STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525565	A. Building B. Wing	12/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Geneva Lake Manor	211 S Curtis St Lake Geneva, WI 53147

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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 that residents with a pressure injury or at risk for pressure injuries received necessary treatment and services, consistent with professional standards of practice, to prevent the development of pressure injuries and to promote healing for 2 (R12 & R8) of 3 residents reviewed for pressure injuries. *On 12/9/2025, Surveyor observed R12 in bed without Prevalon boots, per physician orders, for R12's bilateral, heel pressure injuries. *On 12/9/25, Surveyor observed R8 up in her broda chair after breakfast and after lunch. R8's physician order dated 1/28/25 documents R8 is to be laid down after all meals due to pressure injury on coccyx. Findings: 1.) R12 was admitted to the facility on [DATE] with relevant diagnoses of, severe protein-calorie malnutrition, traumatic brain injury, Dementia (general term for a severe decline in mental abilities, like memory, thinking, and reasoning, significant enough to interfere with daily life) and encounter for palliative care. R12's Quarterly Minimum Data Set (MDS), dated [DATE] documents: an attempt to conduct a brief Interview for Mental Status (BIMS) score was not attempted due to R12 rarely/never understood, a staff assessment for mental status indicates moderately impaired cognitive skills for daily decision making, requires substantial/maximal assistance putting on/taking off footwear, is at risk for pressure ulcers/injuries and is receiving hospice care. Surveyor reviewed R12's MAR (Medication Administration History) and TAR (Treatment Administration History), dated 12/1/2025 to 12/9/2025. Surveyor noted a treatment order of Prevalon boots to be worn at all times, while in bed, start date 12/5/2025 – open ended. The Facility provided document, titled Care Plan for R12, indicated R12 has a pressure ulcer/injury with a problem start date of 5/26/2025, edited 9/1/2025. Surveyor noted there R12's Prevalon boots were not indicated in R12's care plan. On 12/9/2025, at 10:18 AM, Surveyor observed R12 laying in bed with no Prevalon boots. (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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 12/9/2025, at 12:43 AM, Certified Nursing Assistant (CNA)-J brought R12 lunch, Surveyor asked CNA-J if R12 needed to have Prevalon boots on while in bed. CNA-J indicated that CNA-J does not believe R12 has Prevalon boots and has not seen R12 with Prevalon boots. CNA-J looked in R12's closet to go over R12's Care Card, and informed Surveyor that R12's Care Card does not indicate R12 should have Prevalon boots. CNA-J asked Med Tech-K if R12 needs Prevalon boots, Med Tech-K looked through R12's orders in the Facility's Electronic Health System and indicated R12 does have an order for Prevalon boots. Med Tech-K looked for Prevalon boots in R12's room but could not locate any. Med Tech-K then indicated she would call laundry for Prevalon boots for R12. CNA-J returned with Prevalon boots and applied them to R12's feet. On 12/10/2025, at 7:54 AM Surveyor observed R12 in bed with bilateral Prevalon boots. On 12/10/2025, at 8:02 AM, Surveyor interviewed Director of Nursing (DON)-B regarding R12's Prevalon boots. DON-B informed Surveyor R12's care plan needs to be updated to reflect the order for Prevalon boots. The facility was informed of the above concern, and no additional information was provided. 2.) R8 was admitted to the facility on [DATE] with diagnoses of vascular dementia and cerebral artherosclerosis. R8's quarterly MDS (minimum data set) dated10/1/25 documents R8 is severely cognitively impaired and is dependent with all ADLs (activity of daily living) and bed mobility. It also documents R8 has an unstageable pressure injury. R8's physician order dated 1/28/25 documents for R8 to be laid down after all meals due to pressure injury on the coccyx. R8 medical record documents R8 is on hospice due to dementia. R8's Wound NP (nurse practitioner) assessment dated [DATE] documents the sacral/coccygeal stage 3 pressure injury measuring 1.3 cm by 0.9 cm by 0.9 cm (centimeters) consisting of 100% granular tissue and no undermining. The Wound NP assessment documents the wound is improving. On 12/9/25 at 9:53 a.m., Surveyor observed R8 in the broda chair in the TV area. On 12/9/25 at 11:09 a.m., Surveyor observed R8 still in the TV area. On 12/9/25 at 1:00 p.m., Surveyor observed R8 being wheeled out of the dining room. On 12/9/25 at 1:48 p.m., Surveyor observed R8 not in her room. On 12/10/25 at 8:48 a.m. Surveyor observed R8 pressure injury during the daily wound dressing change. Surveyor observed R8 coccyx wound to be small and no odor noted. On 12/10/25 at 11:32 a.m. Surveyor explained to DON-B and NHA-A the concern regarding R8 being observed up in her broda chair after meals when the physician order documents R8 is to be laid down after meals. DON-B and NHA-A stated they understood the concern and had no additional information.

