STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525434	A. Building B. Wing	12/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hayward Health Services	10775 Nyman Ave Hayward, WI 54843

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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, record review and interview, the facility did not have a system in place to ensure snack/nourishment refrigerators on the unit are maintained to prevent the potential for foodborne illness. The facility practices had the potential to affect all 33 residents. Per facility guidelines attached to resident refrigerator titled Attention all residents and family members, We are happy to provide a refrigerator to our resident's food that you provide for them outside of the facility. However, there are new specific guidelines that we need to enforce for the protection of all of our residents. It stated in part, Any food placed in the resident refrigerator must be clearly marked with the resident name and dated with a new USED BY DATE. On 12/17/2025 at 9:35 AM, Surveyor observed a plastic container with sliced vegetables and labeled with R33's name and dated 12/09/25 stored in resident refrigerator located in dining room. On 12/17/2025 at 9:43 AM, Surveyor interviewed Kitchen District Manager J regarding outdated container of vegetables located in resident refrigerator located in dining room who stated the items should have been discarded per guidelines on refrigerator door.

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 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 establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment to help prevent the development and transmission of communicable disease and infections. This had the potential to affect all 33 residents in the facility. COVID positive resident (R) did not have a sign outside R door indicating Transmission Based Precautions (TBP) were in place. Facility staff did not don and doff Personal Protective Equipment (PPE) appropriately. Staff did not sanitize hands or place a barrier while providing nebulizer care. Clean linens were not covered for two of carts in the facility's laundry room and personnel had open beverage in work area touching clean gown used to handle clean linen. Findings include: Example 1 State Operations Manual, Implementation of Transmission-Based Precautions reads in part, .When a resident is placed on transmission-based precautions, facility staff should implement the following: Clearly identify the type of precautions and the appropriate PPE to be used. Place signage that includes instructions for use of specific PPE in a conspicuous location outside the resident's room (e.g., on the door or on the wall next to the doorway), wing, or facility wide. Additionally, either the CDC category of transmission-based precautions (e.g., contact, droplet, or airborne) or instructions to see the nurse before entering should be included in signage. Ensure that signage also complies with residents' rights to confidentiality and privacy. On 12/15/25 at 10 AM, Surveyor noted on facility Matrix, R19 was marked as being COVID positive and on Transmission Based Precautions (TCP). Surveyor observed R19 did not have any signage outside R19's door indicating TBP. Surveyor interviewed Certified Nursing Assistant (CNA) K who reported being told R19 was found to be positive over the weekend. R19 was admitted to the facility on [DATE] with a diagnosis including hemiplegia and hemiparesis following a nontraumatic intracerebral hemorrhage. R19 was tested and diagnosed positive for COVID on 12/13/25. On 12/16/2025 at 2:20 PM, Surveyor interviewed Director of Nursing (DON) B regarding the expectation following TBP/COVID positive protocol and having a sign outside R19's door. DON B reported of being aware there was not a droplet precaution sign on R19's door when R19 was COVID positive on 12/13/25 and did not place a sign indicating R19 was on droplet precautions until after Surveyors arrived at facility on 12/15/25. Example 2 On 12/16/2025 at 12:58 PM, Surveyor observed CNA F, donning appropriate PPE, which included an (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	N95 mask, and enter R31's room who is under TBP for Covid to collect meal tray. Surveyor observed CNA F exit R31's without PPE including no N95 mask in place. Example 3 On 12/15/2025 at 9:09 AM, Surveyor observed RN H donning PPE for droplet precautions for a COVID positive room, and RN H entered R9's room. Surveyor observed PPE cart stocked with gowns, gloves, N95, surgical masks, and goggles. On 12/15/25 at 9:16 AM, Surveyor observed RN H walk out of R9's room without N95 mask on and the vital machine. RN H laid down contaminated goggles and piece of paper on the PPE cart, then donned gloves and began sanitizing stethoscope, goggles, and vital equipment on the rolling machine. Surveyor did not observe RN H exit droplet precaution room with N95 on. Surveyor did not observe RN H re-sanitize top of PPE cart. On 12/15/25 at 11:12 AM, Surveyor interviewed RN H and asked what the sequence is for doffing PPE in a droplet precaution room. RN H reported that all PPE gets taken off in the contaminated room before RN H exits. Surveyor asked RN H if it is normal practice placing contaminated items on top of the PPE cart and then not sanitizing the top before leaving R9's room. RN H reported that RN H should not have done that. Example 4 On 12/15/25 at 9:27 AM, Surveyor observed Certified Nurse Assistant (CNA) K doff surgical mask and place on PPE cart. CNA K donned PPE such as gown, N95 mask, goggles and gloves then entered R9's room. On 12/15/25 at 9:31 AM, Surveyor observed CNA K exit R9's room with no PPE on. CNA K placed old surgical mask on that was lying on contaminated PPE cart, then donned gloves and sanitized goggles. On 12/16/25 at 11:47 AM, Surveyor interviewed Director of Nursing (DON) B and asked DON B's expectation for doffing sequence before staff are to exit droplet precaution rooms as Surveyor observed CNAs taking contaminated goggles and exiting droplet precaution rooms and lying on the top of PPE cart. DON B reported that all staff should be sanitizing goggles and placing in a brown paper bag with their names labeled on it and storing in the PPE cart. Example 5 On 12/15/25 at 9:47 AM, Surveyor observed CNA K approach PPE cart outside R19's room. CNA K doffed surgical mask and placed surgical mask face side up where the mouth covering is exposed. CNA K donned PPE and entered R19's room. CNA G also donned PPE and entered R19's room. On 12/15/25 at 9:52 AM, Surveyor observed CNA F come out of room with no PPE on and throw contaminated goggles on top of PPE cart on top of CNA K's used surgical mask and then don gloves and wipe down the goggles. Surveyor observed CNA K take breakfast tray out of room and hand it to CNA F. CNA K exited R19's room without N95 mask on. CNA K sanitized hands and went to grab contaminated surgical mask, but Surveyor stopped her to prevent spread of infection. On 12/15/25 at 9:52 AM, Surveyor interviewed CNA K and asked if it was normal to place used (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	surgical mask on top of PPE cart. CNA K reported usually, I throw mine away. Surveyor asked CNA K is it normal to place contaminated goggles on top of PPE cart to prepare to sanitize and if it is normal to come out of droplet room with no N95 on. CNA K reported that CNA K was unsure the process but this is how I have always done this. Surveyor asked CNA K if top of PPE cart is ever sanitized. CNA K reported that CNA K is unsure, and that CNA K has never wiped it down. On 12/16/25 at 11:47 AM, Surveyor interviewed Director of Nursing (DON) B and asked DON B's expectation for doffing sequence before staff are to exit droplet precaution rooms. DON B reported that all PPE is doffed before