STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525461	A. Building B. Wing	02/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pavilion at Glacier Valley	1900 American Eagle Drive Slinger, WI 53086

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interview, and record review, the facility did not ensure menus and serving sizes were followed. This practice had the potential to affect all 67 residents residing in the facility. On 2/17/26, the lunch menu indicated the vegetable was seasoned broccoli. Residents were served wax beans instead and were not notified of the menu change.On 2/17/26, the lunch menu included a fresh baked roll and cheesecake. Residents with pureed diets did not receive a roll and received applesauce instead of cheesecake. On 2/17/26, residents with consistent carbohydrate diets were served a dinner roll for lunch but were not supposed to receive a dinner roll.On 2/17/26, lunch portion sizes were not followed in accordance with the menu.Findings include:The facility's Menus policy, revised 10/15/25, indicates: The current menu is posted in the facility so it is available to residents and staff. Make appropriate substitutions when items on the menu are not available. Record these substitutions and keep the records on file with the menus. Substitutions offer similar nutritive value to the food being replaced and are approved by the facility's dietitian. The facility's Therapeutic Diets policy, revised 10/15/25, indicates: .6. Portion sizes are evident for each item on the extended menu .8. Prepare and serve all therapeutic and mechanically-altered diets as planned. 9. Check all trays for accuracy before they are served to residents. 1. On 2/17/26 at 11:28 AM, Surveyor observed [NAME] (CK)-K serve lunch. A lunch menu posted in the dining room indicated: Red beans, rice, and sausage; Fresh baked roll; Seasoned broccoli; and Cheesecake. Surveyor noted wax beans were served instead of broccoli. Surveyor interviewed CK-K regarding the change in vegetable. CK-K was not sure why there was a change and stated when CK-K came in that morning, the meal was being prepared. CK-K did not think residents were notified of the menu change. On 2/17/26 at 12:20 PM, Surveyor interviewed Registered Dietitian (RD)-J who confirmed residents should be notified if there are substitutions or changes to the menu.2. From 2/15/26 to 2/17/26, Surveyor reviewed R31's medical record. R31 was admitted to the facility on [DATE] and had a diet order that indicated: House, 3 honey/moderately thick 3, pureed, large protein portions.From 2/15/26 to 2/17/26, Surveyor reviewed R10's medical record. R10 was admitted to the facility on [DATE] and had a diet order that indicated: House, pureed, large protein portions, Kennedy cup.On 2/17/26 at 11:28 AM, Surveyor observed CK-K serve lunch meal in the dining room and prepare plates for R31 and R10. Surveyor noted R31 and R10 did not receive a dinner roll. When asked why R31 and R10 did not receive a dinner roll, CK-K asked Dietary Aid (DA)-H if there were any pureed dinner rolls.On 2/17/26 at 12:04 PM, DA-H stated DA-H did not puree dinner rolls for residents on pureed diets. When asked if residents on pureed diets received pureed cheesecake, DA-H stated residents on pureed diets were getting applesauce instead. DA-H stated DA-H did not puree cheesecake because DA-H was not sure if the crust would puree. On 2/17/26 at 12:10 PM, RD-J entered the kitchen and informed DA-H that the top of the cheesecake could have been pureed for residents on pureed diets who should receive the same items that residents on regular diets receive. 