STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525535	A. Building B. Wing	04/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Augusta Health and Rehabilitation	901 Bridge Creek Lane Augusta, WI 54722

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility did not provide a safe, sanitary, and comfortable environment to help prevent the development and transmission of communicable diseases and infections with the potential to affect all 37 residents.-Registered Nurse (RN) E did not perform glove change/hand hygiene appropriately during wound care to R10.-Laundry Aide (LA) G transported clean linens throughout the building uncovered.Findings include: Facility Policy titled, Wound Care Policy, last reviewed 08/2025, reads in part: The goal is to promote wound healing, prevent complications, and maintain the highest practicable level of resident health.Dressing changes must include hand hygiene, proper personal protective equipment (PPE). Example 1 On 04/06/26 at 9:45 AM, Surveyor observed Registered Nurse (RN) E perform a dressing change and wound treatment to R10's right forearm. RN E placed a drape on the over-bed table with supplies sitting on top. RN E donned gloves, removed the old bandage, and threw it away. RN E then cleaned the wound, applied skin prep to surrounding area, and placed the new bandage. RN E did not change gloves between dirty and clean procedures and did not perform hand hygiene in between. On 04/06/26 at 10:07 AM, Surveyor interviewed RN E. RN E stated RN E does not usually keep the same gloves on the duration of wound care. RN E stated RN E should have removed RN E's gloves after the dirty part of the procedure, washed RN E's hands, and then donned clean gloves for the clean part of the procedure. On 04/06/26 at 11:38 AM, Surveyor interviewed Director of Nursing (DON) B. DON B was made aware of Surveyor's observation of inappropriate gloving/hand hygiene during wound care. DON B acknowledged RN E should have changed RN E's gloves and performed hand hygiene between dirty and clean tasks. Surveyor reviewed audit form titled, Wound Care Glove Use Competency Sheet, which indicated RN had appropriately completed donning/doffing of gloves and hand hygiene on 11/11/25 signed by DON B. Example 2 The facility policy, titled Clean Linen Handling Policy dated last reviewed, 12/2025, states in part: Clean linens must be transported in: Covered carts. On 04/06/26 at 12:03 PM, Surveyor observed Laundry Aide (LA) G walking through the 300-hall dining room with a cart full of facility linens. The laundry cart was uncovered with linens exposed. (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

