STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525462	A. Building B. Wing	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maplewood of Sauk Prairie	245 Sycamore St Sauk City, WI 53583

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 - Many	Provide and implement an infection prevention and control program. Based on interview and record review, the facility did not establish and 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 infection. This has the potential to affect the census (76).The facility staff line lists do not monitor specific symptoms.The facility staff line lists do not record dates of last symptoms or return to work dates.Evidenced by:The facility policy, entitled Infection Control Policy, dated 6/2025, states, in part: . Policy: It is the policy of Maplewood of Sauk Prairie to ensure the Infection Control Program is designed to provide a safe, sanitary, and comfortable environment that helps prevent the development and transmission of disease and infection.The Infection Control Program will:Investigate, control, and prevent, to the extent possible, infections in the facility.Surveillance: .Outcome surveillance will be used to identify and report evidence of an infection.c. If a pattern or grouping of infections is questionable for an outbreak situation is occurring, the charge nurse will follow the appropriate policy (i.e. possible GI outbreak, the gastroenteritis policy will be followed) and will notify the infection control nurse as soon as able. Both staff and resident illness is kept up to date on white boards in charge office, so potential outbreaks can be identified. Surveillance of employee health status.b. Employee call ins are monitored. The reason for call ins are tracked to determine possible outbreaks or possible exposure to residents. The facility policy entitled Gastroenteritis (Norovirus) Policy, dated6/2025, states, in part: . Policy Explanation and Compliance Guidelines:All staff is to monitor for signs and symptoms and take appropriate actions to prevent the spread of illness and complications from the illness. Signs and symptoms include:Sudden onset of vomiting and diarrhea. 5. Management of Staff: . b. Management of ill staff:i. Staff illness is monitored by DON (Director of Nursing). All call ins are recorded on a log.ii. Any staff suspected of having viral gastroenteritis should be excluded from resident care and/or food service duties at the onset of symptoms including nausea, vomiting, abdominal pain, and/or diarrhea. These exclusions shall remain in affect until the employee is asymptomatic and free of symptoms for 48 hours. The facility provided staff surveillance line lists for November 2025, December 2025, and January of 2026. The line lists include: Staff Name, Date of First Symptom, Date of Call In, Symptoms, Did They go to the Doctor, Treatment prescribed, Tests Done, and Date Infection Resolved/Work return date. The line lists are incomplete.Of Note there is no recording of the date of last symptom to determine return to work dates. The staff surveillance line list for November 2025 shows there were 7 call ins.Three call ins listed nausea/vomiting for symptoms: The first one dated 11/2/25. One call in lists nausea, vomiting and diarrhea as symptoms.Two call ins list diarrhea as symptoms. There are no dates of last symptom listed. There are no return-to-work dates listed. The list will state as example, off or off 11/3/25. The month of December 2025 shows there were 26 call ins.Three of the call ins listed nonspecific symptoms: sick, respiratory, and metabolic disorder. These are not specific symptoms to track.Seventeen do not list return to work dates. Eight show return to work dates without a date of last symptom to be able to determine when return to work dates would be. There is no evidence to show that the facility knew if staff were returning to work at the appropriate times. The month of January 2026 shows there were 23 call ins.Seventeen call ins list Return with improved signs and symptoms. Four call ins list Back (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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Maplewood of Sauk Prairie	245 Sycamore St Sauk City, WI 53583

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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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	after 48 hours after last symptom.There are no dates of last symptoms listed to determine their return-to-work dates.Two call ins list Return when feeling better.Five call ins list sick as their symptom. On 2/11/26 at 1:04 PM, Surveyor interviewed DON B (Director of Nursing) and asked what standard of practice the facility follows for infection control. DON B indicated CDC (Centers for Disease Control). Surveyor reviewed the staff surveillance list with DON B and asked DON B how return to work dates are determined for gastroenteritis symptoms. DON B indicated 48 hours after last symptom. Surveyor asked if the date of the last symptom should be on the surveillance lists. DON B indicated yes, to determine the return-to-work dates. Surveyor asked DON B if the return-to-work dates are on the staff surveillance list, and DON B indicated no. Surveyor asked DON B, do we know if staff returned to work at the appropriate time looking at the staff surveillance lists. DON B indicated no. Surveyor asked if DON B would expect specific symptoms to be tracked and monitored on the surveillance lists. DON B indicated yes, she would expect specific symptoms to be documented on the surveillance lists. Surveyor asked if sick was a specific symptom, and DON B indicated no. Surveyor asked if respiratory symptoms or metabolic symptoms are specific symptoms. DON B indicated no. DON B indicated she has just recently taken over the infection control program just weeks ago, and she has a lot of changes to make.

