility practice. NCC G stated staff may need re-education on this matter.

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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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility did not ensure accommodation of resident toileting needs and preferences for 1 resident (R19) of 29 residents reviewed and sampled.The facility did not allow use of a bathroom in R19's room for meeting toileting needs.The facility required R19 to locate staff to unlock a bathroom down the hall from R19's room when needing to meet toileting needs.The facility did not reassess interventions in R19's care plan for meeting toileting needs safely and update care plan in a timely manner. Findings include:The facility policy, titled Incontinence: Urinary and Bowel, Prevention and Management, revised 03/21/2014, states in part: Each resident will be assessed.and interventions provided to maintain continence and normal function as is possible.Maintaining continence may include (but not limited to).keeping paths to toileting facilities free of carts or impediments to access.providing bedside commodes when needed.having access to call lights with prompt response.The facility policy, titled Care Plans, Care Plan Comprehensive Assessment, dated 05/31/2023, states in part: .Revisions to the comprehensive plan of care will occur as necessary based on ongoing assessment by the nurse or other disciplines and will be identified in the plan of care. A review of the care plan occurs as needed and with every quarterly MDS process and updates made as necessary.R19 was admitted to the facility on [DATE] and has diagnoses that include autistic disorder, schizotypal disorder, moderate intellectual disabilities. R19 has a Brief Interview for Mental Status (BIMS) score of 15/15 meaning cognitively intact. R19 does however have a legal representative for health care appointed due to diagnoses mentioned. R19's Minimum Data Set (MDS) assessment, dated 10/10/25, indicated R19 is continent of bladder and bowel.R19's care plan, initiated 04/04/2018, last revised 10/11/2023, states: [R19] is at risk for falls related to schizotypal personality disorder and history of wandering. Interventions include.review information on past falls.record possible root causes.R19's care plan, dated 09/6/2022, with target date of 10/05/2025, states in part: Behavioral symptoms/psychosocial well-being mood: Has a history of believing he is unable to care for himself because he lives in a nursing home.[R19's] personal bathroom was locked for infection control purposes after being found 'washing up' in the toilet on multiple occasions, despite being educated numerous times about the risks. No interventions are documented for meeting toileting needs under behavioral/psychosocial needs. R19's care plan does indicate intervention for toileting as stated: Supervision in the Big Bathroom - do not leave alone. Bathroom attached to bedroom is locked, in care plan under the Activities for Daily Living (ADLs) focus.On 12/15/2025 at 1:07 PM, Surveyor observed a shared toilet between R19's room (room [ROOM NUMBER]) and a female resident's room (room [ROOM NUMBER]). The doorknob on R19's bathroom door has been removed, and bathroom door is locked. On 12/15/2025 at 2:13 PM, Surveyor interviewed Certified Nursing Assistant (CNA) R on the reason there is no doorknob on R19's bathroom door. CNA R stated she was not sure why there was no doorknob in place. CNA R stated R19 goes down the hall to the bathing room to use the bathroom.On 12/15/2025 at 2:24 PM, Surveyor observed CNA R ask Nursing Care Coordinator (NCC) C about the missing doorknob on R19's door. NCC C told CNA R she was not aware there was no doorknob on R19's bathroom door.On 12/15/2025 at 2:27 PM, Surveyor observed the door to the bathing room was locked for entry. CNA R stated to Surveyor that R19 has to find and ask a staff person to unlock the door to use the toilet. Surveyor asked CNA R to unlock the door to the bathing room in order to view the space. Surveyor observed the bathing room had a toilet and sink in a corner with a call light available next to toilet. The bathing room had a large spa tub, and several pieces of transfer equipment, including a Hoyer lift, EZ stand lift, and shower chair stored near vicinity of toilet. A clear path to toilet was observed, however potential for fall/tripping hazard identified with bathing room also being utilized as a storage space.On 12/15/2025 at 2:30 PM, Surveyor observed R19 in his room lying in bed with urinal on the floor next to bed. Surveyor asked R19 where he goes to the bathroom. R19 pointed to the urinal on the floor. R19 (continued on next page)

