STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525522	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2026
NAME OF PROVIDER OR SUPPLIER Avina on Division		STREET ADDRESS, CITY, STATE, ZIP CODE 517 E Division St Fond Du Lac, WI 54935	

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observation and staff and resident interview, the facility did not ensure a sanitary, comfortable, and home-like environment for 6 residents (R) (R7, R8, R4, R9, R6, and R5) of 6 sampled residents. R7's shared bathroom contained a walk-in shower that contained a tan/gray/green chalky substance and a cardboard box of personal belongings that were scattered on the shower floor. An unmarked plastic cup of green, cylindrical pellets was set on an area that surrounded the top of the shower. R7's room also contained brown discoloration in the corner of the ceiling and a deteriorating area that contained water damaged plaster and trim that measured approximately 5 inches by 5 inches behind the door in the interior corner of the room.R8's room contained brown discoloration in the corner of the ceiling. R4 and R9's shared bathroom contained a walk-in shower. The shower floor contained a rust-colored substance and stains. The shower contained a cardboard box of personal belongings with items scattered on the shower floor. R6's private bathroom contained bulging drywall and deterioration on the wall below where the toilet was attached. R5's bathroom contained a hole approximately 1 foot wide by 1 foot tall with exposed brick and wall material below where the toilet was attached. Findings include: On 4/29/26 at 9:57 AM, Surveyor and Nursing Home Administrator (NHA)-A observed R7's room, including the shower which contained a tan/gray/green chalky substance that went up the walls of the shower and a box of R7's personal belongings which were scattered on the shower floor. Surveyor and NHA-A also observed a discolored ceiling in the corner of the room and an area of disintegrating trim and wall on the lower corner behind the door. NHA-A stated there was a previous issue with the roof and the roof was recently replaced. NHA-A stated there were no concerns with the room and NHA-A had not noticed the areas. NHA-A stated the shower had not been used for at least five years. Surveyor and NHA-A also observed an unmarked four to eight ounce plastic cup of green cylindrical pellets on top of the shower. NHA-A stated the cup contained an odor absorbing product called Dumpster Breath. NHA-A took the cup out of the room per R7's request. R7 shared a bathroom with another room which was vacant. On 4/29/26 at 10:28 AM, Surveyor and Maintenance Director (MD)-C observed R7's room and bathroom. MD-C verified the corner of the ceiling was discolored and stated plaster work was done on the lower half of the wall due to water damage from the old roof. MD-C stated the discoloration was cosmetic. MD-C was waiting for warmer weather and rain before completing repairs to ensure the roof did not have any more leaks. MD-C observed the lower corner behind the door where the drywall and baseboard were in disrepair. MD-C verified a ceiling tile in the hall outside the room had water damage and would be fixed when no further leaks were identified in the roof. Surveyor and MD-C viewed the adjoining wall of R7's room (in R8's room) which had similar discoloration in the corner of the ceiling and in the hallway where a ceiling tile was sagging from water damage.Surveyor and MD-C also observed R4 and R9's shared bathroom which contained a walk-in shower. The shower floor contained a rust-colored substance, stains, and a cardboard box of personal belongings with items scattered on the shower floor.On 4/29/26 at 12:54 PM, Surveyor interviewed R6 who had a private bathroom that contained a hole in the wall below where the toilet was attached to the wall. The wall was in disrepair and falling apart. Surveyor then observed R5's room. R5 stated there was a hole in the wall below the (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: 525522	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2026
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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	toilet in the bathroom. R5's family member reported the hole to staff but it had not been fixed.On 4/29/26 at 1:30 PM, Surveyor, NHA-A, and Director of Nursing (DON)-B observed the damage below the toilets in R6 and R5's rooms. NHA-A and DON-B verified the damage to R6 and R5's walls and were not previously aware of the damage. While NHA-A, DON-B, and Surveyor were in R5's room, R5 indicated R5 was upset and stated R5's family member informed staff about the hole and wanted the hole fixed.On 4/29/26 at 2:35 PM, Surveyor and MD-C observed R6 and R5's rooms. MD-C acknowledged the damage in R6's room and indicated the outside layer of plaster may have been wet at one point and needed to be repaired. MD-C stated the way the toilet was mounted to the wall may have something to do with the damage. R6 was in the room and stated R6 felt safe using the toilet. MD-C also acknowledged the damage in R5's room as a hole in the wall below the toilet. MD-C was not aware either of the bathrooms had damage and stated it was possible a plumber had to get in the wall and did not notify MD-C when the repair was done.

