STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525435	A. Building B. Wing	06/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Abbotsford Health Care Center	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)
F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	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 residents received services in the facility with reasonable accommodation of needs for 2 of 3 residents (R1, R5) reviewed from a sample of 5 residents.-R1 did not have a wheelchair available at all times and did not have the ability to get out of bed during those times.-R1 did not have assistance in obtaining eyeglasses replaced or fixed causing skin injuries.-R5 was unable to get out of bed at times due to the Hoyer lift not working properly.Findings include:The facility policy titled, Resident Rights Policy, dated 01/05/26, reads in part: The resident has a right to be treated with respect and dignity, including.the right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences.Example 1R1 was admitted to the facility on [DATE] with diagnoses including hemiplegia and hemiparesis following a stroke affecting the right dominant side, and history of heart attack. On 06/02/26, R1's Minimum Data Set (MDS) noted a Brief Interview for Mental Status (BIMS) score of 15/15 indicating no cognitive impairment.R1's care plan initiated on 01/15/26 indicated a focus of physical functioning deficit related to mobility impairment with interventions that includes R1 requires assist of 1 for wheelchair mobility. Staff must push resident in a manual wheelchair.On 06/29/26 at 11:09 AM, Surveyor interviewed R1 about their Broda chair. R1 stated the Broda chair they were using broke and had to be fixed. R1 stated it was gone for about a week and the staff had to borrow one to use from another resident. R1 reported Family Member (FM)E comes to visit and R1 likes to be up, and a couple times R1 was not able to because R1 did not have a chair available.On 06/29/26 at 1:32 PM, Surveyor interviewed Certified Nursing Assistant (CNA) D about R1's Broda chair. CNA D stated the chair had been sent out to be fixed and had since returned. CNA D reported the chair was gone about a week. CNA D was unsure about the sharing of wheelchairs.On 06/29/26 at 1:41 PM, Surveyor interviewed CNA G about R1's Broda chair. CNA G stated R1's chair did not steer right and had to be fixed. CNA G was unsure about the sharing of wheelchairs and stated R1 mostly just stayed in bed.On 06/29/26 at 1:49 PM, Surveyor interviewed FM E about R1's Broda chair. FM E stated FM E spoke with R1 about coming to visit. R1 told staff R1 wanted to be up when FM E arrived. FM E stated R1 was still in bed when FM E arrived at the facility and did not have the Broda chair available. FM E reported observing staff taking another resident to their room in a Broda chair, removed that resident from the chair, and then brought the same chair to R1's room.On 06/29/26 at 3:15 PM, Surveyor interviewed Nursing Home Administrator (NHA) A about R1's Broda chair. NHA A stated R1's Broda chair had a hydraulic issue and had been sent out to be fixed. NHA A was notified on 05/23/26 about it being broken and it was sent out to be repaired on 05/26/26 and returned to the facility on [DATE]. NHA A stated R1 and another resident had shared the other resident's Broda chair during that time period. When asked if a schedule was in place for use by each resident or what to do in case of emergency, NHA A stated, Well I wasn't going to make a care plan for that short time. NHA A stated R1 did not get out of bed often, so it wasn't necessary.Example 2On 06/29/26 at 11:09 AM, Surveyor interviewed R1 about R1's glasses. R1 stated the nose piece of R1's glasses was broken since just after admission and R1 has reported it to staff and nothing was done. R1 stated the glasses were hurting R1's nose and causing sores. Surveyor observed a sore/reddened area to the left side of R1's (continued on next page)

