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	12/18/2025

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 0551 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give the resident's representative the ability to exercise the resident's rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview and record review, the facility did not ensure 1 resident (R) (R48) of 19 sampled residents had the right to make healthcare decisions in accordance with applicable law.R48 was admitted to the facility without an activated Power of Attorney for Healthcare (POAHC) and was not provided the right to sign consent for admission or an advance directive that indicated R48 did not wish to be resuscitated (DNR). In addition, R48's Power of Attorney (POA) paperwork did not allow R48's designated health care agent to admit R48 to long-term care for longer than a short-term stay.Findings include:Wisconsin Chapter 155.05(2) indicates: Unless otherwise specified in the power of attorney for health care instrument, an individual's power of attorney for health care takes effect upon a finding of incapacity by 2 physicians, as defined in s. 448.01(5), or one physician and one licensed advanced practice clinician, who personally examine the principal and sign a statement specifying that the principal has incapacity. Mere old age, eccentricity, or physical disability, either singly or together, are insufficient to make a finding of incapacity; and (4) The desires of a principal who does not have incapacity supersedes the effect of his or her power of attorney for health care at all times.Wisconsin Chapter 155.20(2)(c)2 indicates: A health care agent may consent to the admission of a principal to the following facilities, under the following conditions: a. To a nursing home, for recuperative care for a period not to exceed 3 months, if the principal is admitted directly from a hospital inpatient unit, unless the hospital admission was for psychiatric care. b. If the principal lives with his or her health care agent, to a nursing home or a community-based residential facility, as a temporary placement not to exceed 30 days, in order to provide the health care agent with a vacation or to release temporarily the health care agent for a family emergency.From [DATE] to [DATE], Surveyor reviewed R48's medical record. R48 was admitted to the facility on [DATE] for rehabilitation, was admitted to Hospice services on [DATE], and had diagnoses including chronic obstructive pulmonary disease (COPD), anxiety, vascular dementia, depression, and osteoarthritis. R48's Minimum Data Set (MDS) assessment, dated [DATE], had a Brief Interview for Mental Status (BIMS) score of 0 of 15 which indicated R48 had severely impaired cognition. R48 had an activated POAHC as of [DATE] who assisted with medical decision making. R48's medical record contained POA paperwork signed on [DATE] that indicated R48 designated Health Care Agent (HCA)-E as the primary health care agent and HCA-F as an alternative health agent in the event R48 was deemed incapacitated. The paperwork indicated R48 did not want the health care agent to admit R48 to a nursing home for a purpose other than recuperative care or respite care.R48's medical record contained an admission agreement signed on [DATE] by HCA-F who indicated HCA-F was R48's POAHC.R48's medical record also contained a Cardiopulmonary (CPR)/Resuscitation Consent form, dated [DATE], that indicated no CPR and no resuscitation in writing per verbal from HCA-E. There were no signatures on the bottom of the form.A progress note, dated [DATE], indicated staff informed Advanced Practice Nurse Prescriber (APNP)-D that R48 was mostly nonverbal, followed approximately 50% of commands, and responded with head shakes to approximately 75% of yes/no questions. APNP-D indicated in a progress note on [DATE] that R48 was more responsive to yes/no questions.A progress note, dated [DATE] and written by Social Worker (SW)-C, indicated a care (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

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	12/18/2025

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 0551 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	conference was held on [DATE] with R48, HCA-E, and HCA-F. HCA-E and HCA-F wanted R48 to stay at the facility long-term due to care needs. A copy of activation of POA paperwork was requested to be provided to HCA-E and HCA-F.R48's medical record contained an incapacitation form signed on [DATE]. On [DATE] at 9:46 AM, Surveyor interviewed SW-C who indicated R48 did not have an activated POAHC upon arrival at the facility from the hospital. SW-C indicated R48 could respond to yes/no questions with head shakes and could express R48's wants and needs but did not speak fluidly during conversation. SW-C was not aware of any documentation that indicated R48 wanted HCA-E or HCA-F to sign or give consent for admission or a resuscitation determination. SW-C was not aware that R48's POA paperwork indicated R48 declined to be admitted to the facility for long-term care. SW-C reviewed R48's no resuscitation form and indicated HCA-E should not have provided consent on [DATE]. On [DATE] at 11:26 AM, Surveyor interviewed Nursing Home Administrator (NHA)-A who indicated the facility does not have a policy regarding POA paperwork that indicates a resident does not want to remain in the facility long-term or what to do if a resident is unable to sign consents, including consent for admission.