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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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide activities to meet all resident's needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility did not provide an ongoing program of activities designed to meet the interests and the physical, mental, and psychosocial well-being of each resident. This has the potential to affect 1 of 2 residents (R49) reviewed for activities. Per Surveyor interview with R49 and staff, R49 could not leave her room for activities due to her roommate being on isolation for gastroenteritis symptoms. R49 was not offered any activities in her room during this time. R49 participated in activities regularly prior. Evidenced by: The facility policy entitled Activities Policy, dated 6/2025, states, in part: . It is the policy of Maplewood of Sauk Prairie to provide an ongoing program to support residents in their choice of activities based on their comprehensive assessment, care plan, and preferences. Facility-sponsored group, individual, and independent activities will be designed to meet the interests of each resident, as well as support their physical, mental, and psychosocial well-being. Activities will encourage both independence and interaction within the community. Policy Explanation and Compliance Guidelines: .2. Activities will be designed with the intent to: a. Enhance the resident's sense of well-being, belonging, and usefulness. b. Create opportunities for each resident to have a meaningful life. e. Promote or enhance emotional health.f. Promote self-esteem, dignity, pleasure, comfort, education, creativity, success and independence.i. Reflect choices of the residents. 4. Activities may be conducted in different ways: a. One-to-One Programs.b. Person Appropriate- activities relevant to the specific needs, interests, culture, background, etc. for the resident they are developed for.c. Program of Activities- to include a combination of large and small groups, one-to-one, and self-directed as the resident desires to attend.12. Activities can occur at any time and are not limited to formal activities provided by the activities staff and can include other facility staff members, volunteers, residents, and family members. R49 admitted to the facility on [DATE] and has diagnoses that include cerebrovascular disease (comprises various conditions that disrupt blood flow to the brain-such as stroke, stenosis, and aneurysms) and aphasia (a communication disorder caused by brain damage, usually from a stroke or tumor affecting language expression, comprehension, reading, and writing, though not intelligence).R49's Quarterly Minimum Data Set (MDS) Assessment, dated 12/12/25, shows that R49 has a BIMS (Brief Interview of Mental Health) score of 12 indicating R49 has moderate cognitive impairment. R49's Care Plan, dated 12/03/25, states, in part: . I have been enjoying attending more and new activitiesBecause I: am getting to know more people (aphasia following a CVA (cerebrovascular accident) in 2012,I show this by: accepting invitations to more activities.I need my aides to: ask me about my day, talk with me about current events.I need Social Services to: encourage my family to get involved in my care, help me feel as if I have a sense of control over my care, help me realize my strengths.I need Activity staff to: know that I like games (dice and cards), Protestant church, music programs, outdoor visits, pet visits, and 1:1 interaction.My Goal is to: spend time doing things I enjoy.Goal Time: three months 3/2/26.Evaluation: I met my goal- continue goal. R49's Guideline for Daily Care, dated 2/11/26, states, in part: . Activities: I need my aides to: ask me about my day, talk with me about current events. I need Activity staff to: know that I like games (dice and cards), Protestant church, music programs, outdoor visits, pet visits, and 1:1 interaction. R49's Activity Attendance Log for the last 3 months shows R49 participated in activities: -Month of December 2025- 10 times.-Month of January 2026- 22 times.