STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525482	A. Building B. Wing	06/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Burlington Health and Rehabilitation Center	677 E State St Burlington, WI 53105

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, interview, and facility policy review, the facility failed to ensure that wound care was documented as completed according to physician's orders for 1 of 3 residents (R 2) reviewed for wound care out of a total sample of 27 residents. This has the potential to cause infection, prolonged healing, scarring, and in extreme or untreated cases, sepsis.Findings include: Review of facility's policy titled, Wound Treatment Management, revised 11/11/25, indicated, To promote wound healing of various types of wounds, it is the policy of this facility to provide evidence-based treatment in accordance with current standards of practice and physician orders. Explanation and Compliance Guidelines: 1. Wound treatments will be provided in accordance with physician orders .7. Treatments will be documents on the TAR or in the electronic health record (EHR) . Review of R2's admission Record, located in Census tab in the electronic medical record (EMR), indicated that R4 was admitted to the facility on [DATE] with a diagnosis of cellulitis of the abdominal wall with an open wound of the abdominal wall. R2 was transferred to the hospital on [DATE] at 8:48 PM. Review of R2's Order Entry, dated 02/19/26, located under the Orders tab in the EMR, indicated, Negative Pressure Wound Therapy: Wound Type and Site: Surgical wound/incision, millimeters of mercury (mmHg) 100 mmHg, skin prep to peri wound, pack tunneling. Change dressing three times a week and as needed (PRN), day shift every Tuesday, Thursday, Saturday and PRN. Review of another Order Entry, dated 02/19/26, located under the Orders tab in the EMR, indicated, If wound vac is not available, cleanse surgical wound/incision on abdomen with normal saline (NS), place moistened gauze (with NS) inside of wound, cover with dry dressing, as needed. Review of R2's Order Entry, dated 02/21/26, located under the Orders tab in the EMR, indicated, Cleanse abdominal wound with full strength Dakins, pack wound with gauze moistened in Dakins [a topical antiseptic], cover with ABD [abdominal] pads [absorbent dressing] every evening shift. Review of R2's Treatment Administration Record (TAR) for February 2026, located under Orders in the EMR, indicated no documented evidence that any routine and/or PRN treatment was completed as ordered. Interview on 06/17/26 at 5:54 PM, Licensed Practical Nurse (LPN) 3 confirmed R2's wound care orders and stated that wound care was completed; however, nothing was documented and indicated that if it was not documented, it was not done.

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 0850 Level of Harm - Potential for minimal harm Residents Affected - Many	Hire a qualified full-time social worker in a facility with more than 120 beds. Based on facility document review, record review, and interviews, the facility failed to ensure a qualified social worker was employed on a full-time basis for a period of approximately two months. The facility, certified for more than 120 beds, did not have a qualified social worker to provide for and meet the needs of the 94 residents residing in the facility. This deficient practice had the potential to result in unmet resident psychosocial needs.Findings include: On 06/16/26 at 9:45 AM, observation of the facility license hanging on a wall by the 100/200 units revealed the facility was licensed for 123 beds. Review of the Facility Assessment, provided by the facility and approved on 06/20/25, indicated the Number of residents for which we are licensed to provide care: Licensed Beds: 123, Certified beds: 123. Review of the undated Social Services/Social Worker Assistant Job Description, provided by the facility, indicated, The primary purpose of your job position is to plan, organize, develop, and assist the overall operation of our facility's Social Services Department in accordance with current federal, state, and local standards, guidelines, and regulations. During an interview on 06/15/26 at 10:00 AM, the Social Services Assistant (SSA) stated that she had been the Assistant Social Worker since mid-April 2026. She indicated she had been completing admissions, discharges, and assisting residents; however, she was not a licensed social worker and was hired as the assistant. The SSA further stated, Currently, there is no licensed social worker working in the building and there has not been since mid-April 2026. The SSA stated the previous social worker and assistant left prior to her being hired as the social services assistant. She stated when she was hired, there was no certified social worker in the building, and she had been trying to rely on assistance from the Administrator, Business Office Manager, and Director of Nursing. Review of the employee personnel file for the SSA revealed she was hired as a Social Services Assistant on 04/22/26. Further review of the personnel file indicated no certifications, social worker degree, or bachelor's degree in a human services field. During an interview with the Administrator and Director of Nursing (DON) on 06/15/26 at 7:08 PM, the DON stated, Our previous social worker left in late May [or] early April 2026. The Administrator stated, The person we have in that role right now is the Social Worker Assistant. She is not a certified social worker. We are trying to hire a social worker, and in the meantime, we have her [the SSA] working with the Business Office Manager (BOM), contacts with our sister facilities, and managers to help her until we get a social worker hired as our director. During an interview with the Administrator on 06/16/26 at 9:00 AM, he stated that the facility was licensed for 123 beds. When asked who was overseeing the role of the Social Services Director, the Administrator stated, We have borrowed someone from our sister facility to come to help a few times, and our current Social Service Assistant is utilizing our management team for help as well. The Administrator stated that he, with the help of the BOM and management team, had been helping the current Social Services Assistant with admissions and discharges until they hired a Social Services Director. During a second interview with the SSA on 06/16/26 at 9:30 AM, she stated When it comes to (continued on next page)

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F 0850 Level of Harm - Potential for minimal harm Residents Affected - Many	long-term care, I have no experience. [Name of the Administrator and the BOM] have helped me. They know what I should be doing and have offered training. The SSA stated, When I got here, there was no social worker in the building. The SSA then stated she had been assisting with admissions and discharges.