STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525573	A. Building B. Wing	01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rennes Health and Rehab Center-DE Pere	200 S Ninth St DE Pere, WI 54115

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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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff, resident, and resident representative interview, and record review, the facility did not ensure a hand splint, a compression sleeve, and passive range of motion (PROM) exercises were provided for 1 resident (R) (R83) of 1 sampled resident.R83's hand splint and compression sleeve were not applied as ordered. In addition, R83 did not receive PROM restorative therapy per therapy discharge recommendations, a physician's order, and R83's plan of care.Findings include:The facility's Rehabilitative Nursing Care policy, revised April 2007, indicates: Rehabilitative nursing care is provided for each resident admitted .3. The facility's rehabilitative nursing care program is designed to assist each resident to achieve and maintain an optimal level of self-care and independence. 4. Rehabilitative nursing care is performed daily for those residents who require such services. Such programs include, but are not limited to: .d. Assisting residents to adjust to their disabilities, to use their prosthetic device, and to redirect their interest, if necessary; .f. Assisting residents with their routine range of motion exercises; .h. Others as prescribed by the resident's attending physician. 5. Through the resident's care plan, the goals of rehabilitative nursing care are reinforced in the activities program, therapy services, etc.From 1/12/26 to 1/15/26, Surveyor reviewed R83's medical record. R83 was admitted to the facility on [DATE] and had diagnoses including age-related osteoporosis with current pathological fracture of the left humerus, subsequent encounter for fracture with non-union, unspecified dementia with mood disturbance and anxiety, and unspecified symptoms and signs involving cognitive functions following cerebral infarction. R14's Minimum Data Set (MDS) assessment, dated 10/28/25, had a Brief Interview for Mental Status (BIMS) score of 11 out of 15 which indicated R83 had moderately impaired cognition. The MDS assessment also indicated R83 had a restorative therapy program.R83's medical record contained the following physician orders:~ Wash left upper extremity (LUE) 24-hour Tubigrip with soap/water (dated 7/7/25)~ Weight bearing status: Ok to bear weight to LUE, gentle range of motion (ROM), stretching, strengthening every shift (dated 7/10/25)~ Sling and wrist splint to LUE on at bedtime (HS), off in AM, once daily (dated 8/20/25)~ Compression sleeve to LUE during the day, wrist brace at night; skin checks with donning/doffing, encourage to wear for 12 hours/day, twice daily (dated 9/10/25)On 1/14/26, Surveyor reviewed R83's Treatment Administration Record (TAR) which indicated the above orders were documented as completed from 12/1/25 through 1/14/26. R83's care plan, revised 10/30/25, contained the following interventions:~ LUE wrist brace at night, compression sleeve during the day.~ Assist (R83) with seated or supine LUE PROM exercises daily including: finger, wrist, elbow, flexion/extension, shoulder abduction, shoulder flexion 10 times each.R83's care sheet (an abbreviated care plan used by nursing staff), dated 1/13/26, contained the following intervention:~ LUE PROM dailyA physician progress note, dated 7/10/25, contained a recommendation to work on passive and active ROM and strengthening with therapy. The note indicated R83 could bear weight through the LUE without restrictions. The physician indicated R83 should wear a night splint on the left wrist for nerve palsy. Restorative monthly notes, dated 10/31/25, 11/24/25, and 12/30/25, indicated: Restorative program for passive and active ROM and ambulation. (R83) completes seated bilateral lower extremity (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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	([NAME]) active ROM and LUE passive ROM exercises daily, worksheets in wardrobe. (R83) ambulates in hall with a front-wheeled walker with the assistance of one, distance as tolerated with wheelchair to follow for fatigue and maintains strength with this. Ambulation ranges 50-100 feet. Continue with current plan of care, no decline noted per physical therapy assessment.On 1/12/26 at 8:30 PM, Surveyor observed R83 in bed. A left wrist splint was on the bedside table out of R83's reach. On 1/13/26 at 2:45 PM, Surveyor interviewed R83 who did not have a compression sleeve on the left arm and was not aware of R83's LUE exercises. R83 reached over to the left hand and moved R83's left fingers from a fist to an open palm with R83's right hand. R83 stated R83 has to move the left hand and arm with the right hand and has limited movement in the LUE due to a fracture and surgeries. R83 was left-handed and had to learn to use the right hand. R83 verified R83 was not wearing a compression sleeve and did not know where it was. R83 pointed to the splint on the bedside table and stated R83 