STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525520	A. Building B. Wing	02/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Dove Healthcare - Lodi	700 Clark St Lodi, WI 53555

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility did not maintain a safe and sanitary environment in which food is prepared, stored, and distributed. This has the potential to affect all 46 residents who reside in the facility.Surveyor observed kitchen staff directly touching food with dirty gloves.Surveyor observed kitchen staff not properly disinfecting thermometer while taking the temperature of food.Evidenced by:The facility policy, Food Safety Requirements, dated 6/2025, states, in part;.7. Staff shall adhere to safe hygienic practices to prevent contamination of foods from hands or physical objects.b. Staff shall not touch food with bare hands, exhibiting appropriate use of gloves, tongs, deli paper, and spatulas.The facility policy, Record of Food Temperatures, dated 3/2024, states, in part;.14. Food temperatures will be verified using a thermometer which is both clean, sanitized and calibrated to ensure accuracy.Example 1On 2/16/26 at 11:41AM, Surveyor observed [NAME] K wash his hands and put on gloves. Surveyor observed [NAME] K touch his neck, pants, multiple papers and then directly touch a hotdog with same gloves on. Surveyor observed [NAME] K while wearing a different pair of gloves touching the microwave, his pants, and then directly touching bread that was being served for lunch.On 2/17/26 at 11:30 AM, [NAME] K indicated you should use clean gloves or tongs when directly touching food. [NAME] K indicated if you touch other items around the kitchen with gloves on you must take off gloves, wash hands, and then put a clean pair of gloves on if you have to directly touch food.Example 2On 2/16/26 around noon, Surveyor observed [NAME] K taking the temperature of a hotdog. [NAME] K took out a thermometer; he temped the hotdog and then directly temped a hamburger. [NAME] K then rinsed the thermometer under running water and placed the thermometer back in the case. [NAME] K failed to properly sanitize the thermometer between food items.On 2/17/26 at 11:12 AM, Surveyor observed [NAME] L temping food. [NAME] L took a thermometer and temped the chicken. [NAME] L then rinsed the thermometer with running water and put thermometer back in case. [NAME] L failed to properly sanitize the thermometer.On 2/17/26 at 12:40PM, Nutritional Service Director J (NSD), indicated staff must use tongs or clean gloves if they have to directly touch food. NSD J indicated staff must properly sanitize thermometers after each use. NSD J indicated understanding of the above concerns.On 2/18/26 at 1:14PM, Nursing Home Administrator A (NHA) indicated staff should wear clean gloves when directly touching food. NHA A indicated staff should sanitize thermometer after each use. NHA A indicated understanding of the above concerns.The facility did not maintain a safe and sanitary environment in which food is prepared, stored, and distributed.

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility did not ensure each resident receives care, consistent with professional standards of practice (SOP), and each resident with pressure injuries (PI) receives necessary treatment and services, consistent with professional SOP, to promote healing, and prevent infection for 1 of 3 residents (R1) reviewed for PI out of a sample of 16 residents.R1's PIs were not cleaned properly during wound care and R1's PI care was not completed per physician orders.This is evidenced by:The facility's policy Wound Treatment Management, dated 2/26, includes: Policy: To promote wound healing of various types of wounds, it is the policy of this facility to provide evidenced-based treatments in accordance with current standards of practice and physician orders. Reference: European Pressure Ulcer Advisory Panel, National Pressure Injury Advisory Panel and Pan Pacific Pressure Injury Alliance.The facility's policy Pressure Injury Prevention and Management, dated 2/26, includes: 4. Interventions for Prevention and to Promote Healing. d. Evidenced-based treatments in accordance with current standards of practice will be provided for all residents who have a pressure injury present.The facility's Dressing Change Competency observation list, undated, includes: 9. Cleanse wound per MD (Medical Doctor) order, working from inside out and pat dry with clean 4x4 (gauze). 