3. From 2/15/26 to 2/17/26, Surveyor reviewed R44's medical record. R44 was admitted to the facility on [DATE] and had a diet order that indicated: Consistent carbohydrate.From 2/15/26 to 2/17/26, Surveyor reviewed R36's medical record. R36 was (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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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	admitted to the facility on [DATE] and had a diet order that indicated: Consistent carbohydrate, mechanical soft, chopped meats, extra gravy, Kennedy cup.R49 was admitted to the facility on [DATE]. R49 had a diet order that indicated: Consistent carbohydrate.On 2/17/26 at 11:28 AM, Surveyor observed CK-K serve lunch. The extended menu indicated residents on consistent carbohydrate diets should not receive a dinner roll. Surveyor observed dinner rolls on R44, R36, and R49's trays.On 2/17/26 at 12:20 PM, Surveyor interviewed RD-J who confirmed residents with consistent carbohydrate diets should not receive dinner rolls.4. The extended menu for the 2/17/26 lunch meal indicated the following portion sizes: 8 ounces (oz) of red beans, rice, and sausage.On 2/17/26 at 11:28 AM, Surveyor observed CK-K serve lunch in the dining room and use a 6 oz scoop for regular red beans, rice, and sausage and a 4 oz scoop for pureed and mechanical red beans, rice, and sausage. Surveyor observed CK-K provide one scoop of red beans, rice, and sausage for all of the meals which meant residents with regular diets received 6 oz instead of 8 oz of red beans, rice, and sausage. Residents with pureed and mechanical diets received 4 oz instead of 8 oz of red beans, rice, and sausage.On 2/17/26 at 12:20 PM, Surveyor interviewed CK-K. When asked how CK-K determined scoop sizes, CK-K stated the scoops were laid out for CK-K when CK-K arrived at 10:00 AM. RD-J was present during the interview and indicated CK-K should check to make sure the scoop sizes are correct for the portions.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, staff interview, and record review, the facility did not ensure food was stored and prepared in a safe and sanitary manner. This practice had the potential to affect all 67 residents residing in the facility. Temperature logs for meal service were not consistently completed. Hand hygiene was not completed appropriately during the lunch meal on 2/17/26.Staff did not consistently test the internal temperatue of the dishwasher. Serving utensils and bowls were not stored properly to prevent contamination.Staff did not consistently document the parts per million (PPM) of the sanitizing solution in sanitizing buckets.Findings include:On 2/15/26 at 9:15 AM, Surveyor completed an initial kitchen tour with [NAME] (CK)-G who was not sure which food code the facility follows. Nursing Home Administration (NHA)-A later informed Surveyor that the facility follows the Federal Food and Drug Administration (FDA) Food Code.Temperature Logs:The 2022 FDA Food Code documents at 2-103.11 Person in Charge: The person in charge shall ensure that: I) Employees are properly maintaining the temperatures of time/temperature controlled foods for safety during hot and cold holding through daily oversight of the employees' routine monitoring of food temperatures. During the initial kitchen tour on 2/15/26, Surveyor requested to review cooking and holding temperature logs which CK-G provided. Surveyor noted the following: ~ On 2/1/26, dinner temperatures were not documented.~ On 2/12/26, 2/13/26, and 2/14/26, breakfast, lunch, and dinner temperatures were not documented.~ On 2/15/26, breakfast temperatures was completed, however, the log did not contain breakfast temperatures. CK-G stated CK-G had not completed the log.Hand Hygiene:The facility's Nutrition Policies and Procedures: Hand Hygiene/Hand Washing policy indicates: Wash hands: After contact with soiled or contaminated articles, such as dirty dishes. The 2022 FDA Food Code documents at 3-301.11 Preventing Contamination from Hands: Food employees may not contact exposed, ready-to-eat food with their bare hands and shall use suitable utensils such as deli tissue, spatulas, tongs, single-use gloves, or dispensing equipment. On 2/17/26 at 11:28 AM, Surveyor observed CK-K serve lunch meal in the main kitchen. The menu contained dinner rolls. CK-K had gloves on and was taking serving temperatures when Surveyor walked into the kitchen. Throughout meal service, Surveyor observed CK-K touch scoop handles, make a grilled cheese sandwich, touch CK-K's clothing, and continue, with the same gloved hand, to put dinner rolls on plates. On 2/17/26 at 12:07 PM, Surveyor