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	12/18/2025

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **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 2 residents (R) (R3 and R41) of 19 sampled residents received staff assistance as needed to complete activities of daily living (ADLs).R3 did not receive weekly showers as scheduled.R41 did not receive weekly showers as scheduled.Findings include:The facility's Activities of Daily Living (ADLs) policy, dated 7/26/22, indicates: The facility will, based on the resident's comprehensive assessment and consistent with the resident's needs and choices, ensure a resident's abilities in ADLs do not deteriorate unless deterioration is unavoidable. The care and services will be provided for the following ADLs: 1. Bathing, dressing, grooming and oral care .3. A resident who is unable to carry out ADLs will receive the necessary treatment to maintain good nutrition, grooming, and personal and oral hygiene .1.From 12/16/25 to 12/18/25, Surveyor reviewed R3's medical record. R3 was admitted to the facility on [DATE], received Hospice care, and had diagnoses including congestive heart failure (CHF), diabetes, fibromyalgia, chronic pain, weakness, and difficulty walking. R3's Minimum Data Set (MDS) assessment, dated 11/16/25, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R3 had intact cognition. The MDS also indicated R3 had impairment on both sides of the upper and lower body, required partial/moderate assistance with toileting, and was fully dependent for upper/lower body dressing and putting on/taking off footwear. R3 made R3's own healthcare decisions. On 12/16/25 at 10:47 AM, Surveyor interviewed R3 who indicated R3 did not receive regularly scheduled showers because the facility was understaffed. R3 indicated R3 should receive a shower at 7:00 PM on Sunday but doesn't because staff are busy putting others to bed. R3 indicated R3 asked staff for a shower on another day of the week, but hasn't received one. R3 stated R3 had not had a shower for 3 weeks and had a fungal rash under both breasts.A care plan, initiated 1/7/25, indicated R3 had an ADL self care deficit related to physical limitations. The care plan contained a goal (initiated 2/4/25) that R3 would be clean, dressed, and well-groomed daily to promote dignity and psychosocial well-being. The care plan contained an intervention for bathing/showering - assist of 1 (initiated 1/7/2025). A care plan, initiated 10/30/25, indicated R3 had a fungal rash under both breasts. R3's Kardex (an abbreviated care plan used by nursing staff), dated 12/17/25, indicated R3 required the assistance of one staff for bathing/showering and should receive a shower/bath on Sunday PM. The Kardex also indicated R3 had a fungal rash under both breasts.On 12/17/25 at 10:45 AM, Surveyor interviewed R3 who indicated R3 was not offered a shower and still had not received a shower. On 12/18/25 at 11:21 AM, Surveyor interviewed Hospice Registered Nurse (HRN)-H who indicated Hospice does not provide showers or bathing assistance to R3 per R3's request. HRN-H showed Surveyor a Hospice order, dated 8/27/25, that indicated R3 requested not to be bathed by Hospice staff and would be bathed by facility staff.On 12/18/25 at 11:30 AM, Surveyor interviewed R3 who indicated R3 had not yet received a shower.On 12/18/25, Surveyor reviewed task completion logs for R3 that indicated 7 of 20 scheduled showers were completed from August 2025 through 12/18/25. Surveyor noted the following documentation:~ August 2025: 1 of 5 scheduled showers were completed: 8/3/25 - no documentation on log or in progress note; 8/10/25 - shower completed; 8/17/25 and 8/31/25 - shower refused (no documentation in progress note); 8/24/25- shower refused.~ September 2025: 1 of 4 scheduled showers were completed: 9/7/25 - no documentation (a progress note indicated R3 refused a shower); 9/14/25 - shower completed; 9/21/25 - shower refused (no documentation in progress note); 9/28/25 - no documentation on log or in progress note.~ October 2025: 1 of 4 scheduled showers were completed: 10/5/25 and 10/12/25 - shower refused (no documentation in progress note); 10/19/25 - no documentation on log or in progress note; 10/26/25 - shower completed.~ November 2025: 3 of 5 scheduled showers were completed: 11/2/25 - shower refused (a progress note indicated R3 refused personal cares, a shower, and a skin assessment); 11/9/25, 11/16/25, and 11/30/25 - shower completed; 11/23/25 - shower (continued on next page)

