STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525580	A. Building B. Wing	04/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook at Bloomer	1840 Priddy St Bloomer, WI 54724

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility did not store, prepare, or serve food in a sanitary manner. This has the potential to affect all 30 residents. ~Staff did not consistently perform hand washing during food service.~Staff did not consistently take temperatures prior to food service.~Staff did not store cold and frozen foods in a timely manner after receiving food delivery.~Surveyor observed refrigerator/freezer logs incomplete on 3 separate units.~Surveyor observed ice scoop cleaning logs not complete.~Surveyor noted dishwasher temperature logs not complete.~Surveyor observed an open gallon of milk without a date on it.~Surveyor observed tray line service audit (food temps) incomplete.~Surveyor observed [NAME] F not wearing a beard restraint. ~Surveyor observed [NAME] F touching ready to eat foods with contaminated gloves. Findings include: Example 1 The facility policy, titled Hand Washing, dated January 2021, states: Proper hand washing promotes safe food handling practices and infection control . 1. The following list includes, but is not limited to, when hands are washed: ~ When entering the kitchen ~ When hands are visibility soiled ~ Before applying gloves ~ After handling soiled utensil or dishes ~ During food preparation as often as necessary to remove soil and prevent cross contamination ~ When changing tasks ~ After removing gloves or aprons. 3. Hands are washed using the following steps: ~check that soap and paper towels are available. ~ apply soap and lather using a rotating motion and friction to adequately clean surfaces including the (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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	backs of hands and fingernails for at least 15 seconds; do not put hands back under water during friction rub. At 11:25 AM, Surveyor entered the kitchen and observed [NAME] I's hands on the door and preparing to leave the kitchen. [NAME] I went over to the food prep area, did not wash hands prior to putting on gloves and took the spatula and started to plate cake and adjust some slices of cake on serving plates. At 11:27 AM, Surveyor observed [NAME] I touching the stove and moving items around on the stove. [NAME] P told [NAME] I that a resident wanted a hamburger. [NAME] I put gloves on without performing hand hygiene. Surveyor observed [NAME] I grab a hamburger from the freezer. [NAME] I removed gloves and did not wash hands. At 11:58 AM, Surveyor observed [NAME] L return to the kitchen. [NAME] L did not perform hand hygiene. [NAME] L put gloves on without completing hand hygiene, opened a can of tuna, added mayo, took out two slices of bread and made a tuna sandwich. At 11:59 AM, Surveyor observed Dietary Manager (DM) J enter the kitchen. DM J stood next to the food service line. DM J did not wash DM J's hands upon entering the kitchen. At 12:02 PM, Surveyor observed DM J go to the sink to wash hands. Surveyor observed DM J wash DM J's hands for about 8 seconds. At 12:05 PM, Surveyor observed [NAME] I return to the kitchen. [NAME] I did not wash [NAME] I's hands upon entering the kitchen. [NAME] I started dishing up food. [NAME] I did not complete hand hygiene prior to starting food service line. At 12:06 PM, Surveyor observed [NAME] I step away from the service area and leave the kitchen. [NAME] I entered the kitchen and did not complete hand hygiene. [NAME] I started to blend chicken and made a chicken salad for a resident. At 12:08 PM, Surveyor observed DM J take the dirty blender cup to the dishwashing area. Surveyor observed DM J go to the hand-washing sink and wash DM J's hands for about 10 seconds. DM J continued working with trays for the smaller cart, then left the kitchen with the smaller cart of food. At 12:28 PM, Surveyor observed DM J return to the kitchen and wash DM J's hands for about 10 seconds. On 4/28/26 at 12:45 PM, Surveyor interviewed [NAME] I who stated you should wash your hands when you enter the kitchen, touch a doorknob, between different foods, or when you change gloves. Surveyor asked what about when you put on gloves. [NAME] I stated before you put on gloves. [NAME] I stated you should wash your hands for 20 seconds. On 4/28/26 at 12:54 PM, Surveyor interviewed DM J who stated in the kitchen you wash your hands