interviewed Registered Dietitian (RD)-J who confirmed CK-K should use tongs or a utensil to put dinner rolls on plates. Dishwashing Temperatures: The 2022 FDA Food Code documents at 4-302.13 Temperature Measuring Devices, Manual and Mechanical Warewashing:(B) In hot water mechanical warewashing operations, an irreversible registering temperature indicator shall be provided and be readily accessible for measuring the utensil surface temperature.A dishwashing log posted near the dishwashing area indicated the rinse temperature should reach 180 degrees Fahrenheit (F).On 2/17/26 at 1:13 PM, Surveyor observed Dietary Aid (DA)-H and DA-I wash dishes in a mechanical hot water sanitizing dishwasher. Surveyor observed 4 loads of dishes go through the machine and noted the rinse temperature reached 172 degrees F. When Surveyor asked DA-H and DA-I to run a temperature test strip through the dishwasher to test the surface temperature, DA-H and DA-I were not sure where the test strips were stored. Surveyor observed the dishwashing log and noted an internal test strip was last run through the dishwasher on 2/6/26. CK-K looked behind the dishwashing log and found a test strip for the sanitizing buckets. DA-H, DA-I, and CK-K could not find internal dishwashing temperature strips and did not know how often the internal surface temperature should be tested. When Surveyor exited the dishwashing area, Nursing Home Administrator (NHA)-A was in the dining room. Surveyor informed NHA-A that the dishwasher was not reaching the appropriate rinse temperature. NHA-A also attempted to find a test strip but could not find one. NHA-A was not sure what the facility's policy stated regarding how often internal surface temperatures should be tested. On 2/17/26 at 1:24 PM, NHA-A approached Surveyor and stated the test strips were (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	found. NHA-A stated staff ran a test strip through the dishwasher which indicated an appropriate surface temperature. NHA-A also stated the facility asked a company to look at the dishwasher. Storage:The 2022 FDA Food Code documents at 4-903.11 Equipment, Utensils, Linens, and Single-Service and Single-Use Articles: (B) Clean equipment and utensils shall be stored (2) Covered or inverted. During an initial kitchen tour on 2/15/26, Surveyor observed a stack of mixing bowls stored upright. CK-G verified the bowls should be stored upside down on the shelf. During an initial kitchen tour on 2/15/26, Surveyor observed uncovered plastic containers of various serving utensils on a bottom shelf next to the deep fryer. The shelf above the utensils contained a toaster oven. CK-G confirmed the utensils should be covered but stated the bins were so full that the covers did not close. CK-G verified crumbs from the toaster oven and splatter from the deep fryer could contaminate the utensils. CK-G stated CK-G tries to ensure crumbs from the toaster do not fall into the bins of serving utensils when CK-G makes toast. Sanitizing Solution:The 2022 FDA Food Code documents at 2-103.11 Person in Charge: The person in charge shall ensure that: (L) employees are properly sanitizing cleaned multi-use equipment and utensils before they are reused, through routine monitoring of solution temperature and exposure time for hot water sanitizing, and chemical concentration, pH, temperature, and exposure time for chemical sanitizing.On 2/17/26 at 1:13 PM, Surveyor asked CK-K how often the sanitizing buckets are tested. CK-K indicated the AM cook tests the sanitizing solution in the morning and before lunch. CK-K indicated the facility did not have a log to document PPM of the sanitizing solution. On 2/17/26 at 1:24 PM, Surveyor asked CK-K to test PPM of the sanitizing solution in the sanitizing bucket. CK-K was unsure how many PPM the test strip should indicate. Another staff stated there was a poster above the sink that indicated the correct PPM. NHA-A was present when CK-K confirmed the facility did not have a log to doucument PPM of the sanitizing solution. NHA-A was not sure if the facility had a policy or procedure for testing PPM of the sanitizing solution.