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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, staff interview, and record review, the facility did not provde the appropriate care and treatment to promote healing of a pressure injury for 1 resident (R) (R3) of 1 sampled resident.R3 had a stage 4 pressure injury on right lateral lumbar region. During wound care, Licensed Practical Nurse (LPN)-D used soiled scissors to cut silver alginate that was applied to R3's pressure injury. In addition, LPN-D opened a 4x4 gauze package, removed the gauze, and sprayed it with wound cleanser. LPN-D placed the wet gauze on the outside of the gauze package that had touched soiled surfaces.Findings include:The facility's Pressure Injury Prevention and Management policy, revised 6/17/25, indicates: .Provide treatment and services to heal the pressure ulcer/injury, prevent infection .evidence-based treatments in accordance with current standards of practice will be provided for all residents.From 4/29/26 to 4/30/26, Surveyor reviewed R3's medical record. R3 was admitted to the facility on [DATE] and had a diagnosis of pressure-induced deep tissue damage of unspecified site. R3's Minimum Data Set (MDS) assessment, dated 1/28/26, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R3's cognition was intact.R3's medical record contained the following physician's order for a treatment to R3's right lateral lumbar region distal area:~ Cleanse with wound cleanser or normal saline (NS), apply skin prep to the peri-wound followed by silver alginate to the wound base. Cover with abdominal (ABD) pad dressing and secure with Hypafix tape. Change daily and as needed (PRN) (start date: 2/6/26).On 4/29/26 at 10:05 AM, Surveyor observed LPN-D set scissors, a 4x4 gauze package, and an ABD package on a personal protective equipment (PPE) cart outside R3's room. LPN-D donned a gown, completed hand hygiene, and donned gloves. LPN-D picked up the scissors, gauze, and ABD dressing and entered R3's room. LPN-D set the supplies on R3's uncleansed bedside table. LPN-D picked up the scissors, retrieved silver alginate from a drawer, cut the silver alginate, and placed it back in the package. LPN-D put the scissors and silver alginate on the same bedside table. LPN-D removed gauze from the package, put wound cleanser on the the gauze, and set the wet gauze on top of the package which had touched the PPE cart and bedside table. LPN-D removed R3's soiled dressing, cleansed the wound, and applied skin prep to the peri-wound. LPN-D removed gloves, cleansed hands, and donned new gloves. LPN-D placed the silver alginate on the wound bed, put an ABD dressing over the wound, and used Hypafix tape to secure the dressing. LPN-D assisted R3 onto R3's back, removed gloves, and placed the remainder of the silver alginate in its original package and back in the drawer. LPN-D then exited the room. LPN-D removed LPN-D's gown outside the room then put the gown in the garbage in R3's room. Surveyor interviewed LPN-D who indicated LPN-D acknowledged the concern with contamination from transferring wound supplies from the PPE cart to the bedside table which were then in contact with R3's wound bed.On 4/29/26 at 10:15 AM, Surveyor interviewed Director of Nursing (DON)-B who verified LPN-D should not have put the scissors on the PPE cart and uncleansed bedside table and used the scissors to cut silver alginate that was directly applied to R3's wound bed. DON-B confirmed putting wet gauze used during wound care on the outside of a package that was in contact with the PPE cart and uncleansed bedside table could contaminate the wound.

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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 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide for the safe, appropriate administration of IV fluids for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interview, and record review, the facility did not ensure parenteral medications were administered in accordance with a physician order for 1 resident (R) (R2) of 1 sampled resident.Licensed Practical Nurse (LPN)-D administered two intravenous (IV) normal saline (NS) flushes through a midline catheter for R2 who did not have an order for the flushes. In addition, R2's midline catheter was not accurately measured by Director of Nursing (DON)-B or reflected in R2's medical record.Findings include:The facility's PICC/Midline/CVAD Dressing Change policy, revised 1/2026, indicates: .To inspect the catheter and hub .use sterile measuring tape to measure external catheter length of the catheter from hub to skin entry to ensure it has not migrated.The facility's Medication Orders policy, dated 1/5/26, indicates: .Medications should be administered only upon the signed order of a person lawfully authorized to prescribe.From 4/29/26 to 4/30/26, Surveyor reviewed R2's medical record. R2 was admitted to the facility on [DATE] and had diagnoses including urinary tract infection (UTI) and extended-spectrum beta-lactamase (ESBL) producing bacteria infection. R2's Minimum Data Set (MDS) assessment, submitted 2/13/26, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R2's cognition was intact.R2 returned to the facility from the hospital on 4/21/26 with an IV catheter.R2's care plan, dated 4/22/26, indicated R2 was on antibiotic therapy (IV Ertapenem) related to a UTI. The care plan did not contain an intervention to monitor the IV site.On 4/29/26 at 9:25 AM, Surveyor observed R2's IV catheter dressing which was initialed and dated 4/24/26. Surveyor interviewed R2 who indicated the IV catheter was placed during a recent hospitalization.R2's Treatment