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 04/07/2026 at 10:40 AM, Surveyor observed LA G delivering clean linens to the 100 hall. The staff pushed the linen cart which was a tall metal wire shelved cart with open sides and top. The cart contained clean bed sheets, lift slings, washcloths, towels and other bed linens. The cart and linens were not covered. On 04/07/2026 at 10:45 AM, Surveyor interviewed LA G who has worked in laundry for the past 2 years. Surveyor asked how often LA G delivers clean linens to the living units. LA G stated once a day. Surveyor asked if it is always delivered on this cart. LA G stated, They have used this cart for 2 years. When asked about it being covered, LA G stated, It did not come with a cover. Surveyor asked how many linen closets he delivers linen to. LA G stated he takes the linens to all linen closets throughout the facility. When asked what all he delivers on this cart, LA G stated he delivers whites including washcloths, towels, bedding sheets, pads for on beds and lift slings on this uncovered cart. On 04/07/26 at 11:38 AM, Surveyor interviewed DON B. DON B stated it is DON B's expectation the linen cart should be covered while being transferred through the facility/hallway. DON B was made aware of Surveyor's observation. On 04/07/2026 at 4:15 PM, Surveyor interviewed RN H who is the facility's infection control nurse. When told of above observation, RN H stated that the cart for delivering linens should be covered.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observations, interview and record review, the facility did not ensure drugs and biologicals were stored in accordance with currently accepted professional practice. This had the potential to affect 4 of 4 residents: (R6, R10, and R25) for proper storage of insulin, (R15) for nebulizer solution storage, and the potential to affect all 28 residents residing on the C-D wing for use of bisacodyl suppositories, tuberculin vaccine, and influenza vaccine.Findings:The facility policy titled, Medication Refrigerator Temperature Monitoring Policy last reviewed on 12/20/25, stated,PolicyAll Medications requiring refrigeration will be stored in a designated medication refrigerator maintained at temperatures between: 36 degrees Fahrenheit - 46 degrees Fahrenheit (2 degrees Celsius - 8 degrees Celsius)Temperature monitoring will be performed daily and documented to ensure compliance with regulatory standards.Temperature Monitoring Procedure1. Daily Temperature Checks Staff will:1. Check refrigerator temperature once per shift2. Record temperature on the Medication Refrigerator Temperature Log.3. Initial and date each entry.2. Acceptable Temperature Range Acceptable range:36 degrees Fahrenheit - 46 degrees Fahrenheit (F) (2 degrees Celsius - 8 degrees Celsius)Temperatures outside of this range are considered out of compliance and notification of the Director of Nursing (DON) B and or maintenance needs to be completed.The Wisconsin Pharmacy Chapter 6 titled, Pharmacy Licenses and Equipment states:(e) Refrigerator means a place in which the temperature is maintained between 36- and 46-degrees Fahrenheit.The Wisconsin Childhood Immunization Guidelines states:1. Vaccines must be stored within these ranges: o Refrigerator: Store between 2.0 C to 8.0 C or 36.0 F to 46.0 F 2. Temperature review and documentation Daily temperature review of each storage unit is required.On 04/07/2026 at 7:55 AM, Registered Nurse (RN) E took Surveyor into the medication room for the C-D wings to get insulin from the refrigerator. Surveyor noted the refrigerator temperature log was incomplete. At the bottom of the log sheet, it read, If temperature falls outside range of 36-46 degrees F for refrigerator or 59-86 degrees F for room temp, immediately notify the DON.On 04/07/2026 at 8:00 AM, Surveyor asked Licensed Practical Nurse (LPN) J to make a copy of this temperature log for the Surveyor. It was noted that the recorded refrigerator temperature for that morning was 50 degrees F.On 04/07/2026 at 8:11 AM, Surveyor asked LPN J, Whose job is it to document the refrigerator temperature every shift? LPN J replied, It is the nurse on this side's job to document this refrigerator.On 04/07/2026 at 8:15 AM, Surveyor asked DON B, Who documents the refrigerator temperatures in the medication storage room? DON B replied, There is a nurse on this side that would document this refrigerator. Surveyor asked DON B, Were you notified this morning that the medication room refrigerator was up to 50 degrees this morning? DON B replied, I was not. Surveyor showed DON B the copy of the refrigerator missing temperatures and temperature out of range and asked to see the log for March on this refrigerator. DON B provided Surveyor with the March log and noted temperature were missing on that log as well.Temperature log dates that were missing:April 2nd, 3rd, 4th, and 6th.March 1st, 5th, 6th, 9th, 12th, 13th, 15th, 16th,19th, 20th, 26th, 28th and 29th.On 04/07/2026 at 8:29 AM, Surveyor made note of all items in the refrigerator.Temperature sensitive biologics in the refrigerator included:Stock Bisacodyl 10mg suppository's (2 boxes)R15's Arformoterol nebulized solution (one box)R25's Humalog (2 boxes) and Glargine (1 box)R6's Lantus (2 boxes) R10's Lantus (one box) and Trulicity (one box)Influenza Vaccine (2 boxes)Tuberculin Aplisol.

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility did not provide pharmaceutical services to ensure the accurate administration of all drugs to meet the needs of each resident. This was observed for 1 of 6 residents (R31) observed during medication administration. Registered Nurse (RN) I did not administer the correct dose of medication to a R31.Findings:Facility policy titled, Medicated Creams, Lotions, Powders Administration last reviewed on 12/20/25 stated, 4. Apply Medication1. Perform hand hygiene and don gloves2. Clean and dry the area if necessary3. Apply thin layer unless ordered otherwise ex: use of dosage cardR31 was admitted on [DATE] with a Brief Interview of Mental Status (BIMS) score of 15/15, which indicated R31 was cognitively intact. R31 had a diagnosis of chronic pain syndrome (pain that lasts for over three months).On 04/07/2026 at 7:15 AM, Surveyor observed RN I administer a topical medicated cream to R31. Surveyor observed RN I place a pea size amount of the medicated cream on the tip of RN I's gloved finger and apply the cream to R31's low back. Then, RN I placed a pea size amount of cream on the tip of RN I's gloved finger and applied to R31's right knee. Surveyor asked RN I, What dose of cream did you give to R31? RN I replied, 4 grams, as RN I pointed to the dose printed on the box the cream came in. Surveyor asked RN I, How do you know how much 4 grams of the cream is? RN I replied, Well, it says here to use the dosing card, but there is no card. RN I then went through other residents' medications in the bottom drawer of the medication cart and found a dosage card for another resident. Surveyor then asked RN I, Based on the pea size amount of cream, how much medication do you feel that you gave [R31]? RN I replied, Probably only like 1 gram on the back and one gram on the right knee.On 04/07/26 at 9:23 AM, Surveyor explained the observation made between RN I and R31 to Director of Nursing (DON) B and asked, What would your expectation be with this medication administration? DON B replied, I would expect the nurse to ask us to find or call the pharmacy themselves for a new dosing card for administration unless the resident only asked for that amount. But then, we would need to call the doctor for a dose change.

