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	06/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Abbotsford Health Care Center	600 E Elm St Abbotsford, WI 54405

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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. Based on observation, interview, and record review, the facility did not maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections, which has the potential to affect all 39 residents.-The facility's infection control surveillance was incomplete and missing pertinent information to help prevent the spread of infection.-A wet/soiled incontinence brief was observed on the nightstand of a resident's room (R32).Findings include:The facility policy titled, Infection Prevention and Control Program, last revised 07/2025 includes: A system of surveillance is utilized for prevention, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon a facility assessment and accepted national standards.Example 1On 05/31/26 at 9:08 AM, Surveyor observed a heavily saturated incontinence brief on the nightstand next to R32's bed. R32 is on enhanced barrier precautions in relation to wound on buttock and history of multi drug-resistant organisms (MDRO). Nursing staff were unavailable for interview at this time.On 06/02/26 at 8:51 AM, Surveyor interviewed Certified Nursing Assistant (CNA) D about incontinence briefs. CNA D indicated incontinence briefs should immediately be placed in a garbage bag after removal from a resident. Surveyor asked CNA D if it would be appropriate to place a soiled incontinence brief on the nightstand next to the bed and CNA D stated no, never.On 06/02/26 at 9:34 AM, Surveyor interviewed Licensed Practical Nurse (LPN) C about soiled incontinence briefs. LPN C stated it would be their expectation that soiled briefs would be placed into a garbage bag and disposed of properly. LPN C acknowledged Surveyor's observation and stated they had witnessed a similar situation on this date. LPN C stated they encouraged CNAs to carry garbage bags in their pockets or make sure a garbage can was near prior to performing incontinence care.Example 2On 06/02/26, Surveyor reviewed the infection surveillance line lists for residents, staff, and most recent outbreak. The lists were not complete and were missing the dates the symptoms resolved. Surveyor was unable to determine if staff returned to work on an appropriate date or if residents were in isolation for the correct amount of time.On 06/02/26 at 9:34 AM, Surveyor interviewed LPN C about infection surveillance. LPN C stated they were unable to locate the surveillance information from previously employed infection preventionist. LPN C stated the line list provided to the Surveyor was written in on the day prior and filled out the best it could be. There was no line list ready upon survey entrance. LPN C acknowledged some information was missing and the line lists were incomplete. LPN C showed Surveyor a form the facility may implement which has the required information.

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 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Implement a program that monitors antibiotic use. Based on interview and record review, the facility did not ensure the Infection Prevention and Control Program included an Antibiotic Stewardship Program monitoring antibiotic use which has the potential to affect all 39 residents.-The facility does not currently have an antibiotic stewardship program in place.Findings include:The facility policy titled, Antibiotic Stewardship Program, last revised November 2017, includes: It is the policy of this facility to implement an Antibiotic Stewardship Program as part of the facility's overall infection prevention and control program. The purpose of the program is to optimize the treatment of infection while reducing the adverse events associated with antibiotic use.The program includes antibiotic use protocols and a system to monitor antibiotic use.On 06/02/26 at 9:43 AM, Surveyor interviewed Licensed Practical Nurse (LPN) C about the antibiotic stewardship part of the infection control program. LPN C stated the previous Infection Preventionist (IP) did not leave the information for the facility or did not complete the documentation for the facility's antibiotic stewardship monitoring upon employment termination. LPN C acknowledged contact would have to be made with the medical director regarding antibiotic use. LPN C reported there was no current monitoring in place which they could locate and would be working on that as soon as possible.

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F 0882 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home. Based on interview and record review, the facility did not ensure the facility designated one or more individuals as the Infection Preventionist, who has completed specialized training in infection prevention and control. This has the potential to affect all 39 residents.-The facility does not have a certified infection preventionist. Findings include:The facility policy titled, Infection Prevention and Control Program, last revised 07/2025 includes: The designated Infection Preventionist is responsible for oversight of the program and serves as a consultant to our staff on infectious diseases, resident room placement, implementing isolation precautions, staff and resident exposures, surveillance, and epidemiological investigations of exposures of infectious disease.On 05/31/26 at 11:23 AM, Surveyor interviewed Nursing Home Administrator (NHA) A about who oversees the infection control program. NHA A indicated the previous Infection Preventionist (IP) had terminated employment recently and that Director of Nursing (DON) B and Licensed Practical Nurse (LPN) C would be working on the program together.On 06/01/26 at 1:35 PM, Surveyor interviewed DON B about the infection control program. DON B indicated they were not taking on the role of IP, and LPN C had recently started working at the facility and would be assisting in the role of IP.On 06/02/26 at 8:35 AM, LPN C reported to Surveyor that they had previously completed the training, but it was many years prior and was attempting to contact someone to assist with retrieving proof of completion.On 06/02/26 at 9:32 AM, Surveyor interviewed LPN C about the infection preventionist certification. LPN C reported they were unable to obtain proof of certification for IP training as it had been over 15 years. LPN C stated they would be taking the training in the upcoming days.

