STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525540	A. Building B. Wing	02/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Villa Maria Health and Rehab Ctr	300 Villa Dr Hurley, WI 54534

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility did not maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment to help prevent the development and transmission of communicable diseases and infections that has the ability to affect all 56 residents (R) with transporting clean linens uncovered through the facility, and Certified Nursing Assistant (CNA) C not doffing prior used PPE or santizing hands, and applying clean gloves brfore assisting 1 of 1 residents observed (R16).-Facility staff did not transport linens in a manner to prevent the spread of infection.-Facility staff did not doff gloves, sanitize hands, and apply new gloves between residents R37 and R16. Example 1 The facility's policy titled, Laundry and Linen read in part, Ensure clean linen will remain hygienically clean (free of pathogens in sufficient numbers to cause human illness) through measures designed to protect it from environmental contamination, such as covering linen carts. On 02/24/26 at 7:00 AM, Surveyor observed Director of Laundry Services F transporting clean linens in the hallway, uncovered. On 02/24/2026 at 12:58 PM, Surveyor observed Director of Laundry Services F taking clean linens from a closed room near the nurse's station and transporting them down the hall, past the kitchen, uncovered. Director of Laundry Services F stated only dirty linens are covered, not clean linens. On 02/25/26 at 7:13 AM, Surveyor interviewed Laundry Aide D. Laundry Aide D stated that all linens clean or dirty should be covered when transporting them in the hallways. On 02/25/26 at 8:00 AM, Surveyor interviewed Director of Nursing (DON) B. DON B reported the expectations for transporting linens is that clean or dirty, they are covered. Example 2 The facility policy titled, Handwashing/Hand Hygiene, states hand hygiene is indicated after touching a resident, after touching the resident's environment, and immediately after glove removal. R37 was admitted on [DATE]. Progress notes, dated 02/22/26, confirmed R37 developed a hoarse voice and occasional non-productive cough. R37 was placed on droplet precautions and, after testing, was identified as having a common cold. On 02/24/2026 at 7:45 AM, Surveyor observed Certified Nursing Assistant (CNA) C sanitize hands, (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	don gown, mask, gloves, and delivered breakfast tray to R37. Signage outside the door indicated droplet precautions that required hand hygiene, gloves, gown, and masks prior to entering the room. CNA C set the tray on the over bed table, pushed R37's wheelchair next to the bed and stood by R37 while R37 transferred from the bed to the wheelchair. CNA C went directly to roommate R16, set up R16's breakfast tray, combed their hair and applied their glasses. Surveyor noted that CNA C did not change PPE and perform hand hygiene between the two residents that were assisted. On 02/24/2026 at 7:59 AM, Surveyor asked CNA C, When you assisted [R37], did you have to physically assist her into her wheelchair? CNA C replied, No, but moved [R37's] wheelchair next to the bed for [R37] to self-transfer. Surveyor asked, Do you need to change PPE, gloves, and sanitize hands before assisting roommate? CNA C replied, I wasn't sure. Surveyor asked, Did you? CNA C stated, No, I didn't know I could do that in the room. I moved [R37's] wheelchair but did not touch her and then assisted [R16] with glasses and hair without changing gloves, PPE, and sanitizing hands. I guess I should have done that. On 02/24/2026 at 1:37 PM, Surveyor interviewed DON B and asked what the expectation would be for CNAs that provide care to a resident on droplet precautions then assist with roommate right afterwards. DON B informed Surveyor they would expect the CNAs to doff PPE, gloves, sanitize hands, and don new PPE prior to caring for roommate, and there should always be hand hygiene between resident contact and environment regardless of precautions.