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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 staff interview and record review, the facility did not ensure a comprehensive resident-centered care plan was implemented for 1 resident (R) (R11) of 1 sampled resident.R11 had a diagnosis of dementia. R11's care plan did not contain goals or interventions for dementia care.Findings include: The facility's Care Plan Process, Person-Centered Care, revised 5/5/23, indicates: The facility will develop and implement .comprehensive care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care .3. Following Resident Assessment Instrument (RAI) Guidelines, develop and implement a comprehensive person-centered care plan that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.From 2/15/26 to 2/17/26, Surveyor reviewed R11's medical record. R11 was admitted to the facility on [DATE] and had a diagnosis of dementia. R11's Minimum Data Set (MDS) assessment, dated 12/29/25, had a Brief Interview for Mental Status (BIMS) score of 10 out of 15 which indicated R11 had moderate cognitive impairment. The MDS assessment indicated R11 had a diagnosis of dementia. R11 had an activated Power of Attorney for Healthcare (POAHC).Surveyor reviewed R11's care plan and noted the care plan did not contain dementia goals or interventions.On 2/17/26 at 12:01 PM, Surveyor interviewed Licensed Practical Nurse (LPN)-D who confirmed R11 had a diagnosis of dementia but did not have a dementia care plan. LPN-D indicated Director of Nursing (DON)-B and Assistant Director of Nursing (ADON)-C were responsible for developing care plans.On 2/17/26 at 1:32 PM, Surveyor interviewed ADON-C who confirmed R11 had a diagnosis of dementia but did not have a dementia care plan. ADON-C stated Social Worker (SW)-E is responsibe for developing behavior care plans and nurses are responsible for other aspects such as transfer status. SW-E entered ADON-C's office during the interview. Surveyor interviewed SW-E who confirmed Social Services is responsible for behavior-related care plan development. SW-E indicated R11 should have a dementia care plan.On 2/17/26 at 2:10 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A who indicated R11 should have a care plan for dementia which is a substantial diagnosis and has the potential to advance.

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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 observation, staff and resident interview, and record review, the facility did not ensure care and treatment was provided in accordance with professional standards of practice for 2 residents (R39 and R55) of 17 sampled residents. R39 was hospitalized for low blood sugar from 1/25/26 to 1/29/26. R39's physician orders did not include parameters for notification of high or low blood sugars. R39 continued to have high blood sugars after the hospitalization. The facility did not notify R39's physician or develop a diabetes care plan. R55 was hospitalized from [DATE] to 1/9/26 for significant weight gain, worsening lower extremity edema, and failed outpatient diuretic escalation. Hospital discharge paperwork indicated R55 should have a consistent carbohydrate/no added salt diet with a fluid restriction. A follow-up cardiology appointment indicated R55 should maintain a fluid restriction. A fluid restriction was not implemented for R55.Findings include: The facility's Physician and Other Communication/Change in Condition policy, revised 5/5/23, indicates: Complete assessment of the resident, which may include but is not limited to: .E. Blood Glucose .3. Notify the physician of the change in medical condition. The facility's Physician Orders policy, revised 5/5/23, indicates: 1. The qualified licensed nurse completes an admission medication regimen review from the transfer record from an acute care hospital .A call is placed to the physician to confirm the orders and request any additional orders as needed .3. Upon admission, the facility has physician orders for the resident's immediate care to include but not limited to: A. Dietary orders. 