STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525475	A. Building B. Wing	07/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
River's Bend Health Services	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)
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 interview, record review, and policy review, the facility did not report allegations of abuse in a timely manner for 5 residents (R) (R2, R3, R4, R5, and R6) of 10 sampled residents. On 1/27/26, staff witnessed (Certified Nursing Assistant)5 display rude, loud, and rough behavior toward R6. Interviews determined R2, R3, R4, and R5 experienced similar behavior by CNA5 that day. The allegations of abuse were not reported in a timely manner.Findings include: Review of the facility's All Staff Abuse, Neglect policy, dated 7/15/22, revealed: It is the policy of this facility to provide protections for the health, welfare, and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation, and misappropriation of resident property .reporting of all alleged violations to the Administrator, State Agency, Adult Protective Services, and to all other required agencies within specified timeframes: Immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury . 1. Review of the admission Record located under the Profile tab in the electronic medical record (EMR) revealed R2 was admitted to the facility on [DATE] with diagnoses including muscle weakness, depression, and anxiety. Review of R2's Quarterly Minimum Data Set (MDS) assessment located under the MDS tab in the EMR with an Assessment Reference Date (ARD) of 5/4/26 revealed a Brief Interview for Mental Status (BIMS) score of 13 out of 15, indicating intact cognition. The assessment indicated R2 required partial/moderate assistance of staff for toileting, personal hygiene, and transfers. 2. Review of the admission Record located under the Profile tab in the EMR revealed R3 was admitted to the facility on [DATE] with diagnoses including bipolar disorder, weakness, and difficulty walking. Review of R3's 5-day MDS assessment located under the MDS tab in the EMR with an ARD of 5/7/26 revealed a BIMS score of 12 out of 15, indicating moderately impaired cognition. The assessment indicated R3 was dependent on staff for toileting and transfers. 3. Review of the admission Record located under the Profile tab in the EMR revealed R4 was admitted to the facility on [DATE] with diagnoses including weakness. Review of R4's Quarterly MDS assessment located under the MDS tab in the EMR with an ARD of 4/14/26 revealed a BIMS score of 15 out of 15, indicating intact cognition. The assessment indicated R4 was dependent on staff for toileting and hygiene. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525475	A. Building B. Wing	07/02/2026

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River's Bend Health Services	960 S Rapids Rd Manitowoc, WI 54220

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	4. Review of the admission Record located under the Profile tab in the EMR revealed R5 was readmitted to the facility on [DATE] with diagnoses including muscle weakness and difficulty walking. Review of R5's admission MDS assessment located under the MDS tab in the EMR with an ARD of 6/17/26 revealed a BIMS score of 15 out of 15, indicating intact cognition. The assessment indicated R5 required substantial/maximal assistance of staff for toileting and personal hygiene. 5. Review of the admission Record located under the Profile tab in the EMR revealed R6 was admitted to the facility on [DATE] with diagnoses including dementia, diabetes mellitus with neuropathy, and chronic kidney disease. Review of R6's admission MDS assessment located under the MDS tab in the EMR with an ARD of 2/1/26 revealed a BIMS score of 12 out of 15, indicating moderately impaired cognition. The assessment indicated R6 required substantial/maximal assistance of staff for toileting, personal hygiene, and transfers. Review of an Alleged Nursing Home Resident Mistreatment, Neglect, and Abuse Report, dated 1/28/26, revealed on 1/28/26, the Director of Nursing (DON) was notified by the Unit Manager (UM) that on the 1/27/26 PM shift, the UM and Certified Nursing Assistant (CNA)7 observed CNA5 display rude, loud, and rough behavior toward R6. During interviews it was discovered that R2, R3, R4, and R5 also had negative interactions with CNA5. The report revealed the DON was notifiied at approximately 10:21 PM on 1/27/26, however, the report was not submitted to the State Agency until 1/28/26 at 9:37 PM. During an interview on 7/1/26 at 2:49 PM, the Administrator stated they thought allegations of abuse needed to be reported within 24 hours of discovery. The Administrator indicated they did not know allegations of abuse needed to be reported to the State Agency within 2 hours of discovery.