Administration Record (TAR) indicated to change R2's peripherally-inserted central catheter (PICC) dressing every 7 days and as needed (PRN) to include all caps and connectors every evening shift every Wednesday (start date: 4/29/26). (The treatment was initialed as completed by DON-B on 4/29/26.) On 4/29/26 at 9:40 AM, Surveyor interviewed Licensed Practical Nurse (LPN)-D who stated LPN-D had already administered R2's antibiotic through R2's PICC line. LPN-D indicated LPN-D would monitor the PICC line for swelling at the insertion site and look at the catheter to identify if it had moved out of place. LPN-D stated LPN-D could also ask a Registered Nurse (RN). LPN-D stated the facility previously didn't always have RN coverage but had it now and an RN was usually in the facility during IV therapy. LPN-D stated LPN-D was trained and could do PICC line dressing changes.On 4/29/26 at 4:40 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A who stated LPNs who took the All Stat Portable IV course could do PICC line infusions, dressing changes, and monitoring.On 4/30/26 at 9:00 AM, Surveyor observed LPN-D enter R2's room with Ertapenem 1 gram (an antibiotic) in a single-use disposable ball pump that used natural pressure from an internal balloon to deliver the medication over time without the use of an electronic pump or gravity. LPN-D rubbed alcohol on the catheter hub and connected a syringe that contained 10 milliliters (ml) of NS to the hub. LPN-D unclamped the catheter and pushed NS into the catheter. LPN-D disconnected the syringe from the catheter hub and connected the end of the primed antibiotic tubing to the hub. LPN-D unclamped the IV tubing and opened a blue cap on top of the ball pump. LPN-D set the ball pump on the bed next to R2 who was sitting in a wheelchair. LPN-D removed personal protective equipment (PPE), completed hand hygiene, and left R2's room. (Of note: R2's medical record did not contain an order to flush the catheter with NS.)On 4/30/26 at 9:05 AM, Surveyor observed LPN-D document administration of the antibiotic. When Surveyor asked where LPN-D documented the NS flush, LPN-D stated LPN-D could not find an order for the flush in R2's medical record. LPN-D stated it was normal to flush an IV line with NS before and after an infusion.On 4/30/26 at 9:42 AM, Surveyor observed LPN-D enter R2's room, clamp R2's IV tubing, and swab the catheter hub with alcohol. LPN-D connected a syringe with 10 ml of NS to the hub and pushed NS into the catheter. LPN-D clamped the catheter, disconnected the syringe, removed PPE, and exited the room.On 4/30/26 at 10:24 AM, Surveyor interviewed DON-B (continued on next page)

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F 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	who stated DON-B completed R2's PICC line catheter change on 4/29/26. DON-B indicated staff documented monitoring for signs and symptoms of infection of a PICC line in a resident's progress notes. Surveyor verified progress notes indicated R2's PICC line did not show any signs or symptoms of infection or leaking. DON-B stated DON-B measured R2's PICC line external catheter on 4/29/26 but did not have a place to document the length. DON-B stated DON-B would provide Surveyor with the measurement and paperwork from placement of the PICC line that indicated the external catheter length after catheter placement. DON-B verified with Surveyor that R2 did not have an order for a NS flush and verified there should be physician order for flushes before and after an IV infusion.On 4/30/26 at 12:00 PM, DON-B informed Surveyor the measurement for R2's PICC line external catheter was 10 centimeters (cm) without the hub and 14 cm with the hub. DON-B provided documentation from the placement of the IV catheter and exited the room.On 4/30/26 at approximately 12:20 PM, Surveyor reviewed the placement documentation which indicated the external catheter length was 0 cm. The placement document indicated R2 had a single lumen power midline for continuation of IV antibiotics.On 4/30/26 at 12:26 PM, Surveyor interviewed Registered Nurse (RN)-E who worked at the infusion clinic written on the bottom of the placement documentation provided by DON-B. RN-E stated R2 had a midline catheter, not a PICC line catheter, and a midline catheter external length should be 0 cm. RN-E stated if any external length was present, the midline catheter was likely migrating out. RN-E indicated the total length of the catheter was 18 cm and a stat lock should hold the catheter in place. RN-E indicated if the midline catheter was migrating out, hash marks that indicated 1 cm would be visible on the catheter. RN-E stated the facility needed a physician order for flushes every 24 hours and before and after an infusion. RN-E indicated flushing assisted with preventing clogging of the site.On 4/30/26 at 12:39 PM, Surveyor observed R2's midline catheter and noted a stat lock against R2's skin holding the catheter in place underneath a transparent dressing. The catheter line contained the words midline catheter. Surveyor observed a 2x2 gauze over the insertion site with a transparent dressing that covered the stat lock and gauze. Surveyor did not observe hash marks, leaking fluid, redness, or swelling underneath the transparent dressing.On 4/30/26 at 2:06 PM, Surveyor informed DON-B that R2 had a midline catheter which would not have any external catheter to measure as indicated on the placement document DON-B provided earlier. DON-B then stated there was 0 cm of external catheter visible and DON-B did not see any hash marks during R2's dressing change on 4/29/26.