exiting the room. Surveyor asked DON B what guideline facility follows for PPE usage and that staff are being observed doffing all PPE before exiting Covid-19 positive rooms including N95 masks. DON B reported to Surveyor that DON B was unaware of that being an issue. Surveyor reported to DON B that the CDC guidelines indicate N95 masks should be doffed after exiting droplet precaution room to protect the staff member from further contamination. DON B reported to Surveyor that DON B will get trash cans outside the doors and reeducate staff. Example 6 On 12/15/25 at 10:24 AM, Surveyor observed Registered Nurse (RN) H enter R7's room without sanitizing hands. Surveyor followed RN H to observe. RN H walked into R7's room and took nebulizer mask off R7's face. RN H walked over to sink and set nebulizer mask in the contaminated sink and took pieces apart. Surveyor did not observe RN H place a barrier against the sink to protect nebulizer mask from germs. Surveyor observed RN H rinse the nebulizer mask and then place on paper towel on bedside table. RN H walked out of R7's room without sanitizing hands. On 12/15/25 at 10:25 AM, Surveyor interviewed RN H and asked if RN H sanitized hands before entering R7's room and touching nebulizer mask after exiting another room. RN H reported to Surveyor that RN H did not sanitize hands and forgot. Example 7 The facility's policy titled, Laundry Handling & Processing Policy, reads in part, .Clean linens should be sorted, packaged, transported, and stored in a manner that prevents the risk of contamination by dust, debris, or other soiled items. On 12/17/25 at 10:30 AM, during tour with Accounts Manager/Head of Laundry O, Surveyor observed Laundry Staff P obtain a gown draped over a table containing an open water container, don the gown and proceed to take laundry from one of the two open laundry carts placed in front of the running dryer and fold the laundry. On 12/17/25 at 10:32 AM, Surveyor interviewed Accounts Manager/Head of Laundry O, who stated the clean laundry carts should be covered and the staff should not have personal/open beverages in the work/clean laundry area.

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not ensure that every resident was treated with dignity and respect when providing activities of daily living (ADL) for 2 of 12 residents (R7 and R29) reviewed. During one observation of a nebulizer treatment provided to R7, the nurse providing cares did not speak to R7 or explain what procedure they were going to provide.During one observation of insulin administration provided to R29, the nurse providing the administration did not speak or explain what procedure nurse was going to provide to R29 and did not remove R29 from the dining prior to administering insulin. This is evidenced by:Facility policy titled, Residents Rights, dated reviewed on July 2022 states in part: .Residents will be treated with respect and dignity and care for each resident will be given in a manner and in an environment that promotes maintenance or enhancement of his/her quality of life and recognizes each resident's individuality. Example 1R7 was admitted to the facility on [DATE], with diagnoses including chronic pulmonary disease, pleural effusion, dysphagia, weakness, acute respiratory failure with hypoxia, non-pressure ulcer of right calf limited to breakdown of skin, morbidly obese, schizoaffective disorder, hypertensive heart disease, congestive heart failure, major depressive disorder, post traumatic disorder, and presence of left artificial knee joint. R7's Minimum Data Set (MDS) assessment, dated 10/14/19, identified on admission that R7 had a Brief Interview for Mental Status (BIMS) score of 15/15. This indicated R7 had intact cognition. The MDS assessment also identified R7 required substantial maximal assist with transfers. On 12/15/25 at 9:38 AM, Surveyor observed Registered Nurse (RN) H go into R7's room and administer a nebulizer. RN H exited R7's room. On 12/15/25 at 10:20 AM, Surveyor observed Director of Nursing (DON) B walk by R7's room and noticed the nebulizer was completed. DON B kept walking by and then stopped in front of another door to ask RN H to go stop R7's nebulizer as it's completed.On 12/15/25 at 10:24 AM, Surveyor observed RN H enter R7's room without sanitizing hands. Surveyor followed RN H to observe. RN H walked into R7's room and took nebulizer mask off R7's face. R7 did not wake up. RN H did not announce RN H's self or explain the procedure to R7. On 12/15/25 at 10:34 AM, Surveyor observed RN H enter R7's room with stethoscope. Surveyor did not hear RN H announce herself to resident or explain procedure to R7 about auscultating lung sounds. When Surveyor walked by room to observe from the outside door, Surveyor only observed RN H place stethoscope against R7's upper left shoulder and listen. Surveyor did not observe RN H ask R7 to sit forward so that RN H could perform auscultation adequately to fully hear R7's lungs. Surveyor observed RN H then exit R7's room.On 12/15/25 at 10:41 AM, Surveyor interviewed R7 and asked if R7 woke up when RN H was in room listening to lung sounds. R7 reported to Surveyor that R7 did not hear anyone come in and listen to R7's lungs and did not know that occurred. On 12/15/25 at 1:12 PM, Surveyor interviewed RN H and asked why RN H did not announce self and explain the procedure occurring to R7. RN H reported that R7 is a heavy sleeper. RN H seemed to not have a concern with not announcing or explaining procedure to R7. On 12/16/25 at 12:11 PM, Surveyor interviewed DON B and asked expectation for RN H to announce herself and explain what procedures are being done before performing them on residents. DON B reported to Surveyor that all procedures are to be explained to residents prior to performing. DON B's expectation would be that RN H should have announced herself and explained what was going on to R7. Example 2R29 was admitted to the facility on [DATE] with diagnoses including, in part, Parkinsonism, dysphagia, abnormalities with gait and mobility, unsteady on feet, dementia, type 2 diabetes mellitus, hypothyroidism, and hypertensive chronic kidney disease stage 1-4. R29's MDS assessment, dated 12/02/25, identified on admission that R29 had a BIMS score of 04/15. This indicated R29 had severe impaired cognition. On 12/15/2025 at 11:52 AM, Surveyor observed RN H walk up to R29 in the dining room with an insulin pen. RN H did not announce to R29 what RN H was doing. RN H then lifted R29's shirt on left arm and administered insulin pen to R29. RN (continued on next page)

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	H then walked away from R29 and headed to medication cart. Surveyor did not observe RN H explain the procedure to R29 about administering the insulin pen and Surveyor did not observe RN H ask R29 was it ok to administer the insulin pen in front of others in the dining room. On 12/15/25 at 1:12 PM, Surveyor interviewed RN H and asked what RN H's process is for administering insulin in the dining room and asking permission to R29 if administering in dining room was ok. RN H reported to Surveyor that usually RN H will pull everyone else out of dining room and provide privacy if requested before administering insulin in the dining room. RN H reported that RN H did not explain the insulin administration to R29 or ask R29 permission because R29 does not really know what is going on and didn't think he would understand anyways. On 12/16/25 at 12:11 PM, Surveyor interviewed DON B and asked expectation for administering insulin in the dining room. DON B reported to Surveyor that all nurses should be taking residents out of the dining room when administering insulin for privacy unless nurses ask residents if they are ok with administering insulin in the dining room. DON B reported that RN H should have taken R29 out of dining room.