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	stated he uses the bathroom down the hall if he needs to have a bowel movement. R19 confirmed to Surveyor this routine is for nighttime as well. Surveyor asked R19 how he felt about this. R19 stated, What choice do I have. R19 stated he must find a staff member to unlock the door when he needs to use the toilet in the bathing room, including at night. R19 walks around until he finds someone to unlock the door, that all staff have a key. R19 did not answer when Surveyor asked if he uses a call light to alert staff when needing to use a toilet. On 12/16/25 at 12:10 PM, a record consent was found in chart, dated 04/14/2018 and signed by R19's legal representative, allowing R19 to use a shower room that is used by both male and female residents. It is noted this consent form is a universal Bathroom/Shower Room Waiver Consent used facility wide. There is no consent found in R19's medical record, signed by a legal representative, giving permission for the door to R19's bathroom to be locked, preventing R19 to use toilet. On 12/19/25 at 8:57 AM, R19's legal representative returned a phone message left by Surveyor and confirmed he was aware bathroom door in R19's room was locked, that R19 used toilet in bathing room at times, and was not aware of any adverse events happening because of it.On 12/17/2025 at 8:32 AM, Surveyor interviewed NCC C about R19 having to use the bathing room for toileting needs. NCC C stated R19 had a long-standing history of psychotic behaviors which include hoarding and aggressiveness towards staff and other residents. NCC C stated R19 used to wash up in his bathroom toilet, and since it is a shared toilet with another resident, the bathroom door was locked for R19's safety and infection control concerns. Surveyor asked NCC C when was the last time R19 had been reevaluated for this behavior since care plan intervention was placed in 2022, and NCC C stated she was not sure. NCC C stated R19 should be reassessed for any behaviors of using the toilet in his bathroom for washing up in.On 12/17/25, a nursing note dated 09/06/2022, indicated episode of R19 using his bathroom toilet to wash up in. Intervention was then placed to lock R19's bathroom door. No further documentation of continued behavior monitoring of this kind was found in chart. No documentation of offering a trial of personal bathroom use to R19 since incidents in 2022 found in R19's medical record or care plan.On 12/17/25 at 12:58 PM, Surveyor interviewed Social Worker (SW) S, about R19's history of using his bathroom toilet to wash up in. SW S stated the behaviors happened before she worked at the facility and is unaware if R19 has been reevaluated since 2022. SW S was not made aware of any continued behaviors of R19 washing up in a toilet.

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F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility did not ensure 1 of 29 residents (R89) reviewed, reserved the right to make choices about an aspect of their life that was significant to them. The facility implemented a care plan for R89's request to go to the therapy room and complete independent exercises daily, Monday through Friday. The facility did not follow R89's care plan and did not assist R89 to therapy. The facility's policy titled, Resident Rights, read in part, Residents have a comprehensive set of rights aimed at ensuring dignity, autonomy, and quality of life. These rights include the right to be treated with respect, participate in care planning, and voice grievances without fear of retaliation. Residents have the right to be treated with consideration and respect for their individuality, including their personal preferences. Residents have the right to actively participate in the planning of their individualized care and services, including treatment options, and to make informed decisions about their care. Residents have the right to make their own decisions about their lives, including their care, finances, and personal relationships. R89 was admitted to the facility on [DATE], with diagnoses including heart failure, chronic obstructive