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	12/18/2025

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	refused (no documentation in progress note).~ December 2025: 1 of 2 scheduled showers were completed (at the time of survey): 12/7/25 - shower completed; 12/14/25 - shower refused (no documentation in progress note). 2. From 12/16/25 to 12/18/25, Surveyor reviewed R41's medical record. R41 was admitted to the facility on [DATE] and had diagnoses including dementia, CHF, chronic kidney disease, type 2 diabetes, weakness, anxiety, and depression. R41's MDS assessment, dated 11/16/25, had a BIMS score of 15 out of 15 which indicated R41 had intact cognition. The MDS also indicated R41 required supervision/touch assistance with showering/bathing, partial/moderate assistance with upper body dressing, substantial/maximal assistance with lower body dressing, and was dependent on staff for putting on/taking off footwear.A care plan, initiated 12/29/23, indicated R41 had an ADL self care deficit related to impaired mobility secondary to extensive surgery to right lower extremity. The care plan contained a goal (initiated 12/29/23) that indicated R41 would improve R41's current level of ADL function through the review date. The care plan contained interventions for bathing/showering - assist of 1 and avoid rushing (initiated 12/29/23). R41's Kardex, dated 12/18/25, indicated R41 required the assistance of one staff for bathing/showering and should be showered/bathed on Monday.On 12/16//25 at 11:07 AM, Surveyor interviewed R41 who indicated R41 did not receive enough showers. R41 indicated R41 is supposed to receive a shower on Monday night but it had been at least two weeks since R41 had a shower. R41 stated R41 would like to be showered twice per week. On 12/17/25 at 10:50 AM, Surveyor observed Certified Nursing Assistant (CNA)-I and R41 talking through an open door in R41's room. Surveyor heard R41 tell CNA-I that R41 did not receive a shower on Monday and needed one. CNA-I told R41 that if no one gave R41 a shower before next Monday (12/22/25), CNA-I would stay late on 12/22/25 and shower R41. CNA-I then left the room.On 12/17/25 at 10:53 AM, Surveyor interviewed R41 who stated staff had not offered R41 a shower on Monday (12/16/25). R41 indicated staff offered to give R41 a shower next Monday if R41 hadn't had one by then. R41 appeared angry and stated, I don't want to wait another whole goddamn week. R41 stated R41 had an appointment on Friday (12/19/25) and wanted to be clean before it.On 12/17/25 at 11:02 AM, Surveyor interviewed CNA-I who verified R41 told CNA-I that R41 hadn't had a shower in two weeks. CNA-I told R41 that if R41 wasn't showered by 12/22/25, CNA-I would stay late and give R41 a shower. CNA-I indicated residents should be showered as scheduled and it should be documented in their medical record. CNA-I stated if a resident refuses a shower/bath, the refusal should be documented in a progress note and the nurse should be notified. CNA-I stated a resident who refuses a shower should not have to wait until the following week for one and staff should re-offer the shower on another shift or day. CNA-I was not aware of a protocol for re-offering a shower when a resident refuses.On 12/18/25, Surveyor reviewed task completion logs for R41 that indicated 6 of 20 scheduled showers were completed for R41 between August 2025 and 12/18/25. Surveyor observed the following documentation: ~ August 2025: 0 of 4 scheduled showers were completed: 8/4/25, 8/11/25, 8/18/25, and 8/25/25 - no documentation on log or in progress notes. Surveyor noted the task documentation for Monday (as scheduled) could not be filled in; however, the task documentation for Wednesday was available for staff to document. Surveyor noted the following:~ 8/6/25, 8/13/25, and 8/27/25 - no documentation; 8/20/25 - not applicable (NA)~ September 2025: 1 of 5 scheduled showers were completed: 9/1/25, 9/8/25, 9/15/25, and 9/22/25 - no documentation on log or in progress notes; 9/29/25 - shower completed.Surveyor noted the task documentation for Monday (as scheduled) could not be filled in except for 9/29/25; however, the task documentation for Wednesday was available for staff to document. Surveyor noted the following:~ 9/3/25, 9/10/25, 9/17/25, and 9/25/25 - NA~ October 2025: 3 of 4 scheduled showers were completed: 10/6/25, 10/13/25, and 10/27/25 - shower completed; 10/20/25 - shower refused (no documentation in progress note).~ November 2025: 2 of 4 scheduled showers were completed: 11/3/25 and 11/17/25 - shower completed; 11/10/25 and 11/24/25 - shower refused (no documentation in progress note).~ December 2025: 0 of 3 scheduled showers were completed (at the time of survey): 12/1/25 and 12/8/25 - shower refused (no documentation in progress note); (continued on next page)