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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not immediately report to the physician on call of R22's decline of a groin wound for 1 of 2 residents (R) reviewed for pressure injuries (R22).R22's groin pressure injury (PI) increased in size on 05/30/26, and the facility did not notify the physician of the change. This is evidenced by:R22 was admitted to the facility on [DATE]. R22's current diagnoses include progressive multiple sclerosis, spinal stenosis of the lumbar region, and venous insufficiency (chronic peripheral). On 04/16/26, Minimum Data Set (MDS) documented R22 was independent with cognitive skills for daily decision making. R22 had impairment on both sides of lower extremities. R22 is dependent on staff assistance for toileting hygiene, lower body dressing and transfers. R22 requires maximum assistance of staff for personal hygiene and bed mobility. On 05/23/26, facility's assessment of R22's left groin wound was documented as a stage 3 PI measuring 0.1cm x 0.5cm x 0.1 cm. On 05/29/26, a new wound physician assessment documented R22's left groin as inguinal wound and measured 2.1 x 5.5 x 0.1 cm, partial thickness. Note, this physician assessment did not document a debridement was performed to this area to cause an increase in size. On 05/30/26, facility's assessment of R22's left groin wound was documented as stage 3 PI measuring 3.5cm x 6 cm x 0.2 cm with moderate amount of serosanguineous exudate, 100% granulation tissue, and wound status is worsening. The notes documented Wound went from being almost closed last week to being wipe (sic) open today. No signs or symptoms of infection, no pain noted from resident. No foul order (sic). The medical record did not document a physician was notified of the continued increase in size. On 05/31/26 at 1:09 PM, Surveyor interviewed R22 asking about healing of wounds. R22 stated all wound areas are now healing and R22 is so happy.On 06/01/26 at 8:45 AM, Surveyor observed Licensed Practical Nurse (LPN) K complete wound care. Surveyor asked LPN K what the area is to R22's groin area. LPN K stated the area is a slit. Surveyor observed R22's left groin area and there was an open slit at the base of the groin between the abdomen and thigh folds. The open area was clean with bright red tissue and appeared to be more of a skin tear slit. Surveyor asked LPN K how the area started. LPN K stated LPN K had just recently started at the facility and the wound was present at that time and did not know how the wound started. On 06/02/26 at 2:00 PM, Surveyor interviewed Director of Nursing (DON) B asking if the wound nurse updated the physician when R22's groin wound increased in size. DON B stated Medical Doctor (MD) L is the new wound physician and just started on Friday 05/29/26. Surveyor reviewed with DON B of MD L noting the groin wound size to be 2.1 x 5.5 x 0.1 cm. This is larger than previous facility wound assessment. The facility wound assessment that was conducted on 05/30/26, which is the day after MD L's assessment, and now the wound is larger. The facility's assessment documented the wound is worsening and did not document the physician was notified of the change. DON B stated they will look for further documentation.On 06/02/26 at 3:03 PM, Surveyor interviewed DON B asking about physician notification. DON B stated they are unable to find documentation where the MD was notified of the increase in the groin wound size. DON B stated the wound nurse is unavailable to interview. Surveyor asked what DON B's expectation is when a change in wound size. DON B stated DON B would have expected the physician to be updated with the change.

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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. Based on interview and record review, the facility failed to ensure each resident's medication regimen was free from medications used in excessive duration and without adequate indications for use for 1 of 5 sampled residents (R) reviewed for unnecessary medications (R5). R5 is a resident with dementia who has a physician's order for an antipsychotic medication. R5 has been on the same dose of the medication for over a year and has not had any behaviors for the past three months. This medication has not been reviewed by a physician for possible reduction in the past 9 months. This is evidenced by:The facility's policy titled Psychotropic Medication Use dated revised February 2026 states, Psychotropic medication management is an interdisciplinary process that involves the resident, family and/or the representative and includes a. determining adequate indications for use; .d. determining appropriateness for gradual dose reduction.R5 was admitted to the facility in 2024 with diagnoses including dementia, muscle wasting, diabetes, cognitive impairment, traumatic brain injury, and dysphagia. R5's physician orders dated 04/04/26 state Olanzapine 5 MG (an antipsychotic medication) Give 0.5 tablet by mouth one time a day every Mon, Wed, Fri, Sat and give 1 tablet by mouth one time a day every Tue, Thu, Sun related to dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety; personal history of traumatic brain injury. This is the same dosage that has been in place since 05/18/25. On 09/18/25, a pharmacy review recommended a dose reduction. The physician responded by checking a box which states previous dose reduction attempt while in the facility failed. Current dose is required/appropriate and required for this patient and a further dose reduction at this time is clinically contraindicated. (Please note previous outcomes/prior to reduction/contraindication or other relevant patient specific information.) Review of R5's medical record did not reveal a previous failed dose reduction at the facility or clinically indicated contraindications.R5's medical record states R5 receives antipsychotic medication. Staff is to document number of times resident exhibits any of these behaviors: suspiciousness, suicidal ideations, hallucinations, paranoia, or verbal/physical aggression.Review of behavior monitoring for March, April and May of 2026 reveals no behaviors. On 06/02/2026 at 4:05 PM, Surveyor's interview with Director of Nursing (DON) B revealed the following information. When asked if R5 has had any behaviors, DON B stated, R5 has not had any behaviors since I've been here. R5 does frequently say, I'm tired. When asked if a dose reduction should have been tried with R5, DON B stated, the time medication is given was moved to PM instead of in the AM because R5 is always tired, but medication dose reduction hasn't been looked at. DON B stated an implementation of a new behavior dose reduction of psychotropic medications will be started. DON B stated the physician will be contacted this week to inquire about reduction of the medication.