13. Apply prescribed dressing, and secure per MD order.R1 admitted to the facility on [DATE] and has a diagnosis of pressure ulcer.R1's BIMS (Brief Interview for Mental Status), dated 1/9/26, has a score of 15, indicating R1 is cognitively intact.Pressure Injury 1R1's wound care notes, dated 2/13/26, written by MD I, includes:Stage 4 pressure wound (a full-thickness wound extending through the skin to expose muscle, tendon, or bone) of the left ischium. Wound Size: 11 x 3 x 4 cm. Exudate (drainage): Moderate Sero-sanguinous (moderate amount of thin, water, and pale red/pink drainage). Dressing Treatment Plan Primary Dressing(s) Sodium hypochlorite solution (dakins) apply once daily for 9 days. Secondary Dressing(s) ABD pad (a highly absorbent, multi-layered dressing designed for managing wounds with heavy drainage) apply once daily for 9 days: vs silicone border dressing.R1's physician orders for January 2026, includes: Wound care to lt. (left) ischium: Cleanse with antibacterial soap and water using a washcloth, rinse completely and pat dry with clean wash cloth or towel. Wet to moist kerlix packing. Ensure a long tail and complete removal of prior packing before packing more. Cover with silicone dressing or abd. Change daily and prn (as needed) start date 1/3/26.Pressure Injury 2R1's wound care notes, dated 2/13/26, written by MD I, includes:Stage 4 pressure wound Coccyx. Wound Size: 2 x 2 x 2 cm. Exudate: Moderate Sero-sanguinous. Dressing Treatment Plan Primary Dressing(s) Sodium hypochlorite solution (dakins) apply twice daily for 9 days. Secondary Dressing(s) ABD pad apply twice daily for 9 days: vs silicone border dressing.R1's physician orders for January 2026, includes: Wound care to coccyx.: Cleanse with antibacterial soap and pat dry. Use 2 inch kling (rolled gauze) moistened with dakins solution and lightly pack Change twice daily and PRN. start date 1/3/26.Pressure Injury 3R1's wound care notes, dated 2/13/26, written by MD I, includes:Stage 4 pressure wound of the right hip. Wound Size: 3 x 4 x 1.5 cm. Exudate: Moderate Sero-sanguinous. Dressing Treatment Plan Primary Dressing(s) Sodium hypochlorite solution (dakins) apply twice daily for 9 days. Secondary Dressing(s) ABD pad (a highly absorbent, multi-layered dressing designed for managing wounds with heavy drainage) apply twice daily for 9 days: vs silicone border dressing.R1's physician orders for January 2026, includes: Wound care to . rt (right hip): Cleanse with antibacterial soap and pat dry. Use 2 inch kling (gauze wrap) moistened with dakins solution and lightly pack Change twice daily and PRN. start date 1/3/26.(Of note: R1's Pressure injuries have been present greater than a year)On 2/17/26 at 10:32 AM, Surveyor observed R1's wound care that was provided by LPN F (Licensed Practical Nurse) and LPN C. LPN F provided the wound care while LPN C was repositioning and assisting R1. Surveyor observed LPN F remove the abd (abdominal) pads that were covering R1's ischium and coccyx PIs. LPN F removed the kerlix packing from R1's ischium and (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	coccyx PIs. LPN F used a soapy washcloth and wiped over top of R1's PIs without cleansing the wound beds of the ischium and coccyx PI. LPN F covered R1's ischium and coccyx PIs with silicone border dressings. LPN F removed R1's right hip dressing. Surveyor observed the dressing to contain a moderate amount of exudate on the old dressing and exudate on the wound bed of R1's right hip PI. LPN F used a soapy washcloth and wiped over top of R1's right hip PI. LPN F packed R1's right hip PI with dakins soaked kerlix while there was still exudate on the wound bed of R1's right hip PI. LPN F covered the wound with a silicone border dressing.On 2/17/26 at 11:40 AM, Surveyor interviewed LPN F. Surveyor asked LPN F about cleansing the wound bed of wounds prior to redressing the wounds and asked if the wound beds should also be washed prior to packing the wounds. LPN F indicated the dakins cleanses the wound bed because it has bleach in the solution. Surveyor asked LPN F about the exudate that was left on the wound bed of R1's right hip. LPN F indicated that's all they are supposed to do because of the dakins.On 2/17/26 at 1:02 PM, Surveyor interviewed MD I regarding wound care. MD I indicated the wound bed should be cleansed prior to dressing the wounds, stating cleansing the wound bed before the wound is dressed is fundamentals of wound care.On 2/17/26 at 1:43 PM, Surveyor interviewed LPN F regarding R1's wound care. Surveyor asked LPN F what standard of practice the facility uses for wound care. LPN F indicated she was unsure of the standard of practice but follows the doctor's orders. Surveyor asked LPN F if cleansing the wound bed would be a standard of practice and LPN F indicated it is a standard to cleanse the wound bed, but it would depend on the order. LPN F indicated she did not cleanse the wound bed because that's what the order states and she just did what the order said to do. Surveyor asked LPN F if an abd pad should have been used per MD I's order instead of a silicone border dressing. LPN F indicated she did not believe she should have used an abd pad since she had previously seen MD I use the silicone border dressings before, and the silicone border dressings is what is supplied for R1.On 2/17/26 at 1:58 PM, Surveyor interviewed LPN C. LPN C indicated she frequently rounds with MD I when he is doing wound rounds. Surveyor asked LPN C what standard of practice the facility uses for wounds