STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525509	A. Building B. Wing	03/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Shepherd Services Ltd	607 Bronson Rd Seymour, WI 54165

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview and record review, the facility failed to protect 3 residents (R) (R1, R2, and R4) of 12 sampled residents from physical abuse. On 12/4/25, R1 accused R2 of being in R1's home and aggressively grabbed R2's right wrist and squeezed it. R2 had bruising on the right hand and wrist. R1 had a bruise and skin tear on the left hand. On 12/9/25, R1 stuck R1's leg out to trip R4 and grabbed R4's right hand/wrist. R4 had two bruises on the right hand. Findings include:Review of the facility's Investigation of Allegation of Abuse, Neglect, and Misappropriation of Property or Injury of Unknown Source policy indicates: Residents must not be subjected to abuse by anyone, including but not limited to, facility staff, other residents, consultants or volunteers, staff of other agencies serving the resident, family members, or legal guardians, friends, or other individuals .1. Review of R1's admission Record revealed R1 was admitted to the facility on [DATE] with diagnoses that included dementia and anxiety disorder. Review of R1's Quarterly Minimum Data Set (MDS) assessment, with an Assessment Reference Date (ARD) of 11/26/25, revealed R1 was assessed with a Brief Interview for Mental Status (BIMS) score of 3 out of 15 which indicated R1's cognitive function was severely impaired.Review of R2's admission Record revealed R2 was admitted to the facility on [DATE] with diagnoses that included Alzheimer's disease and dementia. Review of R2's Annual MDS assessment, with an ARD of 12/17/25, revealed R2 was assessed with a BIMS score of 00 out of 15 which indicated R2's cognitive function was severely impaired.Review of a facility-reported incident, dated 12/4/25, revealed at approximately 5:30 PM on 12/4/25, the nurse on duty witnessed R1 and R2 at the end of the hallway. The nurse indicated the residents appeared to be arguing and R1 was holding and aggressively squeezing R2's right wrist. R2 had a bruising on the right hand and wrist. Review of a progress note, dated 12/4/25 and written by Licensed Practical Nurse (LPN) 1 indicated R1 had R2's right wrist in R1's right hand. R2 had a bruise on the wrist. R1 and R2 could not give an account of the incident. R1 thought R2 was trespassing in R1's room.Review of a progress note, dated 12/5/25 and written by LPN 2, indicated R1 had a reddish-purple bruise and a skin tear on top of the left hand.During an interview on 3/19/26 at 4:01 PM, LPN 1 stated LPN 1 witnessed R1 grab R2's right wrist on 12/4/25 at approximately 6:00 PM. LPN 1 immediately notified the Administrator and the Director of Nursing (DON) and indicated the police were called.2. Review of R4's admission Record revealed R4 was admitted to the facility on [DATE] with diagnoses that included dementia and anxiety disorder.Review of R4's Quarterly MDS assessment, with an ARD of 9/17/25, revealed R4 had a BIMS score 00 out of 15 which indicated R4's cognitive function was severely impaired.Review of a facility-reported incident, dated 12/9/25, revealed staff witnessed R1 stick R1's leg out in front of R4's wheelchair as if to trip R4. Staff also witnessed R1 become aggresive, grab R4's right hand/wrist, and refuse to let go. R4 stated R1 was hurting R4. R4 had two bruises on the right hand but could not recall what happened. A progress note, dated 12/9/25, revealed Registered Nurse (RN) 3 indicated R4 was in the hallway when R1 attempted to trip R4 and grabbed R4's right hand. R4 called out and stated, Let go. You're hurting me. R4 had 2 bruises on the right hand.During an interview on 3/19/26 at 4:01 PM, LPN 1 indicated LPN 1 witnessed R1 grab and try to trip R4 and also grab R4's right wrist. LPN 1 separated the residents.

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 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from the wrongful use of the resident's belongings or money. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview and record review, the facility failed to ensure 1 resident (R) (R5) of 12 sampled residents was free from misappropriation of property.R5 reported to staff on [DATE] that on the morning of [DATE], R5 and R5's responsible party (child) noticed $276.00, a McDonald's gift card, and a Starbucks gift card were missing from R5's walker. An agency staff admitted to taking the money and gift cards.Findings include:Review of the facility's Investigation of Allegation of Abuse, Neglect, and Misappropriation of Property or Injury of Unknown Source policy indicates: Residents must not be subjected to abuse by anyone, including but not limited to, facility staff, other residents, consultants or volunteers, staff of other agencies serving the resident, family members, or legal guardians, friends, or other individuals .Abuse Prevention: .2. Training: Staff shall receive appropriate training in interventions, reporting, detection, and what constitutes abuse, neglect, and misappropriation. 3. Prevention: .(b) Implement procedures that identify, correct, and intervene in situations likely to result in abuse, neglect, and misappropriation of resident property . Review of R5's admission Record revealed R5 was initially admitted to the facility on [DATE] with diagnoses that included type two diabetes and rheumatoid arthritis. Review of R5's admission Minimum Data Set (MDS) assessment, with an Assessment Reference Date (ARD) of [DATE], revealed R5 was assessed with a Brief Interview for Mental Status (BIMS) score of 15 out of 15 whic indicated R5's cognitive function was intact. Review of a facility-reported incident submitted to the State Agency revealed R5 reported to staff on [DATE] at 10:07 AM that on the morning of [DATE], R5 and R5's responsible party (child) noticed $276.00, a McDonald's gift card, and a Starbucks gift card were missing from R5's walker. The police were contacted.Review of the facility's Investigation Report, dated [DATE], indicated an agency Certified Nursing Assistant (CNA) admitted to taking the money and gift cards. On [DATE], a police officer stated the agency CNA returned the gift cards and an amount of cash that was not consistent with the missing amount.During an interview on [DATE] at 3:30 PM, the Executive Director (ED) stated she was the Interim Administrator and the individual who the previous Nursing Home Administrator reported to. The ED stated the facility requires a background check and a tuberculosis (TB) test for agency staff and checks their professional license, COVID-19 vaccination, and Cardiopulmonary Resuscitation (CPR) certification prior to their first shift. The ED stated the facility doesn't require training for agency staff and it's the agency's responsibility to ensure training is provided, including abuse, neglect, and misappropriation training. The ED indicated the facility did not allow CNA 1 to return to the building following the incident except to speak to the police and former Administrator. The ED indicated the facility continues to use agency staff and does not require documentation of training for abuse, neglect, and misappropriation from the agency. The ED stated the facility does their own abuse, neglect, and misappropriation training annually (which includes a post-test) and upon hire/orientation with regular staff.Telephone calls to R5 on [DATE] at 4:00 PM and 5:00 PM were not returned.