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F 0637 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident when there is a significant change in condition Based on staff interview and record review, the facility did not ensure a Significant Change Minimum Data Set (MDS) assessment was completed for 1 resident (R) (R6) of 17 sampled residents.The facility did not complete a Comprehensive Significant Change MDS assessment when R6 revoked Hospice services. This is evidenced by:The Centers for Medicare & Medicaid Services (CMS) Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual (October 2025) indicates: If a nursing home resident elects the hospice benefit, the nursing home is required to complete an MDS Significant Change in Status Assessment (SCSA). The nursing home is required to complete an SCSA when the resident comes off the hospice benefit (revoke). An SCSA is required to be performed when a resident is receiving hospice services and then decides to discontinue those services (known as revoking of hospice care). The ARD must be within 14 days from one of the following: 1) the effective date of the hospice election revocation (which can be the same or later than the date of the hospice election revocation statement, but not earlier than); 2) the expiration date of the certification of terminal illness; or 3) the date of the physician's or medical director's order stating the resident is no longer terminally ill.Record review of R6 documented an admission date of 05/23/25. R6's current diagnoses of orthopedic prosthetic devices, acute kidney failure, type 2 diabetes mellitus, depression, anxiety, and mood affective disorder.On 04/09/26, the Minimum Data Set (MDS) significant change assessment documented R6's Brief Interview for Mental Status (BIMS) score of 15/15, meaning intact cognition. Hospice care was elected. The 04/09/26 MDS assessment was the last completed MDS.On 04/09/26, R6 signed a hospice election form.On 04/22/26, R6 signed a hospice revocation form to be effective on 04/22/26 with the reason for revoking the hospice benefit was hospice philosophy.On 06/02/26 at 3:03 PM, Surveyor interviewed Director of Nursing (DON) B asking if a MDS significant change was completed when R6 revoked hospice services. DON B stated it would be expected an MDS be completed when hospice services ended. This would have been at the time when there were staff changes and there were no MDS personnel in the building and was overseen by corporate MDS H nurse.On 06/03/26 at 11:04 AM, Surveyor interviewed MDS H asking if a significant change MDS when R6 revoked hospice services. MDS H stated they were overseeing the completion of the MDS during this time when there were staffing changes. MDS H stated they weren't notified R6 was coming off hospice services. MDS H would have expected to be notified and a significant change MDS completed.

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F 0638 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assure that each resident?s assessment is updated at least once every 3 months. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not assess a resident using the quarterly review instrument specified by the State and approved by Centers for Medicare and Medicaid Services (CMS) not less frequently than once every 3 months for 1 of 17 residents (R7).-R7's Quarterly MDS assessment was completed 40 days late and not submitted to CMS until survey was in process.Findings include:The facility policy titled, Resident Assessments, last revised October 2025, states the resident assessment coordinator (RAC) is responsible for ensuring the interdisciplinary team conducts timely and appropriate resident assessments.R7 was admitted to the facility on [DATE].R7's Minimum Dat Set (MDS) assessments indicated an assessment with an Assessment Reference Date (ARD) of 04/19/26 was completed and locked on 05/24/26 but had not been submitted.On 06/02/26 at 12:38 PM, Surveyor interviewed Regional Minimum Data Set (RMDS) Coordinator H about quarterly and comprehensive assessments. RMDS H stated that about halfway through the month, RMDS H runs a report to see what assessments are coming due and opens the ones that need to be started. RMDS H stated the information then imports to a calendar for the interdisciplinary team (IDT) to review. RDMS H stated annual assessments are to be completed within 366 days and quarterly assessments within every 92 days. When asked about R7's late quarterly assessment, RMDS H stated R7's assessment had been missed, and RMDS H could see this in the computer. RMDS H exported the assessment to CMS while on the phone with Surveyor.