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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 0691 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate colostomy, urostomy, or ileostomy care/services 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 1 (R2) of 1 resident reviewed for urostomy services, received care consistent with professional standards of practice.*R2's nephrostomy dressing was not applied as ordered. R2's nephrostomy tubing did not have a securement device in place per R2's physician's order. Findings include:R2 was admitted to the facility on [DATE] with diagnoses which include Parkinson's Disease (a progressive neurological disorder where brain cells producing dopamine die, leading to movement issues like tremors, stiffness, slow movement, and balance problems, alongside non-motor symptoms such as sleep issues, depression, and cognitive changes), Type 2 Diabetes Mellitus (a common, chronic condition where the body either doesn't produce enough insulin or doesn't use it effectively (insulin resistance), leading to high blood sugar (glucose) levels), Acquired absence of right leg below the knee, Type 1 Diabetes Mellitus with hyperglycemia (the autoimmune condition (T1DM) causes the pancreas to not produce enough insulin, leading to glucose building up in the blood (hyperglycemia) because it can't get into cells for energy, causing symptoms like extreme thirst, frequent urination, fatigue, and blurred vision, requiring insulin therapy, dietary management, and exercise to control blood sugar and prevent severe complications like diabetic ketoacidosis) and Neurogenic Bladder (a condition where nerve damage from issues in the brain, spinal cord, or peripheral nerves disrupts normal bladder control, leading to problems like urinary incontinence, retention (inability to empty), frequency, urgency, or dribbling, often due to poor communication between nerves and bladder muscles).R2's Quarterly Minimum Data Set (MDS), dated [DATE], documents a Brief Interview for Mental Status score of 15, indicating R2 has intact cognition. The MDS also documents that R2 does not exhibit behaviors, and that R2 has an indwelling catheter for bladder and an ostomy for bowel. R2's comprehensive care plan documents R2 has an indwelling catheter (bilateral nephrostomy tubes) and includes an intervention of providing care of nephrostomy tubes every shift. Surveyor reviewed the Facility provided document, titled Physician Order Report, dated 12/10/2025, which documents R2 has the following orders:-Bilateral Nephrostomy Tubes: Cleanse insertion site with 1/4 strength Dakins solution and pat dry. Then cover insertion site with Calcium Alginate. Then cover site with 4x4 border gauze (cut piece of border gauze edge off dressing to ensure no adhesive in on tubing) daily and as needed. Start date 11/18/2025 - open ended. Once a day 6 AM - 9AM.-Bilateral Nephrostomy Tubes: Cleanse insertion site with 1/4 strength Dakins solution and pat dry. Then cover insertion site with Calcium Alginate. Then cover site with 4x4 border gauze (cut piece of border gauze edge off dressing to ensure no adhesive in on tubing) daily and as needed. Start date 9/11/2025 - open ended. As Needed; PRN 1, PRN 2, PRN 3.Surveyor reviewed the R2's MAR (Medication Administration Record) and TAR (Treatment Administration Record) for R2, dated 12/1/2025 - 12/9/2025. Surveyor noted a PRN (as needed) order indicating, Replace nephrostomy tube stabilizers/stat locks PRN if soiled or loosing adherence. On 12/9/2025, at 1:52 PM, Surveyor observed LPN-H provide care to R2's nephrostomy tubes. Surveyor noted R2's left, and right nephrostomy sites were covered with large, padded covering, resembling an ABD pad adhered with tape. right nephrostomy tube did not have a securement device in place to help prevent R2's nephrostomy tube from becoming displaced. LPN-H obtained a securement device and applied it to R2's right nephrostomy tube.On 12/10/2025, at 8:02 AM, Surveyor interviewed Director of Nursing DON)-B. DON-B informed Surveyor R2 should always have a securement device in place for R2's nephrostomy tubes and indicated R2's nephrostomy tubing should not be covered by an ABD pad.On 12/10/2025, at 11:45 AM, Surveyor informed DON-B of the Facility above concerns. No additional information was provided.