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F 0557 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interview, the facility did not ensure 1 resident (R7) of sampled 12 residents has the right to retain personal possessions, including furnishings, as space permits, unless to do so would infringe upon the rights or health and safety of other residents.Facility did not allow R7 to have personal refrigerator in R7's room.Findings include:Facility policy titled, Residents Rights, dated reviewed on July 2022 states in part: .Resident has the right to retain personal possessions, including furnishings, as space permits, unless to do so would infringe upon the rights or health and safety of other residents.R7 was admitted to the facility on [DATE] with diagnoses including chronic pulmonary disease, pleural effusion, dysphagia, weakness, acute respiratory failure with hypoxia, non-pressure ulcer of right calf limited to breakdown of skin, morbidly obese, schizoaffective disorder, hypertensive heart disease, congestive heart failure, major depressive disorder, post traumatic disorder, and presence of left artificial knee joint. R7's Minimum Data Set (MDS) assessment, dated 10/14/19, identified on admission that R7 had a Brief Interview for Mental Status (BIMS) score of 15/15. This indicated R7 had intact cognition. The MDS assessment also identified R7 required substantial maximal assist with transfers. On 12/15/2025 at 10:11 AM, Surveyor interviewed R7 and asked if R7 had any concerns in the facility. R7 reported to Surveyor that staff are great but only complaint is R7 is not allowed to have a personal fridge in R7's room. R7 stated, My boyfriend brought a fridge in my room. I was told that state does not allow personal fridges in resident rooms, so facility made my boyfriend take it back. Surveyor asked R7 who told R7 this from the facility and who did R7 report the concern of R7's fridge being taken out of room. R7 stated, I reported my concern to a nurse who was taking care of me, can't remember her name. The old administrator who was here previously had spoken with me and refused to let me keep my fridge in my room. All I want in my fridge is to keep my pop in there, that the facility allows me to have. On 12/17/25 at 9:07 AM, Surveyor interviewed Maintenance Director N and Kitchen District Manager J about refrigerator in R7's room. Kitchen District Manager J reported that Kitchen District Manager J heard that R7 brought a fridge but was asked to send back home with boyfriend. Kitchen District Manager J is not directly involved with resident refrigerators as it would be responsibility of the facility staff and not the contracted kitchen staff. Kitchen District Manager J reported the kitchen does not have a set policy regarding personal refrigerators in resident rooms, but there is a resident fridge in the dining room where residents can bring food in from outside the facility and store in the dining room. Maintenance Director N reported to Surveyor that residents don't have refrigerators in their rooms due to limited space and then everyone will want a fridge. Maintenance Director N reported there is a resident fridge in the dining room that everyone is allowed to store their food in. On 12/17/25 at 9:25 AM, Surveyor interviewed Nursing Home Administrator (NHA) A and asked if NHA A was aware of R7's request and denial of a personal fridge in R7's room. NHA A reported that NHA A is aware as when NHA A started in this position at facility on 08/04/25, the old interim NHA reported to NHA A that R7 was not allowed to have fridge in R7's room due to not having the ability to keep the temp checks and items assessed on a regular basis. Surveyor explained to NHA A that it is R7's resident right to be able to have a personal fridge in their room if they want and the facility's obligation to set up a system that R7 can have refrigerator in R7's room safely. NHA A reported to Surveyor that NHA A understood.

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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 interview and record review, the facility did not ensure that every resident has the right to make choices about aspects of their life in the facility that are significant to them for 1 of 12 residents (R7) residents reviewed for choices. R7 requests to staff that R7 wants to smoke outside, and facility has refused to take R7 out due to staffing issues or too busy. Findings include:Facility policy titled, Smoking, dated reviewed on 05/09/2019, states in part: .Procedure: #11. For supervised smokers: b. A smoking schedule will be developed to provide supervision for dependent smokers. Dependent smokers will be assisted during these times.R7 was admitted to the facility on [DATE] with diagnoses including chronic pulmonary disease, pleural effusion, dysphagia, weakness, acute respiratory failure with hypoxia, non-pressure ulcer of right calf limited to breakdown of skin, morbidly obese, schizoaffective disorder, hypertensive heart disease, congestive heart failure, major depressive disorder, post traumatic disorder, and presence of left artificial knee joint. R7's Minimum Data Set (MDS) assessment, dated 10/14/19, identified on admission that R7 had a Brief Interview for Mental Status (BIMS) score of 15/15. This indicated R7 had intact cognition. The MDS assessment also identified R7 required substantial maximal assist with transfers. Surveyor reviewed R7's smoking care plan, initiated on 02/12/25, which states in part:Will have staff member go out with resident when she requests a cigarette.Surveyor reviewed R7's Assessments Nicotine Assessment, dated on 02/12/25, which states in part, Wants to at least smoke once a day. Risks benefits given. Supervised with staff when smoking. Time will be determined by staff. On 12/15/25 at 10:41 AM, Surveyor interviewed R7 and asked if R7 has any complaints. R7 reported to Surveyor that R7 wishes the facility had more staffing, and that staff would take R7 out to smoke when requested. Surveyor asked R7 what happens when R7 requests to go smoke. R7 reported to Surveyor that staff usually tell her they are busy or