

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525430	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/20/2026
NAME OF PROVIDER OR SUPPLIER Rolling Hills Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 14400 Cty Hwy B Sparta, WI 54656	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, interview, and policy review, the facility failed to ensure all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, to other officials (including to the State Survey Agency) in accordance with State law through established procedures for one of five sampled residents (Resident (R)2) reviewed for allegations of abuse. The facility failed to notify the State Agency (SA) in a timely manner regarding an alleged incident involving R2. Findings include: Review of the facility's policy titled, Misconduct Investigation and Reporting, dated 02/24/25 indicated, . The staff member must immediately report the incident to the nurse on duty or other supervisory staff. The nurse/supervisor must notify the Administrator or Acting Administrator of the alleged incident/complaint immediately after ensuring the safety of the resident. If the allegation involves abuse or resulted in serious bodily injury the violation must be reported within 2 [sic] hours from when the issue is discovered. 1. Review of R2's undated Face Sheet, located under the Face Sheet tab in the electronic medical record (EMR) indicated R2 was admitted to the facility on [DATE] with diagnoses of dementia and anxiety disorder. Review of R2's quarterly Minimum Data Set (MDS), located under the MDS tab in the EMR with an Assessment Reference Date (ARD) of 10/22/25 indicated R2 had a Brief Interview for Mental Status (BIMS) score of three out of 15 which indicated R2 was severely cognitively impaired. R2 was also coded for being mobile in the facility using a walker. Review of R2's Nursing Progress Note, located under the Progress Note tab in the EMR indicated on 12/19/25 at 3:00 PM, .DON [Director of Nursing] RH SW [Rolling Hills Social worker] updated. Review of the R2's Care Plan, dated 12/19/25 and located under the Care Plan tab in the EMR indicated, Keep resident an arms length away from [R1]. 2. Review of R1's undated Face Sheet, located under the Face Sheet in the EMR indicated R1 was admitted to the facility on [DATE] with the diagnoses of Cerebral Palsy and seizures. Review of R1's quarterly MDS, located under the MDS tab in the EMR indicated R1 was coded as having short term and long-term memory loss with moderate cognitive impairment. Review of the facility's Alleged Nursing Home Resident Mistreatment, Neglect, and Abuse Report, dated 12/19/25 and provided by the facility, indicated the Report Submitted Date was documented as being sent to the SA on 12/19/25 at 8:50 PM. During an interview on 01/20/26 at 10:30 AM, Registered Nurse (RN)1 was asked when she was made aware of R1 pinching R2's arm and RN1 stated, I don't have a specific time in there [progress note] but I know it was after breakfast. RN1 was asked when the incident was reported to management and RN1 replied, I don't remember, but I know I did. We usually report it right away after the situation is safe. During an interview on 01/20/26 at 10:50 AM, the Director of Nursing (DON) stated, Typically we report this under two hours. The DON stated the Administrator manages the reporting to the SA. During an interview on 01/20/26 at 11:52 AM, the Administrator was asked how long you have to report allegations of abuse to the SA and the</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Administrator stated, If there are any injuries or serious injuries then it has to be reported to the state within two hours. The Administrator was asked what would you call this incident between R1 and R2 that occurred on 12/19/26 and the Administrator replied, Not serious injuries so just report within two hours. [R1] and [R2] have always had a good relationship together and the intent and [R1's] understanding was not there. It was reported because of the way [R2] had responded and the staff intervened. In my mind, we were going to stop this from happening again. The Administrator confirmed that the initial report of this incident was on 12/19/25 at 8:50 PM. On 01/20/26 at approximately 1:00 PM, the Administrator provided the facility policy titled, Misconduct Investigation and Reporting, and stated, I read over the policy, and this should have been reported within two hours.</p>		