pulmonary disease (COPD), atrial fibrillation, anxiety, history of falling, and chronic pain. R89 was admitted from the hospital following generalized weakness, COPD exacerbation, and pneumonia. Upon admission, R89's goal was to increase his strength and return home. On 11/25/25, a Minimum Data Set (MDS) assessment confirmed R89 scored 13/15 during Brief Interview for Mental Status (BIMS), indicating intact cognition. R89 was his own decision maker.R89 required assistance with the following functional abilities:-Eating, set-up-Oral hygiene, set-up-Toileting, dependent on staff-Showering, substantial assistance-Dressing upper body, partial assistance-Dressing lower body, substantial assistance-Putting on/Taking off footwear, dependent on staff-Personal hygiene, set-up-Mobility, independent with wheelchair-Transfers, staff supervision-Ambulation with walker, staff supervision R89's care plan included the following:Activities of Daily Living (ADL) self-care deficit, 08/01/25.Interventions:-Assist of one with front wheeled walker and gait belt (RESTORATIVE), revised 11/11/25.-Take R89 to the therapy room at shift report on the way out of the building M-F, date initiated 12/17/25.-Rehab/Restorative: walking program. Ambulate assist of one with gait belt and front wheeled walker to his tolerance up to 200 feet, with wheelchair to follow. No date.-Please ambulate R89 to/from meals with front wheeled walker and gait belt, revised 12/18/25. At risk for falls related to deconditioning, limited mobility, 08/04/25.Interventions:-15-minute checks to decrease impulsive transferring without assistance, revised 10/01/25. Chronic pain, revised 11/17/25Interventions:-Exercises to address stiffness, 08/04/25.-Observe and report changes in functional abilities and/or range of motion, 08/04/25. Hypertension, 08/04/25Interventions: -Educate about the importance of maintaining a normal weight for height, the value of regular exercise, 08/04/25. On 12/15/25 at 9:33 AM, Surveyor interviewed R89. R89 was in his room, self-propelling his wheelchair within his room. R89 was anxious and making statements of: will I get to talk to the head nurse today, being up here is not like downstairs, it's taking a long time to get use to this. R89 reported he was moved to his current unit on 12/11/25. R89 reported the move to his new room and unit was, chaotic. R89 stated on his previous unit he would go to the therapy room daily and complete independent exercises, even though he was no longer in therapy. R89 stated since he moved on 12/11/25, he has asked staff to take him to the therapy room, but staff have told him, ?We don't have enough staff to take you,' and ?Therapy staff will take you down to therapy.'On 12/15/25 at 9:58 AM, Surveyor observed therapy staff go into R89's room. Surveyor heard therapy staff talking with R89, and telling R89 nursing staff would bring R89 down to use the therapy room. On 12/16/25, Surveyor observed R89 on the unit, intermittently throughout the day. Surveyor did not observe staff ambulate with R89 or offer to take him to the therapy room. On 12/16/25 at 2:50 PM, Surveyor interviewed R89. (continued on next page)

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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 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R89 stated staff have not walked with him or taken him down to the therapy room. On 12/17/25 at 8:32 AM, Surveyor interviewed Certified Nursing Assistant (CNA) J. CNA J was not sure if R89 had a restorative program. CNA J looked at the Kardex she had in her pocket and verified the Kardex read, ambulate with front wheeled walker daily. Surveyor asked CNA J if staff were ambulating with R89, and CNA J stated she was not sure, as she does not usually work on the unit R89 resided on. On 12/17/25 at 8:47 AM, Surveyor interviewed R89. R89 was seated in the recliner in his room. R89 was upset when telling Surveyor, Staff are supposed to talk with me and follow with the wheelchair. They don't. It hasn't happened since I've been here. I guess it's supposed to change today at 2:00 PM, they are supposed to walk me to the nurse's station and then take me to the therapy room. We'll see, I don't know if they don't have enough people, or what. It seems like they don't give a damn. I'm sorry, I'm just getting anxious I guess, I've been sitting here since Thursday. On 12/17/25 at 8:50 AM, Surveyor interviewed Nurse Care