all the time. DM J stated staff should wash their hands when they enter, touch doorknobs, between tasks, touch their face, touch garbage. You should wash hands for 30 seconds. Example 2 (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	The facility policy titled, Storage, Prepare, Distribute and Serve Food, dated February 2026, states: PROCEDURE 1. Temperatures b. Food Temperature Record (FS-21/A) must be completed prior to the service of each meal . to ensure cold and hot foods are served at the proper temperatures. The facility policy titled, Food Temperature Record, dated February 2020, states: 7. Holding temperatures must be recorded on Food Temperature Records (FS-21/A) immediately prior to serving time and checked periodically as needed to maintain acceptable temperatures. 10. Temperatures must be checked and recorded separately for each steam table or serving area. On 4/28/26 at 11:18 AM, Surveyor observed [NAME] I remove food prepared for lunch meal out of the oven. Each pan of food was put in a like size pan with water on top of the stove top. Stove was turned on low. Surveyor did not observe [NAME] I take temperatures of food when it came out of the oven. On 4/28/26 at 11:34 AM, Surveyor observed [NAME] I dish the first meal of the day. [NAME] I did not take food temperatures prior to food service. On 4/28/26 at 12:14 PM, Surveyor observed [NAME] I take the empty pan of chicken and water off the stove and put it to the side. [NAME] I then took the new pan of chicken out of the oven and placed it directly on the stove and checked the temperature of the chicken. Chicken thermometer was fluctuating between 205-214 degrees. [NAME] I did not write the temperature down. On 4/28/26 at 12:16 PM, Surveyor observed [NAME] I take a pan of green beans out of the oven. [NAME] I took a strainer and dumped the green beans into it, draining all the hot liquid then [NAME] I took the temperature of the green beans. The temperature was 161 degrees. After taking the temperature of the green beans, [NAME] I put the pan over the top of the strainer like a loose cover. [NAME] I wrote the results down on a note pad stationed by the serving window. Surveyor observed the location where [NAME] I wrote the temperature in the note pad. On 4/28/26 at 12:24 PM, Surveyor observed [NAME] I take green beans from the strainer to blend for a resident's meal. [NAME] I did not get the temperature of the green beans that were sitting drained of liquid in a steamer pan prior to blending the food or serving. Surveyor asked [NAME] I how many trays she needed to prepare for minced and moist and pureed diet. [NAME] I stated she would have to count but she does them as needed every day. On 4/28/26 at 12:41 PM, Surveyor interviewed [NAME] I who stated DM J told [NAME] I to take the temperature log over to [NAME] I's work area and write directly in the log [NAME] I stated it is easier to write it on my note pad. Surveyor asked what [NAME] I does with the temperatures on the note pad. [NAME] I stated [NAME] I writes them on the form (temperature log) and proceeded to walk over to the temperature log. [NAME] I looked at [NAME] I's note pad for a few minutes, flipping the pages. [NAME] I stated I took temps, I know I did. [NAME] I stated this while looking at the note pad. [NAME] I stopped flipping pages and stated I think this 161 degrees Fahrenheit is the mashed (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	potatoes. Surveyor asked if she took the temperature of the other foods prior to food service. [NAME] I stated I know I did. [NAME] I did not have temperatures recorded to transfer from the note pad to the temperature log. Surveyor stated to [NAME] I that Surveyor did not observe [NAME] I take any temperatures of the initial food, only the second pan of chicken and second pan of green beans. [NAME] I groaned, I should have taken the form over there and filled it out right away. Surveyor asked [NAME] I how do you ensure the food remains in a safe temperature range during food service. [NAME] I stated that [NAME] I takes the temperature when it comes out of the oven and prior to serving it. Surveyor asked how do you ensure it stays at temperature. [NAME] I stated I turn on the burners under the pan, like I had them on today. On 4/28/26 at 12:45 PM, Surveyor interviewed DM J regarding completing food temperature. DM J stated DM J expects everything is temped and written on the form (temperature log) right away. On 4/28/26 