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F 0810 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide special eating equipment and utensils for residents who need them and appropriate assistance. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility did not provide special eating equipment and utensils for residents who need them and appropriate assistance to ensure the resident can use the assistive devices when consuming meals and snacks for 1 of 1 resident reviewed (R6).-R6 did not receive divided plate, setup, and straws with lids per the care plan.Findings include: Facility Policy titled, Comprehensive Care Plan Policy, no date, reads in part: [[NAME] Health and Rehab] will develop and maintain an individualized comprehensive care plan for each resident to meet their physical, psychosocial, and emotional needs.Purpose: to ensure residents receive coordinated, person-centered care that promotes the highest practicable level of well-being in accordance with federal and Wisconsin long-term care regulations.Implementation of Care Plan: All facility staff are responsible for implementing care plan interventions relevant to their role. Staff must review care plans regularly, follow documented interventions, report changes in resident condition, and document care provided. R6 was admitted to the facility on [DATE]. On 02/11/26, R6's Minimum Data Set (MDS) assessment shows a Brief Interview for Mental Status (BIMS) score of 4/15 indicating severe cognitive impairment. R6's care plan includes in part a problem of R6 is at risk for weight loss, with interventions including provide a divided plate, dycem mat, complete tray set up, and foods and drinks to the left of tray to aid in self-feeding. Provide lids and straws for drinks. On 04/06/26 at 12:20 PM, Surveyor observed R6 was served his tray. R6 did not have a divided plate. Items were not set up to the left side of the tray and R6 was not encouraged to self-feed. Certified Nursing Assistant (CNA) D assisted R6 to eat dependently. On 04/06/26 at 1:58 PM, Surveyor interviewed CNA D. CNA D stated R6 hasn't been feeding R6's self lately and at times will just sit there. CNA D stated as far as CNA knows R6 has always used a regular plate. CNA D stated they have care sheets they carry and the Kardex is in a binder, and these documents have the information they need to take care of each individual resident. CNA D did state R6 had dycem under the drinks and plate. CNA D stated CNA D believes it has been reported to nursing/management that R6 requires more assistance with meals and that R6 requires a lot of cueing. CNA D stated CNA D usually works in the back and would have to ask someone if R6 required a divided plate. On 04/06/26 at 2:03 PM, Surveyor interviewed Registered Nurse (RN) E. RN E stated the CNAs have care cards they get at the beginning of the shift that contains the information they need to take care of the residents. RN E was unaware of the Kardex binder and stated RN E would have to ask someone. On 04/06/20 at 2:07 PM, Surveyor interviewed Director of Nursing (DON) B. DON B stated the Kardex binders are located by where the CNAs complete their charting as well as near the computers they use at the nurse's station. DON B stated each section is divided by care area and it pulls directly from the care plan. DON B stated any nurse manager can update these as needed and print a new one as changes occur. Surveyor reviewed R6's Kardex which states R6 is a regular diet with thin liquids, R6 requires set up, wears dentures, and receives supplements. There is no mention of the divided plate, the straws with lids, the set-up on the left side of the tray, and the encouraging of self-feeding, present on the Kardex. On 04/07/26 at 8:43 AM, Surveyor observed R6 at breakfast. R6 did not have drinks with lids on and straws, the tray was centered, and no divided plate was present. Dycem was present under plate. Staff gave R6 cues and handed R6 a spoon to encourage self-feeding. On 04/07/26 at 8:47 AM, Surveyor interviewed [NAME] F. [NAME] F stated each resident has a card with needed information for each meal that the kitchen follows. [NAME] F showed Surveyor R6's card which indicated R6 requires a lipped plate for meals. On 04/07/26 at 11:38 AM, Surveyor interviewed DON B. DON B stated the pertinent information in the care plan is also placed onto the Kardex for the CNAs. DON B stated the Kardexes, and care plans are updated as changes are made, and new ones are printed and current. DON B acknowledged R6's care plan contained pertinent information that was not included on the Kardex, and CNAs were not aware (continued on next page)

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F 0810 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	of it. DON B also acknowledged the cards with resident information on them in the kitchen were different than the care plan. On 04/08/26 at 7:40 AM, Surveyor interviewed Dietary Manager (DM) C. DM C stated the resident information cards are updated as they appear worn or as changes are made. CNAs may let the kitchen staff know about resident dislikes, therapy may make changes and update the kitchen staff, and/or nursing may also request changes be made. DM C was made aware of the discrepancy between the resident kitchen card and the care plan.