| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 525447 | A. Building<br>B. Wing | 06/24/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Hillside Manor | 803 S University Ave<br>Beaver Dam, WI 53916 |

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 0585<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility did not ensure prompt resolution of all grievances for 2 of 3 residents (R1 and R2) reviewed for grievances.<br><br>R1's Representative voiced concerns related to R1 sitting wrong in a shower and rushing R1 with meals not allowing her to finish. The facility failed to follow up on these concerns using their grievance policy and procedure.<br><br>R2's Resident Representatives voiced concerns during a meeting and these concerns were documented in R2's medical record. The facility failed to follow up on concerns using the facility's policy and procedure for grievances.<br><br>Evidenced by:<br><br>(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 |
|---|---|---|

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 525447 | A. Building<br>B. Wing | 06/24/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Hillside Manor | 803 S University Ave<br>Beaver Dam, WI 53916 |

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 0585<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Facility policy, titled Resident Rights/Organizational Ethics Policy, reviewed 12/31/24, includes: A grievance is a formal or informal written or verbal complaint that is made by a resident or the resident's representative about care and treatment furnished as well as that which has not been furnished, the behavior of staff and other residents and other concerns regarding the stay. Grievances include but are not limited to complaints about treatment furnished as well as that which has not been furnished, care, management of funds, any suspected violation of state or federal nursing facility regulations ., lost clothing, violation of resident rights, and complaints related to behavior of other residents . It is the policy of the facility that each resident and/or resident representative has the right to voice grievances to the facility or other agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal . the facility will designate a Grievance Official who is responsible for oversight of the grievance process . the grievance process includes receiving and tracking grievances through to their conclusions, leading any necessary investigations by the facility, work with facility staff utilizing root cause analysis process for resolution of the grievance or concern . The grievance official, administrator and his or her designee will be forwarded all . grievances electronically within one working day of receiving the grievance. The grievance official, administrator, and his or her designee will acknowledge receipt of the grievance to the resident or resident representative that submitted the grievance . the grievance official, administrator, or his or her designee will thoroughly investigate the grievance . Some grievances may require more extensive investigation. If the grievance cannot be resolved . the grievance official, administrator, or his or her designee will inform the resident or resident representative that the facility is still working to resolve the grievance . All documentation and evidence demonstrating the result of all grievances shall be retained for a period of no less than 18 months from the issuance of the grievance decision. All residents and our resident representative will provide a notice of rights at the time of admission both orally and in writing in a format and a language he or she understands and that includes how to file grievance. This will include . the right to obtain a conclusion regarding his or her grievance . grievances may be submitted verbally or in writing as well as anonymously .<br><br>Example 1<br><br>R2 admitted to the facility on [DATE]. R2's most recent MDS (Minimum Data Set), with ARD (Assessment Reference Date) of 6/12/25, indicates R2's cognition is severely impaired with a BIMS (Brief Interview for Mental Status) score of 6 out of 15.<br><br>R2's Hospice Note, dated 6/19/25, includes: Resident Representative . did share some concerns including late breakfast, patient needing help completing menus, using a different lift .<br><br>Facility grievance log, from 5/1/25 to 6/23/25, does not contain any grievances related to R2's representatives concerns.<br><br>On 6/23/25 at 11:27 AM during an interview RN E (Registered Nurse) indicated there are no grievances recorded for R2.<br><br>On 6/23/25 at 2:36 PM, SW F (Social Worker) indicated NHA A (Nursing Home Administrator) is the facility's Grievance Official. SW F indicated she was unaware of R2's concerns and if she had been she would have looked into them. SW F indicated all concerns voiced should be followed up on using the facility's grievance process unless they meet the definition of abuse. SW F indicated the facility can not track and trend concerns if they are not recorded on one log.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 525447 | A. Building<br>B. Wing | 06/24/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Hillside Manor | 803 S University Ave<br>Beaver Dam, WI 53916 |