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not complete an accurate assessment on residents (R) Minimum Data Set (MDS) that reflects the resident's status for 1 of 17 residents reviewed. (R25) -R25 had an admission MDS dated [DATE]. The facility coded the MDS, in section A, indicating R25 does not meet the federal definition of a serious mental illness and the PASARR I, diagnoses, and medications indicate otherwise.Findings include: Centers for Medicare and Medicaid Services (CMS) program identified R25 had no PASARR II completed for a serious mental health disorder for R25. According to federal definition and the Diagnostic and Statistical Manual of Mental Disorder, 3rd edition, revised in 1987, states major mental disorders includes mood disorder, paranoid disorders, severe anxiety disorders, and personality disorders, other psychotic disorders, or other mental disorders that may lead to a chronic disability. R25 was admitted to the facility on [DATE] with diagnoses including depression, anxiety, post-traumatic stress disorder, personality disorder, mood (affective) disorder, and altered mental status. R25's physician orders include the following: 02/06/26Amitriptyline 10mg every day for depression.02/06/26 Duloxetine 60mg 2 caps once a day for depression.04/04/26 Hydroxyzine 50mg three times a day for anxiety.02/06/26 Lamotrigine 200mg once a day for mood stabilizer.02/06/26 Melatonin 3mg at bedtime to help sleep.04/28/26 Olanzapine 15mg once a day for depression.04/04/26 Prazosin 2mg once a day for PTSD.02/06/26 Trazodone 100mg once a day for depression. R25's care plan, initiated on 02/06/2026, indicates:I have diagnosis/exhibit signs of a mood disorder related to: anxiety, depression, PTSD, mood and personality disorder, paranoia, delirium. R25's preadmission level I PASARR screen indicates R25 has a major mental disorder, displayed symptoms that suggest the presence of a major mental illness, and received psychotropic medication to treat the symptoms or behaviors of a major mental disorder. Surveyor reviewed R25's MDS, dated [DATE], section A, and found the facility checked the box indicating R25 does not meet the federal definition of a serious mental illness. Section M identifies R25 received antipsychotic medications on a regular basis, and section I indicates R25 has depression, anxiety, PTSD, personality disorder, mood (affective) disorder and altered mental status. On 06/02/2026, Surveyor interviewed Social Services (SS) E who reviewed the MDS for R25 and confirmed the coding was inaccurate and the error occurred from the previous social worker.