wears the splint occasionally. When Surveyor asked when R83 wears the splint, R83 was not sure and stated staff do not tell R83 when to wear it. On 1/13/26 at 2:54 PM, Surveyor interviewed Licensed Practical Nurse (LPN)-K who stated R83 wears a splint at bedtime. When Surveyor indicated R83's care sheet contained an intervention for daily LUE PROM, LPN-K stated Unit Manager (UM)-M updates residents' care sheets daily. LPN-K stated staff use care sheets and care plans to direct resident care. On 1/14/26 at 8:00 AM, Surveyor observed LPN-J administer medication to R83. When LPN-J and Surveyor entered R83's room, R83 was asleep in bed. R83's LUE splint was on the bedside table out of R83's reach.On 1/14/26 at 10:28 AM and 11:52 AM, Surveyor observed R83 in a wheelchair wearing the LUE splint. R83 stated R83 did not wear the splint often and no one told R83 why R83 needed the splint. R83 stated staff do not complete arm or hand exercises with R83. On 1/14/26 at 1:15 PM, Surveyor met with R83 and R83's Power of Attorney ((POA)-N) in the dining room. Surveyor noted R83 was not wearing a compression sleeve on the LUE. POA-N stated R83 fractured R83's humerus 3 times and had surgery. POA-N stated R83 had an appointment next week with an orthopedic surgeon and was advised by an orthopedic surgeon to wear a splint on the left wrist at night to keep the left hand from contracting. An orthopedic surgeon also advised R83 to wear a compression sleeve during the day to decrease swelling. POA-N visited R83 daily and had not seen R83 with a compression sleeve on for months. When POA-N asked why R83 was not wearing a compression sleeve, R83 stated staff did not tell R83 to wear it. POA-N stated R83 did not know when or why R83 should wear the compression sleeve or splint. R83 stated staff do not complete LUE exercises with R83. On 1/14/26 at 2:47 PM, Surveyor observed R83 in bed without a compression sleeve. On 1/15/26 at 8:12 AM, Surveyor observed R83 asleep in bed. A LUE wrist splint was on the bedside table and out of R83's reach. On 1/15/26 at 12:15 PM, Surveyor observed R83 in R83's room without a LUE compression sleeve. Certified Nursing Assistant (CNA)-I was in the room. When Surveyor asked about R83's compression sleeve, CNA-I found the sleeve in R83's bathroom and stated R83 did not like to wear the sleeve. R83 accused CNA-I of lying. R83 stated staff do not put the compression sleeve on or encourage R83 to wear the sleeve and R83 did not know what R83 should wear or when to wear it. CNA-I did not know which LUE exercises R83 should complete daily. Surveyor assessed R83's ability to apply and remove the wrist splint and noted R83 was unable to apply the splint independently but could remove it independently. On 1/15/26 at 12:40 PM, Surveyor interviewed Occupational Therapist (OT)-L who stated R83 was last seen by occupational therapy (OT) on 9/9/25. OT-L stated R83 had radial nerve palsy and OT was discontinued due to a lack of progress. OT-L verified R83 had a current restorative program. OT-L stated R83 should do LUE passive and active ROM exercises with staff each day and stated the exercises were posted on the inside of R83's closet. OT-L stated when a resident is discharged from therapy, therapy provides a sheet that contains restorative therapy exercises and instructions. OT-L stated therapists train staff and post exercises in residents' rooms. Surveyor observed restorative exercises posted in R83's closet. On 1/15/26 at 1:25 PM, Surveyor interviewed CNA-H who completed restorative ambulation with R83 on 1/15/26. CNA-H showed Surveyor that 15 minutes of restorative ambulation was (continued on next page)

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	documented as completed on the morning of 1/15/26. When Surveyor asked about other exercises in R83's restorative therapy plan, CNA-H stated R83's restorative plan included ambulating in the hall. CNA-H was not aware LUE PROM exercises were included in R83's restorative therapy.On 1/15/26 at 2:08 PM, Surveyor interviewed UM-M who reviewed and oversaw R83's restorative goals each month. UM-M indicated physical therapy assistants (PTAs) and CNAs complete restorative exercises with residents and it is the CNAs' responsibility to document restorative minutes completed or refused in the resident's chart. UM-M verified UM-M updates and prints R83's care sheet daily which indicates staff will complete LUE PROM with R83 daily. UM-M stated R83 should wear the left wrist splint at night and LUE compression sleeve during the day. UM-M stated staff should assist and encourage R83 to wear the LUE splint at night and compression sleeve during the day even though R83 does not like to wear the splint. UM-M reviewed physician progress notes with Surveyor which indicated the physician was notified on 8/26/25, 9/4/25, and 9/8/25 when R83 refused to wear the LUE splint. UM-M indicated the physician gave an order on 9/10/25 to continue to encourage R83 to wear the LUE splint at night. UM-M also reviewed R83's care sheet and TAR with Surveyor. UM-M verified staff documented on R83's TAR that PROM was completed 3 times daily and restorative therapy was completed once daily.