Coordinator (NCC) G. NCC G reported R89 does have a restorative program for ambulation and staff should be walking him. NCC G stated she spoke with CNA D on 12/16/25. R89's plan was updated to include, at 2:00 PM, staff will ambulate R89 to the nurse's station and then take him to therapy, and therapy staff will bring R89 back to the unit. On 12/17/25 at 1:55 PM, Surveyor observed R89's unit. Surveyor observed R89 was seated in his recliner, in his room. Surveyor asked R89 if staff walked with him or took him to therapy on this date. R89 stated staff had not, but he was waiting as NCC G told him this would happen at 2:00 PM, at shift change. On 12/17/25 at 2:00 PM, Surveyor observed two CNAs on the unit, charting and wiping off dining tables. Surveyor interviewed CNA K about residents with restorative programs. CNA K indicated residents on the unit with a restorative program; CNA K did not indicate R89 was on a restorative program. CNA K stated she did not ambulate R89, but stated the previous unit R89 was on, he did have a walking program. CNA K did confirm with Surveyor, 2:00 PM was shift change and CNA J and CNA K would be ending, and two new CNAs would be starting. Surveyor continued to observe R89 and staff and noted the following:-At 2:01 PM, two new CNAs on the unit-At 2:14 PM, R89 told new, oncoming CNAs he was to walk to the nurse's station and then go to therapy. Surveyor observed the CNAs look at R89's Kardex and ask CNA J and CNA K about R89's request. CNA J and CNA K stated they were not sure.-At 2:16 PM, Surveyor observed staff assist a resident with a mechanical lift transfer.-At 2:23 PM, CNAs assisted another resident with a mechanical lift transfer. Surveyor observed CNA J charting on the computer and CNA K was not on the unit.-At 2:37 PM, Surveyor observed R89 ambulating with walker from his room. At 2:37 PM, Surveyor interviewed R89. R89 stated, [NCC G] told me there was an order from therapy for staff to walk me to the nurse's station and take me to therapy, but there must not be an order. [NCC G] isn't here now, and I've been waiting 45 minutes. I am just going to walk by myself dammit! Surveyor observed CNA J charting at the computer, and RN F giving report at the nurse's station. Surveyor observed R89 continue to ambulate independently with his walker in the hallway. At 2:40 PM, Surveyor observed Social Worker (SW) L come onto the unit. Surveyor observed R89 tell SW L at 2:00 PM, staff were supposed to help him walk to the nurse's station and then take him to therapy. SW L told R89 she would get staff to help him. R89 began talking louder to SW L, and continued walking. Surveyor observed R89 was notably upset. Surveyor observed SW L request CNA J assist R89. At 2:45 PM, Surveyor interviewed Registered Nurse (RN) F. RN F was giving report to another nurse at the nurse's station. RN F reported she was not aware of the plan for R89 to ambulate with staff to the nurse's station and then staff assist R89 to therapy. RN F confirmed she has witnessed staff assist R89 with ambulating on the unit as recently as 12/16/25. On 12/18/25 at 11:11 AM, Surveyor interviewed R89. R89 was seated in his recliner in his room. R89's overall demeanor was calmer on this date compared to previous interviews with R89. R89 reported staff did not take him to therapy yesterday, 12/17/25. R89 stated he thinks it is worked out now as NCC G came and talked with him this morning. On 12/18/25 at 11:18 AM, Surveyor interviewed NCC G. NCC G stated she was aware of the incident on 12/17/25, with R89 ambulating independently and R89 becoming upset. NCC G reported she did update R89's care plan from 12/17/25, please take R89 down (continued on next page)

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	525403	A. Building B. Wing	12/18/2025

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

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F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	to therapy room at shift report, to, revised 12/18/25, please take R89 down to therapy room at shift report on way out of the building. Ensuring staff leaving their shift at 2:00 PM will be responsible to assist R89 to therapy. NCC G confirmed she spoke with R89 this morning, and R89 was satisfied with this plan. Surveyor and NCC G discussed the negative impact this had on R89. NCC G stated she understood, and staff would be re-educated on resident's restorative programs.