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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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. (continued on next page)

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not ensure residents who require dialysis receive such services consistent with professional standards of practice, including ongoing communication with the dialysis center before and after treatments for 1 (R10) of 1 resident reviewed for dialysis.*R10 had a history of experiencing unresponsive episodes primarily after hemodialysis sessions. R10 did not have a post dialysis assessment completed after receiving hemodialysis on 11/20/2025 and was experiencing symptoms, however there is no documentation staff were aware of R10's history and or that R10 required additional monitoring.Findings include:The facility policy titled Dialyses Policy and Procedure documents:Procedure:- Communicate with dialysis facility before and after treatment via the Dialysis communication form. - Coordinate Care Plan with dialysis facility: .- Any special considerations.- Who to contact such as dialysis staff, nephrologist, for dialysis related emergencies.R10 was admitted to the facility on [DATE] and has diagnoses that include acute respiratory with hypoxia (low oxygenation), Breast cancer, congestive hear failure, chronic obstructive pulmonary disease, end stage renal disease dependent on hemodialysis, Type 2 diabetes with neurological complications and diabetic kidney complications, major depressive disorder, anxiety disorder, and transient alteration in awareness (temporary, brief change in how someone perceives or interacts with their surroundings.) . Surveyor reviewed R10's hospital discharge paperwork and noted the following:- R10 was hospitalized from [DATE] - 11/12/2025 for complaints of chest pain and shortness of breath. During R10's hospitalization, R10 experienced left sided numbness and unresponsive episodes. - R10 had multiple unresponsive spells during current hospitalization. Mostly happen during hemodialysis. Psychology was consulted and Cymbalta dosage was increased. Several providers on agreement the episodes are functional neurologic syndrome (neurological condition where the brain sends incorrect signals to the body, software problem in the brains communication). - Since (R10) had extensive workup for unresponsive episodes that mostly happen during hemodialysis. Workup revealed these symptoms are of psychogenic origin and/or self-limiting. (R10) needs close monitoring and symptoms resolved on own without any sequalae. Please be mindful not to send (R10) for hospitalization unless new symptoms or concerns arise.Surveyor noted possibility of R10 having unresponsive episodes primarily during hemodialysis is not documented anywhere for facility staff.On 11/21/2025, at 1:18am, in the progress notes licensed practical nurse (LPN)-F documented (LPN-F) came onto shift and was given a report to stop and watch for R10. R10 came back to the facility from dialysis complaining of a headache on arrival. Certified nursing assistant (CNA) placed cold towel on forehead and turned off light. CNA stated R10 was having a hard time talking, prior to R10 leaving for dialysis R10 was talking and alert. vital signs temperature: 99.3 degrees Fahrenheit, pulse oxygenation: 88%, Blood pressure: 194/89, Respirations: 16, and noted rash developing on R10's left arm. LPN-F received order to send R10 to emergency room for further evaluation.Surveyor reviewed the progress notes and did not see documentation when R10 returned from R10's dialysis session. The 24 hour report board was reviewed for 11/21/2025 and documented R10's vitals in the PM section as: temperature: 98.5, respirations: 20, blood pressure: 157/76, pulse oxygenation: 95%, and pulse 70. In the comments nursing documented: Dialysis, complaint of headache, chills, non-verbal response.Surveyor noted a time is not documented to when the vital signs were obtained on 2nd shift.Surveyor reviewed the stop and watch sheet dated 11/20/2025 that documents: seems different than usual, came back from dialysis and had a bad headache, was not talking except to say, my head hurts.On 12/10/2025, at 9:01 AM, Surveyor interviewed licensed practical nurse (LPN)-D who stated LPN-D was working when R10 admitted to the facility. R10 did not recall being aware if R10 had specific restrictions or monitoring during dialysis or any concerns. LPN-D stated dialysis communication sheets are sent with the resident and brought back after the dialysis session. LPN-D stated if the dialysis communication form is not filled