-Month of February (2/2/26- 2/9/26) 7 times. The last time 2/9/26- two days before R49 could not leave her room due to her roommate being on isolation for gastroenteritis symptoms. On 2/10/26, at 1:31PM, Surveyor interviewed R49. R49 was able to answer Surveyor's questions by nodding her head yes or no and by gestures. Surveyor asked R49 if the facility offers activities she enjoys. R49 nodded her head yes. Surveyor asked R49 if she attends activities daily. R49 nodded no and pointed to roommate. Surveyor asked R49 if she can leave her room. R49 nodded no. Surveyor asked R49 if she would typically go to activities before when she (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	was able to leave her room. R49 nodded yes. Surveyor asked R49 if it is difficult for her not being able to leave her room for activities. R49 nodded her head yes. Surveyor asked R49 if she misses being able to go to activities. R49 nodded head yes. Surveyor asked R49 if staff or the activity staff bring activities into her room for her. R49 nodded head no. Surveyor asked what R49 does during the day. R49 pointed at the television. Surveyor asked R49 if the staff explained to her why she could not leave her room. R49 nodded her head yes. Surveyor asked R49 if the staff asked her if she was ok with not being able to leave her room. R49 nodded no.On 2/11/26 at 11:27 AM, Surveyor interviewed CNA D (certified nursing assistant) and asked if R49 can leave her room to attend activities. CNA D indicated no due to R49's roommate being sick. Surveyor asked CNA D if R49 is sick. CNA D indicated no, but staff put a mask on due to R49's roommate being sick. Surveyor asked CNA D if R49 is isolated to her room, and CNA D indicated yes since Monday. Surveyor asked CNA D if R49 typically would go to activities. CNA D indicated yes. On 2/11/26 at 11:37 AM, Surveyor interviewed RN F (registered nurse) and asked if R49 is on precautions. RN F indicated no, R49's roommate is. Surveyor asked RN F if R49 can leave her room to attend activities. RN F indicated the staff keep R49 in her room due to her roommate being sick. Surveyor asked RN F if R49 is sick also. RN F indicated no. Surveyor asked RN F if R49 would typically attend activities, and RN F indicated yes. RN F indicated it was explained to R49 why she could not leave her room. Surveyor asked RN F if R49 gets out of bed. RN F indicated not being 100 % sure. RN F indicated when she has passed by her room lately R49 is in bed. Surveyor asked RN F if R49 is typically in bed during the day. RN F indicated R49 would typically be in her wheelchair tootling around on her own. On 2/11/26 at 12:10 PM, Surveyor interviewed AD E (Activity Director) and asked if R49 attends activities regularly. AD E indicated yes, R49 attends most activities. Surveyor asked AD E what kinds of activities R49 likes. AD E indicated R49 likes dice, cards, music, and anything we do in activities. Surveyor asked AD E if R49 has been able to attend activities recently, and AD E indicated no due to her roommate being isolated. Surveyor asked AD E if she has offered activities for R49 in her room while she has not been able to attend activities. AD E indicated no. AD E indicated there is an activity cart the nursing staff can offer, it has coloring items and puzzles on it. Surveyor asked AD E if R49 likes those types of activities and would benefit from them. AD E indicated no R49 does not like coloring or puzzles. R49 would not benefit or enjoy coloring or puzzles. On 2/11/26 at 2:03 PM, Surveyor interviewed DON B (Director of Activities) and asked if R49 is on precautions. DON B indicated no. Surveyor asked DON B if R49 is isolated to her room. DON B indicated R49 should not be isolated to her room. Surveyor informed DON B that R49 and staff have told Surveyor that R49 can not leave her room due to her roommate being sick and on isolation. DON B indicated R49 can leave her room. DON B indicated she will talk to staff because there may be some confusion. Surveyor informed DON B that staff has indicated R49 has been isolated to her room and not able to attend activities since Monday. Surveyor asked DON B if R49 would typically go to activities. DON B indicated yes. Surveyor informed DON B that Surveyor has a concern regarding R49 being isolated to room and not able to attend activities.