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

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	nose. R1 reported staff were not applying any treatment for this skin injury.On 06/29/26 at 1:32 PM, Surveyor interviewed CNA D. CNA D stated R1 has a sore area on the left side of R1's nose from the glasses rubbing. CNA D stated this happened once before and there had been a previous treatment. CNA D reported CNA D has not seen any kind of treatment to R1's nose for a while. CNA D was unsure about if the facility was addressing the broken glasses.On 06/29/26 at 1:49 PM, Surveyor spoke with Family Member (FM) E regarding R1's glasses. FM E stated R1 required a new eye appointment in order to be eligible for new glasses. FM E stated they had previously spoken with Medical Records (MR) F staff regarding an eye appointment needed. MR F stated they had previously contacted R1's managed care organization and let them know R1 needed the appointment. FM E informed MR F that R1's managed care organization had changed. FM E stated MR F was going to follow up.On 06/29/26 at 3:15 PM, Surveyor interviewed NHA A about R1's glasses. NHA A stated FM E had complained to MR F and MR F was working on it. NHA A stated NHA A was not completely aware of the entire situation.On 06/29/26 at 4:51 PM, Surveyor interviewed MR F about R1's glasses. MR F stated they have only been with the facility for 3 months and are unsure what happened previously. MR F stated FM E had contacted MR F with concern of needing an eye appointment for R1 in order to get new glasses. MR F stated both the old managed care organization and the current one were contacted, and MR F was unaware if any appointment had yet been made.Example 3R5 was admitted to the facility on [DATE] with diagnoses including type 2 diabetes, morbid obesity, anxiety disorder and acute respiratory failure. R5's MDS assessment on 05/01/26 notes a BIMS score of 14/15 indicating no cognitive impairment.On 06/29/26 at 11:17 AM, Surveyor interviewed R5 regarding the Hoyer lift. R5 stated the Hoyer left has been broken down a few times since being admitted to the facility. R5 stated the reasons told to R5 included dead batteries and the charger not working. R5 stated the Hoyer lift is the only way they can be transferred and they had to remain in bed during the times it wasn't working. R5 stated there is only one bariatric lift in the facility to accommodate R5's weight.On 06/29/26 at 1:32 PM, Surveyor interviewed CNA D regarding Hoyer lifts. CNA D reported there have been issues with the special Hoyer lift for R5. CNA D reported the battery does not charge. Surveyor observed the bariatric Hoyer lift and noted it was plugged in and not charging. CNA D stated that when the lift is not working, R5 is unable to get out of bed.On 06/29/26 at 3:15 PM, Surveyor interviewed NHA A regarding Hoyer lifts not working. NHA A stated a back-up battery and charging cords had been ordered and delivered as there were previous concerns, but they should be in working order at this time. Assistant Nursing Home Administrator (ANHA) C was present for this interview and stated the Hoyer lifts should be working. ANHA C left to find maintenance and check the bariatric Hoyer lift due to Surveyor's observation and R5's report. Upon returning to the room, ANHA C stated the outlet the Hoyer lift had been plugged into was not working and the lift was not charging. The Hoyer lift was then plugged into another outlet and was now charging. NHA A reported R5 doesn't often get out of bed, and it shouldn't be a concern. Surveyor made NHA A aware of R5's concerns.

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not revise a comprehensive person-centered care plan for each resident, consistent with the resident rights, for 1 of 3 residents reviewed from a sample of 5 residents (R1).-R1's care plan did not include the use of a Broda chair or interventions related to sharing a Broda chair with another resident.Findings include:The facility policy titled, Comprehensive Care Plans, dated 10/01/22, reads in part: The comprehensive care plan will describe, at a minimum, the following: the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being .resident specific interventions that reflect the resident's needs and preferences.On 06/29/26, Surveyor reviewed R1's medical record. R1 was admitted to the facility on [DATE] with R1's personal motorized wheelchair. On 02/15/26, R1 was noted to be unsafe and was recommended to be placed in a Broda wheelchair for safety and positioning. R1's care plan did not indicate R1 was to use a Broda chair. There were no interventions noted related to R1 sharing a wheelchair with another resident including a plan for times of use or what to do in case of an emergency.On 06/29/26 at 11:09 AM, Surveyor interviewed R1 about R1's Broda chair. R1 stated the Broda chair R1 was using broke and had to be fixed. R1 stated that it was gone for about a week and the staff had to get a different one to use. R1 was not aware R1 was sharing a Broda chair with another resident.On 06/29/26 at 3:15 PM, Surveyor interviewed Nursing Home Administrator (NHA) A about R1's Broda chair. NHA A stated R1's Broda chair had a hydraulic issue and had been sent out to be fixed. It had since been returned. NHA A stated R1 and another resident had shared the other resident's Broda chair during that time period. When asked if a schedule was in place for which Resident used it, or anything was care planned regarding this, NHA A stated, Well I wasn't going to make a care plan for that short time. NHA A stated R1 did not get out of bed often, so it wasn't necessary.