short staffed and can't take her out at that time, and then R7 must wait. R7 reported, Sometimes I don't get to go out at all, haven't been out in over a week, and I crave it. Surveyor reported to R7 that Surveyor will investigate the smoking concern. On 12/15/25 at 3:31 PM, Surveyor observed R7 ask several staff at the nurse's station if R7 could go outside to smoke. Registered Nurse (RN) reported to R7 that staff are short at this moment; one Certified Nurse Assistant (CNA) is covering both hallways until other CNA comes back on floor from break. R7 complained that R7 never gets to go out when R7 asks. Staff reported to R7 that when they have time, they will take R7 out. On 12/17/25 at 12:35 PM, Surveyor interviewed Director of Nursing (DON) B and asked if a smoking schedule is set up for supervised residents such as R7 per facility smoking policy. DON B reported that staff do not set up a schedule for R7 with smoking and staff try to take R7 whenever they can. DON B reported that the Business Office takes residents out to smoke Monday through Friday while at work at least once a day to help staff. On 12/17/25 at 12:41 PM, Surveyor interviewed Medical Records Coordinator (MRC) G and asked if R7 gets to go outside to smoke and when the last time R7 has been out. MRC G reported to Surveyor that up until yesterday, 12/16/25, no residents have been out to smoke due to weather in a week and a half. Surveyor asked if R7 was taken out on Monday, 12/15/25, to smoke after R7 requested since temperature was warmer than normal. MRC G reported, I did not take her out to smoke, so I am unsure. On 12/17/25 at 1:07 PM, Surveyor interviewed Regional Director C and asked if staff offer R7 any other means such as nicotine patches to curb the craving for cigarettes while R7 did not get to go for a smoke outside. Regional Director C reported that Regional Director C will go find out right away. On 12/17/25 at 1:41 PM, Regional Director C returned to conference room and let Surveyor know that R7 was not offered any other means to curb R7's craving for cigarettes.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility did not ensure that a resident (R) received treatment and care to address the resident's mobility needs in accordance with professional standards of practice for 1 out of 4 residents reviewed for mobility, range of motion, and/or positioning (R2).The facility did not provide services to increase and/or prevent further decrease in mobility for R2, who required assistance with ambulation. Findings include:R2 was admitted to the facility on [DATE]. Diagnoses included hypertensive heart and chronic kidney disease with heart failure and stage 5 chronic kidney disease, unsteadiness on feet, and weakness. R2's Minimum Data Set (MDS) assessment, completed on 12/2/25, indicated R2 scored 10/15 during Brief Interview for Mental Status (BIMS), indicating moderate cognition. MDS assessment also indicated R2 required use of a walker, supervision and touch assistance with ambulation. R2's care plan, last revised on 11/27/24, stated R2 will walk with assistance of device/person on level surface. Nursing Restorative: Walking Program #1 Assist me with one person and gait belt and walker with (wheelchair) w/c to follow if needed, to and from each meal as I can tolerate every day.Certified Nursing Assistant (CNA) Kardex states, AMBULATION/LOCOMOTION: Assist of 1 with gait belt and 4ww (wheeled walker), Independent with propelling wheelchair for distance.CNA tasks checklist from 12/3/25 to 12/15/25 indicated task of walking R2 was documented as the following, Resident refused 15 times, supervised ambulation 6 times, independent - no touching 3 times, moderate help 1 time, not attempted due to safety concerns 4 times, and not applicable 1 time. On 12/15/25 at 1:32 PM, Surveyor interviewed R2 who reported staff do not offer to walk him to the dining room and/or back from the dining room. The staff does not offer to walk with him every day, but maybe once or twice a week. R2 denies refusing ambulation due to pain and reports he would like walk to and from the dining room for meals every day, but the staff do not have time.On 12/16/25 at 8:46 AM, Surveyor observed R2 remained in bed when breakfast trays were passed in dining room and hall. After passing trays, CNA K went into room and woke up R2 and then left to care for another resident. On 12/16/25 at 8:49 AM, Surveyor interviewed R2 who reported he has not been offered to ambulate this morning or last evening. On 12/16/25 at 1:40 PM, Surveyor interviewed CNA F and CNA K who stated residents don't always get offered ambulation because there is not enough time for them to do it on day shift. CNA K reported assistance to ambulate was offered to R2 today after breakfast and R2 asked if he could when he was done getting ready (shaving). CNA K stated yes and had not gotten a chance to go back to assist R2 to ambulate. Surveyor asked CNA F and CNA K if charting is marked refused even when residents are not offered to ambulate and both CNAs replied, Sometimes.On 12/16/25 at 2:15 PM, Surveyor interviewed [NAME] President of Services (VPS) D, who stated the expectation would be that residents receive ambulation to and from the dining room if that is what they want and is in their care plan.On 12/17/25 at approximately 2 PM, Surveyor interviewed R2 who reported he still has not been offered to be assisted in ambulation. R2 stated he would like to walk more and does not get the chance to walk at mealtimes or even daily. During the survey period from 12/15/25 to 12/17/25, Surveyor observed R2 self-propel himself or get pushed in wheelchair to and from dining room for three meals observed. Surveyor did not observe any staff offer to assist or encourage R2 to ambulate.On 12/17/25 at 2:25 PM, Director of Nursing (DON) B stated if R2's care plan indicates R2 should be ambulated to and from the dining room, then R2 should be encouraged and offered to be ambulated to and from the dining room. Surveyor requested a printed copy of R2's care plan and received a revised version that excluded a focus area and/or goal addressing R2's mobility/ambulation.