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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 did not ensure the resident environment remained free from accidental hazards with supervision and assistance devices to prevent accidents for 1 resident (R96) of 2 residents reviewed for accidents in a sample of 29 residents.The facility did not have a position change bed alarm device placed on R96's bed, following care planning interventions to alert staff to any potential hazards of R96 attempting to get self out of bed, thus preventing an avoidable accident.Findings include:The facility policy, titled Fall Prevention, not dated, states in part: The [NAME] County Rehabilitation and Living Center strives to minimize resident falls and related injuries through a fall management program whose purpose is.to reduce the incidence of falls and minimize injury.develop effective interventions to prevent falls and minimize injury.ensure safety devices are in place.R96 was admitted to the facility on [DATE] and has diagnoses that include schizophrenia, altered mental status, weakness and repeated falls. R96 has a Brief Interview Mental Status (BIMS) score of 99, which means the resident was unable to complete the interview.R96's Minimum Data Set (MDS) states she is dependent for all mobility, including transferring of self.R96's care plan, dated 11/23/2022, with a target date of 10/26/2025, states in part: [R96] has an ADL self-care performance deficit related to limited mobility and cognitive impairment. Interventions include Safety: bolster mattress, bed alarm, floor mat.R96's care plan, revised 08/13/2025, with target date of 10/26/25, states in part: [R96] is at risk for falls related to gait imbalance problems, poor communication/comprehension, unaware of safety needs and cognitive impairment. Interventions include, Bed alarm education to staff for proper placement of pads under shoulders.On 12/17/2025 at 8:40 AM, Surveyor observed morning cares for R96 by Certified Nursing Assistants (CNA) R and CNA Q. CNA R noted the bed alarm device for R96 was not in place at head of bed, which would be alerting them to position changes by R96 when being rolled to a lateral position for peri-area cares. CNA R stated the white box was missing and no bed alarm was found to be present. CNA R stated, It was there yesterday. CNA R and CNA Q could not determine how long bed alarm device had been off or who alarm was removed by when asked by Surveyor. At 9:10 AM, Nursing Care Coordinator (NCC) C came to R96's room after CNA Q alerted her to the missing bed alarm device. NCC C stated she found the bed alarm white box at the nurse's station and changed the battery. After being reconnected, the bed alarm indicator light for alarm activation lit up indicating it was working properly. CNA Q and CNA R stated they believed the battery low light came on sometime within the last several hours and it was removed by a staff person from the bed. Bed alarm device was not replaced in the meantime.On 12/17/2025 at 9:20 AM, Surveyor interviewed CNA Q and asked if R96 had any recent falls. CNA Q stated she was not aware of R96 having any falls since CNA Q worked at the facility, which was a period of about 6 months. CNA Q stated R96 was a Hoyer lift for all transfers.On 12/18/2025, record review of R96's nursing documentation for falls/accidents within the past 7 months states as follows:On 05/19/2025, [R96] was found lying on her back on her bedroom floor close to her bed.it appears that [R96] rolled out of bed and fell on the floor.On 08/05/2025, [R96] was observed to be sitting on the floor beside her bed, leaning against the bed on her right side. [R96] stated 'I was going to walk to the closet.'On 08/13/2025, Resident fell from her bed this morning after having a large bowel movement. Resident was found kneeling on floor facing her bed.bed alarm did not sound as it was lower in the bed.On 11/08/2025, Unwitnessed fall, found on her knees next to her bed. It was documented that bed alarm was in place and staff responded to alarm sounding.

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not ensure that a resident who requires dialysis receives such services, consistent with professional standards of practice, the comprehensive person-centered care plan and the residents' goals and preferences for 2 of 2 sampled residents (R9 and R17) reviewed for dialysis.The facility failed to provide ongoing assessments of R9 and R17's condition and monitoring for complications before and after dialysis treatments received at a certified dialysis facility. This is evidenced by:R9 was admitted to the facility on [DATE]. R9's current diagnoses include in part, streptococcal sepsis, pressure ulcer of sacral region stage 3, end stage renal disease, dependence on renal dialysis, heart transplant status, paraplegia, severe protein-calorie malnutrition, long term use of antibiotics, methicillin resistant staphylococcus aureus, open wound of right buttock, epidural hemorrhage, heart valve replacement, osteoporosis, wedge compression fracture thoracic vertebra, and major depressive disorderMinimum Data Set (MDS) dated [DATE] a quarterly