out, the nurse needs to call to get report from the dialysis center. LPN-D was not familiar with any other concerns regarding R10.On 12/10/2025 at 11:40 AM, interim nursing home administrator (Interim NHA)-C provided Surveyor with R10's dialysis communication forms from 11/20/2025. Surveyor reviewed R10's Dialysis Communication form for 11/20/2025 and noted the return form was not completed. On the bottom of the form is a message printed: [facility name] nurses: If this form is not filled out when resident returns, please contact dialysis center right away for report! [Dialysis center names and phone numbers]. Surveyor did not see evidence that R10's dialysis center was contacted to get report or if R10's was experiencing any symptoms while at the dialysis center.Surveyor asked interim

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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 ensure 2 (R2 and R7) of 8 residents received their prescribed medications in a timely manner. *On 12/9/2025, R2's morning medications, with a scheduled timeframe of 6AM-10AM, were not given until after 11AM. *R7 is prescribed Ozempic injection weekly for diabetes. R7's August, October and November 2025 MAR (medication administration record) documents weeks when Ozempic injection was not available to administer. Findings include: The Facility's policy titled Administering Medications, with a last revised date of April 2019, documents in part, . 4. Medications are administered in accordance with prescriber orders, including any required time frame. 7. Medications are administered within one (1) hour of their prescribed time, unless otherwise specified (for example, before and after meal orders) . 21. If a drug is withheld, refused, or given at a time other than the scheduled time, the individual administering the medication shall initial and circle the MAR space provided for that drug and dose . 1.) R7 was admitted to the facility on [DATE] with diagnoses of type 2 diabetes, obesity and chronic obstructive pulmonary disease (COPD). R7's annual MDS (minimum data set) dated 9/3/25 documents R7 is cognitively intact and is independent with eating and transfers. On 12/9/25 at 1:50 p.m., Surveyor interviewed R7. Surveyor asked R7 if he had any concerns regarding his medications and if they are administered to him on time. R7 stated he had no concerns regarding his medications. Surveyor reviewed R7 August 2025 MAR. R7 has an order for Ozempic 0.5 milligram (mg) to be administered subcutaneous (sq) once a week. R7 was scheduled to receive this injection on 8/6 and 8/13. The MAR documents the medication was not available. Surveyor reviewed R7 October 2025 MAR. R7 has an order for Ozempic 1mg to be administered subcutaneous (sq) once a week. R7 was scheduled to receive this injection on 10/1, 10/8 and 10/22. The MAR documents the medication was not available or unable to locate the medication. Surveyor reviewed R7 November 2025 MAR. R7 has an order for Ozempic 1mg to be administered subcutaneous (sq) once a week. R7 was scheduled to receive this injection on 11/27. The MAR documents the medication was not available. (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 12/10/25 at 10:50 a.m. Surveyor interviewed Director of Nursing (DON)-B. DON-B stated she's been a DON at the facility for less than a month. Surveyor explained the concern with R7 Ozempic injections not being administered on the above dates. DON-B stated she thinks the problem was nurses are not ordering the medications on time. DON-B stated that since becoming DON, she has made sure that nurses are ordering the medications on time from pharmacy and ensuring when medications are delivered from pharmacy, nurses ensure all medications listed are delivered. No additional information was provided as to why the facility did not ensure R7 received Ozempic on the above dates per physician orders. 2.) R2 was admitted to the facility on [DATE] with diagnoses which include Parkinson's Disease (a progressive neurological disorder where brain cells producing dopamine die, leading to movement issues like tremors, stiffness, slow movement, and balance problems, alongside non-motor symptoms such as sleep issues, depression, and cognitive changes), Type 2 Diabetes Mellitus (a common, chronic condition where the body either doesn't produce enough insulin or doesn't use it effectively (insulin resistance), leading to high blood sugar (glucose) levels), Acquired absence of right leg below the knee and Type 1 Diabetes Mellitus with hyperglycemia (the autoimmune condition (T1DM) causes the pancreas to not produce enough insulin, leading