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hayward Health Services	10775 Nyman Ave Hayward, WI 54843

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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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility did not ensure a resident with a pressure injury received care necessary treatment and services, consistent with professional standards of practice, to promote healing for 1 of 3 residents (R) reviewed for pressure injuries (23).R23's care plan interventions of repositioning to heal and prevent worsening of a pressure injury were not implemented.R23's physician orders to treat a pressure injury were not implemented. The facility policy titled, Turning and Repositioning, dated 12/06/22 states: It is our policy to implement turning and repositioning as part of our systematic approach to pressure injury prevention and management. This policy establishes responsibilities and protocols for turning and repositioning. The policy further identifies Explanation and Compliance Guidelines in part .:1. Facility residents at risk of, or with existing pressure injuries, will be turned and repositioned, unless it is contraindicated due to a medical condition. In this case, small shifts in repositioning will be employed.3. The frequency of turning and repositioning will be documented in the resident's place of care, and will be determined by the resident's assessments including but not limited to:a. Level of activity, moisture, and mobility/Braden Scale.b. Skin condition.c. Overall medical conditions or diagnosesd. Treatment goals.e. Type of pressure redistribution support surface in use (turning and positioning is still required on specialty surfaces, but frequency may be reduced)f. Comfort levels.4. The efficacy of repositioning should be monitored and revisions to the care plan considered, if the individual is not responding as expected to the repositioning interventions.The facility policy, titled, Clean Dressing Change, dated 07/20/2022 states: It is the policy of this facility to provide wound care in a manner to decrease potential for infection and/or cross-contamination. Physician's order will specify type of dressing and frequency of changes.R23 was admitted to facility on 10/06/20222 and has diagnoses that include diabetes mellitus type 2 with chronic kidney disease.R23's Significant Change Minimum Data Set (MDS), dated [DATE], indicates a Brief Interview for Mental Status (BIMS) of 15/15 (cognitively intact), does not resist cares, and is dependent on staff for repositioning and transfers. R23's Braden Scale for predicting pressure sore risk completed by facility on 10/01/25 indicates a score of 14 (moderate risk).R23's Braden Scale for predicting pressure sore risk completed by facility on 12/11/2025 indicates a score of 10 (high risk).On 10/09/25, the facility conducted a weekly pressure injury tracker identifying the pressure area #1 on coccyx with measurements of 1.5 cm x 0.25 cm x 0 cm and stage II ulcer. The facility documented under comments section, Wound is denuded skin without drainage. Area around the wound is reddened and excoriated. Zinc oxide and sacral Mepilex applied. Monitor for worsening. Patient is on 2 hour turns and changes throughout the night to prevent further skin breakdown.On 12/11/25, the facility conducted a weekly pressure injury tracker identifying the pressure areas #1 on coccyx with measurements of 0 cm x 0 cm x 0 cm and stage II ulcer. The facility documented under comments section, This wound is not open, but is very red, angry looking and sometimes has areas that tend to bleed through the skin due to being so irritated. Staff cleans with soap/water and pats dry with a towel and applies Vaseline with every toileting/change.R23's care plan dated 10/06/25 with a goal of pressure ulcer showing signs of healing and remain free from infection by/through review date with interventions that include: Administer treatments as ordered and monitor for effectiveness. Follow facility policies/protocols for the prevention/treatment of skin breakdown. The resident needs encouraged and assistance to turn/reposition at least every 2 hours, more often as needed or requested.On 12/12/25, R23 was seen at wound clinic who prescribed a plan: Patient is incontinent and suspect this is likely cause of skin irritation and infection. Triad paste and sacral Mepilex. Nystatin powder to groin and peri area.On 12/12/25, the facility put in a nurses note that stated: Returned from wound clinic appointment with new orders for mepilex to sacrum, change 3x weekly and PRN if soiled. Moisturize right [NAME] QD (every day), Nystatin powder QD to groin, buttocks and gluteal folds. Attempted to call wound clinic x (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3 to get a clarification on Triad paste order, no answer, PCP faxed request for clarification.On 12/15/25, the facility put in a physician order, Cleanse sacrum with normal saline. Apply Triad paste for protection, reapply Mepilex to sacrum every 3 days and as needed if soiled at bedtime every 3 days for wound care to start on 12/16/25.On 12/15/2025 at 8:47 AM, Surveyor observed R23 sitting in a recliner eating breakfast. Constant observation by surveyor conducted and noted the following:On 12/15/2025 at 10:54 AM, R23 remained in same position in recliner.On 12/15/2025 at 12:05 PM, R23 remained in same position in recliner.On 12/15/2025 at 12:40 PM, Surveyor interviewed R23 who was sitting in same position in recliner eating lunch. R23 stated she sleeps in bed at night. Surveyor asked what time R23 got up this morning and was placed in recliner. R23 indicated had a shower around 8:00 AM and then was placed in recliner. Surveyor asked if staff assisted R23 in getting out of recliner since being placed in recliner, and R23 stated, No. Surveyor asked R23 if bottom is getting sore, and R23 stated, Yes, and I pooped. (Call light on left side of recliner arm within reach.)On 12/15/2025 at 12:56 PM, Surveyor observed a staff member enter R23's room to pick up dinner tray and heard staff member state, I will get someone to help. On 12/15/2025 at 1:02 PM, Surveyor observed another staff member enter R23's room and exit. Surveyor interviewed R23 who stated, I told them I needed to go to the bathroom.On 12/15/2025 at 1:06 PM, Surveyor observed Certified Nursing Assistant (CNA) F and CNA K using mechanical lift and laying down R23 in bed. During transfer, Surveyor observed a brown stain on a sheet covering waffle type cushion on recliner and per CNA F it was BM (bowel movement). CNA F and CNA K positioned R23 in bed and conducted incontinence care. Surveyor observed feces leaking through pants and incontinent brief. After removal of pants, Surveyor observed R23's entire area of sacral area excoriated from above coccyx to below upper thigh areas in various shades of pink to some purplish hue and CNA F confirmed the observation. CNA F stated ulcer is improving but stated was not aware of what cause of the skin break down is from.Surveyor observed no Mepilex dressing on R23's sacrum area, and R23 exhibited signs of discomfort during incontinence care of BM removal from sacral area. (Of note, facility received an order for Mepilex on 12/12/25 and did not update physician orders until 12/16/25.)On 12/15/2025 at 1:30 PM, Surveyor observed, per resident request, CNA F and CNA K reposition R23 onto right side placing a pillow behind back. During observation, both CNA F and CNA K stated they have not repositioned resident since after receiving shower this morning by CNA I and believe this was around 8:30 AM.Surveyor interviewed CNA F and CNA K regarding care plan interventions in place for R23. The CNAs stated we offer R23 to lay down after meals, rotating side to side, keep brief loose for air.On 12/16/2025 at 8:35 AM, Surveyor observed Registered Nurse (RN) L with assistance of CNA K conducting wound care treatment on R23's sacrum which included applying a Mepilex dressing. RN L stated the Triad paste order was new as of yesterday.On 12/16/2025 at 2:48 PM, Surveyor interviewed Director of Nursing (DON) B regarding observation of R23 not being offloaded/repositioned for over 4 hours on 12/15/25. DON B stated the expectation would be for staff to follow the plan of care.During interview with DON B, Surveyor shared observation of Mepilex not in place on 12/15/25 during incontinence care as ordered by wound clinic on 12/12/25. DON B stated would need to look into this.On 12/16/2025 at 3:19 PM, DON B stated the order for Mepilex was not transcribed into system as the facility was awaiting clarification of the wound clinic order of 12/12/25 but would have expected to place the Mepilex.