STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525425	A. Building B. Wing	07/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Dove Healthcare - Fennimore	1850 11th St Fennimore, WI 53809

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 0684 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. (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 0684 Level of Harm - Actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility did not ensure that residents received treatment and care in accordance with professional standards of practice for 1 (R3) of 4 sampled residents.R3 has diagnoses including cerebral infarction (stroke), type 2 diabetes with retinopathy and neuropathy (diabetes causing damage to the nerves and retina), morbid obesity, cognitive communication deficit, generalized muscle weakness, and dementia. R3 developed a diabetic ulcer of his right great toe in the facility that became infected. R3 had a change of condition, became febrile with emesis and the facility failed to notify the physician immediately with this change of condition. R3 was later admitted to the hospital with a wound infection requiring Intravenous (IV) antibiotics. This is evidenced by:The facility does not have a diabetic foot check policy.The facility policy entitled, Notification of Changes, dated 1/2025, states, in part: Policy: The purpose of this policy is to ensure the facility promptly informs the resident, consults the resident's physician; and notifies, consistent with his or her authority, the resident's representative when there is a change requiring notification . Circumstances requiring notification include: . 2. Significant change in the resident's physical, mental or psychosocial condition such as deterioration in health, mental or psychosocial status. This may include: . b. Clinical complications . The facility policy entitled, Documentation of Wound Treatments, dated September 2024, states, in part: Policy: The facility completes accurate documentation of wound assessments and treatments, including response to treatment, change in condition, and changes in treatment. Policy Explanation and Compliance Guidelines: . 3. Wound treatments are documented at the time of each treatment. If no treatment is due, an indication on the status of the dressing shall be documented each shift (i.e., clean, dry, intact). 4. Additional documentation shall include, but is not limited to: a. Date and time of wound management treatments b. Weekly progress towards healing and effectiveness of current intervention c. Any treatment for pain, if present d. Modifications of treatments or interventions e. Notifications to physician and/or responsible party regarding wound or treatment changes. The Interact Standard of Practice guidelines indicate immediate notification is require for 2 or more episodes of vomiting within 12 hours with or without abdominal pain, bleeding, distention/fever. Non-immediate notification is required for intermittent recurrent vomiting without meeting immediate notification criteria. The guidelines also require immediate notification of a new onset temperature over 100.5 F regardless of any other symptoms. Non-immediate notification is required for recurrent daily temperature spikes for more than two days. R3 was admitted to the facility on [DATE], with diagnoses that include, in part: cerebral infarction (stroke), type 2 diabetes with retinopathy and neuropathy (diabetes causing damage to the nerves and retina), morbid obesity, chronic venous hypertension (high blood pressure in veins), cognitive communication deficit, generalized muscle weakness, and dementia. R3's Minimum Data Set (MDS), with Assessment Reference Date of 6/13/25, states that R3 has a BIMS (Brief Interview for Mental Status) of 6 out of 15, indicating that R3 is severely cognitively impaired. Section GG indicates R3 utilizes a wheelchair mobility device and requires substantial/maximal assistance for self-cares including toileting hygiene, shower/bathe self, and lower body dressing. Section GG also indicates R3 is dependent on staff for putting on and taking off footwear. Finally, Section GG indicates R3 requires substantial/maximal assistance for mobility including moving from sitting to lying, lying to sitting, sitting to standing, chair/bed-to-chair transfers, toilet transfers, tub/shower transfers and that R3 could not attempt to walk 10 feet due to a medical condition or safety concerns. R3's Comprehensive Care Plan indicates:Focus: The resident has an ADL self-care performance deficit r/t (related to) hx (history) of CVA (cerebrovascular accident or stroke) with left sided weakness, TIAs (transient ischemic attack, small stroke that resolves itself), morbid obesity, chronic back pain d/t (due to) disc disorders, osteoarthritis bilateral knees. Date Initiated: 11/20/2024Interventions:AMBULATION/LOCOMOTION: No ambulation at this time d/t safety. Assist resident if he gets up by himself as his legs are weak. Date Initiated: 11/20/2024BATH: Prefers Shower. Date Initiated: 11/20/2024BATH: Prefers Whirlpool/Tub. Date Initiated: 11/20/2024BATHING/SHOWER: Substantial/max assist of 1. Avoid scrubbing & pat dry sensitive skin. Check nail length and trim prn. Report changes to the nurse. Nurse to cut nails d/t being diabetic. Date Initiated: 11/22/2024BED MOBILITY: Substantial/max assist of 1 to turn and reposition routinely. Date Initiated: 11/22/2024DEVICES: front wheeled walker (FWW). Date Initiated: 11/20/2024DEVICES: Wheelchair- Standard. Date Initiated: 11/20/2024DRESSING: Provide partial/mod assist 1 for upper and lower ADLS including shoes/socks. (MDS