to glucose building up in the blood (hyperglycemia) because it can't get into cells for energy, causing symptoms like extreme thirst, frequent urination, fatigue, and blurred vision, requiring insulin therapy, dietary management, and exercise to control blood sugar and prevent severe complications like diabetic ketoacidosis). R2's Quarterly Minimum Data Set (MDS), dated [DATE], documents a Brief Interview for Mental Status score of 15, indicating R2 has intact cognition. The MDS documents that R2 does not exhibit behaviors and that R2 received insulin injections for 6 days of the assessment period. On 12/9/2025, at 9:56 AM, Surveyor interviewed R2. R2 informed Surveyor that R2 only received his 5 AM dose of Parkinsons medication and is still waiting on the rest of the morning medications, including the 9 AM dose of Parkinsons medication and had already eaten breakfast but is supposed to receive insulin as well. Usually, R2 expressed wanting to get up around 530 AM and Surveyor observed a sign on the door indicating R2 to get up at 530AM daily, but R2 was not out of bed until around 9AM and was unsure why. On 12/9/2025, at 10:44 AM, Surveyor interviewed LPN-H. LPN-H informed Surveyor that LPN-H needs to go find the keys for the medication cart from Director of Nursing (DON)-B because DON-B was covering for LPN-H, while LPN-H had to leave the facility for about 15 minutes. LPN-H explained, she is just now getting ready to give R2's morning medications. On 12/9/2025, at 11:00AM, LPN-H came back with the keys for the medication cart and began preparing R2's morning medications. Surveyor asked what medications LPN-H was getting prepared for R2. LPN-H indicated all AM medications, most are scheduled for 6AM-10AM, but had Insulin due at 8AM as well. LPN-H informed Surveyor that R2 already had breakfast and did not receive Insulin or have a blood sugar check because LPN-H has not had time. LPN-H indicated that LPN-H marks in the Medication Administration Record (MAR) the exact time the medication is given. Surveyor then observed LPN-H give R2's the medications. Surveyor reviewed the Facility provided document, titled Physician Order Report, dated 12/10/2025, which documents R2 has the following orders: (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- Acidophilus (lactobacillus acidophillus) capsule- 1 capsule once per day, 6 AM-10 AM. Surveyor noted no dose listed. - Amantadine HCl- 100 milligrams (mg), once per day, 6A – 10AM. - Amlodipine- 10mg, once per day, 6A – 10AM. - Aspirin- 325mg, once per day, 6A – 10AM. - Ferrous Sulfate- 325mg (65mg iron), once per day, 6A – 10AM. - Jardiance- 10 mg, once per day, 6A – 10AM. - Loratadine- 10 mg, once per day, 6A – 10AM. - Rytary- 48.75-195mg, 2 capsules, 5 times per day, 5 AM, 9AM, 1 PM, 5 PM, 9 PM. Surveyor noted R2's Rytary was unavailable and was awaiting pharmacy. - Entacapone- 200mg, 5 times per day, 4:45 AM- 5:15 AM, 8:45 AM- 9:15 AM, 12:45 PM- 1:15 PM, 4:45 PM – 5:15 PM and 8:45 PM- 9:15 PM. Surveyor reviewed R2's Medication Administration Record (MAR) and noted the following, - Entacapone scheduled dose at 8:45 AM – 9:45 AM was documented as given on time and the 12:45 PM – 1:15 PM scheduled dose was marked as Not Administered: Other Comment: missed charting. - Gabapentin, scheduled dose at 1 PM was marked as given on time. - Acidophilus (lactobacillus acidophillus) was marked as given on time. - Amantadine HCl was marked as given on time. - Amlodipine was marked as given on time. - Aspirin was marked as given on time. - Ferrous Sulfate was marked as given on time. - Jardiance was marked as not available. - Loratadine was marked as given on time. On 12/10/2025, at 9:50 AM, Surveyor interviewed DON-B. DON-B recalls seeing a message sent by LPN-H, via the Facility's electronic messaging system, R2's medical providers. DON-B indicated that on 12/9/2025, at 11:17 AM, LPN-H sent a message regarding R2 receiving morning medications late, having a blood sugar of 300 and asking if it was ok to give both the Lantus and Lispro. (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	DON-B informed Surveyor, DON-B would be expected to be notified right away if a high-risk medication, like insulin, was given incorrectly or outside of scheduled time. DON-B could not explain why the medications would be marked as given on time but administered late and would look into it further. Surveyor informed DON-B of the concerns regarding R2's medications being administered outside of scheduled time frame. On 12/10/2025, at 1:02 PM, Surveyor informed DON-B of R2's late medication administration. No additional information provided.