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review and staff interviews, the facility did not ensure 1 of 1 resident (R) reviewed who required oxygen and respiratory care was provided such services consistent with professional standards of practice, the resident's comprehensive person-centered care plan, and physician orders (R7). Findings include:Example 1R7 was admitted to the facility on [DATE] with diagnoses including chronic pulmonary disease (COPD), pleural effusion, dysphagia, weakness, acute respiratory failure with hypoxia, non-pressure ulcer of right calf limited to breakdown of skin, morbidly obese, schizoaffective disorder, hypertensive heart disease, congestive heart failure, major depressive disorder, post traumatic disorder, and presence of left artificial knee joint. R7's Minimum Data Set (MDS) assessment, dated 10/14/19, identified on admission that R7 had a Brief Interview for Mental Status (BIMS) score of 15/15. This indicated R7 had intact cognition. The MDS assessment also identified R7 required substantial maximal assist with transfers. Surveyor reviewed R7's physician orders for respiratory, which state in part, Ipratropium-Albuterol Inhalation Solution 0.5-2.5 (3) MG/3ML (Ipratropium-Albuterol) -1 inhalation inhale orally via nebulizer two times a day for shortness of breath.O2 per nasal cannula at 2L - every shift for COPD.Ipratropium-Albuterol Inhalation Solution 0.5-2.5 (3) MG/3ML (Ipratropium-Albuterol) -3 ml inhale orally every 4 hours as needed for SOB related to COPD.Surveyor reviewed R7's care plan, which states in part, R7's Activities of Daily Living (ADL) self-care deficit care plan initiated dated on 12/23/24, Need for assist related to decreased mobility:Please make sure that my O2 tank is full before I leave my room for the day and before I go to appointments R7's respiratory impairment care plan related to: Dx of COPD E/B Need for continuous O2, scheduled inhalers, initiated on 12/23/24, states in part, Evaluate lung sounds and VS as needed. Report abnormalities to MD. O2 per NC continuously at 2LPM Provide assistance with ADLs to conserve energy. On 12/15/25 at 9:38 AM, Surveyor observed Registered Nurse (RN) H go into R7's room and administer a nebulizer. RN H exited R7's room.On 12/15/25 at 10:01 AM, Surveyor observed R7 with nebulizer on empty but still going. RN H was not in room with R7. On 12/15/25 at 10:20 AM, Surveyor observed Director of Nursing (DON) B walk by R7's room and noticed the nebulizer was completed. DON B kept walking by and then stopped in front of another door to ask RN H to go stop R7's nebulizer as it's completed.On 12/15/25 at 10:24 AM, Surveyor observed RN H enter R7's room without sanitizing hands. Surveyor followed RN H to observe. RN H walked into R7's room and took nebulizer mask off of R7's face. R7 did not wake up. RN H walked out of R7's room.On 12/15/25 at 10:31 AM, Surveyor followed RN H down the hall and interviewed RN H about Surveyor not observing RN H auscultate R7's lungs for assessment prior to administering nebulizer and did not observe post nebulizer assessment. RN H reported to Surveyor that RN H should have performed a pre assessment of lungs prior to administering nebulizer to R7 and will go perform post assessment now. Surveyor asked RN H what the time frame for RN H is to go back in and check R7 with an active nebulizer being administered. RN H reported to Surveyor that RN H usually goes back in within 5-10 minutes, but RN H did not. On 12/15/25 at 10:34 AM, Surveyor observed RN H enter R7's room with stethoscope. Surveyor did not hear RN H announce herself to resident or explain procedure to R7 about auscultating lung sounds. When Surveyor walked by room to observe from the outside door, Surveyor only observed RN H place stethoscope against R7's upper left shoulder and listen. Surveyor did not observe RN H ask R7 to sit forward so that RN H could perform auscultation adequately to fully hear R7's lungs. Surveyor did not observe RN assess all 4 areas for lung sounds. Surveyor observed RN H then exit R7's room.On 12/15/25 at 10:41 AM, Surveyor interviewed R7 and asked if R7 woke up when RN H was in room listening to lung sounds. R7 reported to Surveyor that R7 did not hear anyone come in and listen to R7's lungs and did not know that occurred. On 12/16/25 at 12:11 PM, Surveyor interviewed DON B and asked expectation for RN H to complete a pre and post assessment of R7's lungs when administering a nebulizer. Example 2On 12/16/25 at 9:38 AM, (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Surveyor observed Certified Nursing Assistant (CNA) F enter R7's room to assist R7 to beside commode with EZ-Stand. Surveyor observed CNA F remove R7's oxygen and place R7 on commode.On 12/16/2025 at 9:48 AM, Surveyor observed RN E enter R7's room after CNA F transferred R7 off the bedside commode back to wheelchair. RN E checked R7's oxygen (O2) saturations and noted the result was 86. Surveyor asked RN E why R7's oxygen was low, and RN E reported that staff just transferred R7 to commode and must have taken it off. Surveyor asked RN E if R7 is supposed to have continuous oxygen on or can she take off during transfers. RN E reported that R7 should really have the oxygen on continuous. Surveyor had RN E check big concentrator to see what the oxygen level was at as Surveyor noticed it was between 2 and 3 liters (L). RN E reported to Surveyor that the concentrator was almost to 3 L O2 and should only be at 2 L. RN E bumped the concentrator down to 2 L. On 12/16/25 at 10:00 AM, Surveyor interviewed CNA F and asked CNA F if R7 had oxygen on during transfer to bedside commode to use the bathroom. CNA F reported to Surveyor that CNA F took oxygen off while transferring to bedside commode and then to wheelchair. CNA F reported to Surveyor that once R7 was on bedside commode, CNA F checked the portable tank and noticed it was empty, and then other CNA went to fill it up. CNA F placed R7 back into wheelchair and then applied big concentrator oxygen to R7. On 12/16/25 at 10:12 AM, Surveyor observed RN E re-enter R7's room and stopped the nebulizer machine. RN E assessed post lung sounds and gathered O2 saturation that resulted in 90 on 2 L of O2. RN E wheeled R7 into activity room and left the room. Surveyor stayed in activity room to observe R7 during activities for any possible trouble breathing since O2 was lower than normal parameters. On 12/16/25 at 10:47 AM, Surveyor interviewed RN E and asked RN E what R7's baseline O2 saturations should be that staff know to keep O2 above to prevent hypoxia. RN E reported that RN E is unsure and will need to look in R7's Electronic Health Record (EHR). RN E reviewed R7's EHR and could not find a physician order for R7's oxygen saturation parameters.On 12/17/25 at 10:54 AM, Surveyor interviewed DON B and Regional Director C and asked how staff assess respiratory status, O2 saturations and parameters for baseline since there is not a physician order to guide staff. Surveyor asked how staff decide when to decrease or increase oxygen on concentrator. Surveyor informed DON B and Regional Director C of the observation of low oxygen saturation of 86% with R7's concentrator being at 3 L. DON B and Regional Director C reviewed R7's physician orders and care plan and noted that R7's electronic health record (EHR) did not have a physician order for parameters to keep R7 above a certain oxygen saturation to prevent hypoxia. Regional Director C reported that Regional Director C would get a physician order right away.