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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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews, and record review, the facility did not ensure pain management interventions were provided for 1 out of 1 resident (R) reviewed for pain management (R49).R49 did not have an individualized pain assessment completed to monitor, assess, and evaluate for efficacy for pain management.This is evidenced by:Facility policy titled, Pain Management Policy revised 6/20/2025, states in part, The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive care plan, and the residents' goals and preferences. Pain Assessment: 1. The facility will use a pain assessment tool, which is appropriate for the resident's cognitive status, to assist staff in consistent assessment of a resident's pain.The facility's Pain Management Policy references the U.S. Department of Health and Human Services (2019, May). Pain Management Best Practices Inter-Agency Task Force Report: Updates, Gaps, Inconsistencies, and Recommendations, which states in part, 2.2 Medications. As outlined in recent guidelines, including . Clinical Practice Guidelines for Opioid Therapy for Chronic Pain, the Center for Disease Control (CDC) guideline, and the American Society of Interventional Pain Physicians guidelines, risk assessment, close follow-up, and pain reevaluation are important aspects of the treatment plan prior to and throughout the duration of opioid therapy for pain management.R49 was admitted to the facility on [DATE] with pertinent diagnosis of rheumatoid arthritis, unspecified osteoarthritis, chronic kidney disease, peripheral vascular disease, abnormal posture, dysphagia, and age-related cognitive decline. R49 also has a current diagnosis of adult failure to thrive and pain in an unspecified joint.R49's most recent quarterly Minimum Data Set (MDS) assessment, dated 02/13/26, noted a Brief Interview for Mental Status (BIMS) score of 12/15, indicating moderate cognitive impairment and suggests the individual is experiencing noticeable, but not severe, difficulties with memory, orientation, and decision-making. R49's care plan, with problem start date of 12/14/19, last reviewed 2/20/26, with a target date of 05/20/26, states is part: [R49] has alteration in comfort: Pain related to impaired mobility decreased strength, diagnosis arthritis, manifested by complaints of pain, signs/symptoms (s/sx) discomfort (facial grimace, moaning, guarded movement, etc.). Goal target date of 5/20/26, states in the next 3 months comfort will be attained through use of medication or comfort measures AEB [as evidenced by], [R49] stating relief of pain or resting quietly, or voicing pain goal of mild pain is met.R49's physician orders include:Morphine solution; 10 mg/mL; amount: 0.2-1 ml; injection, special instructions: inject 2-10mg (0.2 - 1 ml) under the skin every hour as needed for pain/discomfort r/t comfort care status, every 2 hour - as needed (PRN) - start date 6/17/24, changed to every 1 hour as needed on 2/24/26. Fentanyl patch every 72 hours; 100 mcg/hour, amount: 1 patch; transdermalspecial instructions: fentanyl 100mcg patch- change Q 3 daysdx: osteoarthritis, every 3 Days, evenings 02:30 PM - 06:00 PM, 10/21/2025 Acetaminophen suppository; 650 mg; amt: 650mg; rectal every 4 hours as needed (PRN)Special instructions: For pain/fever (acetaminophen not to exceed 3 grams per 24 hours). Note: call provider for any new fever episode > 101.3 or for temperature > 2 degrees above resident's baselineSurveyor reviewed R49's medication administration record (MAR) and noted that administration of pain medications did not include pain assessment prior to administration any of the 14 times morphine was given in December 2025. Pain location and pain scale done prior to giving was documented four of the ten times morphine was given in January 2026. Pain scale, not location, was documented 1 of the 6 times morphine was given to R49 so far in February 2026. The pain assessment after administration was documented as effective. Surveyor was unable to locate documentation of pain assessments, monitoring for changes in R49's chronic pain, including identifying and monitoring characteristics of pain, underlying cause of pain, effective pain tool to use, or acceptable level of pain that R49 considers mild. On 2/24/26 at 7:03 AM, Surveyor spoke with Certified Nurse Assistant (CNA) H, who reported R49 does not get out of bed usually and is not up longer than 10 minutes due to pain in her bottom. R49 rarely leaves R49's room. (continued on next page)

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F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 2/24/26 at 9:10 AM, Surveyor observed R49 in bed. R49 stated R49 has pain in butt and reported to Surveyor the pain was 10 out of 10 on pain scale. R49 stated if the staff put oil on it, it helps. R49 was crying, stating, It hurts. Surveyor noted that R49 had a soft touch call light paddle by her right elbow. Surveyor encouraged R49 to press her call light. R49 attempted to move her hands toward the call paddle, unsuccessfully, then tried to use her elbow to press call light and again was unsuccessful in turning on her call light. On 2/24/26 at 9:15 AM, CNA H came in and offered to reposition. R49 did not respond to offer and asked for oil to be put on her butt and stated R49 is in pain. CNA did not reposition and went to get nurse.On 2/24/2026 at 9:16 AM, Surveyor interviewed CNA H and asked how does R49 let them know if she is having pain. CNA H stated R49 would tell them by yelling out or putting on her call light. Surveyor asked CNA H how does R49 use her call light. CNA H stated R49 is usually able to hit it. Surveyor reported to CNA H that R49 was not able to turn on call light after several attempts. On 2/24/2026 at 9:18 AM, Registered Nurse (RN) G asked R49 to rate pain. R49 responded it hurts and asked for oil. RN G offered pain medication. Neither RN G nor CNA H repositioned or provided other comfort measures to R49 before leaving R49's room.On 2/24/2026 at 9:24 AM, R49 asked Surveyor to reposition her onto her stomach. Surveyor encouraged R49 to put call light on. R49 attempted to press it with her right elbow and was not able to. Surveyor located staff who came into R49's room and repositioned R49 on to her left side.On 2/24/2026 at 9:57 AM, Surveyor interviewed RN G and asked how does R49 let staff know R49 has pain. RN G stated R49 can put on the call light or tell the CNAs. Surveyor asked RN G if R49 is able to press call light. RN G stated R49 usually does with her elbow. Surveyor informed RN G of the observation made by Surveyor which indicated R49 was not able to do so. Surveyor asked RN G if they try non-pharmacological interventions prior to giving medications. RN G reported they will sometimes try to reposition or redirect R49. On 2/24/2026 at 10:10 AM, Director of Nursing (DON) B went into R49's room and asked R49 to rate pain and asked if R49 wanted to get out of bed to take a shower. R49 said pain is 10/10. DON B asked R49 if she wanted DON B to call the doctor to get more pain medication. DON B did not ask R49 where pain was located. On 2/24/2026 at 10:24 AM, Surveyor interviewed DON B asking if she assessed where R49's pain is. DON B stated DON B didn't know. Surveyor asked DON B if R49 was asked where R49's pain was located, and DON B stated, I don't know.On 2/24/2026 at 11:36 AM, Surveyor interviewed RN G about R49's pain monitoring. RN G stated every 2-hour pain monitoring had just been implemented for R49. Surveyor asked RN G if scheduled pain monitoring was in place before today, and RN stated it was not. On 2/25/26 at10:46 AM, Surveyor interviewed DON B. Surveyor asked what pain assessment tool is used to monitor R49's pain. DON B stated the assessment they use is the quarterly pain assessment in the MDS and the facility staff knows R49 well, that is why they don't track or document R49's pain assessments well. Surveyor asked DON B how the nurses know how much PRN morphine to give R49 if they don't assess and track pain regularly. DON B stated it is based on nursing judgement. R49 has been on pain meds for a long period of time, and the nurses look to see what she had been given previously. DON B stated the facility could probably improve their charting and frequency of the pain assessments.