1. From 2/15/26 to 2/17/26, Surveyor reviewed R39's medical record. R39 was admitted to the facility on [DATE] and had diagnoses including type 2 diabetes, congestive heart failure (CHF), and left below-the-knee amputation. R39's Minimum Data Set (MDS) assessment, dated 2/6/26, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R39 had intact cognition.R39's plan of care did not indicate R39 had diabetes. R39 had a generic care plan related to various medications; however, the care plan did not indicate which medications R39 was currently taking.On 2/15/26 at 12:25 PM, Surveyor interviewed R39 who stated R39 was diabetic and had been having issues with blood sugars. R39 stated R39 had not had a problem with blood sugars prior to residing at the facility and was recently hospitalized related to blood sugars.R39 had the following physician order:~ Humulin 70/30 Kwik pen 100 units/milliliter (ml) - 60 units at breakfast and 55 units at supper (dated 1/19/26). The order did not contain parameters for physician notification related to high or low blood sugars. On 1/25/29, R39 was hospitalized due to hypoglycemia. During the hospitalization, Humulin was discontinued. R39 was prescribed 50 milligrams (mg) of Januvia daily with a recommendation to follow-up with Endocrinology. R39 had an order to check blood sugars twice daily and as needed. Surveyor reviewed R39's blood sugars and noted the following:~ On 2/5/26 at 7:04 PM, R39 had a blood sugar of 458 with no documented physician notification.~ On 2/13/26 at 7:34 PM, R39 had a blood sugar of 386 with no documented physician notification.~ On 2/14/26, R39 had a blood sugar of 291. R39's physician was notified. On 2/16/26 at 1:47 and 2:29 PM, Surveyor interviewed Assistant Director of Nursing (ADON)-C who confirmed R39 should have a diabetic care plan. ADON-C reviewed R39's care plan and indicated the care plan should indicate which medications R39 is taking. ADON-C indicated if there are no blood sugar parameters in place, the facility follows physician notification for a blood sugar under 70 over 350. ADON-C verified the physician was not notified of R39's high blood sugars on 2/5/26 and 2/13/26. ADON-C spoke to the Nurse Practitioner (NP) who indicated they don't generally do parameters for residents who are not on insulin. Surveyor informed ADON-C that R39 was prescribed Humulin insulin prior to R39's hospitalization for low blood sugars. Surveyor noted Humulin was discontinued after R39's hospitalization on 1/29/26 and R39 was started on Januvia. R39 continued to have occasional high blood sugars after starting Januvia and staff continued to check R39's blood sugar. ADON-C indicated R39 should have had physician notification parameters in place which were later added.2. From 2/15/26 to 2/17/26, Surveyor reviewed R55's medical record. R55 (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	was admitted to the facility on [DATE] and had diagnoses including acute on chronic renal failure, severe bilateral lower extremity edema, type 2 diabetes, and CHF. R55's MDS assessment, dated 11/14/25, had a BIMS score of 14 out of 15 which indicated R55 had intact cognition.R55 was hospitalized from [DATE] to 1/9/26 due to significant weight gain, worsening lower extremity edema, and failed outpatient diuretic escalation. R55's medical record did not contain a hospital discharge summary. Surveyor requested the discharge summary. A hospital Discharge summary dated [DATE], indicated R55 had diuresed over 60 pounds while in the hospital. During the hospitalization, R55's recommended diet as of 12/31/25 was consistent carbohydrate with a fluid restriction of 2000 ml. The discharge summary indicated Nephrology was consulted and recommended intravenous (IV) diuresis with continuous bumetanide infusion, fluid restriction, and daily monitoring of urine output and weights. R55's nutrition was managed with a consistent carbohydrate diet, fluid restriction, and protein supplementation to support wound healing with good appetite and intake documented. A hospital nutrition assessment, dated 1/5/26, indicated R55 should receive a consistent carbohydrate diet with a 2 liter fluid restriction. An after visit summary from a follow-up appointment with Cardiology on 1/16/26 indicated: Please continue taking your medications as prescribed. Please weigh yourself daily and record the weights. Please avoid dietary salt as much as possible and keep your consumption to 2 grams or less total per day. To help prevent retaining fluid, please drink less than 2 liters per day of any type of fluids. This includes water, milk, tea, juice, coffee, soda (diet or regular) and any other fluids that you might drink. R55's medical record contained an order (prior to and post-hospitalization) for a consistent carbohydrate diet with no added salt. R55's weights were