at 12:54 PM, Surveyor interviewed DM J on how the facility ensures safe temperatures of food during food service. DM J stated that food should be kept in pans on the lit stove top. DM J stated food should be temped at the right times. Surveyor asked what the right times are. DM J stated when it is done cooking and before serving it. DM J stated we do not take temperatures throughout food service, but DM J stated DM J does a test tray once a week. DM J says she used the last tray of the day for the test tray. On 4/28/26 at 1:00 PM, Surveyor requested the temperature logs from the past month. These were not received. Surveyor did receive a copy of the current week's temperature log and observed temperatures to be incomplete. Example 3 The facility policy titled Food Safety Requirements, dated February 2026, states: It is the Policy of this company that all facilities provide safe and sanitary storage, handling. of all foods. It is the policy of this facility to procure foods from sources approved or considered satisfactory by federal, state or local authorities. It is also the policy of this facility to follow proper sanitation and food handling practices to prevent the outbreak of foodborne illness, including safe food handling by all dietary personnel and any other staff handling food, from the point of receiving through the preparation and service of the meal. The State Operations Manual section titled, Appendix PP, dated 7-23-25, states: ~ Food Receiving and Storage - When food, food products or beverages are delivered to the nursing home, facility staff must inspect these items for safe transport and quality upon receipt and ensure their proper storage. ~ Refrigerated Storage - PHF/TCS foods must be maintained at or below 41 degrees F (Fahrenheit), unless otherwise specified by law. ~ Frozen foods must be maintained at a temperature to keep the food frozen solid. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	~ Danger Zone means temperatures above 41 degrees Fahrenheit (F) and below 135 degrees F that allow the rapid growth of pathogenic microorganisms that can cause foodborne illness. Potentially Hazardous Foods (PHF) or Time/Temperature Control for Safety (TCS) Foods held in the danger zone for more than 4 hours (if being prepared from ingredients at ambient temperature) or 6 hours (if cooked and cooled) may cause a foodborne illness outbreak if consumed. On 4/29/26 at 11:04 AM, Surveyor entered the kitchen and observed boxes stacked up in front of the freezer and the walk-in cooler. [NAME] L opened the freezer door when Surveyor walked in the kitchen and started putting the boxes into the freezer. Surveyor asked [NAME] P when the delivery arrived. [NAME] P stated this morning. Surveyor asked [NAME] L to open the top box to see if items were still frozen. Surveyor observed the box to contain frozen bread. DM K touched the bread and stated it is not frozen and should be frozen. Surveyor observed the following items for the cooler were still outside on the floor, closest to the stove. DM K took the temperatures of the following items: ~ Chocolate Milk was 43.5 degrees Fahrenheit ~ [NAME] milk we 46.6 degrees Fahrenheit ~ Liquid eggs were 48.4 degrees Fahrenheit On 4/29/26 at 11:23 PM, Surveyor interviewed kitchen staff regarding the time the delivery came in. [NAME] P said it comes around 7:30AM. [NAME] I stated well I don't know. [NAME] I stated I think it came after breakfast was finished being served and we were going on break. [NAME] P said maybe after breakfast. Surveyor asked what time that was. [NAME] I said about 8:30 AM. DM K came back with the invoice; Surveyor observed there was no time of delivery on the invoice. DM K thinks the delivery was around 8:30 AM. [NAME] L said [NAME] L came in at 9:00 AM and hadn't had a chance to put anything away until now. On 4/29/26 at 11:15 AM, Surveyor asked DM K what the expectations are for storage of cold and frozen foods. DM K stated that milk should be 40 degrees, and frozen food should remain frozen, and it wasn't. DM K said DM K is going to call [NAME] Brothers for direction on food. DM K stated staff should put deliveries away right away. On 4/29/26 at 11:46 AM, Surveyor interviewed Nursing Home Administrator (NHA) A who stated the expectation is to put food away right away and maintain food safety. Facility policy titled, Refrigerator/Freezer Temperature Log revised last on February 2020, stated in part:Procedure1. Refrigerator/Freezer