and PIs. LPN C indicated she was unsure what standards of practice the facility uses. LPN C indicated the wound bed should be cleansed prior to applying the new dressing. LPN C reviewed MD I's orders regarding applying an abd vs silicone border dressing and indicated R1 should have had an abd applied and not the silicone border dressing.On 2/17/26 at 2:05 PM, Surveyor interviewed ADON E (Assistant Director of Nursing). ADON E indicated she reviewed MD I's notes after MD I performs wound rounds. ADON E indicated she updates the orders in the electronic health record based on MD I's orders. ADON E indicated, while reviewing MD I's wound round notes from 2/13/26 with the surveyor, ADON E did not enter the order correctly. ADON E stated she misunderstood MD I's order of abd pad vs silicone border dressing and thought the facility could use either the abd pad or silicone border dressing.On 2/17/26 at 2:14 PM, Surveyor interviewed DON B (Director of Nursing) regarding wound care. DON B indicated the standard of practice is in the PI policy. DON B indicated a wound bed should be cleansed prior to applying a dressing. DON B indicated the facility should be following doctor's orders including the types of dressings used for wound care.

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F 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care or services that was trauma informed and/or culturally competent. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not ensure trauma survivors receive culturally competent, trauma-informed care in accordance with professional standards of practice and accounting for resident's experiences and preferences in order to eliminate or mitigate triggers that may cause re-traumatization of the resident for 1 of 1 residents (R3) reviewed for trauma informed care out of a sample of 16 residents. R3 has a diagnosis of PTSD (Post Traumatic Stress Disorder) and does not have a complete trauma assessment or a care plan addressing triggers, resident specific approaches, or interventions.This is evidenced by:The facility's policy Trauma Informed Care, dated 12/24, includes:Purpose: To provide guidance to staff regarding provision of care and services to residents who have experienced trauma. Policy: It is the policy of [Facility] to provide care and services which, in addition to meeting professional standards, are delivered using approaches which are culturally competent, account for experiences and preferences, and address the needs of trauma survivors by minimizing triggers and/or re-traumatization. The facility will use a multi-pronged approach to identifying a resident's history of trauma. This will include asking the resident about triggers that may be stressors or may prompt recall of a pervious traumatic event, as well as screening and assessment tools such as the Resident Assessment Instrument (RAI), admission Assessment, the history and physical, the social history/assessment, and others. The facility will identify triggers which may re-traumatize residents with a history of trauma. Trigger-specific interventions will identify ways to decrease the resident's exposure to triggers which re-traumatize the resident, as well as identify ways to mitigate or decrease the effect of the trigger on the resident and will be added to the residents care plan. Trauma-specific care plan interventions will recognize the interrelation between trauma and symptoms of trauma. In situations where a trauma survivor is reluctant to share their history, the facility will still try to identify triggers which may re-traumatize the resident and develop care plan interventions which minimize or eliminate the effect of the trigger on the resident.R3 admitted to the facility on [DATE] with diagnoses including post-traumatic stress disorder (PTSD).R3's Brief Interview for Mental Status (BIMS), dated 1/9/26, has a score of 15, indicating R3 is cognitively intact.R3's level II PASRR (Preadmission Screening and Resident Review), dated 9/3/24, includes: Reason for referral: .was referred to BCS with a diagnosis of .PTSD. First Criterion: Does the person have a major mental disorder meeting the diagnostic requirements in DSM-5 (Diagnostic and Statistical Manual of Mental Disorders, 5th Edition).? Yes.PTSD. Second Criterion: Has the person's functioning, as a result of the mental disorder, been limited continuously or intermittently during the past three to six months in at least one of the following areas of major life activity? Yes. Adaptation to change. She does not deal well with change in routine. She is very particular regarding how things are done; if told ahead of time adjusts better.On 2/18/26 at 9:12 AM, Surveyor requested R3's trauma assessment. SS D (Social Services) indicated R3 did not have a trauma assessment.R3's comprehensive care plan, printed 2/18/25, does not include R3's PTSD, triggers, or interventions to prevent re-traumatization.The facility provided a resolved care plan for R3 with a discontinued date of 