monitored daily. R55's medical record did not indicate R55 was on a fluid restriction.On 2/17/26 at 10:47 AM, Surveyor interviewed Registered Dietitian (RD)-J who stated RD-J reviews hospital returns but does not review after visit summaries from return or specialty appointments. RD-J stated if changes come from those appointments, staff enter the diet change and RD-J makes a note. RD-J indicated if a hospital discharge summary was not scanned into R55's medical record, RD-J might not have seen it. RD-J stated RD-J would then refer to the diet order entered into the system upon R55's return from the hospital. RD-J indicated the diet order entered into R55's medical record after R55 returned from the hospital did not change and RD-J completed a post hospitalization note that did not address a fluid restriction. RD-J stated RD-J would err on the side of no fluid restriction in the nursing home setting due to the risk of dehydration but would defer to what the physician wanted. On 2/17/26 at 12:25 PM, Surveyor interviewed ADON-C who indicated the fluid restriction order was not listed with the medications in R55's discharge summary. ADON-C provided a form that was scanned into R55's medical record from the 1/16/26 Cardiology appointment. ADON-C indicated the facility uses a facility form so physicians can write changes on the form. The form titled Medical Consultation Form indicated: Continue current management. ADON-C indicated staff generally refer to the facility form for any changes and was not sure if anyone saw R55's after visit summary. A progress note, dated 2/17/26 at 1:33 PM, indicated the writer called R55's Cardiology office to clarify if R55 should be on a fluid restriction and was waiting for a return call.On 2/17/26 at 4:30 PM, Surveyor asked to be informed when the physician responded about the fluid restriction.On 2/23/26 at 2:50 PM, Director of Nursing (DON)-B provided Surveyor with information that indicated the facility called Cardiology and received updated orders for a 1.8 liter fluid restriction which R55 had maintained. DON-B also provided R55's intakes. Despite the fact the fluid restriction was not noted in R55's medical record, R55's intakes indicated R55 was within the restriction limit with the exception of a holiday party.

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F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interview, and record review, the facility did not ensure food preferences were followed for 2 residents (R) (R16 and R58) of 14 sampled residents. R16's meal ticket indicated R16 disliked sausage. R16 was served sausage for lunch on 2/17/26.R58's meal ticket indicated R58 should receive a half cup of super potatoes for lunch. R58 did not receive a half cup of super potatoes for lunch on 2/17/26.Findings include:The facility's Food Preferences: Diet History policy, revised 10/15/25, indicates: .G. The Certified Dietary Manager (CDM) refers to the preferences list when making the tray ticket and when collecting data.The facility's Therapeutic Diets policy, revised 10/15/25, indicates: .9. Check all trays for accuracy before they are served to residents.From 2/15/26 to 2/17/26, Surveyor reviewed R16's medical record. R16 was admitted to the facility on [DATE]. R16's Minimum Data Set (MDS) assessment, dated 1/21/26, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R16 had intact cognition. The MDS assessment also indicated R16 was at risk for malnutrition (Section I). From 2/15/26 to 2/17/26, Surveyor reviewed R58's medical record. R58 was admitted to the facility on [DATE]. R58's MDS assessment, dated 2/17/26, had a BIMS score of 11 out of 15 which indicated R58 had moderate cognitive impairment. The MDS assessment also indicated R58 was at risk for malnutrition (Section I). On 2/17/26 at 11:28 AM, Surveyor observed [NAME] (CK)-K serve lunch in the main kitchen. The main entree was red beans, rice, and sausage. During meal service, Surveyor observed the following:~ R16's meal ticket indicated R16 disliked sausage. Surveyor observed CK-K put the main entree (which contained sausage) on R16's plate. CK-K plated the remainder of R16's meal and passed the plate to Dietary Aid (DA)-I to serve. Surveyor stopped DA-I and asked whether R16 should receive the main entree. CK-K stated CK-K missed it on the meal ticket and made R16 a grilled cheese sandwich.