

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525461	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/17/2026
NAME OF PROVIDER OR SUPPLIER Pavilion at Glacier Valley		STREET ADDRESS, CITY, STATE, ZIP CODE 1900 American Eagle Drive Slinger, WI 53086	
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>Based on staff and resident representative interview and record review, the facility did not ensure a Power of Attorney for Healthcare (POAHC) was notified of a change in condition for 1 resident (R) (69) of 18 sampled residents. R1's primary POAHC was not notified of two new skin abrasions that were discovered on 1/22/26. Findings include: From 2/16/26 to 2/17/26, Surveyor reviewed R69's medical record. R69 had diagnoses including unspecified focal traumatic brain injury with loss of consciousness greater than 24 hours with return to pre-existing conscious level, mild neurocognitive disorder due to known physiological condition with behavioral disturbance, diffuse traumatic brain injury without loss of consciousness, subsequent encounter, delusional disorders, and contracture of muscle. R69's Minimum Data Set (MDS) assessment, dated 1/15/26, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R69 had intact cognition. R69 had an activated POAHC. R69's POAHC document indicated POAHC-M was R69's chosen healthcare agent. The document indicated if POAHC-M was unable or unwilling to make healthcare decisions for R69, POAHC-N would make healthcare decisions for R69. The document indicated POAHC-M is considered unable to make healthcare decisions if POAHC-M is too ill to act for R69, is unavailable either temporarily or permanently, or is dead. POAHC-M is also considered unavailable to make healthcare decisions for R69 if POAHC-M cannot be reached by telephone within a reasonable period of time given the healthcare decision that must be made, or if POAHC-M has stated in writing that POAHC-M is unavailable to make healthcare decisions for R69 for a period of time. If POAHC-M is able or available to make healthcare decisions for R69, POAHC-M will again be R69's primary healthcare agent. POAHC-M may authorize R69's alternative healthcare agent to act in POAHC-M's place for a period of time or regarding particular issues related to R69's healthcare. A facesheet in R69's medical record indicates: If (POAHC-M) does not answer when called, (POAHC-N) should be called right away. Healthcare Power of Attorney (HCPOA) is activated by (R69) by choice. Call (POAHC-M) whenever R1 is refusing. Surveyor reviewed an email from POAHC-M to the facility, dated 1/16/26, that stated POAHC-M could not attend R69's care conference on 1/22/26. The email stated POAHC-M sent the care conference invite to POAHC-N. A progress note, dated 1/22/26, indicated R69 had two new skin alterations. R69 had a chronic open area on the left ear due to phone usage/poor neck strength which caused R69 to lean toward the left side. The area measured 0.5 centimeters (cm) (length) x 1 cm (width). R69 also had an abrasion on the left side of the head from R69's bilevel-positive airway pressure (BiPAP) machine straps. A new mask and straps were provided. The abrasion measured 0.4 cm x 2.8 cm. R69 was encouraged to use the phone on speaker mode and to apply bordered foam/gauze for protection before applying BiPAP equipment at bedtime. A progress note indicated POAHC-N was present for R69's care conference (on 1/22/26) and skin integrity was discussed. R69's skin assessments indicated the following: Left Head:~ On 1/22/26, the abrasion measured 2.8 cm x 0.4 cm and was red with scant drainage.~ On 1/27/26, the abrasion measured 0.4 cm x 0.5 cm and had a dry, red scab.~ On 2/4/26, the area was resolved. Left Ear:~ On</p> <p>(continued on next page)</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 525461
		If continuation sheet Page 1 of 2

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525461	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/17/2026
NAME OF PROVIDER OR SUPPLIER Pavilion at Glacier Valley		STREET ADDRESS, CITY, STATE, ZIP CODE 1900 American Eagle Drive Slinger, WI 53086	
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>1/22/26, the area measured 0.5 cm x 1 cm and had a dry scab.~ On 1/27/26, the area measured 0.3 cm x 0.3 cm and had a dry scab.~ On 2/4/26, the area was resolved.On 2/16/26, Surveyor interviewed POAHC-M who stated the facility did not notify POAHC-M of two sores discovered on R69's head on 1/22/26. POAHC-M stated POAHC-N informed POAHC-M of the sores. On 2/16/26 at 2:20 PM, Surveyor interviewed Licensed Practical Nurse (LPN)-L who was the facility's wound care nurse. LPN-L measured R69's wounds weekly and completed wound care as often as every other day. LPN-L was informed of R69's left ear scab and head abrasion during a care conference on 1/22/26. LPN-L measured the head abrasion and left ear scab and discussed the areas with POAHC-N in person on 1/22/26.On 2/17/26 at 12:00 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A who indicated staff correspond with POAHC-M via email. NHA-A stated Social Services is designated to respond to POAHC-M so multiple staff are not responding to correspondence. NHA-A indicated POAHC-N visits R69 more frequently than POAHC-M and attended R69's care conference on 1/22/26 when the left head and ear abrasions were discovered. NHA-A stated POAHC-M was out of the country and informed the facility via email that POAHC-N would attend the care conference. NHA-A stated POAHC-N interacts with staff and staff discuss R69's cares and concerns with POAHC-N if POAHC-N is in the facility. NHA-A verified POAHC-N is R69's alternate POAHC and stated POAHC-N takes pictures of R69's skin weekly.On 2/18/26 at 11:21 AM, Surveyor interviewed POAHC-N who stated POAHC-M told POAHC-N the date and time of R69's care conference. POAHC-N stated POAHC-M asked POAHC-N to attend the care conference because POAHC-M would be unavailable for five days. POAHC-N informed POAHC-M on 1/23/26 or 1/24/26 of R69's skin integrity and discussed the sores on R69's head. POAHC-N stated POAHC-M and POAHC-N work together to ensure R69 receives appropriate care. POAHC-N verified that POAHC-N visits weekly and assesses R69's skin during the visits.</p>		