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility did not ensure a level II PASARR was completed for a resident (R) with a mental health disorder, within 40 calendar days of admission for 1 of 3 residents reviewed. (R25) -R25 was admitted with mental health diagnoses on 02/06/26 and no level II PASARR screen was completed.Findings include:Per regulation S483.20(k)(1)-(3), a level II PASARR is a comprehensive evaluation conducted by a state-designated authority that determines whether an individual has mental disorder (MD), determines the appropriate setting for the individual, and recommends what, if any, specialized services and/or rehabilitative services the individual needs. Under 42 CFR 483.106(b)(2)(ii), If an individual who enters a nursing facility as an exception is later found to require more than 30 days of nursing facility care, the State mental health authority must conduct a Level II resident review within 40 calendar days of admission. R25 was admitted to the facility on [DATE] with diagnoses of post-traumatic stress disorder (PTSD), anxiety, depression, personality disorder, and mood (affective) disorder. On R25 day of admission, the facility completed a brief interview of mental status (BIMS) assessment that determined a score of 15/15 meaning R25 has intact cognition. Surveyor observed R25 throughout the survey and found R25 is able to walk, eat, toilet and transfer independently.Surveyor reviewed R25's electronic health record and discovered a Level I PASARR was completed on 2/10/26. It identified R25 was admitted under a 30-day exemption, has a major mental disorder, displayed symptoms that may suggest the presence of a major mental illness, and is receiving psychotropic medications to treat symptoms or behaviors of a major mental disorder. No other PASARR screens were found following the admission date. This was due no later than 03/18/2026. On 06/02/2026 at 11:05 AM, Surveyor interviewed Social Services (SS) E and asked about the PASARR II screens. SS E confirmed being new to the role. SS E ran an audit today, and there was no follow up PASARR II completed following the exemption for R25. SS E stated they started a calendar to ensure this is addressed timely and completed training with DHS. SS E states the plan is to reach out to the state for advice on what to do with other residents' PASARR II screens which were not correct prior to taking the position.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility did not develop or implement a person-centered dialysis care plan to ensure the highest practicable physical well-being for 1 of 1 resident (R) reviewed for dialysis. (R42) -R42 receives dialysis. R42's care plan did not identify the dialysis company, provider, nephrologist, or contact number, days or times R42 attends dialysis, type (fistula/graft/catheter) of dialysis access used, identify which arm not to obtain BP, blood draws or administer IV. Findings include: R42 was admitted to the facility on [DATE] with diagnoses that include end stage renal disease. The facility conducted a Brief Interview of Mental Status (BIMS) assessment on 05/05/2026 that indicated a score of 14/15 meaning R42 had intact cognition. Surveyor reviewed R42's dialysis care plan dated 05/04/2026, that states, Alteration in Kidney Function Due to End Stage Renal Disease (SDRD), evidenced by hemodialysis. Interventions include check access site daily fistula/graft/catheter for signs of infection (Does not indicate what type or where R42's access site is.) Do not take blood pressure, blood samples, or insert IV in arm with access site and encourage patient not to sleep on arm with access site. (Does not indicate which arm has the access site.) Emergency Protocol - if bleeding occurs, apply pressure with clean gauze for 10-15 minutes. If bleeding is not controlled, call 911. Notify physician if edema, chest pains, elevated blood pressure, or shortness of breath occurs. (Does not specify on care plan or face sheet which physician or dialysis company manages R42's dialysis plan). Monitor thrill and bruit daily and document findings: report abnormal findings to physician. (Review of progress notes since R42's admission. No notes included thrill/bruit assessments or pre and post dialysis fistula assessment were completed.) On 06/02/2026 at 1:45 PM, Surveyor interviewed Licensed Practical Nurse (LPN) G and asked where R42's dialysis site is and does she have a fistula or a central line. LPN G stated, It is In the left arm, that is where I had to put the lidocaine. Surveyor asked LPN G who is responsible to assess the arm and how often. LPN G stated the nurse working the floor each day. Surveyor asked LPN G what do you assess for. LPN G stated bleeding or infection. Surveyor asked LPN G to look in R42's medical record and locate where this information is documented. LPN G looked in R42's medical record, treatment record, and progress notes and stated it should be there but looks like no one is documenting. Surveyor asked LPN G which dialysis company does R42 attend, how often, and what physician handles any dialysis concerns. LPN G stated they were unsure and would have to look it up and get back to Surveyor. LPN G did not get back to Surveyor with any information. On 06/02/2026 at 4:02 PM, Surveyor interviewed Director of Nursing (DON) B and discussed the above information and offered to provide any proof that R42's care plan was implemented. DON B agreed the care plan needs to be more person centered and expects monitoring especially after dialysis. On 06/02/2026 at 4:26 PM, DON B informed Surveyor there was no information to show the assessments were being implemented.

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. Based on interview and record review, the facility did not review/revise the resident's person-centered comprehensive care plan for 1 resident (R6) of 17 resident's care plans reviewed. The facility did not update/revise R6's care plan after R6 revoked hospice services. The care plan was not revised to reflect R6's current goals and interventions according to R6's needs. This is evidenced by:Record review of R6's medical record documented an admission date of 05/23/25. R6's current diagnoses include orthopedic prosthetic devices, acute kidney failure, type 2 diabetes mellitus, depression, anxiety, and mood affective disorder.On 04/09/26, the Minimum Data Set (MDS) significant change assessment documented R6's Brief Interview for Mental Status (BIMS) score of 15/15 meaning intact cognition. Hospice care was elected. On 04/09/26, R6 signed a hospice election form.On 04/22/26, R6 signed a hospice revocation form to be effective on 04/22/26 with the reason for revoking the hospice benefit was hospice philosophy.Surveyor reviewed R6's current care plans. On 04/10/26, R6's care plan was initiated for Patient is on Hospice care related to: End of life care. Interventions included .Coordinate Care Plan with Hospice. Note, this care plan was not revised to reflect R6 is no longer receiving hospice services, and no new interventions and goals were implemented to reflect R6's current status. On 06/02/26 at 3:03 PM, Surveyor interviewed Director of Nursing (DON) B asking if R6's active care plan for hospice services needed to be revised after R6 revoked hospice services. DON B stated the hospice care plan should not be active and expected it to be updated when hospice ended.