temperatures shall be recorded by the A.M. [NAME] or designee at the beginning of the morning shift.2. All refrigerators and freezers shall be identified by Refrigerator/Freezer key.3. All temperatures must be initialed by A.M. [NAME] or designee on the Refrigerator/Freezer Temperature Log.4. The following guidelines shall be used:a. Refrigerator: At or below 41 degrees Fahrenheit (F)b. Freezer at or below 0 degrees F5. Any readings in excess of the above guidelines must be reported immediately to Dietary Manager (DM) and /or Maintenance Supervisor.6. If temperatures are above guidelines for greater than 4 hours, all potentially hazardous foods must be placed in an alternative refrigerator or freezer until such time that temperatures are again within guidelines.7. The Refrigerator/Freezer Temperature Log shall be monitored for compliance by the DM or designee on a daily basis. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Facility policy titled, Dishwashing Temperature Log revised last on February 2020 stated in part:Procedure1. Wash and rinse temperatures shall be documented for each meal on the Dish Machine Temperature Log form. In addition to temperature, for low temperature (chemical sanitizing) machines, concentration of sanitizer must also be recorded on form.2. All temperatures shall be initialed by the facility designee on the form The 2022 FDS Food Code documents at 3-501.18 Ready-to-Eat, Time/Temperature Control for Safety Food: Disposition .A date marking system may be used which places information on the food, such as on an overwrap or on the food container, which identifies the first day of preparation, or alternatively, may identify the last day that the food may be sold or consumed on the premises. A date marking system may use calendar dates, days of the week, color coded marks, or other effective means, provided the system is disclosed to the Regulatory Authority upon request, during inspections. Example 4 Refrigerator/Freezer Logs On 04/27/2026 at 8:36 AM, Surveyor observed in the kitchen there were missing temperature recordings on the Refrigerator/Freezer Temperature Log when inspecting cold storage areas. The log was missing temperatures for April 23rd for AM and PM, 24th for AM, 25th for AM, 26th for AM. Example 5 Ice Scoop Cleaning LogOn 04/27/26 at 8:36 AM, Surveyor observed a log which was incomplete titled, Ice Scoop Cleaning Log. This log was missing initials for Breakfast and Lunch for the following dates April 23, 24, 25 and 26. Example 6 Dishwasher Temperature LogOn 04/27/2026 at 8:36 AM, Surveyor walked into the dishwashing area and noted the Dish Washer Temperature Log was missing temperatures and parts per million (PPM). The log was missing Wash/Rinse/PPM and initials for breakfast and lunch on April 24th, breakfast, lunch and supper for April 25th, breakfast and lunch for April 26th. Example 7 Temperature Logs On 04/27/2026 at 8:36 AM, Surveyor observed on the tray line service in the kitchen, a gallon of milk and no temp audit completed. Surveyor then opened the refrigerator which held the liquids for serving that were opened and noticed a gallon of milk with no opened date written on the outside of the jug. Surveyor asked [NAME] F, When you see an open gallon of milk with no date on it, do you serve it to the residents here? [NAME] F replied, No, I take it and throw it away. [NAME] F took the opened gallon of milk from the Surveyor's hands to dispose of it. At this time, [NAME] F pointed out the tray line service audit (food temps) log which was performed for breakfast for taking temperature of food items. Surveyor observed temperatures missing for breakfast: regular meat and dinner, milk/juice coffee temperatures from 4/26/26. On 04/27/2026 at 9:47 AM, Surveyor asked Dietary Manager (DM) J for the previous month's logs of (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	the items found missing in the kitchen during initial tour. DM J indicated it may take some time as they are in the office or in a box somewhere. On 04/27/2026 at 10:00 AM, Surveyor followed DM J to the office where DM J found the other logs to provide Surveyor with a copy. On 04/27/2026 at 10:20 AM, Surveyor reviewed the logs provided by DM J as follows:Refrigerator/Freezer log for February was missing temperature on [DATE]st.Ice Scoop Cleaning log missing March 7th, 27th and 28th.Dishwashing Temperature Log missing March 1, 24, 25, 26, 27, 29, 30, 31.Food Temperature Record for the