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. (continued on next page)

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility did not ensure 1 (R2) of 8 residents were free of significant medication errors.*On 12/9/2025, R2 did not receive R2's 8 AM ordered dose of Insulin glargine, until after 11 AM.* On 12/9/2025, R2 received R2's Lispro outside of R2's order for special instructions.*On 12/9/2025, R2 did not receive R2's 8 AM scheduled dose of Insulin (Lispro).Findings:The Facility's policy titled Administering Medications, with a last revised date of April 2019, documents: . 4. Medications are administered in accordance with prescriber orders, including any required time frame. 7. Medications are administered within one (1) hour of their prescribed time, unless otherwise specified (for example, before and after meal orders) . 21. If a drug is withheld, refused, or given at a time other than the scheduled time, the individual administering the medication shall initial and circle the MAR space provided for that drug and dose . R2 was admitted to the facility on [DATE] with diagnoses that include Parkinson's Disease (a progressive neurological disorder where brain cells producing dopamine die, leading to movement issues like tremors, stiffness, slow movement, and balance problems, alongside non-motor symptoms such as sleep issues, depression, and cognitive changes), Type 2 Diabetes Mellitus (a common, chronic condition where the body either doesn't produce enough insulin or doesn't use it effectively (insulin resistance), leading to high blood sugar (glucose) levels), Acquired absence of right leg below the knee and Type 1 Diabetes Mellitus with hyperglycemia (the autoimmune condition (T1DM) causes the pancreas to not produce enough insulin, leading to glucose building up in the blood (hyperglycemia) because it can't get into cells for energy, causing symptoms like extreme thirst, frequent urination, fatigue, and blurred vision, requiring insulin therapy, dietary management, and exercise to control blood sugar and prevent severe complications like diabetic ketoacidosis).R2's Quarterly Minimum Data Set (MDS), dated [DATE], documents a Brief Interview for Mental Status score of 15, indicating R2 has intact cognition. The MDS also documents that R2 does not exhibit behaviors and that R2 received insulin injections for 6 days of the assessment period.On 12/9/2025, at 9:56 AM, Surveyor interviewed R2. R2 informed Surveyor that R2 only received his 5 AM dose of Parkinsons medication and is still waiting on the rest of the morning medications, including the 9 AM dose of Parkinsons medication and that R2 had already ate breakfast but is supposed to receive insulin as well. Usually, R2 expressed wanting to get up around 530 AM, Surveyor noted a sign on the door indicating R2 to get up at 530AM daily, but R2 was not out of bed until around 9AM and was unsure why.On 12/9/2025, at 10:44 AM, Surveyor interviewed LPN-H. LPN-H informed Surveyor that LPN-H needs to go find the keys for the medication cart from Director of Nursing (DON)-B because DON-B was covering for LPN-H while LPN-H had to leave the facility for about 15 minutes. LPN-H informed Surveyor that LPN-H is just now getting ready to give R2's morning medications.On 12/9/2025, at 11:00AM, LPN-H came back with the keys for the medication cart. Surveyor asked what medications LPN-H was getting prepared for R2. LPN-H indicated all AM medications, most are scheduled for 6AM-10AM, but stated that R2 had insulin due at 8AM as well. LPN-H informed Surveyor that R2 already had breakfast and did not receive insulin or have a blood sugar check because LPN-H has not had time. Surveyor observed LPN-H check R2's blood glucose, which was 300. LPN-H then administered 22 units of Insulin glargine (long-acting insulin) to R2. LPN-H then indicated that R2 receives 8 units of Lispro (short acting insulin) and Lispro via sliding scale based on the blood sugar reading. Surveyor asked LPN-H if LPN-H needs to notify R2's physician prior to giving Lispro and if R2 requires food with the Lispro. LPN-H informed Surveyor that LPN-H is going to hold one of the Lispro's and will let R2's physician know that R2 received the medications late and will recheck R2's blood glucose at