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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 interview and record review, the facility did not ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices for 1 of 4 residents (R32) reviewed for non-pressure skin injuries.-R32 has moisture-associated skin damage (MASD) to buttocks and weekly skin assessments do not reflect monitoring.-Weekly wound rounds indicate only one evaluation completed since wound provider last evaluated in March 2026 that indicated the wound had worsened. Findings include:The facility policy titled, Wound Care, last revised April 2026, includes The purpose of this procedure is to provide guidelines for the care of wounds to promote healing.assess and measure the wound.clean the wound.document the type of wound care given, the date and time wound care was given, and change in the resident's condition.report other information in accordance with facility policy and professional standards of practice.Surveyor reviewed R32's medical record. R32 was admitted to the facility on [DATE].On 05/31/26 at 9:08 AM, Surveyor interviewed R32 about any skin concerns. R32 reported R32 has sores on R32's buttocks that the staff put cream on. R32 was unable to describe what type of sores were present.On 06/01/26, Surveyor reviewed R32's physician orders which include buttock/groin maceration - zinc oxide to be applied twice a day with cares and as needed for moisture-associated skin damage (MASD) which started on 03/06/26.Surveyor reviewed R32's care plan which includes a focus of actual altered skin integrity related to: Impaired mobility, incontinence (09/26/25). Interventions include conduct weekly skin inspection, monitor for signs and symptoms of infection such as swelling, redness, warm, discharge, odor notify physician of significant findings, notify practitioner if symptoms worsen or do not resolve, provide thorough skin care after incontinent episodes and apply zinc oxide (09/26/25), and weekly wound evaluation (03/06/26).On 06/01/26, Surveyor reviewed R32's wound care assessments. R32 was previously followed by a wound care provider that indicated on 03/20/26 the wounds were healed and wound care services with that provider ended. The facility wound nurse then took over weekly monitoring.On 06/01/26, Surveyor reviewed weekly skin assessments:03/26/26 R32 has MASD to buttocks-not evaluated04/02/26 R32 has MASD to buttocks-not evaluated04/16/26 R32 has MASD to buttocks-not evaluated04/23/26 R32 has MASD to buttocks-not evaluated04/27/26 R32 has MASD to buttocks-evaluated and indicated wound worsening05/07/26 R32 has MASD to buttocks-not evaluated05/28/26 R32 has MASD to buttocks-not evaluated On 06/02/26 at 7:34 AM, Surveyor interviewed Licensed Practical Nurse (LPN) G about wound care. LPN G stated weekly skin checks are done on shower/bath days but did not know what the facility protocol was for wound assessments. LPN G stated each weekly skin check should involve a full head-to-toe skin evaluation. LPN G stated that if a new skin impairment is noted or a wound has worsened, the provider and the Director of Nursing (DON) should be notified.On 06/02/26 at 10:24 AM, Surveyor interviewed LPN K about wound care. LPN K stated wounds are evaluated weekly by the wound nurse, Registered Nurse (RN) N or wound provider depending on what orders the resident has. LPN K stated that if a wound is noted to be worsened, the provider, DON, and Power of Attorney if applicable, should be updated. LPN K stated a risk management event should be completed.On 06/02/26 at 11:11 AM, Surveyor interviewed DON B about wound care expectations. DON B stated weekly skin checks are performed initially by the CNAs on shower days and sheets are filled out. Those sheets then go to the nurse on duty for review. If any concerns are noted DON B and RN N are updated. DON B stated a risk management evaluation should also be completed. DON B acknowledged R32's weekly skin assessments did not show monitoring of MASD and the provider had not been updated on the changes.On 06/02/26, Surveyor requested contact information for RN N from DON B which was not obtained. Surveyor gave Surveyor's contact information to DON B to have RN N call Surveyor. No call received from RN N.