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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 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement a program that monitors antibiotic use. Based on interview and record review the facility did not establish an antibiotic stewardship program that includes antibiotic use protocols and a system to monitor antibiotic use for 1 of 1 Supplemental Resident (R98) and 1 of 1 sampled resident (R4). R4 and R98 were treated with antibiotics without meeting McGeers Criteria. The facility did not have an antibiotic stewardship conversation with R4 and R98's Provider. Evidenced by:The facility's policy entitled Antibiotic Stewardship Program Policy, dated 7/2025, states, in part: . Policy: 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 infections while reducing the adverse events associated with antibiotic use.Policy Explanation and Compliance Guidelines: .4. The program includes antibiotic use protocols and a system to monitor antibiotic use. a. Antibiotic use protocols: . ii. Laboratory testing shall be in accordance with current standards of practice.iii. The facility uses the (CDC's NHSN (National Healthcare Safety Network) Surveillance Definitions, updated McGeer criteria) . b. Monitoring antibiotic use:i. Monitor response to antibiotics, and laboratory results when available, to determine if the antibiotic is still indicated or adjustments should be made.iii. Antibiotic orders obtained from consulting, specialty, or emergency providers shall be reviewed for appropriateness. Example 1:R4 is on the January 2026 line list for UTI (urinary tract infection). R4's listed symptoms are increased agitation, hallucinations and combativeness. Treatment prescribed was sulfamethoxazole trimethoprim 800-160 mg (milligrams) twice a day. Per McGeer criteria for UTI without indwelling catheter: . Must fulfill both 1 and 2.At least one of the following sign or symptom:*Acute dysuria or pain, swelling, or tenderness of testes, epididymis, or prostate*Fever or leukocytosis, and > 1 of the following: -Acute costovertebral angle pain or tenderness -Suprapubic pain -Gross hematuria -New or marked increase in incontinence -New or marked increase in urgency -New or marked increase in frequency*If no fever or leukocytosis, then > 2 of the following: -Suprapubic pain -Gross hematuria -New or marked increase in incontinence -New or marked increase in urgency -New or marked increase in frequency 2. At least one of the following microbiologic criteria:->100,000 cfu (colony forming unit)/ mL (milliliter) of no more than 2 species of organisms in a voided urine sample- >100 cfu/mL of any organism(s) in a specimen collected by an in-and-out catheter. R4's urine culture, dated 1/30/26, shows bacteria, Escherichia coli >100,000 CFU/mL. On 2/11/26 at 1:04 PM, Surveyor interviewed DON B (Director of Nursing) and asked what standard of practice the facility uses for antibiotic stewardship. DON B indicated McGeers and CDC (Centers for Disease Control). Surveyor asked DON B how the facility determines if an infection meets the criteria for the standard of practice. DON B indicated by following the McGeers chart and reviewing documentation, such as lab results. Surveyor asked DON B by following McGeers criteria did R4 meet that criteria to treat the uti with an antibiotic. DON B indicated by following McGeers no, R4 should not have been treated with an antibiotic. DON B indicated in these cases the facility would typically talk with the provider about treating an infection without meeting criteria. Surveyor asked if there was documentation to show there was a conversation with a provider. DON B indicated she is unable to see any documentation in R4's medical record. Surveyor asked DON B if she would expect documentation to be in R4's chart, DON B indicated yes. Example 2:R98 is on the November 2025 line list for UTI. R98's listed symptoms are frequency, decreased urine output, hematuria, and temperature of 99.3 Fahrenheit. Treatment prescribed was Macrobid 100 mg (milligrams) twice a day for 5 days.R98's urine culture dated, 11/16/2025, shows Escherichia coli 50,000 - 60,000 cfu/mL. Per McGeer criteria for UTI without indwelling catheter: . Must fulfill both 1 and 2.At least one of the following sign or symptom:*Acute dysuria or pain, swelling, or tenderness of testes, epididymis, or prostate*Fever or leukocytosis, and > 1 of the following: -Acute costovertebral angle pain or tenderness -Suprapubic pain -Gross hematuria -New or marked increase in incontinence -New or marked increase in urgency -New or marked increase in frequency*If no fever or leukocytosis, then > (continued on next page)