week of 4/5/26 through 4/12/26, showed a food temp item missing every day that week. For 4/5/26, 4/6/26, and 4/7/26 temperatures missing for regular meat at breakfast and 4/5/26, 4/6/26, 4/7/26, 5/8/26, and 4/9/26, missing Milk/Juice/Coffee temperatures for dinner. Regular meat temperature is missing for 4/10/26 and the dessert temperature is missing for 4/11/26. Example 8 On 04/27/2026 at 11:35 AM, Surveyor observed [NAME] F distribute food to the residents both on the carts to their rooms and trays brought out to the dining room while not wearing a beard restraint. Surveyor observed [NAME] F's facial hair was greater than 1/4 inch long and dark brown in color. Surveyor observed [NAME] F wearing single use gloves touching tray service line counter, serving utensils, opening a bag of bread, and touching plates. Surveyor observed [NAME] F cut a toasted cheese sandwich into small pieces with a knife then pick up the toasted cheese sandwich with the same contaminated gloves and plate for a resident. On 04/27/2026 at 11:48 AM, Surveyor informed DM J of the observations with no beard restraint and touching ready to eat foods with potentially contaminated gloves. DM J informed Surveyor this was not acceptable and left Surveyor and went directly to [NAME] F to inform [NAME] F to put on a beard restraint and to use tongs when touching ready to eat foods. On 04/27/2026 at 12:06 PM, Surveyor informed Director of Clinical Services (DCS) C of observations made in the kitchen. DCS C informed Surveyor DCS C had already heard of these issues and stated this was unacceptable in the kitchen.

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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 and interview, 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. The facility failed to ensure staff wore appropriate personal protective equipment (PPE) while handling soiled linens and laundry. This has the potential to affect 30 out of 30 residents.Findings include: Per facility policy titled Handling Linens and Laundry, dated January 2026, states: Purpose: To provide a process for safe and aseptic handling, washing, and storage of linen.7. Employees sorting or washing linens shall wear a gown/apron, gloves and if aerosolization occurs, a mask.16. Remove barrier attire when leaving the soiled linen area. On 4/29/26 at 8:43 AM, Surveyor reviewed laundry services. Laundry Aide (LA) M started tour by walking Surveyor through the process. LA M stated that she uses gloves only, unless clothes come in a yellow bag, that is usually COVID stuff. LA M stated that if clothes come in a yellow bag LA M has access to gown and would wear then. LA M stated LA M does not wear the gown when sorting clothes or doing laundry normally. On 4/29/26 at 8:50 AM, Surveyor observed LA M fold towels and a mechanical lift sling. Surveyor observed LA M hold the mechanical lift sling to her chest while folding and patting it smooth. LA M did not have a barrier between her clothes while folding clean linen. On 4/29/26 at 8:54 AM, Surveyor observed LA M take whites out of the washing machine and put them into the clean cart to take to the dryer. LA M did not have a barrier on between her clothes and the clean clothes. On 4/29/26 at 8:57 AM, Surveyor observed LA M take the cart with dirty towels, soaker pads and linen and pull it over to the wash machine. LA M put on gloves and picked through the laundry to find like soiled items and place in wash machine. LA M set the machine to the appropriate wash cycle, took off her gloves and did hand hygiene. LA M did not have a barrier between her clothing and the soiled linen. On 4/28/26 at 9:02 AM, Surveyor interviewed Maintenance Director (MD) N who stated that MD N is supervisor of laundry services. MD N stated that MD N's expectation is that staff wear appropriate PPE when dealing with soiled linen. Surveyor asked what appropriate PPE should be worn. MD N stated when you are sorting dirty linens LA M should have been gowned up with gloves and should wear a shield if it might splash. MD N stated after sorting, take off the PPE and wash your hands. Then you they (laundry aide) can move over to the other side. Surveyor asked if that is just when sorting clothing. MD N stated no, it is for anytime your work with dirty linen. MD N stated the expectation with folding clean linen is they (laundry aide) should wash hands before folding laundry and it should be folded away from you and should not touch the floor.