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident?s drug regimen must be free from unnecessary drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not ensure each resident's drug regimen was free from unnecessary drugs for 1 of 5 residents (R29) reviewed.Facility failed to discontinue Trazadone for R29 after pharmacy recommended R29 to discontinue if no sleep concerns. Findings include:R29 was admitted to the facility on [DATE] with diagnoses including, in part, Parkinsonism, dysphagia, abnormalities with gait and mobility, unsteady on feet, dementia, type 2 diabetes mellitus, hypothyroidism, and hypertensive chronic kidney disease stage 1-4. R29's Minimum Data Set (MDS) assessment, dated 12/02/25, identified on admission that R29 had a Brief Interview for Mental Status (BIMS) score of 04/15. This indicated R29 had severe impaired cognition. MDS on 12/02/25 states no behaviors noted. Surveyor reviewed R29's physician orders, which state in part, Trazodone HCl Oral Tablet (Trazodone HCl) -Give 25 mg by mouth at bedtime for insomnia related to depression. Antidepressant medication - observe for sedation, drowsiness, dry mouth, blurred vision, headache, urinary retention, tachycardia, muscle tremors, agitation, skin rash, and excess weight gain. R7's care plan: Sleep cycle issues as evidenced by (difficulty falling or staying asleep) r/t medical status and cognitionUse of TrazodoneAdapt environment related to noise levels, lights, etc. Administer medications as ordered Attempt psychotropic drug reduction per MD orders - Evaluate sleep pattern Monitor for factors that may contribute to poor sleep pattern. Offer back rub, relaxation techniques, and soft/relaxing music Update MD regarding changes in resident's sleep pattern Surveyor reviewed R29's pharmacy monthly reviews:On 04/21/25: Recommendation is if R29 sleeping well to discontinue the trazadone to minimize total number of medications. On 08/13/25: Attempt reduction of Trazadone 25mg QHS. Signed by RN H on 08/29/25. Surveyor reviewed CNA task list which had order to monitor R29 every 2 hours for sleep disturbances. Surveyor did not find any consistent nightly documentation of sleep behaviors every two hours. Surveyor did not find any sleep concerns documented for the last 30 days. Surveyor reviewed R29's Sleep Assessment:On 01/18/25: Sleep assessment completed. Summary: Resident slept well since his admission during the night. No restlessness noted during the night.On 12/17/25 at 9:02 AM, Surveyor asked Director of Nursing (DON) B and Regional Director C for documentation of sleep patterns/behaviors for R29.On 12/17/25 at 10:54 AM, Surveyor interviewed Regional Director C and asked if R29 has sleep behaviors documented in Electronic Health Record (EHR) and if staff are checking these behaviors. Regional Director C reported they could not find that staff were assessing sleep behaviors consistently every 2 hours as in the task to do list. Regional Director C also reported to Surveyor that a sleep assessment evaluation was only done in January of this year and never readdressed in April as suggested by pharmacy to discontinue Trazadone.

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. Based on observation, record review and interview, the facility did not ensure a medication error rate of 5% or less for 2 of 6 residents (R), R25 and R15, observed for medication pass. The facility had 31 opportunities and 3 medication errors resulting in an 9.68% error rate. Registered Nurse (RN) L administered Atropine drops sublingual to R25 with unknown open date. RN E administered insulin pen without checking the expiration date and the correct physician order for R15.This is evidenced by:According to the Food and Drug Administration (FDA), insulin pens should be discarded 28 days after opening the pen to ensure effectiveness of the medication.Example 1On 12/16/2025 at 8:33 AM, Surveyor observed RN L administer medications to R25. RN L administered Atropine drops sublingual. Surveyor observed Atropine bottle to have no open date label, so expiration was unknown resulting in a medication error. On 12/16/25 at 8:11 AM, Surveyor interviewed RN L and asked RN L what the correct process is for checking labels and expirations before administering medications. RN L looked at Atropine bottle and stated, You're right it does not have an open label. I should have discarded and gathered a new bottle before administering due to not knowing potency of medication and if it is expired or not. On 12/16/25 at 12:11 PM, Surveyor interviewed Director of Nursing (DON) B and asked expectation of checking medications that are opened for open dates such as Atropine drops for R25. DON B reported that all nurses should be checking open date labels to prevent expired medications from being administered and this is considered a medication error. Example 2On 12/16/25 at 8:19 AM, Surveyor observed RN E administer 16 units of insulin glargine 100 UNT/ML Pen Injector [Lantus] insulin to R15 without checking physician order and open date of insulin pen, so expiration was unknown resulting in a medication error. On 12/16/25 at 8:32 AM, Surveyor interviewed RN E and asked RN E what the protocol is for checking insulin pens before administering and what do you do if there is no open date label on the pen. RN E reported to Surveyor that RN E usually looks to see the open date as insulin pens have to be discarded after 28 days, and RN E did not look before administering to R15. On 12/16/25 at 12:07 PM, Surveyor observed during medication reconciliation for medication administration that RN E documented in R15's Electronic Health Record (EHR), RN E gave Semiglee insulin 16 units to R15 instead of documenting 16 units of insulin glargine 100 UNT/ML Pen Injector [Lantus] insulin. Surveyor interviewed RN E and asked that RN E and Surveyor review R15's Medication Administration Record (MAR) together. Surveyor asked RN E if the insulin orders in R15's chart were accurate as RN E signed off on the Semiglee insulin order that RN E gave 16 units when the actual medication given was Lantus 16 units. RN E reported to Surveyor that RN E administered Lantus and signed out Semiglee insulin medication order. RN E reported R15's physician made a medication order a while ago to give Lantus in place of Semiglee until pharmacy can send Semiglee to the facility. RN reported the correct process is to discontinue the Semiglee insulin order to administer 16 units and place the Lantus order to administer 16 units into the MAR so that staff can sign out appropriately. RN E reported to Surveyor that it looks like it's a transcribing concern, and RN E should not have given the Lantus without a correct physician orderOn 12/16/25 at 12:11 PM, Surveyor interviewed Director of Nursing (DON) B and asked expectation of signing out R15's Lantus insulin administered to the correct order in the MAR as RN signed out Semiglee insulin instead and that was not the medication given to R15. DON B reported that it sounds like there is an transcribing concern with R15's insulin orders and expectation would have been for whichever nurse on the floor receives a new medication order from the pharmacy that, the correct medication is entered in the MAR appropriately and then RN E should have then signed the Lantus out in a Lantus insulin order and not the Semiglee insulin on MAR. DON B reported that Semiglee order should be discontinued and correct medication placed in the MAR.

