

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525435	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/08/2025
NAME OF PROVIDER OR SUPPLIER Abbotsford Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 600 E Elm St Abbotsford, WI 54405	

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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>Based on record review and interview, the facility did not implement policy and procedures related to screening employees for a prior history of abuse, neglect, exploitation of residents, or misappropriation of resident property for 1 of 8 employees reviewed. The facility did not ensure their abuse policy was implemented when one employee's Background Information Disclosure (BID), Department of Justice Response (DOJ), and Government Findings report was not obtained before employee started working at facility. (Intern D). The facility policy, titled Abuse, Neglect and Exploitation dated 10/01/22 states: It is the policy of this facility to provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property. Under section labeled 1A. Screening states Potential employees will be screened for a history of abuse, neglect, exploitation or misappropriate of resident property. 1. Background, reference and credentials' checks shall be conducted on potential employees, contracted temporary staff, students affiliated with academic institutions, volunteers, and consultants. On 07/08/25, Surveyor reviewed 8 random staff Caregiver Background Check and Misconduct Reporting Compliance Check. Intern D was hired on 06/02/25. Surveyor found no BID, Department of Justice (DOJ), or Government Findings report completed for Intern D. On 07/08/25 AM, Surveyor interviewed Nursing Home Administrator (NHA) A regarding lack of Intern D's BID, DOJ, and Government Findings report. NHA A indicated that upon hire of Intern D the corporate office thought the facility was conducting the background information and corporate office thought the facility was conducting the background information and neither of them conducted the background information for Intern D. NHA A stated they have been having Intern D stay in the office now. (Of note---Surveyor observed Intern D on 07/07/25, walking in the building obtaining paperwork for Surveyors in resident care areas).</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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and record review, the facility failed to revise the care plan for 1 of 3 residents (R) reviewed (R2).</p> <p>-R2's care plan indicated intervention of side rail. The care plan was not revised after removal of the side rail.</p> <p>Findings include:</p> <p>R2 was admitted to the facility on [DATE]; diagnoses include congestive heart failure (CHF), morbid obesity, and anxiety disorder.</p> <p>R2's Minimum Data Set (MDS), completed on 04/22/25, confirmed R2 scored 15/15 during BIMS, indicating intact cognitive function.</p> <p>R2's care plan, last revised on 06/20/25, includes a focus of physical functioning deficit related to mobility impairment with intervention of assistive devices including side rail.</p> <p>Surveyor reviewed R2's bed rail assessment, dated 04/11/25, which showed bilateral side rails were indicated to serve as an enabler to promote independence, and R2 had expressed a desire to have side rails.</p> <p>Surveyor reviewed audits completed on 04/16/25, 04/23/25, 04/30/25, 05/08/25, and 05/16/25, by Speech-language Pathologist (SLP) J, which indicated the care plan had been updated.</p> <p>On 07/08/25 at 7:33 AM, Surveyor observed R2's bed did not have side rails present.</p> <p>On 07/08/25 at 7:34 AM, Surveyor interviewed R2. R2 reported the side rails were removed from her bed while she was hospitalized . R2 stated she was informed everyone's side rails were removed when Nursing Home Administrator (NHA) A started working there. R2 stated, I was told I couldn't have them back. R2 stated therapy was supposed to get her a trapeze, which she did not receive yet.</p> <p>On 07/08/25 at 8:38 AM, Surveyor interviewed Director of Nursing (DON) B. DON B stated R2's side rails had been removed per protocol due to being discharged to the hospital. DON B stated R2 had always been dependent on staff and side rails would not improve R2's bed mobility.</p> <p>Surveyor concluded the facility failed to revise R2's care plan upon removal of side rails.</p>		