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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, staff interview and record review, the facility did not maintain an infection prevention and control program designed to prevent the transmission of communicable disease and infection for 3 residents (R) (R145, R21, and R71) of 8 sampled residents.Certified Nursing Assistant (CNA)-G did not wear a gown while emptying R145's catheter bag. In addition, R145 did not have an enhanced barrier precautions (EBP) sign on or near R145's door or a personal protective equipment (PPE) cart outside or near R145's room.CNA-C did not wear a gown while providing Foley catheter care for R21. In addition, R21 did not have an EBP sign on or near R21's door or a PPE cart outside or near R21's room.R71 was on droplet precautions due to a respiratory illness. CNA-F applied an N95 respirator over a surgical mask to care for R71 which did not allow the N95 to properly seal to CNA-F's face.Findings include: The facility's undated Enhanced Barrier Precautions (EBP) policy indicates: EBP is used as an infection prevention and control intervention to reduce the spread of multi-drug resistant organisms (MDROs) to residents. EBP targets gown and glove use during high-contact resident care activities when contact precautions don't otherwise apply .examples of high-contact resident care activities requiring the use of a gown and gloves for EBP include: .device care or use (central line, urinary catheter, feeding tube, tracheostomy/ventilator, etc.) . According the Food and Drug Administration's website (FDA.gov) as of 1/21/26: An N95 respirator is a respiratory protective device designed to achieve a very close facial fit and very efficient filtration of airborne particles. Note that the edges of the respirator are designed to form a seal around the nose and mouth. 1.From 1/12/26 to 1/15/26, Surveyor reviewed R145's medical record. R145 was admitted to the facility on [DATE] and had a diagnosis of urinary retention in the pre-operative setting. A care plan, initiated 1/8/26, indicated R145 had a Foley catheter (initiated 1/2/26) for urinary retention in the pre-operative setting. The catheter was removed on 1/7/26 per an admission order but was placed again due to retention. A care plan, initiated 1/6/26, indicated R145 was on EBP. On 1/1/4/26 at 9:55 AM, Surveyor observed CNA-G enter R145's room and empty R145's catheter bag. CNA-G did not don a gown prior to entry. Surveyor also noted R145's uncovered catheter bag was on the floor. Surveyor interviewed CNA-G who did not think R145 was on EBP because there was not an EBP sign or a PPE cart outside or near R145's room. CNA-G stated CNA-G would have donned a gown if CNA-G had known R145 was on EBP. CNA-G verified an uncovered catheter bag should not be on the floor and stated catheter bags are usually hung on the side of residents' beds. On 1/14/26 at 9:59 AM, Surveyor interviewed Assistant Director of Nursing (ADON)-E who confirmed a catheter bag should not be on the floor and verified there should be an EBP sign on or near R145's door and a PPE cart outside or near R145's room. 2. From 1/12/26 to 1/15/26, Surveyor reviewed R21's medical record. R21 was admitted to the facility on [DATE] and had diagnoses including cerebral vascular accident, chronic kidney disease, retention of urine, anxiety, and myoneural disorder. R21's Minimum Data Set (MDS) assessment, (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	dated 10/20/25, had a Brief Interview for Mental Status (BIMS) score of 13 out of 15 which indicated R21 had intact cognition. A care plan, dated 8/6/25, indicated R21 was on EBP due to an indwelling Foley catheter. On 1/14/26 at 9:47 AM, Surveyor entered R21's room. Surveyor did not observe a sign that indicated R21 was on EBP or a PPE cart outside or near R21's room. CNA-C positioned R21 in bed and provided Foley catheter care. CNA-C did not wear a gown during the process. On 1/14/26 at 10:04 AM, Surveyor interviewed CNA-C who verified CNA-C should have worn a gown during catheter care. On 1/14/26 at 10:06 AM, Surveyor interviewed Licensed Practical Nurse (LPN)-D who verified CNA-C should have worn a gown during catheter care. LPN-D was not certain if an EBP sign or a PPE cart were outside R21's room. On 1/14/26 at approximately 10:40 AM, Surveyor interviewed ADON-E who stated ADON-E would check why an EBP sign and a PPE cart were not in place for R21. ADON-E confirmed a gown should be worn when staff provide Foley catheter care. 3. From 1/12/26 to 1/15/26, Surveyor reviewed R71's medical record. R71 was admitted to the facility on [DATE] and had diagnoses including chronic obstructive pulmonary disease (COPD) and Alzheimer's disease. R71's MDS assessment, dated 12/23/25, had a BIMS score of 13 out of 15 which indicated R71 had intact cognition. R71's medical record indicated R71 was on droplet transmission-based precautions (TBP) due to a respiratory illness. A red droplet TBP sign outside R71's room directed staff to don a gown, gloves, and an N95 respirator prior to entering the room. There was also a PPE cart outside the room. On 1/13/26 at 11:58 AM, Surveyor interviewed R71 in R71's room. As Surveyor exited the room, Surveyor observed CNA-F place an N95 respirator over a surgical mask that covered CNA-F's mouth and nose and state CNA-F needed to empty R71's garbage. On 1/13/26 at 12:01 PM, Surveyor interviewed CNA-F who stated CNA-F put an N95 respirator over the surgical mask because R71 had a wet cough and CNA-F thought that would provide more protection. CNA-F stated the facility provided training on how to properly wear an N95 respirator. (Of note: The surgical mask did not allow the N95 respirator to properly seal on CNA-F's face.) On 1/14/26 at 10:07 AM, Surveyor interviewed ADON-E who stated CNA-F should not have worn an N95 respirator over a surgical mask. ADON-E stated CNA-F should have taken the surgical mask off prior to donning the N95 and stated staff are not trained wear N95 respirators over surgical masks. ADON-E verified R71 was on droplet TBP until 1/14/26 at 5:00 PM if symptoms did not worsen.