lunch time (around noon). Surveyor noted lunch was not being served until noon and R2 was not given any food within 15-20 minutes of receiving the insulin.Surveyor reviewed the document titled, Physician Order Report, dated 12/10/25, shows R2 is receiving the following:- Insulin glargine 22 units at 8 AM-Lispro sliding scale before meals (8AM, 12PM, 5PM)-Lispro 8 units before meals (8AM, 12PM, 5PM)-Insulin glargine 15 units at bedtimeSurveyor reviewed the Facility provided document, titled Medications Administration History dated 12/1/2025 - 12/9/2025 and noted the following:-Insulin glargine 100 unit/mL (milliliter); Amount to administer: 22 units; subcutaneous, once a day, 8AM, start date 9/4/2025 - open ended.Surveyor noted, a late administration note, dated 12/9/2025 at 11:19 AM, indicated comment: Late.-Insulin Lispro 100 unit/mL; start date 9/18/2025 - open ended, Frequency: Before meals, Amount to Administer: Per sliding scale;If Blood Sugar is less than 60, call MD (Medical Doctor)If Blood Sugar is 150 to 200, give 4 units If Blood

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525565	A. Building B. Wing	12/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Geneva Lake Manor	211 S Curtis St Lake Geneva, WI 53147

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 - Few	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 ensure 1 (R8) of 2 residents observed while being provided wound treatment had the necessary hand hygiene performed. * Surveyor LPN (Licensed Practical Nurse)-I not perform hand hygiene while providing pressure injury treatment to R8. Findings include:The facility's Handwashing/Hand Hygiene policy dated October 2023 documents:Indications for Hand Hygiene1. Hand hygiene is indicated:Immediately before touching a residentBefore performing an aseptic task (for example, placing an indwelling device or handling an invasive medical device)After contact with blood, body fluids or contaminated surfacesAfter touching a resident After touching the resident's environmentBefore moving from work on a soiled body site to a clean body site on the same resident and immediately after glove removalR8 was admitted to the facility on [DATE] with diagnoses of vascular dementia and cerebral artherosclerosis.R8's quarterly MDS (minimum data set) dated10/1/25 documents that R8 is severely cognitively impaired and is dependent with all ADLs (activity of daily living) and bed mobility. The MDS also documents R8 has an unstageable pressure injury. R8's medical record documents R8 is on hospice due to dementia.R8's Wound NP (nurse practitioner) assessment dated [DATE] documents a sacral/coccygeal stage 3 pressure injury measuring 1.3 cm by 0.9 cm by 0.9 cm (centimeters) consisting of 100% granular tissue and no undermining. The Wound NP assessment also documents the wound is improving. On 12/10/25 at 8:48 a.m., Surveyor observed LPN-I perform pressure injury treatment on R8's coccyx pressure injury. Before touching R8, LPN-I washed her hands and placed gloves on. LPN-I assisted to roll R8 on her right side and R8 was incontinent of bowel. With gloves on, LPN-I cleaned up R8 incontinent episode. LPN-I removed gloves and did not perform hand hygiene. LPN-I then placed a clean pair of gloves on and proceeded to removed the pressure injury dressing. LPN-I removed gloves again but did not perform hand hygiene. LPN-I placed clean gloves on and proceeded to clean the wound. LPN-I removed gloves after cleaning the wound but did not perform hand hygiene and proceeded to place calcium alginate into the wound bed and applied a bordered gauze dressing over the wound. With the same gloves, LPN-I went to get an incontinent brief out of R8 closet and place it on R8. LPN-I removed gloves and place clean gloves on without hand hygiene in between. LPN-I then cleaned up the table she had the supplies on and removed gloves then washed her hands. On 12/10/25 at 11:32 a.m. Surveyor explained to DON-B and NHA-A the concern regarding the lack of hand hygiene during R8 wound treatment. DON-B and NHA-A stated they understood the concern and confirmed hand hygiene needed to be performed after LPN-I cleaned up R8's incontinence episode and before performing R8's pressure injury dressing change. No additional information was provided.