~ R58's meal ticket indicated R58 should receive a half cup of super potatoes. Surveyor observed CK-K put red beans, rice, sausage, a dinner roll, and wax beans on R58's plate and hand the plate to DA-I to serve. When asked if R58 should get super potatoes, CK-K stated yes and indicated CK-K missed it on the meal ticket. R58 was given a half cup of super potatoes.On 2/16/26 at 4:45 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A who verified food preferences were not followed. NHA-A stated the facility was working on food and dining preferences with residents. In a subsequent interview on 2/17/26 after lunch, NHA-A confirmed residents should receive preferences that are noted on their meal tickets and staff should check tickets and plates for accuracy before meals are served.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525461	A. Building B. Wing	02/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pavilion at Glacier Valley	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff and resident interview, and record review, the facility did not maintain an infection prevention and control program designed to prevent the transmission of communicable disease and infection for 1 resident (R39) of 4 sampled residents.R39 was on contact precautions due to loose stools. Staff brought R39 to the dining room to eat breakfast and seated R39 at a table with other residents.Findings include:The facility's Transmission Based/Standard Precautions and Enhanced Barrier Precautions policy, revised 5/15/23, indicates: Contact Precautions: .O. Protocols: Resident Placement: .b. When a resident is experiencing wound drainage, fecal incontinence, or diarrhea .that can't be contained and there is an increased potential for extensive environmental contamination and risk of transmission of a pathogen. This should be implemented prior to identifying the specific organism. F. The resident should remain in their room for the duration of transmission-based precautions unless for medically necessary care. From 2/15/26 to 2/17/26, Suveyor reviewed R39's medical record. R39 was admitted to the facility on [DATE] and had diagnoses including C-difficile, heart failure, and type 2 diabetes. R39's Minimum Data Set (MDS) assessment, dated 2/6/26, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R39 had intact cognition.On 2/15/26 at 12:25 PM, Surveyor interviewed R39 who was in bed and stated R39 was not feeling well. R39 indicated R39 had diarrhea all morning and was not sure why. Surveyor did not observe a precautions signs on R39's door at that time. R39 stated R39 did not have an appetite which was why R39 did not go to the dining room for lunch.A progress note, dated 2/15/26 at 3:27 PM, indicated R39 had multiple loose bowel movements and a poor appetite. The note indicated R39's stools were watery and did not look like C-difficile. Fluids were encouraged and the provider was updated.A progress note, dated 2/15/26 at 3:42 PM, indicated orders were received for Imodium and to check R39's stool for C-difficile and norovirus.A progress note, dated 2/15/26 at 8:35 PM, indicated R39 started on contact isolation due to loose stools. R39's loose stools were not enough for a sample. A stool sample needed to be collected.On 2/16/26 at 6:46 AM, Surveyor observed a contact precautions sign posted on R39's door. R39 was not in the room. On 2/16/26 at 6:58 AM, Surveyor observed R39 in the dining room waiting for breakfast at a table with other residents. The residents were filling out meal tickets for the following week. On 2/16/25 at 12:49 PM, Surveyor interviewed Certified Nursing Assistant (CNA)-F who cared for R39 on the AM shift. CNA-F stated CNA-F was not informed in morning report that R39 was ill and should not be in the dining room. CNA-F indicated CNA-F must have missed the contact precautions sign on R39's door.A progress note, dated 2/16/26 at 3:10 PM, indicated the writer spoke to the CNA who worked on R39's unit during the AM shift. The CNA reported that R39 had five loose stools. A stool specimen was collected at approximately 11:00 AM. R39 continued on contact precautions while the results were pending and until symptoms resolved. A progress note, dated 2/16/26 at 11:00 PM, indicated R39 had loose watery stools and was on contact precautions and strict isolation. R39 tested positive for C-diff. The provider was updated. On 2/16/26 at 4:45 PM, Surveyor interviewed Assistant Director of Nursing (ADON)-C who confirmed R39 should have eaten breakfast in R39's room since R39 was on contact precautions due to loose stools.