10/27/25 that includes: Focus: I have a behavior problem r/t (related to) anxiousness, restlessness and panic d/t (due to) depression, chronic pain and new living environment, agoraphobia, PTSD. Goal: I will have fewer episodes of anxiousness, restlessness and panic fewer them [sic] once per week.Interventions: Explain all procedures before starting and allow adequate time to adjust to changes.On 2/17/26 at 4:03 PM, Surveyor interviewed CNA G (Certified Nursing Assistant). CNA G indicated R3 likes to micromanage her care and likes things done a particular way. CNA G indicated R3 will become upset if she has to repeat herself and it can be very stressful for R3. CNA G was not aware of R3's PTSD, triggers, or interventions.On 2/17/26 at 4:06 PM, Surveyor interviewed CNA H. CNA H indicated he has a good rapport with R3. CNA H indicated R3 has mentioned she had experiences in the past but did not go into detail about her PTSD with him. (continued on next page)

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F 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	CNA H was not aware of any triggers or interventions related to R3's PTSD.On 2/18/26 at 9:08 AM, Surveyor interviewed SS D and NHA A (Nursing Home Administrator) regarding R3's PTSD. NHA A indicated there is a trauma assessment the facility uses if something occurs with a resident. NHA A indicated a diagnosis alone would not be reason enough to complete a trauma assessment for a resident. SS D indicated a resident newly admitted to the facility may not want to discuss their trauma and the facility would not want to open old wounds. Surveyor asked SS D and NHA A how the facility would know a resident's triggers if the facility does not assess or ask the resident. NHA A indicated the facility would not know the resident's triggers until something triggers the trauma. SS D indicated they may open up to the facility after their trauma is triggered by an event. Surveyor asked SS D and NHA A how staff are caring for R3 in relation to her diagnosis of PTSD. SS D and NHA A indicated staff utilize R3's care plan. NHA A indicated R3 is very vocal and able to voice her concerns. SS D and NHA A indicated they did not know R3's triggers and indicated the care plan does not list the triggers or interventions. SS D and NHA A indicated R3's PTSD, triggers, and interventions should be part of R3's care plan.R3 did not have a complete trauma assessment or a care plan addressing triggers, resident specific approaches, or interventions.

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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 0742 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the appropriate treatment and services to a resident who displays or is diagnosed with mental disorder or psychosocial adjustment difficulty, or who has a history of trauma and/or post-traumatic stress disorder. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not ensure that a resident who displays or is diagnosed with a mental disorder or psychosocial adjustment difficulty, receives appropriate treatment and services to correct the assessed problem or attain the highest practical mental and psychosocial well-being for 1 of 1 residents (R3) reviewed out of 16 sampled residents.R3 has a diagnosis of obsessive compulsive disorder (OCD) her comprehensive care plan does not include known triggers, resident specific goals, or personalized interventions related to her OCD.This is evidenced by:The facility's policy Trauma Informed Care, dated 12/24, includes: Purpose: To provide guidance to staff regarding provision of care and services to residents who have experienced trauma. Policy: It is the policy of [Facility] to provide care and services which, in addition to meeting professional standards, are delivered using approaches which are culturally competent, account for experiences and preferences, and address the needs of trauma survivors by minimizing triggers and/or re-traumatization. The facility will work to facilitate the principles of.care which include: b. trustworthiness and transparency - Efforts to establish a relationship based on trust, and clear and open communication between the staff and the resident. c. Peer support and mutual self-help - If practicable, assist the resident in locating and arranging to attend support groups. d. Collaboration - an emphasis on partnering between residents and/or their family or representative, and all staff and disciplines involved in the resident's care in developing their individualized plan of care. e. Empowerment, voice and choice - Ensuring that resident's choice and preferences are honored and that resident's are empowered to be active participants int heir care and decision-making, including recognition of, and building on resident's strengths. The facility will use a multi-pronged approach to identifying a resident's history of trauma. This will include asking the resident about triggers that may be stressors or may prompt recall of a pervious