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F 0685 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assist a resident in gaining access to vision and hearing services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility did not ensure residents receive proper treatment and assistive devices to maintain vision and hearing abilities for 1 of 1 resident (R) reviewed for hearing (R47).-R47 has a severe hearing deficit and has not had working hearing aids for a long period of time. This has not been addressed, and assessments do not reflect accurate information.Findings include:The facility policy titled, Resident Assessments, last revised October 2025, includes information in the Minimum Data Set (MDS) assessment will consistently reflect information in the progress notes, plans of care, and resident observation/interviews.R47 was admitted to the facility on [DATE].On 05/31/26 at 9:49 AM, Surveyor interviewed R47 about the care R47 receives at the facility. R47 emphasized the need for Surveyor to speak very loudly as R47 is very hard of hearing. R47 stated they have hearing aids, but the hearing aids stopped working a while back when they remained in while showering. R47 stated they have not had working hearing aids since, and no one has said anything about getting new ones or fixing the broken ones. R47 stated they are not sure on how long ago the hearing aids were broken, but when asked about months, R47 stated, Oh longer than that. Surveyor observed that R47 did not have hearing aids in during the interview.On 06/01/26, Surveyor reviewed R47's most recent MDS assessment, which indicated R47 had minimal difficulty hearing and currently had hearing aids.On 06/01/26, Surveyor reviewed R47's progress notes from the most recent audiology appointment dated 10/08/25. Recommendations include the importance of checking the hearing aids daily and being charged every night. The notes also indicate the hearing aids should be visually inspected for cleanliness and cleaned when needed, as well as assisting R47 with insertion.Surveyor reviewed R47's physician order, which did not include any care or monitoring of hearing aids.Surveyor reviewed R47's care plan which states R47 does have hearing aids which are placed in AM and removed at bedtime (last revised 02/27/26). Store hearing aids in nurse's station. Care plan also includes very hard of hearing, lip reads (last revised 02/27/24).On 06/02/26 at 7:34 AM, Surveyor interviewed Licensed Practical Nurse (LPN) G about R47's hearing aids. LPN G stated LPN G was not aware of R47 having any hearing aids and would not know where they would be if R47 had them. LPN G stated R47 is very hard of hearing, and you must talk loudly and R47 also tries to read lips. LPN G looked in the medication cart and did not see any hearing aids for R47.On 06/02/26 at 7:45 AM, Surveyor interviewed Certified Nursing Assistant (CNA) J about R47's hearing aids. CNA J stated they believe R47 has hearing aids but that they are broken. CNA J did not know where they are located. When asked about how long they've been broken, CNA J said quite some time.On 06/02/26 at 8:51 AM, Surveyor interviewed CNA D about R47's hearing aids. CNA D stated R47 did not have any that they were aware of.On 06/02/26 at 11:11 AM, Surveyor interviewed Director of Nursing (DON) B about R47's hearing aids. DON B stated they were not aware of any concerns with R47's hearing aids and was not aware R47 had not been wearing any. Surveyor asked DON B how often resident assessments are completed regarding hearing. DON B stated daily skilled charting should be completed, and long-term assessments are completed either weekly or monthly. DON B acknowledged a recent assessment had not been completed by nursing staff, and the most recent MDS assessment was not accurate with R47's current condition.

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not ensure a resident with limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion for 1 of 5 residents (R) (R32).-R32 did not receive consistent restorative care.-R32's medical record had incomplete and incorrect documentation for restorative care. Findings include:The facility policy titled, Restorative Nursing Services, last revised July 2025, includes: Residents will receive restorative nursing care as needed to help promote optimal safety and independence.Restorative goals and objectives are individualized and resident-centered, and are outlined in the resident's plan of care.R32 was admitted to the facility on [DATE].R32's medical record documents R32 has a program that includes passive range of motion to bilateral lower extremities every shift.Surveyor noted 14 days in March 2026, 17 days in April 2026, and 28 days in May 2026, the task was documented as not applicable. 19 days in March 2026, 16 days in April 2026, and 9 days in May 2026, had no documentation.On 06/02/26 at 7:45 AM, Surveyor interviewed Certified Nursing Assistant (CNA) J about restorative care. CNA J stated they believe therapy completes most of the restorative programs for the residents.On 06/02/26 at 8:51 AM, Surveyor interviewed CNA D about the restorative program. CNA D stated CNA F is the restorative CNA and completes the tasks. When asked who completes restorative tasks when CNA F is not working, CNA D stated they were not positive, but possibly therapy.On 06/02/26 at 8:54 AM, Surveyor interviewed CNA F about the restorative program. CNA F stated they were the restorative CNA and work with therapy. CNA F stated they complete the restorative tasks and chart them in the computer. When asked who completes the tasks when CNA F is not working, CNA F was unsure if anyone else did. When asked when it would be appropriate to mark the task as not applicable, CNA F stated they weren't sure but maybe if the resident was sick.On 06/02/26 at 11:11 AM, Surveyor interviewed Director of Nursing (DON) B about R32's restorative program. DON B stated they have a restorative CNA who is CNA F. DON B stated if CNA F is not working, the floor CNAs are to complete the tasks, or the facility will assign someone. Suveyor informed DON B, R32's restorative program documentation was incomplete and documentation was inaccurate.

