

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525475	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2026
NAME OF PROVIDER OR SUPPLIER River's Bend Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 960 S Rapids Rd Manitowoc, WI 54220	

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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>Based on staff interview and record review, the facility did not ensure their abuse policy was implemented for 1 (Certified Nursing Assistant (CNA)-C) of 8 employees reviewed for caregiver background checks. The facility did not complete a thorough background check for CNA-C prior to hire. Findings include: The facility's Abuse, Neglect and Exploitation policy, revised 7/15/22, indicates: .1. Screening: A. Potential employees will be screened for a history of abuse, neglect, exploitation, or misappropriation of resident property. 1. Background, reference, and credentials checks shall be conducted on potential employees, contracted temporary staff, students affiliated with academic institutions, volunteers, and consultants. Background checks, including re-checks, will be completed consistent with applicable state laws and regulations. Responsibility of performance of compliance checks on contracted temporary staff will be established via contractual agreement. 2. Screenings may be conducted by the facility itself, a third-party agency, or academic institution. 3. The facility will maintain documentation of proof that the screening occurred .On 1/28/26 Surveyor requested background check information for 8 staff, including Department of Justice (DOJ) and Governmental Findings reports, reference checks, and license information. Surveyor reviewed background check information for CNA-C and noted CNA-C was hired by the facility on 7/9/25. CNA-C's DOJ and Governmental Findings reports were dated 1/28/26 (the day they were requested by Surveyor). On 1/28/26 at 2:06 PM, Surveyor interviewed Business Office Manager (BOM)-D who indicated BOM-D could not find DOJ and Governmental Findings reports for CNA-C and requested the reports that day. BOM-D thought a thorough background check for CNA-C was completed by a previous human resources staff; however, BOM-D could not locate all of the required information. When Surveyor asked if BOM-D had a receipt that indicated the findings were requested prior to CNA-C's hire date, BOM-D stated BOM-D would check. On 1/28/26 at 2:20 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A who was not employed by the facility when CNA-C's background check should have been completed in July. NHA-A was aware that BOM-D could not find the DOJ and Governmental Findings reports for CNA-C. NHA-A stated the facility requested new reports that day and was still looking for a receipt for the original request. NHA-A indicated it is the facility's practice to complete all background check and pre-employment screening prior to hire. On 1/28/26 at 4:25 PM, NHA-A indicated the facility did not have a receipt for DOJ and Governmental Findings reports requested for CNA-C prior to hire.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview and record review, the facility did not report an allegation of neglect to the State Agency (SA) for 1 resident (R) (R1) of 7 sampled residents. An allegation of neglect that occurred on 12/23/25 and involved R1 and Certified Nursing Assistant (CNA)-E was reported to Nursing Home Administrator (NHA)-A. NHA-A did not report the allegation of neglect to the SA. Findings include: The facility's Abuse, Neglect and Exploitation policy, revised 7/15/22, indicates: .2. The facility will designate a leadership position in the facility who is responsible for reporting allegations or suspected abuse, neglect, or exploitation to the state Survey Agency and other officials in accordance with state law .VII. Reporting/Response. A. The facility will have written procedures that include: 1. Reporting of all alleged violations to the Administrator, State Agency, Adult Protective Services (APS), and to all other required agencies (e.g., law enforcement when applicable) within specified timeframes: a. Immediately, but not later than two hours after the allegation is made, if the events that caused the allegation involve abuse or result in serious bodily injury, or b. Not later than 24 hours if the events that caused the allegation do not involve abuse and do not result in serious bodily injury .B. The Administrator will follow up with government agencies to report the results of the investigation when final within five working days of the incident, as required by state agencies. On 1/28/26, Surveyor reviewed R1's medical record. R1 was admitted to the facility on [DATE] and had diagnoses including dementia, chronic kidney disease with heart failure, anxiety, and depression. R1's most recent Minimum Data Set (MDS) assessment, dated 12/18/25, had a Brief Interview for Mental Status (BIMS) score of 00 out of 15 which indicated R1 had severely impaired cognition. R1 had an activated Power of Attorney (POA). On 1/28/26, Surveyor requested a copy of the facility's report to the State Agency regarding an allegation that R1 did not receive care from CNA-E on 12/23/25 between 2:00 PM and 9:00 PM. On 1/28/26, Surveyor was unable to interview R1 due to cognitive impairment. On 1/28/26 at 2:20 PM, Surveyor interviewed NHA-A who stated NHA-A did not report the allegation of neglect involving R1 and CNA-E to the SA. NHA-A stated NHA-A thought the allegation did not need to be reported because the facility had proven that the incident was a miscommunication issue.		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview and record review, the facility did not thoroughly investigate an allegation of neglect for 1 resident (R) (R1) of 7 sampled residents. An allegation of neglect that occurred on 12/23/25 and involved R1 and Certified Nursing Assistant (CNA)-E was reported to Nursing Home Administrator (NHA)-A. The facility did not thoroughly investigate the allegation of neglect. Findings include: The facility's Abuse, Neglect and Exploitation policy, revised 7/15/22, indicates: .2. The facility will designate a leadership position in the facility who is responsible for reporting allegations or suspected abuse, neglect, or exploitation to the state Survey Agency and other officials in accordance with state law. 3. The facility will provide ongoing oversight and supervision of staff in order to ensure that its policies are implemented as written .V. Investigation of Alleged Abuse, Neglect and Exploitation: A. An immediate investigation is warranted when an allegation or suspicion of abuse, neglect, or exploitation, or reports of abuse, neglect, or exploitation occur On 1/28/26, Surveyor reviewed R1's medical record. R1 was admitted to the facility on [DATE] and had diagnoses including dementia, chronic kidney disease with heart failure, anxiety, and depression. R1's most recent Minimum Data Set (MDS) assessment, dated 12/18/25, had a Brief Interview for Mental Status (BIMS) score of 00 out of 15 which indicated R1 had severely impaired cognition. R1 had an activated Power of Attorney (POA). On 1/28/26, Surveyor requested and reviewed a copy of the facility's investigation regarding an allegation that R1 did not receive care from CNA-E on 12/23/25 between 2:00 PM and 9:00 PM. The investigation included an emailed allegation of neglect from Registered Nurse (RN)-F, four summarized interviews with staff, one summarized interview with R1's POA, and an investigative narrative written by NHA-A. The investigation did not contain additional resident interviews to determine if other residents had similar concerns and did not include staff education related to neglect. On 1/28/26, Surveyor was unable to interview R1 due to cognitive impairment. On 1/28/26 at 4:00 PM, Surveyor interviewed NHA-A who indicated NHA-A thought staff education was provided and additional residents were interviewed, but needed to check with Director of Nursing (DON)-B. Proof of additional resident interviews and staff education was not provided as of this writing. NHA-A stated CNA-E was not on the schedule during the investigation and indicated the facility had proven the incident was a miscommunication issue.</p>		