assessment documented R9 having a Brief Interview of Mental Status (BIMS) score of 11/15 meaning R9's cognition is moderately impaired. R9 is dependent on staff for toileting hygiene, lower body dressing, bed mobility and transfers. R9 requires moderate assistance of staff for upper body dressing. R9's care plan, [R9] receives hemodialysis r/t renal failure 3x/wk. Date Initiated: 06/07/2022 Revision on: 06/07/2022.INTERVENTIONS: Do not draw blood or take B/P in arm with graft.Date Initiated: 06/07/2022If bleeding from the fistula occurs after dialysis, apply hemostatic sponge and apply pressure to side for at least 10 min. Emergency kit in closet. Date Initiated: 06/07/2022 Revision on: 06/07/2022Monitor/document/report PRN new/worsening peripheral edema. Date Initiated: 06/07/2022 Monitor/document/report PRN any s/sx of infection to access site: Redness, Swelling, warmth or drainage. Date Initiated: 06/07/2022Monitor VITAL SIGNS per facility protocol and with acute change in condition.Review of R9's physician orders documented 10/10/25 Take Vitals M, W, F before and after dialysis. two times a day every Mon, Wed, Fri.Review of R9's medical record found the medication and treatment administration record did not document vital signs. Documentation of a comprehensive assessment of an inspection of dialysis port site before or after return from dialysis was not documented. When staff documented in the electronic medical record of R9's blood pressure (b/p) readings, Surveyor is unable to determine if the readings were immediately upon R9's return from dialysis. Review of R9's electronic medical record documented on dialysis days only one b/p reading on 11/14/25, 11/19/25, 11/24/25, 12/03/25, 12/08/25, 12/10/25, 12/12/25 and 12/17/25. The vital sign flowsheet-weight flowsheet sent to dialysis did not document on 11/19/25 on PM a temperature and weight, 11/21/25 no vitals for AM or PM, 11/26/25 no PM vitals, 11/28/25 no AM vitals, 12/01/25 no PM vitals, 12/03/25 no AM or PM vitals, 12/05/25 no AM weight and no PM vitals, 12/08/25, 12/10/25, and 12/12/25 no AM weight and no PM vitals, and 12/15/25 no weights.On 12/16/25 at 8:47 AM, Surveyor interviewed R9 asking if nurses assess resident before and after dialysis appointments. R9 stated she has dialysis Monday, Wednesday, and Friday. After dialysis, staff get R9 into bed and she has supper. Staff sometimes take blood pressure and the bandage on the port site stays on for 24 hours, and R9 doesn't think staff observe the site.Example 2R17 was admitted to the facility on [DATE]. R17's current diagnoses include in part, traumatic subarachnoid hemorrhage, traumatic subdural hemorrhage, hemorrhage of left cerebrum, fracture of orbit, maxillary fracture, end stage renal disease, dependence on renal dialysis, type 2 diabetes mellitus, congestive heart failure, atherosclerotic heart disease, retention of urine, dizziness and giddiness, and chronic kidney disease stage 4. MDS dated [DATE] a 5 day assessment documented R17 having a BIMS score of 6 meaning R17's cognition is severely impaired. R17 requires staff supervision for upper body dressing and transfers. Moderate assistance from staff for lower body dressing.R17's care plan read in part: [R17] needs dialysis (hemo) r/t renal failure Date Initiated: 01/23/2023. Intervention: Do not draw blood or take B/P in arm with graft. Date (continued on next page)

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Initiated: 01/23/2023Review of R17's physician orders documented, 10/22/25 Take Vitals Tues, Thur, Sat before and after dialysis. two times a day every Tue, Thu, Sat for Dialysis 10/22/25 Bleeding fistula- Emergency kit, Apply helistat sponge to area and apply pressure for at least 10minutes. as needed Emergency kit to be in wound cart in bag. (helistat sponge, gauze and tape).Review of R17's medical record found the medication and treatment administration record did not document vital signs. Documentation of a comprehensive assessment of an inspection of dialysis port site before or after return from dialysis was not documented. When staff documented in the electronic medical record of R17's blood pressure (b/p) readings Surveyor is unable to determine if the readings were before dialysis and immediately upon R17's return from dialysis. Review of R17's electronic medical record on dialysis days documented only one set of b/p on 11/11/25, 11/20/25, 11/22/25, 11/25/25, 11/27/25, 11/29/25, 12/04/25, 12/09/25, 12/11/25, and 12/16/25. No b/p was documented on 11/18/25, 12/02/25, and 12/13/25. The vital sign flowsheet was not available for review. On 12/18/25 at 11:00 AM, Director of Nursing (DON) B stated the facility does not have a policy and procedure for assessments for dialysis.On 12/18/25 at 11:14 AM, Surveyor interviewed Nursing Care Coordinator (NCC) I asking if assessments of vitals and site inspection are to be completed pre and post dialysis. NCC I stated the assessments should be completed with vitals and weight before they go. They have a dialysis communication book with the vitals and RN stated facility staff fills out the sheets. When resident returns staff are to check vitals and check the site.