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 0585<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On 6/23/25 at 3:23 PM, SW F indicated Hospice workers should report all grievances, concerns, complaints to the facility and/or fill out a grievance form for the resident and turn it in. SW F indicated she is unsure which facility staff member is responsible for following up on grievances recording in hospice notes.<br><br>On 6/24/25 at 9:45 AM Hospice Services Interim Manager G indicated concerns related to a resident's meals being late, needing a different lift, or needing assistance with a task are grievances and she was not familiar with the facility's grievance process. Hospice Services Interim Manager G indicated she was not sure who from the facility is responsible for following up on grievances recorded by hospice staff.<br><br>On 6/24/25 at 10:00 AM Hospice Services RN H (Registered Nurse) indicated she has never filled out a grievance for a resident who voiced concerns to her and she is unfamiliar with the facility's grievance process.<br><br>On 6/24/25 at 10:37 AM, NHA A indicated she is the facility's Grievance Official. NHA A indicated she was unaware of concerns recorded in R2's hospice notes, but they are grievances and the facility should follow their grievance process. NHA A indicated hospice staff who receive concerns should tell the floor nurse and fill out a grievance form for/with the resident. NHA A indicated all grievances should be recorded in one spot, on the grievance log and there is no grievance for R2 on the log.<br><br>On 6/24/25 at 2:45 PM RN I indicated she has never filled out a grievance form and she just tells one of the social workers concerns that are voiced to her. RN I indicated a family member voicing concerns related to a late meal is a grievance. RN I indicated a family member voicing concerns about needing a different lift is a grievance. RN I indicated a family member voicing concerns related to a patient needing additional help is a grievance.<br><br>On 6/24/25 at 4:33 PM during a phone interview, DON B (Director of Nursing) indicated she expects when a resident or a resident representative voices a grievance to staff and hospice staff, they go directly to the floor nurse to report it. DON B indicated they can record it in (Electronic Charting System), but they should also follow the facility's grievance process.<br><br>Example<br><br>RR D voiced concern for R1 which was not added to the facility grievance log to be investigated.<br><br>R1 admitted to the facility on [DATE] and had diagnoses that include: age related osteoporosis (a disease that weakens bones, making them more susceptible to fracture); hemiplegia and hemiparesis following cerebral infarction affecting right dominant side (paralysis and weakness following a stroke); vascular dementia (a type of dementia caused by reduced blood flow to the brain, which damages brain tissue and impairs cognitive function).<br><br>R1's Minimum Data Set (MDS) dated [DATE], indicates a Brief Interview of Mental Status (BIMS) score of 99, meaning R1 was unable to complete the interview due to not being able to respond to the questions and/or R1 was unable to understand the questions.<br><br>A facility self-report indicates that on 5/31/25, RR D expressed concerns to the facility, including;<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 525447 | A. Building<br>B. Wing | 06/24/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Hillside Manor | 803 S University Ave<br>Beaver Dam, WI 53916 |

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 0585<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | * .RR D was a little frustrated with CNA C because RR D was trying to feed R1 and RR D felt like the CNA was in a rush. This happened on 2 occasions.<br><br>* .RR D felt like the CNA had not positioned R1 correctly on the shower chair<br><br>On 6/23/25 at 1:40 PM, Surveyor interviewed RR D, who stated CNA C had come to give R1 a bath, but the meal had come late, so RR D was still feeding R1. RR D stated CNA C threw hands in the air and stated, oh no, what am I going to do and was upset. RR D stated CNA C left the room to take care of another resident and came back a bit later. RR D stated that when CNA C returned, RR D pushed R1's meal aside and told CNA C to give the bath, as CNA C was upset. RR D stated feeling rushed. RR D stated that when CNA C returned to the room following the bath, R1 was not sitting properly on the bath chair.<br><br>On 6/24/25 at 3:44 PM, Surveyor interviewed DON B and asked RR D concerns. DON B stated that CNA C had come to give R1 a bath while RR D was feeding R1 breakfast and that RR D felt rushed by the CNA's attitude. DON B stated that RR D told CNA C to go ahead with the bath, but that RR D felt uncomfortable with CNA C. DON B stated that RR D said RR D felt it was possible that CNA C transferred R1 solo with the mechanical lift.<br><br>Important to note: RR D's concern regarding CNA C was not entered onto the facility grievance log.<br><br>Facility grievance log, from 5/1/25 to 6/23/25, does not contain any grievances related to R2.<br><br>On 6/23/25 at 11:27 AM during an interview RN E (Registered Nurse) indicated there are no grievances recorded for R2 or R1.<br><br>On 6/23/25 at 2:36 PM SW F (Social Worker) indicate NHA A (Nursing Home Administrator) is the facility's Grievance Official.<br><br>On 6/24/25 at 10:00 AM Hospice Services RN H indicated she has never filled out a grievance for a resident who voiced concerns to her and she is unfamiliar with the facility's grievance process.<br><br>On 6/24/25 at 10:37 AM NHA A (Nursing Home Administrator) indicated she is the facility's Grievance Official. NHA A indicated all grievances should be recorded in one spot, on the grievance log and there is no grievance for R1 or R2 on the log. NHA A indicated the facility does not have follow up or an investigation on the grievances voiced by RR D related to her positioning in the shower chair or of hospice staff rushing her with her meals. NHA A indicated she has ideas on how to improve the facility's grievance process and she will start today educating on the process, where to find forms, and how to fill out the forms. NHA A indicated the facility retains all information related to grievances for 18 months and they use the grievance log to track grievances and identify trends throughout the home.<br><br>On 6/24/25 at 2:45 PM RN I indicated she has never filled out a grievance form and she just tells one of the social workers concerns that are voiced to her. RN I indicated a family member voicing concerns related to staff rushing a resident during meal time could be a grievance and concerns related to a resident's positioning in the shower chair could be a grievance.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 525447 | A. Building<br>B. Wing | 06/24/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Hillside Manor | 803 S University Ave<br>Beaver Dam, WI 53916 |

