| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 525558 | A. Building<br>B. Wing | 06/29/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Burnett Medical Center | 257 W St George Ave<br>Grantsburg, WI 54840 |

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 0610<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Respond appropriately to all alleged violations.<br><br>Based on interview and record review, the facility did not conduct a thorough investigation of abuse and neglect for 1 of 9 sampled residents (R)(R9). The facility failed to conduct a thorough investigation by not interviewing other residents to ensure no other residents may have been affected by staff verbal abuse.The facility policy, titled Abuse, Neglect, Mistreatment and Misappropriation of Resident Property last reviewed 03/15/22, states under section F(a). Procedures must be in place to provide the resident with a safe, protected environment during the investigation .iv. Examine, assess and interview the resident and other residents potentially affected immediately to determine any injury and identity and immediate clinical interventions necessary. On 05/21/26, the facility reported to state agency an allegation of verbal abuse by Registered Nurse (RN) H towards R9 who reported that, [RN H] was mean to me last night. The facility initiated and completed an investigation immediately. On 06/29/26, Surveyor reviewed the facility's investigation of events and noted the facility failed to interview other residents to ensure no other residents may have been affected by staff verbal abuse. On 06/29/26 at 3:00 PM, Surveyor conducted an interview with R9. R9 was alert and responsive. Surveyor asked R9 about the incident with RN H. R9 stated they could not remember the incident. When asked about care concerns, R9 stated there were no concerns and spoke with praise of the staff. R9 stated they had sometimes argued with RN H but they got along and the alleged incident was my fault . I don't know how to explain it . I go off the rails, if you know what I mean. R9 proceeded to share about experiencing anxiety and that they sometimes had episodes. R9 then recalled the staff helped find a glass during the night of the reported incident and they could not remember RN H being mean. When asked about concerns or staff, R9 stated there were no complaints and staff were responsive. On 06/29/26 at 2:04 PM, Surveyor interviewed Director of Nursing (DON) B regarding investigation and asked DON B if any other residents were interviewed who may have had potential negative interactions with RN H. DON B stated no other residents were interviewed regarding this investigation. |

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: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | 525558 | A. Building<br>B. Wing | 06/29/2026 |

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| Burnett Medical Center | 257 W St George Ave<br>Grantsburg, WI 54840 |

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 0657<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.<br><br>Based on interview and record review, the facility failed to ensure each resident's care plan is reviewed and revised based on the resident's needs and preferences. This occurred for 6 of 9 sampled residents (R) whose care plans were reviewed (R3, R4, R5, R6, R7, R8) for sleeping hour preferences. R3, R4, R5, R6, R7, and R8 preferred to be allowed to sleep during the night without being woken up during sleeping hours and their care plans were not updated by 6/12/26 as indicated by the facility investigation of incontinence care and resident preferences.Findings include:On 06/29/26 at 11:04 AM, Surveyor reviewed the facility reported incident investigation wherein it was alleged R3, R4, R5, R6, R7 and R8 did not receive incontinence care during the night shift from Certified Nursing Assistant (CNA) C on 05/29/26. On 06/29/26 at 9:49 AM, Surveyors interviewed R3 regarding receiving assistance with incontinence care. R3 stated he had no concerns and uses the bathroom independently. On 06/29/26 at 10:08 AM, Surveyors interviewed R6 regarding receiving assistance with incontinence care and reported no concerns and staff answer call light within 5 minutes. On 06/29/26, R4 was not available for interview, and R5, R7 and R8 were not interviewable. On 06/29/26 at 1:16 PM, Surveyor interviewed family representative for R7 who stated was made aware of concerns and stated facility was on top of it immediately and is not aware of any further concerns. On 06/29/26 at 1:23 PM, Surveyor interviewed Licensed Practical Nurse (LPN) E regarding R7 being reported to have increased redness due to urine incontinence. LPN E stated was not aware of any skin issues with R7. On 06/29/26 at 2:50 PM, Surveyor interviewed CNA D regarding incident of concerns of lack of incontinence care submitted to state agency. CNA D indicated receiving education and expectations of completing incontinence care for residents and not aware of any further expectations. On 06/29/26 at 3:00 PM, Surveyors interviewed R9 regarding receiving assistance with incontinence care and R9 reported no concerns. On 06/29/26 at 3:10 PM, Surveyor interviewed CNA G regarding incident of concerns of lack of incontinence care to residents. CNA G indicated receiving education and expectations of completing incontinence care for residents and not aware of any further expectations.Review of licensed staff schedules from 05/17/26 through 06/13/26 notes that Certified Nursing Assistant (CNA) C no longer works at facility. Review of resident care plans indicate that R3, R4, R5, R6, R7 and R8 had no changes made to their care plans as indicated by the facility's prevention plan of the residents who have a preference to stay sleeping during hours of sleep have been identified and preferences will be entered into care plans by 06/12/26. On 06/29/26 at 2:04 PM, Surveyor interviewed Director of Nursing (DON) B regarding investigation and prevention plan the residents who have a preference to stay sleeping during hours of sleep have been identified and preferences will be entered into care plans by 06/12/26. DON B stated the task of finding out preference for incontinence care during hours of sleep was delegated to the 3rd shift staff and it hasn't been completed yet. |