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Hayward Health Services	10775 Nyman Ave Hayward, WI 54843

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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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. Based on observation, record review and interview, the facility did not ensure that residents are free of significant medication errors for 1 of 6 residents (R), R15, observed for medication admonistration. Registered Nurse (RN) E administered 16 units of insulin glargine 100 UNT/ML Pen Injector [Lantus] insulin to R15 with no physician order for Lantus. This is evidenced by:According to the Food and Drug Administration (FDA), insulin pens should be discarded 28 days after opening the pen to ensure effectiveness of the medication.On 12/16/25 at 8:19 AM, Surveyor observed RN E administer 16 units of insulin glargine 100 UNT/ML Pen Injector [Lantus] insulin to R15 without checking physician order and open date of insulin pen, so expiration was unknown resulting in a medication error. On 12/16/25 at 8:32 AM, Surveyor interviewed RN E and asked RN E what the protocol is for checking insulin pens before administering and what do you do if there is no open date label on the pen. RN E reported to Surveyor that RN E usually looks to see the open date as insulin pens have to be discarded after 28 days, and RN E did not look before administering to R15. On 12/16/25 at 12:07 PM, Surveyor observed during medication reconciliation for medication administration that RN E documented in R15's Electronic Health Record (EHR), RN E gave Semiglee insulin 16 units to R15 instead of documenting 16 units of insulin glargine 100 UNT/ML Pen Injector [Lantus] insulin. Surveyor interviewed RN E and asked that RN E and Surveyor review R15's Medication Administration Record (MAR) together. Surveyor asked RN E if the insulin orders in R15's chart were accurate as RN E signed off on the Semiglee insulin order that RN E gave 16 units when the actual medication given was Lantus 16 units. RN E reported to Surveyor that RN E administered Lantus and signed out in Semiglee insulin medication order. RN E reported R15's physician made a medication order a while ago to give Lantus in place of Semiglee until pharmacy can send Semiglee to the facility. RN reported the correct process is to discontinue the Semiglee insulin order to administer 16 units and place the Lantus order to administer 16 units into the MAR so that staff can sign out appropriately. RN E reported to Surveyor that it looks like it's a transcribing concern, and RN E should not have given the Lantus without a correct physician orderOn 12/16/25 at 12:11 PM, Surveyor interviewed Director of Nursing (DON) B and asked expectation of signing out R15's Lantus insulin administered to the correct order in the MAR as RN signed out Semiglee insulin instead and that was not the medication given to R15. DON B reported that it sounds like there is an transcribing concern with R15's insulin orders and expectation would have been for whichever nurse on the floor receives a new medication order from the pharmacy that the correct medication is entered in the MAR appropriately and then RN E should have then signed the Lantus out in a Lantus insulin order and not the Semiglee insulin on MAR. DON B reported that Semiglee order should be discontinued and correct medication placed in the MAR.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525434	A. Building B. Wing	12/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hayward Health Services	10775 Nyman Ave Hayward, WI 54843

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation and interview, the facility did not ensure drugs and biologicals were labeled in accordance with currently accepted professional principles and did not ensure expired medications were removed from residents' (R) medication supply. (R15 and R25) One insulin Lantus pen was not labeled with an open date or expiration of medication for R15 in 1 of 2 residents observed who received insulin. Atropine drops were not labeled with an open date or expiration of medication for R25 in 1 of 1 resident observed who received Atropine. Findings include: According to the Food and Drug Administration (FDA), insulin pens should be discarded 28 days after opening the pen to ensure effectiveness of the medication. Example 1On 12/16/25 at 8:19 AM, Surveyor observed Registered Nurse (RN) E administer 16 units of insulin glargine 100 UNT/ML Pen Injector [Lantus] insulin to R15 with no open date label on the insulin pen.On 12/16/25 at 8:32 AM, Surveyor interviewed RN E and asked RN E what the protocol is for labeling insulin pens, checking insulin pens before administering and what do you do if there is no open date label on the pen. RN E reported to Surveyor that RN E usually looks to see the open date as insulin pens must be discarded after 28 days, and RN E did not look before administering to R15. RN E reported that when pharmacy sends medications in, it's the nurse's job to appropriately label the insulin pen once opened with a sticker. On 12/16/25 at 12:11 PM, Surveyor interviewed Director of Nursing (DON) B and asked expectation of labeling insulin pens as R15's insulin pen did not have an open date label before RN E administered R15's insulin. DON B expectation is that all staff are to follow facility policy and label any medication that is opened with the open date. If it is an insulin pen, the pens need to have an open date label along with expiration date, so all staff know when to discard. DON B reported that RN E should have discarded the insulin pen and opened a new one. Example 2 On 12/16/2025 at 8:33 AM, Surveyor observed RN L administer medications to R25. RN L administered Atropine drops sublingual. Surveyor observed Atropine bottle to have no open date label, so expiration was unknown.On 12/16/25 at 8:11 AM, Surveyor interviewed RN L and asked RN L what the correct process is for checking labels and expirations before administering medications. RN L looked at Atropine bottle and stated, You're right it does not have an open label. I should have discarded and gathered a new bottle before administering due to not knowing potency of medication and if it is expired or not. On 12/16/25 at 12:11 PM, Surveyor interviewed DON B and asked expectation of checking medications that are opened for open dates such as Atropine drops for R25. DON B reported that all nurses should be checking open date labels to prevent expired medications from being administered.