

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525467	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/25/2026
NAME OF PROVIDER OR SUPPLIER Maryhill Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 501 Madison Ave Niagara, WI 54151	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>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 46 residents residing in the facility. The facility did not test the temperature of the sanitizing solution used in sanitizing buckets and the 3-compartment sink per manufacturer's recommendations. In addition, the facility did not monitor parts per million (PPM) of the sanitizing solution. The facility did not consistently label resident food with use-by dates and ensure timely disposal of expired items. Findings include: On 3/23/26 at 10:40 AM, Surveyor completed an initial tour of the kitchen with Interim Dietary Manager (DM)-D who stated the facility follows both the Wisconsin Food Code and the Federal Food Code, whichever is stricter. Sanitizing Solution: The Wisconsin Food Code documents at 2-103.11 Person in Charge: The person in charge shall ensure .(K) 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. The Wisconsin Food Code documents at 4-501.116, Warewashing Equipment, Determining Chemical Sanitizer Concentration: Concentration of the sanitizing solution shall be accurately determined by using a test kit or other device. Hydrion QT-40 test strips: Product directions state the test solution should be between 65 and 75-degrees Fahrenheit. During an initial tour of the kitchen with DM-D on 3/23/26 at 10:40 AM, Surveyor reviewed the facility's 3-compartment sink and sanitizing bucket log. The log contained staffs' initials but did not indicate the PPM or temperature of the sanitizing solution. DM-D could not confirm if staff test the temperature of the sanitizing solution used in the sink and sanitizing buckets. On 3/24/26 at 12:19 PM, Surveyor interviewed DM-D who acknowledged the facility's logs should contain PPM of the sanitizing solution and the temperature of the sanitizing solution when PPM are tested. Dating/Labeling: Foodsafety.gov (a gateway to food safety information provided by government agencies) indicates prepared egg dishes should be consumed or discarded within 3-4 days if refrigerated; Ham salad should be consumed or discarded within 3-4 days if refrigerated; and cabbage should be consumed or discarded within 1-2 weeks if refrigerated. The Wisconsin Food Code documents at 3-501.17 Ready-to-Eat, Time/Temperature Control for Safety Food Date Marking: (A) Except when packaging food using a reduced oxygen packaging method as specified under paragraph 3-502.12, and except as specified in paragraph (E), (F), and (H) of this section, refrigerated, ready-to-eat, time/temperature control for safety food prepared and held in a food establishment for more than 24 hours shall be clearly marked to indicate the date or day by which the food shall be consumed on the premises, sold, or discarded when held at a temperature and time combination of 5 degrees Celsius (C) (41 degrees Fahrenheit (F)) or less for a maximum of 7 days. The day of preparation shall be counted as day 1. Commercially processed food open and held cold (B) Except as specified in paragraphs (E)-(H) of this section, refrigerated, ready-to-eat, time/temperature control for safety food prepared and packaged by a food processing plant shall be clearly marked at the time the original container is opened in a food establishment and, if the food is held for more than 24 hours, shall indicate the date or day by which the food shall be consumed on the premises, sold, or (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
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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>discarded, based on the temperature and time combinations specified in paragraph (A) of this section and; (1) The day the original container is opened in the food establishment shall be counted as day 1; and (2) The day or date marked by the food establishment may not exceed a manufacturer's use-by date if the manufacturer determined the use-by date based on food safety. During an initial tour of the kitchen with DM-D on 3/23/26 at 10:40 AM, Surveyor observed the following items in the main cooler: ~ A container of sliced eggs, dated 3/18~ A container of ham salad, dated 3/19~ An open to air and undated half head of cabbage On 3/24/26 at 12:19 PM, Surveyor interviewed DM-D who stated the facility's previous practice was to discard all food after 3 days; however, it was recently changed to 7 days. DM-D acknowledged the concerns with labeling and discarding food based on food safety guidelines.</p>		