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	12/18/2025

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	12/15/25 - NA (no documentation in progress note).On 12/18/25 at 9:00 AM, Surveyor interviewed Nursing Home Administrator (NHA)-A who indicated showers should be completed as scheduled. NHA-A indicated if a resident refuses a shower, staff should re-offer the shower one to two times per shift until the shower is given. NHA-A indicated residents who often refuse showers should be provided shower education which should be documented in a progress notes and on their care plan. NHA-A indicated staff should be able to document showers completed, offered, or refused on days other than the resident's scheduled day(s). NHA-A stated a refused shower should be documented in a progress note in the resident's medical record.On 12/18/25 at 11:00 AM, Surveyor interviewed Director of Nursing (DON)-B who indicated residents should receive at least one shower per week unless they refuse. DON-B indicated if a resident refuses, staff should document the refusal and re-offer the shower the same day and/or the next day. DON-B indicated the nurse should be notified of the refusal and the refusal should be documented in the resident's medical record. DON-B indicated if a resident refuses often, it should be noted on their care plan which should contain other interventions for bathing. DON-B indicated management, including Assistant Director of Nursing (ADON)-G, should be viewing and auditing shower sheets and addressing residents who do not receive weekly showers. On 12/18/25 at 11:45 AM, Surveyor interviewed ADON-G who indicated residents should receive their showers as scheduled, unless they refuse. ADON-G indicated if a resident refuses, the refusal should be documented in their medical record by the CNA and the nurse and the shower should be re-offered. ADON-G indicated if a resident often refuses, it should be noted on their care plan and a risk versus benefits assessment should be completed. ADON-G stated shower schedules are posted on each unit and noted on residents' care plans. ADON-G stated it is not acceptable for shower documentation to be missing or not completed and it is not acceptable for residents to go weeks without showers. ADON-G indicated ADON-G is supposed to audit shower documentation but had not done so in awhile due to other responsibilities. ADON-G indicated ADON-G should have received automatic alerts from the medical record system regarding missing documentation and showers for R3 and R41; however, ADON-G had not followed-up because ADON-G was busy with other responsibilities.

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	12/18/2025

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 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 staff interview and record review, the facility did not ensure a pneumococcal vaccine was offered for 1 resident (R) (R5) of 5 sampled residents.R5 was not offered the PCV20 vaccine per the facility's policy.Findings include:The facility's Pneumococcal Vaccine (Series) policy, revised 3/25/25, indicates: Each resident will be assessed for pneumococcal immunization upon admission .2. Each resident will be offered a pneumococcal immunization unless it is medically contraindicated or the resident has already been immunized .6. The type of pneumococcal vaccine (PCV15, PCV20, PCV21, or PPSV23) offered will depend upon the recipient's age, certain risk conditions, and previously received pneumococcal vaccines, in accordance with current Centers for Disease Control and Prevention (CDC) guidelines and recommendations. On 12/16/25, Surveyor reviewed R5's medical record. R5 was admitted to the facility on [DATE] and had diagnoses including infection and inflammatory reaction due to internal right knee prosthesis and type 2 diabetes. R5's Minimum Data Set (MDS) assessment, dated 12/5/25, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R5 had intact cognition. R5 was R5's own decision maker. R5's medical record indicated R5 received a PCV23 vaccine on 7/2/13 and a PCV13 vaccine on 12/30/16. R5 was older than 65 years. Per CDC guidelines and with shared decision making, R5 should have been offered the PCV20 vaccine. R5's medical record did not indicate R5 was offered a PCV20 vaccine. On 12/17/25 at 11:12 AM, Nursing Home Administrator (NHA)-A provided Surveyor a vaccination consent form signed by R5 on 12/16/25 that indicated R5 wanted to receive a PCV20 vaccine. NHA-A stated R5 was ill in October and staff had not followed-up with R5 to see if R5 wanted the vaccine. NHA-A confirmed the vaccine should have been offered to R5.

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	12/18/2025

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 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview and record review, the facility did not ensure a COVID-19 vaccine was offered for 1 resident (R) (R5) of 5 sampled residents.R5 was not offered a COVID-19 vaccine per the facility's policy.Findings include:The facility's COVID-19 Vaccination policy, dated 9/13/24, indicates: It is the policy of this facility to minimize the risk of acquiring, transmitting, or experiencing complications from COVID-19 (SARS-CoV-2) by educating and offering our residents and staff the COVID-19 vaccine.On 12/16/25, Surveyor reviewed R5's medical record. R5 was admitted to the facility on [DATE] and had diagnoses including infection and inflammatory reaction due to internal right knee prosthesis and type 2 diabetes. R5's Minimum Data Set (MDS) assessment, dated 12/5/25, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R5 had intact cognition. R5 was R5's own decision maker. R5's medical record indicated R5's last COVID-19 vaccination was on 10/11/24. R5's medical record did not indicate R5 was offered a COVID-19 vaccine. On 12/17/25 at 11:12 AM, Nursing Home Administrator (NHA)-A provided Surveyor a vaccination consent form signed by R5 on 12/16/25 that indicated R5 wanted to receive a COVID-19 vaccine. NHA-A stated R5 was ill in October and staff had not followed-up with R5 to see if R5 wanted the vaccine. NHA-A confirmed a COVID-19 vaccine should have been offered to R5.