

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525479	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/27/2026
NAME OF PROVIDER OR SUPPLIER Dove Healthcare - Bloomer		STREET ADDRESS, CITY, STATE, ZIP CODE 2217 Duncan Road Bloomer, WI 54724	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not ensure that all alleged violations involving abuse, neglect, exploitation, or mistreatment, are reported immediately to the State Survey Agency, in accordance with State law through established procedures for 1 of 3 sampled residents reviewed. (R1)-The facility did not submit the misconduct incident report within five business days of discovery of the incident. The facility policy titled, Resident Abuse, Neglect, Misappropriation of Property, and Exploitation Prevention Program, with a revision date of October 2025, states, .Reporting allegations immediately: a. 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 . The investigative findings will be submitted to the Division of Quality Assurance, (DQA) Office of Caregiver Quality, (OCQ) department within five working days of the initial report and the initial date the entity knew or should have known about the misconduct.R1 was admitted to the facility on [DATE] with diagnoses that include dementia, history of falls, unilateral post traumatic left hip osteoarthritis and anxiety. On 09/18/25, the facility completed a Brief Interview of Mental Status (BIMS) assessment for R1 that resulted in a score of 5/15 meaning R1 has severe cognitive impairment. Minimum Data Set (MDS), dated [DATE], indicates R1 is dependent on staff for transfers, toileting, and bed mobility, and uses a wheelchair for mobility and a mechanical lift for transfers. R1's care plan notes that on 10/26/25, R1 sustained a fall due to lifting arms up in Hoyer sling causing R1 to slide in the sling and was lowered to the floor. On 10/29/25, cradle sling was added as a new intervention. R1's pain care plan notes the following:01/31/25 History of pain due to osteoarthritis to left hip10/27/25 History of pain due to osteoarthritis to left hip and fracture of right tibia10/29/25 History of pain due to osteoarthritis to left hip and fracture of right tibia and femoral neck fracture.In review of R1's electronic health records (EHR), was noted that the incident occurred on 10/26/25 at 2:00 PM. On 10/27/25 at 4:55 AM, R1 reported leg hurt. At 7:35 AM, R1 was yelling out in pain to right leg. At 8:19 AM, staff updated the provider who ordered portable x-ray that was performed. Physician progress note, dated 10/29/25, indicated R1's x-ray showed osteopenia and a tibial plateau fracture. The physician reached out to orthopedics for their recommendations which was to send R1 to the emergency room for repeat x-rays which was completed. The repeat x-ray results noted a possible right femur neck fracture and confirmed a right tibial fracture.On 01/27/26, Surveyor interviewed Nursing Home Administrator (NHA) A and Director of Nursing (DON) B and asked if they are aware of the incident. They immediately provided a file of the incident which included a complete investigation. Surveyor asked why this incident was not reported to DQA. NHA A stated it was not reported since there was no impact, the injury was not immediate, and R1 had no pain until around 2:00 AM. Surveyor asked if it was possible that symptoms can develop later. DOB B stated it is possible. Surveyor asked what prompted them to complete such a thorough investigation if they felt it was not reportable. NHA A stated they felt it was</p> <p>(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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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	past noncompliance. NHA A stated understanding now and agreed that once it was identified there was great bodily harm/fracture, DQA should have been notified at that time and then completed the final report within 5 business days.		