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<p>F 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview and record review, the facility did not ensure timely transmittal of a Resident Assessment Information (RAI)/Minimum Data Set (MDS) assessment for 1 resident (R) (R23) of 14 sampled residents. The facility did not transmit a Discharge MDS assessment for R23 in a timely manner when R23 was transferred to the hospital and did not return to the facility. Findings include: The Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual, Version 1.17.1, dated October 2025, indicates: All Medicare and/or Medicaid-certified nursing homes must transmit required MDS records to the Centers for Medicare and Medicaid Services (CMS). Required MDS records include: Admission, Quarterly, Annual, and Discharge assessments and Entry Tracking records. Transmitted means electronically transmitting an MDS record that passes CMS' standard edits and is accepted into the system within 14 days of the assessment reference date (ARD) (last day of the resident assessment period). Between 3/23/26 and 3/25/26, Surveyor reviewed R23's medical record. R23 was admitted to the facility on [DATE]. On 12/5/25, R23 was transferred to the hospital and did not return to the facility. Between 3/23/26 and 3/25/26, Surveyor reviewed the facility's MDS submissions and noted a Discharge MDS assessment was not transmitted for R23's hospitalization. On 3/24/26 at 2:51 PM, Surveyor interviewed MDS Coordinator (MDSC)-C who confirmed a Discharge-Return Anticipated MDS assessment was not completed or transmitted when R23 was transferred to the hospital or when R23 did not return to the facility. MDSC-C confirmed it is the facility's practice to transmit Discharge MDS assessments when residents are discharged from the facility.</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview and record review, the facility did not accurately code Minimum Data Set (MDS) 3.0 assessments for 3 residents (R) (R58, R7, and R20) of 14 sampled residents. R58 was admitted to the facility on [DATE]. The facility did not ensure R58's name was accurately and consistently reflected on all of R58's transmitted MDS assessments. R7's Pre-admission Screening and Resident Review (PASRR) Level II (used to identify individuals with mental illness and/or intellectual or developmental disability to ensure appropriate placement), dated 1/8/25, indicated R7 had a mental illness. R7's MDS assessment, dated 3/28/25, did not indicate R7 had a mental illness. R20's MDS assessment, dated 3/11/26, indicated R20 received anticoagulant medication. R20 did not have an order for anticoagulant medication and did not receive anticoagulant medication.</p> <p>Findings include:</p> <p>The facility's Minimum Data Set (MDS) policy, revised 7/22/25 indicates: Residents are assessed using a comprehensive assessment process in order to identify care needs and develop an interdisciplinary care plan .1. According to federal regulations, the facility conducts initially and periodically a comprehensive, accurate, and standardized assessment of each resident's functional capacity using the Resident Assessment Instrument (RAI) specified by the state.</p> <p>1. Between 3/23/26 and 3/25/26, Surveyor reviewed R58's medical record. R58 was admitted to the facility on [DATE]. R58's Entry Tracking MDS assessment, dated 12/13/24, and Comprehensive MDS assessment, dated 12/26/24, were transmitted with a different first name than R58's subsequent PPS Part A Discharge MDS assessment, dated 1/8/25, Quarterly MDS assessments, dated 3/27/25 and 6/26/25, and Death Tracking MDS assessment, dated 6/30/25.</p> <p>On 3/24/26 at 2:53 PM, Surveyor interviewed Minimum Data Set Coordinator (MDSC)-C who was not aware R58's first name was changed in the MDS system. MDSC-C confirmed the name used for MDS assessments should reflect the resident's legal name.</p> <p>2. Between 3/23/26 and 3/25/26, Surveyor reviewed R7's medical record. R7 was admitted to the facility on [DATE] and had diagnoses including psychotic disorder, major depression, and visual and auditory hallucinations.</p> <p>R7's PASRR Level II Screen, dated 1/8/25, indicated R7 met the federal definition of a serious mental illness.</p> <p>A Significant Change MDS assessment, dated 3/28/25, indicated R7 did not have serious mental illness.</p> <p>On 3/25/26 at 9:25 AM, Surveyor interviewed MDSC-C who who verified R7's PASRR Level II Screen indicated R7 met the federal definition of a serious mental illness. MDSC-C verified R7's 3/28/25 MDS assessment was coded incorrectly at Section A1500.</p> <p>3. Between 3/23/26 and 3/25/26, Surveyor reviewed R20's medical record. R20 was admitted to the facility on [DATE] and had diagnoses including colon cancer and arthritis.</p> <p>R20 had an order for aspirin (an antiplatelet medication) 81 milligram (mg) tablet delayed release. (continued on next page)</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R20's MDS assessment, dated 3/11/26, indicated R20 received anticoagulant medication.</p> <p>Surveyor reviewed R20's Medication Administration Record (MAR) and noted R20's latest anticoagulant medication was enoxaparin syringe 40 mg, inject daily for 20 days for deep vein thrombosis prevention. The order was started on 9/3/25 and discontinued on 9/22/25.</p> <p>On 3/25/26 at 9:31 AM, Surveyor interviewed MDSC-C who reviewed R20's 3/11/26 MDS assessment with Surveyor and verified the assessment was coded incorrectly at Section N.</p>		