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interview, and record review, the facility did not establish and maintain an infection prevention and control program designed to prevent the development and transmission of communicable disease and infection. This practice had the potential to affect all of the 31 residents residing in the facility.The facility's Water Management Plan (WMP) did not include water management team members who were knowledgeable about the facility's high-risk plumbing fixtures, identify all locations where Legionella could grow and spread, or identify where control measures should be applied based on where Legionella could grow and spread. Findings include: The facility's Water Management Program (WMP) policy, dated 12/10/25, indicates: It is the policy of this facility to establish a water management plan for reducing the risk of legionellosis (illnesses caused by Legionella bacteria such as Legionnaires' disease) and other opportunistic pathogens in the facility's water systems .1. A water management team has been established to develop and implement the facility's water management program, including facility leadership, the Infection Preventionist, maintenance employees, safety officers, risk and quality management staff, and the Director of Nursing. a. The water management team has access to water treatment professionals, environmental health specialists, and state/local health officials. 2. The Maintenance Director maintains documentation that describes the facility's water system. A copy is kept in the water management program binder .5. Control measures will be applied to address potential hazards at each control point. A variety of measures may be used, including physical controls, temperature management, disinfectant level control, visual inspections, or environmental testing for pathogens as needed. 6. The water management team shall regularly verify the water management program is being implemented as designed. Auditing assignments will reflect that individuals will not verify the program activity for which they are responsible .11. In the event of an update to the water management program, the water management team shall: a. Update the water system schematic/description, associated control points, control limits, and any pre-determined corrective actions. b. Train those responsible for implementing and monitoring the updated program. 12. Documentation of all the activities related to the water management program shall be maintained with the water management program binder .On 4/29/26, Surveyor reviewed R7's medical record. R7 was admitted to the facility on [DATE]. R7's Minimum Data Set (MDS) assessment, dated 3/17/26, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R7 had intact cognition.On 4/29/26 at approximately 9:45 AM, Surveyor interviewed R7 who stated the shower in R7's room did not work and had not been used. R7 showered in the shower room down the hall. Surveyor observed the shower which was a walk-in shower with a plastic surround. There was a box of personal belongings in the shower that belonged to R7. The shower floor contained what appeared to be thick soap scum. There was no evidence of moisture or water use in the shower. On 4/29/26 at 9:57 AM, Surveyor and Nursing Home Administrator (NHA)-A observed R7's bathroom and shower. NHA-A stated the shower was one of two showers in the facility that were in resident rooms. NHA-A stated neither shower had been used since NHA-A started approximately five years ago. On 4/29/26 at 10:25 AM, Surveyor interviewed Maintenance Director (MD)-C. Surveyor and MD-C toured the facility and identified the two showers (the unused shower in R7's room and an unused shower shared between R4 and R9's room). MD-C verified the showers had not been used since MD-C started approximately two years ago. Surveyor and MD-C observed capped water fixtures in R5 and R9's rooms on the rehab hallway. MD-C stated MD-C had not flushed any of the hand-held showers that had faucets and had not flushed any of the dead ends (capped hand-held shower fixtures) in the rehab hallway bathrooms. MD-C stated the rehab wing was an addition to the original building and the unused fixtures were not identified in the facility's WMP. MD-C stated the fixtures were stand-up shower fixtures that were not used. MD-C stated some rooms have capped faucet fixtures on the wall (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	but are not used. MD-C stated the metal capped pieces on the walls above the stand-up shower fixtures are breather valves. The rooms contain a sink and a toilet. MD-C stated the activity sink is probably used, however, MD-C does not see staff use the sink so MD-C flushes it weekly. MD-C stated another room contains a bathtub which MD-C flushes weekly. MD-C stated MD-C does not flush the other unused fixtures. MD-C verified MD-C is the only one who flushes unused fixtures. (Of note: The facility did not have documentation to verify MD-C flushes the activity sink and the bathtub.)On 4/30/26 at 1:43 PM, Surveyor interviewed NHA-A who acknowledged the facility's WMP does not include identification and control measures for high-risk areas such as the unused showers or the capped and unused plumbing fixtures. Surveyor requested and NHA-A provided the facility's Water System Infection Control Risk Assessment Tool. After review of a Risk Assessment, dated June 2025, Surveyor verified the facility identified water system components including six shower heads and hoses. Two showers were observed during the facility tour. No further documentation was provided to verify the unused fixtures were maintained according to the facility's WMP policy.