traumatic event, as well as screening and assessment tools such as the Resident Assessment Instrument (RAI), admission Assessment, the history and physical, the social history/assessment, and others. Trigger-specific interventions will identify ways to decrease the resident's exposure to triggers which re-traumatize the resident, as well as identify ways to mitigate or decrease the effect of the trigger on the resident and will be added to the residents care plan. Trauma-specific care plan interventions will recognize the interrelation between trauma and symptoms of trauma. In situations where a trauma survivor is reluctant to share their history, the facility will still try to identify triggers which may re-traumatize the resident and develop care plan interventions which minimize or eliminate the effect of the trigger on the resident.R3 admitted to the facility on [DATE] with diagnoses including obsessive compulsive disorder.R3's Brief Interview for Mental Status (BIMS), dated 1/9/26, has a score of 15, indicating R3 is cognitively intact.R3's level II PASRR (Preadmission Screening and Resident Review), dated 9/3/24, includes: Reason for referral: .was referred to BCS with a diagnosis of .OCD. First Criterion: Does the person have a major mental disorder meeting the diagnostic requirements in DSM-5 (Diagnostic and Statistical Manual of Mental Disorders, 5th Edition).? Yes.OCD . Second Criterion: Has the person's functioning, as a result of the mental disorder, been limited continuously or intermittently during the past three to six months in at least one of the following areas of major life activity? Yes. Adaptation to change. She does not deal well with change in routine. She is very particular regarding how things are done; if told ahead of time adjusts better.R3's comprehensive care plan, printed 2/18/25, does not include R3's OCD, triggers, or interventions related to R3's OCD.On 2/17/26 at 4:03 PM, Surveyor interviewed CNA G (Certified Nursing Assistant). CNA G indicated R3 likes to micromanage her care and likes things done a particular way. CNA G indicated R3 will become upset if she has to repeat herself and it can be very stressful for R3. On 2/17/26 at 4:06 PM, Surveyor (continued on next page)

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F 0742 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	interviewed CNA H. CNA H indicated he has a good rapport with R3. CNA H indicated R3 can be demanding and does display OCD behaviors. CNA H indicated R3 is particular about how things should be done. CNA H indicated he listens to R3 and completes the tasks per her preference.On 2/18/26 at 9:08 AM, Surveyor interviewed SS D and NHA A (Nursing Home Administrator) regarding R3's OCD. Surveyor asked SS D and NHA A how staff are caring for R3 in relation to her diagnosis of OCD. SS D and NHA A indicated staff utilize R3's care plan. NHA A indicated R3 is very vocal and able to voice her concerns. SS D and NHA A indicated the care plan does not have details related to R3's OCD. NHA A indicated R3 has a routine and can take staff more than an hour to complete her morning routine. NHA A indicated R3's routine is very precise and has a preference. NHA A stated, for example, R3 is detailed on how she wants her socks, pillows placed, and hand placement and things like that. SS D and NHA A indicated R3's OCD behaviors and interventions should be part of R3's care plan.

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on observation, interview, and record review, the facility did not ensure food was served in a manner that conserved palatability and temperature for 1 resident (R30) and one test tray.R30 voiced concern regarding hot food being served cold. Surveyor's test tray temped cold.Evidenced by:The facility policy, Record of Food Temperatures, dated 3/24, states, in part;.2. Hot foods will be held at 135 degrees Fahrenheit or greater.11. No food will be served that does not meet the food code standard temperatures.On 2/17/26 at 9:58 AM, R30 voiced concerns regarding food temperatures and palatability. On 2/18/26 at 12:31PM, Surveyor followed back up with R30. R30 indicated she eats in her bedroom, and she is down the hallway that gets served room trays first. R30 indicated that her hot food is often served cold and she is one of the first served so the rest of the trays must be cold as well. R30 indicated she has heard other residents voice concerns regarding the food temperatures as well.On 2/18/26 at 12:21 PM, Surveyor received test tray. The meat/peppers/cheese sandwich temperature was 110.4. The potatoes temped at 107.9. The food was not palatable and tasted cold.On 2/18/26 at 1:14 PM, Nursing Home Administrator A (NHA) indicated hot foods should be served hot. NHA A indicated food temperatures are something they have been working on and realize it is an issue. NHA A indicated she understands the above concern.The facility did not ensure food was served in a manner that conserved palatability and temperature.