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2 of the following: - Suprapubic pain -Gross hematuria -New or marked increase in incontinence -New or marked increase in urgency -New or marked increase in frequency 2. At least one of the following microbiologic criteria:->100,000 cfu (colony forming unit)/ mL (milliliter) of no more than 2 species of organisms in a voided urine sample- >100 cfu/mL of any organism(s) in a specimen collected by an in-and-out catheter. On 2/11/26 at 1:04 PM, Surveyor interviewed DON B (Director of Nursing) and asked what standard of practice the facility uses for antibiotic stewardship. DON B indicated McGeers and CDC (Centers for Disease Control). Surveyor asked DON B how the facility determines if an infection meets the criteria for the standard of practice. DON B indicated by following the McGeers chart and reviewing documentation, such as lab results. Surveyor asked DON B if R98 met McGeers criteria with Escherichia coli 50,000 - 60,000 cfu/mL. DON B indicated the Escherichia coli should be greater than 100,000 to treat. DON B indicated the facility would typically talk with the provider about treating an infection without meeting criteria. Surveyor asked if there was documentation to show there was a conversation with a provider. DON B indicated she is unable to see any documentation in R98's medical record. Surveyor asked DON B if she would expect residents to meet criteria before treating them with antibiotics. DON B indicated yes.

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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 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not ensure each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized for 1 of 5 residents (R29) reviewed for immunizations.R29 was not offered the pneumococcal vaccine. The facility does not have a declination or consent for the pneumococcal vaccine for R29.Evidenced by:The facility policy, titled Immunization/Vaccination Policy, dated 6/2025, states, in part: . Policy: It is the policy of Maplewood to minimize the risk of acquiring, transmitting or experiencing complications from infectious disease by offering our residents, staff members, and volunteer workers immunization/vaccination against such diseases.Policy Explanation and Compliance Guidelines: .2. Immunizations will follow current CDC (Center of Disease Control) guidance and scheduling based on the specific vaccinations.3. Residents, staff, and volunteer workers will be offered immunizations against infectious diseases as per current federal, state and local guidance.4. Residents, staff, and volunteer workers will be screened prior to receiving any immunization.8. Staff, volunteer workers, residents or resident representatives will be required to sign a consent form prior to administration of the vaccine(s). The completed, signed, and dated record will be filed in the individual's medical record, or the staff or volunteer's medical file.10. The resident's medical record or staff/volunteer's medical file will include documentation that the staff, volunteer, resident and/or the resident's representative was provided education regarding the benefits and potential side effects of immunization(s), and that the resident received or did not receive the immunization(s) due to medical contraindication or refusal. R29 admitted to the facility on [DATE].R29 had Pneumovax Vaccines documented as follows: Pneumovax 23 on 10/20/1993. Prevnar 13 on 8/11/15. Pneumovax 23 on 12/12/16.R29 was not offered the PCV 20 or the PCV21 5 years after the last pneumococcal vaccination per CDC recommendations. There is no documentation that R29 was offered the next pneumococcal vaccine. Per Pneumo Recs Vax Advisor, the recommendation for R29's age group is to give 1 dose of PCV20 or PCV21 at least 5 years after last dose of PPSV23.R26 did not receive PCV20 or PCV21 therefore Pneumococcal vaccinations are not complete.On 2/11/26 at 1:04 PM, Surveyor interviewed DON B (Director of Nursing) and asked if pneumococcal vaccines were offered to R29. DON B could not provide documentation to show pneumococcal vaccines were offered to R29. Surveyor reviewed the Pneumo Recs Vax recommendation and DON B agreed the PCV20 or the PCV21 should have been offered to R29.