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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 resident environments remained free of potential accidents/hazards for 1 of 1 residents (R2) reviewed for electric wheelchairs. R2 utilizes a power wheelchair for mobility, which was noted to be charging in his room. As evidenced by: Facility policy, titled Motorized Assistive Device Policy and Procedure, dated May 2024, states, in part: Policy Statement: it is the policy of the facility to promote the safety of all residents, staff members and contractors, and visitors as well as the integrity of the facility grounds by defining allowable use and limitations for resident's personal motorized assistive devices Procedure: . If a resident chooses to utilize a motorized assistive device, resident will agree to do the following: . 1 . e. Availability of safe storage and electrical charging location. f. The resident will agree to abide by the motorized assistive device policy for use on facility property . R2 admitted to the facility on [DATE] with Quadriplegia. R2 utilizes a power wheelchair for mobility. R2's care plan, dated 3/3/25, states, in part: Focus: The resident has an ADL (Activities of Daily Living) deficit r/t (related to) Quadriplegia secondary to C4 and C7 spinal cord injury from an MVA (Motor Vehicle Accident) in November 2023 . Intervention: Devices: Electric Wheelchair. Is safe to use indoors and outdoors without supervision. WC (wheelchair) to be charged in the beauty shop at night. Date Initiated: 3/3/35. Revision on: 3/3/25 . On 7/2/25 at 10:08 AM, Surveyor observed R2's power wheelchair in his room but it was not plugged in. R2 stated, They charge it in my room, but I don't think it's supposed to. R2 stated that when the staff would drive his electric wheelchair out of his room to go charge it elsewhere, that they would ram it into the wall or door and pieces of the arm rests would be clipped off. R2 stated that it was an expensive wheelchair, and he wouldn't be able to get another one, so he wanted it to be taken care of properly. R2 stated the wheelchair was charging in his room per his request, because he didn't want staff driving it and damaging it further. On 7/2/25 at 1:33 PM, Surveyor interviewed CNA F (Certified Nursing Assistant) about R2's power wheelchair. CNA F stated that R2's wheelchair was charged in his room, per his request, because one of the staff members banged it against the wall and now R2 didn't want anyone to touch his wheelchair. On 7/3/25 at 9:55 AM, Surveyor interviewed CNA E about R2's power wheelchair. CNA E stated that they charge R2's wheelchair in his room because that is what he wants. On 7/3/25 at 10:32 AM, Surveyor interviewed CNA/Med Tech I, who stated that she did not know where R2's power wheelchair was being charged, but that they were supposed to be charged in the beauty salon. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 7/3/25 at 11:12 AM, Surveyor interviewed RN C (Registered Nurse) who stated she wasn't sure where R2's power wheelchair was being charged, but that they should be charged in the salon. On 7/3/25 at 11:23 AM, HR H (Human Resources) took Surveyor to the beauty salon and stated that was where the power wheelchairs were normally charged. HR H showed Surveyor a small tan cord and indicated that was R2's cord for his power wheelchair. On 7/3/25 at 11:28 AM, Surveyor observed that neither R2 nor his power wheelchair were in his room, but that a thick black cord was plugged into the wall outlet in R2's room. On 7/3/25 at 11:31 AM, Surveyor asked DCO G (Director of Clinical Operations) to join her in R2's room to see if the thick black cord was the charging cord for his power wheelchair. R2 came down the hallway and observed Surveyor and DCO G at the doorway of his room. R2 stated, yes, that is my charger there. I know it's not supposed to be charged in here, but I don't think anyone should be able to bust up a $10,000 chair except me. On 7/3/25 at 11:32 AM, DCO G indicated power wheelchairs should not be charging in resident rooms. DCO G stated she would have a chat with NHA A (Nursing Home Administrator) about it and provide some education to staff about safe charging of electric wheelchairs.