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F 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care or services that was trauma informed and/or culturally competent. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility did not ensure residents (R) who are trauma survivors receive care in accordance with professional standards of practice and accounting for residents' experiences and preferences in order to eliminate or mitigate triggers that may cause re-traumatization for 1 of 1 resident with post-traumatic stress disorder (PTSD). (R25). -R25 is diagnosed with PTSD. Care plan does not identify type(s) of trauma, triggers, or interventions to prevent re-traumatization.Findings include: R25 was admitted to the facility on [DATE] with diagnoses including post-traumatic stress disorder (PTSD), anxiety, depression, personality disorder, mood (affective) disorder and altered mental status. R25 was admitted for therapy and monitoring following frequent falls at home and a fire with smoke inhalation. On [DATE] at 12:07 PM, Surveyor observed R25 sitting at a table in a small area next to the dining room. The door between the kitchen and dining room slammed shut causing a loud noise. R25 jumped in her seat, had frightened look on face, and put her hand over her chest. R25 told peer and Surveyor, That scared me. I have PTSD and loud noises like slamming doors and people approaching me from behind triggers me. On [DATE] at 1:51 AM, Surveyor and R25 along with other residents were in a resident council meeting. Surveyor observed R25 jump in her seat when another resident, who was sitting slightly behind R25, started talking. Surveyor reviewed R25's trauma informed care assessment dated [DATE], which identifies R25 had traumatic events that cause nightmares and guilt. Surveyor reviewed R25's care plan, dated [DATE], and there is no mention of guilt or nightmares. There were no triggers identified or interventions in place on how to mitigate or attempt to eliminate triggers for R25.On [DATE] at 3:26 PM, Surveyor interviewed R25 who openly shared she endured abuse of every kind. One sibling committed suicide, R25 was hit on the head with farm equipment when younger, was sexually abused throughout childhood, has a child and grandchild who live close, but they do not visit and she has not even gotten to meet the grandchild. R25 continued that both parents are deceased , she had a pet for 9 years that she had to give up after admission to the nursing home/fire in the apartment. R25 stated she feels so alone and that family does not seem to understand her mental illness and feels she does not really understand it either. R25 reported that she had counseling and attended a grief group prior to admission and feels it would still help. R25 was tearful throughout the interview. On [DATE] at 8:42 AM, Surveyor interviewed Social Services (SS) E and asked what type of trauma R25 endured, what the triggers are, and what R25's preferred services are because of the diagnosis of PTSD on the care plan. SS E stated they didn't know. It definitely needs work. I have only been here a couple weeks and am trying to fix these issues as they become due.

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not provide routine and emergency drugs and biologicals for the facility residents for 1 of 17 residents (R) reviewed (R37).-R37 did not have one routine medication available for 12 days with no interventions, alternatives, or monitoring.Findings include:On 06/02/26, Surveyor reviewed R37's medical record. R37 was admitted to the facility on [DATE].R37's Physician orders include Modafinil Oral Tablet 100 MG.give 1 tablet by mouth two times a day for sleep apnea which was ordered on 05/12/26.Surveyor reviewed R37's Medication Administration Record (MAR) for May 2026. The MAR indicated that from 05/12/26 through 05/23/26, R37's Modafinil was not given.R37's nursing progress notes documented:On 05/12/26 at 10:29 AM, Modafinil was not available from pharmacy.On 05/12/26 at 11:27 PM, Modafinil had a hold order for that day as the pharmacy would be sending the medication the next morning.On 05/13/26 at 8:19 AM, Modafinil was not available from pharmacy.On 05/13/26 at 7:22 PM, Modafinil was not yet available.On 05/14/26 at 8:03 PM, Modafinil was on order.On 05/15/26 at 7:43 AM, Modafinil was awaiting pharmacy.On 05/17/26 at 7:24 PM, Modafinil was not available from pharmacy.On 05/19/26 at 1:53 PM, Modafinil was on order.On 05/20/26 at 7:09 PM, Modafinil was not available.On 05/21/26 at 7:26 PM, Modafinil was waiting for delivery.On 05/22/26 at 8:10 PM, Modafinil was not available.On 05/23/26 at 8:12 PM, R37's progress note indicated staff called pharmacy and requested medication to be sent. Pharmacy confirmed that medication will be sent for arrival tomorrow if they have product on hand. Provider updated and stated it was okay to hold until available from pharmacy.On 06/02/26 at 7:34 AM, Surveyor interviewed Licensed Practical Nurse (LPN) G about medications unavailable from pharmacy. LPN G stated if medications were not available, LPN G would look to see if it is available in contingency, call the pharmacy to confirm why the medication isn't available, and update the provider for further instruction. LPN G stated monitoring may be put in place depending on the type of medication. When asked if the medication was related to sleep apnea, LPN G stated sleep monitoring or change in activity/mood monitoring would most likely happen.On 06/02/26 at 10:24 AM, Surveyor interviewed LPN K about concerns with obtaining medications from pharmacy. LPN K stated they don't know if it is a delay in the system or something else, but yes there have been concerns. LPN K stated if a medication was unavailable, they would see if the medication was available in contingency, update the Director of Nursing (DON), update the provider, and update the guardian or power of attorney if applicable. LPN K stated they would possibly obtain a hold order for the medication until it was available depending on the provider's order.On 06/02/26 at 11:11 AM, Surveyor interviewed DON B regarding medications unavailable from pharmacy. DON B stated if medications are unavailable the provider should be contacted for a hold order or other instructions and check contingency to see if the medication is available there. DON B stated they would possibly talk to the family if applicable and have them bring in a home supply. When asked about monitoring related to sleep apnea medication being unavailable, DON B indicated that yes, monitoring would be appropriate. DON B acknowledged R37 was without Modafinil from 05/12/26 through 05/23/26 without monitoring and appropriate notification and follow up.