

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525437	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/03/2025
NAME OF PROVIDER OR SUPPLIER  Fair View Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1050 Division St Mauston, WI 53948	

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 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.  (continued on next page)

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility did not promptly notify and consult with a physician when a resident experienced a potential change in condition for 1 of 3 resident's (R1) reviewed for physician notification. R1 experienced consistently low blood pressure while taking Metoprolol (a beta blocker that lowers blood pressure) and the facility did not notify R1's physician. The Mayo Clinic, Cleveland Clinic, John Hopkins, University of Wisconsin Hospital, [NAME] Health, and the American Heart Association (AHA) define hypotension (low blood pressure) as being below 90/60 mm Hg (milliliters of mercury). According to the Mayo Clinic, Complications of C. difficile infection include: loss of fluids, called dehydration. Severe diarrhea can lead to a serious loss of fluids and minerals called electrolytes. This makes it hard for the body to work as it should. It can cause blood pressure to drop so low as to be dangerous. Pathway INTERACT's (Intervention to Reduce Acute Care Transfers) vital signs criteria for clinician notification states a systolic blood pressure (top/first number in blood pressure reading) of less than 90 should trigger clinician notification. The facility's Notification of Changes policy states, Facility must immediately inform the resident; Consult with the resident's provider; and notify, consistent with the resident's activated healthcare power of attorney, the resident guardian when there is: a.) A significant change in the resident's physical, mental, or psychosocial status, b.) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment). R1 was admitted to the facility on [DATE] and had diagnoses that included COPD (Chronic Obstructive Pulmonary Disease) requiring continuous oxygen, hypertension (high blood pressure), and a history of C. diff (Clostridium difficile, a bacterium that causes inflammation in the colon). R1's hospital discharge, dated 7/29/25, indicates R1 had a UTI (urinary tract infection) and had discharge diagnoses of hypertension and transient hypotension (low blood pressure). Additionally, upon discharge, R1's blood pressure was 106/50 which was noted as low. Due to this low blood pressure, the hospital discontinued R1's furosemide (diuretic medication) and lisinopril (used to treat high blood pressure) pending a future reevaluation. Upon admission to the facility, R1 was to continue taking her Metoprolol at 50 mg twice daily. Of note, on 7/30/25 at 9:55 AM, it was noted that R1 had experienced 3 watery, foul-smelling stools. This was reported to R1's physician, MD C (Medical Doctor), who then ordered a C. diff stool test, which came back positive. Initial nursing indicate the facility was to gather R1's blood pressure each shift 9 times (3 days, each of the three shifts). On 9/3/25, the facility provided Surveyors R1's historic vitals from her stay at the facility (7/29/25 thru 8/1/25). The heading for blood pressure reads, Blood Pressure (90/60 - 138/88). R1's documented blood pressures: 7/29/25 at 10:58 AM: 110/46 (L - low) 7/29/25 at 8:00 PM : 86/41 (L) 7/30/25 at 6:44 AM: 96/48 (L) 7/30/25 at 10:31 PM: 92/48 (L) 7/31/25 at 6:33 AM: 81/44 (L) 7/31/25 at 1:57 PM: 94/46 (L) 8/1/25 at 4:51 AM: 106/89 (H-high) 8/1/25 at 11:00 AM: 128/90 (H) It should be noted that the facility's EHR (Electronic Health Records) system flagged the above blood pressures as either high or low. Additionally, R1's Metoprolol was given consistently twice per day and specifically was given on 7/29/25 at 7:15 PM, on 7/30/25 at 7:31 AM and 8:37 PM, on 7/31/25 at 9:13 AM and 8:25 PM, and on 8/1/25 at 8:22 AM. On 8/1/25 at approximately 3:35 PM, R1's blood pressure registered at 52/40. The facility called a rapid response and R1 was taken to the ED (emergency department) where she was found to be septic. On 9/3/25 at 12:18 PM, Surveyor interviewed MD C who stated that she was familiar with R1 and had been trying to manage her blood pressure for years, even as an outpatient before being at the facility. MD C stated that she had not received any notification from the facility regarding R1's low blood pressures but would have expected notification if her systolic blood pressure had dipped below 100. MD C stated that it is hard to say for sure what would have happened if she had been notified but stated that she could have altered R1's medications or could have potentially discontinued her Metoprolol. MD C also stated that R1's C. diff may have contributed to her low blood pressure. MD C stated there is an opportunity to improve communication. On 9/3/25 at 2:23 PM, Surveyor interviewed DON B (Director of Nursing) who stated that the facility did not have any specific blood pressure parameters for R1 but would expect the nurses to use their nursing judgement as to if a blood pressure was too low or high. DON B stated that their facility's parameters for a low blood pressure is 80 systolic and was unaware that the facility's EHR had 90/60 as the low parameters for blood pressure. DON B was unable to find the additional blood pressure readings as part of R1's nursing order for 3 blood pressure recordings daily for 3 days. The facility was aware R1 was experiencing low blood pressure (both systolic and diastolic) continued to</p>		