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 0585<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On 6/24/25 at 4:33 PM during a phone interview, DON B (Director of Nursing) indicated she expects when a resident or a resident representative voices a grievance to staff and hospice staff, they go directly to the floor nurse to report it. DON B indicated other concerns that are voiced while conducting interviews for a facility self report should be recorded and followed up on using the facility's grievance process. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 525447 | A. Building<br>B. Wing | 06/24/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Hillside Manor | 803 S University Ave<br>Beaver Dam, WI 53916 |

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 0610<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Respond appropriately to all alleged violations.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not complete a thorough investigation in response to a potential allegation of abuse for 1 of 3 residents (R1) reviewed for abuse.<br><br>On 5/31/25, the facility became aware of an alleged injury of unknown origin due to discolored (yellow) areas on R1's right knee and left ankle. The facility did not interview other like residents as part of the investigation.<br><br>Evidenced by:<br><br>The facility's Reporting of Caregiver Misconduct in the Skilled Nursing Facility policy, dated 12/31/24, states, in part: .c. Investigation of injuries of Unknown Origin or Suspicious injuries: must be immediately investigated to rule out potential abuse . e. The investigation will consist of at least the following:<br><br>a review of the completed complaint report<br><br>an interview with the person or persons reporting the incident<br><br>interviews with any witnesses to the incident<br><br>a review of the resident medical record if indicated<br><br>a search of the resident room (with resident permission)<br><br>an interview with staff members having contact with the resident during the relevant periods or shifts of the alleged incident<br><br>interviews with the resident's roommate, family members, and visitors<br><br>a root-cause analysis of all circumstances surrounding the incident<br><br>R1 admitted to the facility on [DATE] and had diagnoses that include: age related osteoporosis (a disease that weakens bones, making them more susceptible to fracture); hemiplegia and hemiparesis following cerebral infarction affecting right dominant side (paralysis and weakness following a stroke); vascular dementia (a type of dementia caused by reduced blood flow to the brain, which damages brain tissue and impairs cognitive function).<br><br>R1's Minimum Data Set (MDS) dated [DATE], indicates a Brief Interview of Mental Status (BIMS) score of 99, meaning R1 was unable to complete the interview due to not being able to respond to the questions and/or R1 was unable to understand the questions.<br><br>A facility self-report indicates that on 5/31/25, RR D (Resident Representative) expressed concerns about discolored (yellow) areas on R1's right knee and left ankle; felt like a Certified Nursing Assistant (CNA) had not positioned R1 correctly in the shower chair recently .R1's legs seemed to be in different directions and positioned differently than usual .<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 525447 | A. Building<br>B. Wing | 06/24/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Hillside Manor | 803 S University Ave<br>Beaver Dam, WI 53916 |

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 0610<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On 6/23/25 at 1:40 PM, Surveyor interviewed RR D about yellow discoloration on R1. RR D stated there was bruising to R1's right foot, side of right calf, and toward the right hip. RR D stated, unsure of date, CNA C had given R1 a bath and upon return R1 was sitting on the bath chair, on her right hip, with leg stretched way out. RR D stated that R1 looked uncomfortable. RR D stated the positioning may have caused R1's bruises.<br><br>On 6/24/25 at 3:44 PM, Surveyor interviewed DON B and asked about the investigation for R1. DON B stated that upon learning of R1's bruising, DON B spoke with RR D, who indicated that CNA C had given R1 a shower and that R1 was positioned differently in the shower chair. DON B stated that RR D voiced feeling uncomfortable with CNA C and thought it was possible that CNA C had transferred R1 solo with the mechanical lift. Surveyor asked if CNA C took care of other residents in the facility. DON B stated yes. Surveyor asked if other residents were interviewed about transfers and interactions with CNA C. DON B stated no. Surveyor asked if like-residents should be interviewed in an investigation. DON B stated yes.<br><br>The facility became aware of an alleged injury of unknown origin due to discolored (yellow) areas on R1's right knee and left ankle. The facility did not interview other residents who CNA C took care of as part of their investigation. |