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not ensure 5 of 5 residents (R5, R7, R11, R13, & R35) or the residents' legal representatives were notified of the resident's reason for transfer/discharge in writing to the resident and their representative, notify the ombudsman of the transfer and 3 of 5 residents (R5, R7 and R11) did not receive a bed hold. R5 was transferred from the facility, and no notice of transfer was given. R5 did not have a bed hold given.R7 was transferred from the facility, no notice of transfer or bed hold was given on 1/16/26 and no reason for transfer was listed on the notice of transfer on 1/12/26. R13's notice of transfer documentation was missing the date, location R13 was transferring to and reason for the transfer.R11's notice of transfer was missing the date, R11's name, location of transfer and reason for transfer. There was no notice of transfer with the 3/14/26 transfer. The notice for transfer dated 3/28/26 was missing location and the reason for transfer. R11 did not have a bed hold given.R35 was not issued a notice of transfer, and the State Ombudsman was not notified of R35's transfer.Findings: Facility policy titled, Transfer and Discharge revised on December 2025 stated in part: .Once admitted , the resident has the right to remain at the facility unless their transfer or discharge meets one of the following specified exemptions: a. The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility . 3. The facility's transfer/discharge notice will be provided to the resident and resident's representative in a language and manner in which they can understand. The notice will include all of the following at the time it is provided: a. The specific reason and basis for transfer or discharge. b. The effective date of transfer or discharge. c. The specific location .to which the resident is to be transferred or discharged 5. The facility will maintain evidence that the notice was sent to the ombudsman. Example 1 R13 was admitted to the facility on [DATE] with a Brief Interview of Mental Status (BIMS) score of 13 which indicated R13 was cognitively intact. R13 had Minimum Data Set (MDS) which shows, Discharge Return Anticipated dates of 2/25/26 and 4/15/26. On 4/28/2026 at 8:19 AM, Surveyor reviewed R13's transfer notice dated 2/25/26. R13's transfer notice was missing the date, location R13 was transferring to and the reason for the transfer. Surveyor then reviewed R13's transfer dated 4/15/26 and noticed the transfer did not have R13's name, the location to which R13 was being transferred to, or the appropriate reason for transfer. Example 2 (continued on next page)

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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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	R11 was admitted to the facility on [DATE] with a BIMS score of 15 which indicated R11 was cognitively intact. R11 had three MDS's which show, Discharge Return Anticipated dates of 1/4/26, 3/14/26, and 3/28/26. On 4/28/2026 at 8:28 AM, Surveyor reviewed the transfer notice for R11 provided by the facility. The transfer notice was missing the date, R11's name, location of transfer and reason for transfer. R11 was provided with a bed hold for this transfer dated 1/4/26. There was no notice of transfer notice for the 3/14/26 transfer. The notice for transfer dated 3/28/26 was missing location, and reason for transfer. Example 3 R35 was admitted to the facility on [DATE] with a BIMS score of 13 indicating R35 is cognitively intact. R35 had a MDS dated [DATE] which stated, Discharge Return Anticipated. On 4/29/26 at 11:20 AM, Surveyor was unable to locate the notice of transfer or find R35's name on the Ombudsman list. Surveyor asked the Interim Nursing Home Administrator (INHA) A for this notice and showed INHA A the ombudsman's list. INHA A informed Surveyor there was no notice of transfer for R35's transfer and the Ombudsman was not notified of R35's transfer. Example 4 R5 was admitted to the facility on [DATE] and has diagnoses that include end stage renal disease, [NAME] Danlos syndrome (heritable connective tissue disorders caused by genetic changes that affect collagen production, leading to joint hypermobility, skin hyperextensibility, and tissue fragility), asthma, infection and inflammatory reaction due to peritoneal dialysis catheter, acute respiratory failure, kidney transplant rejection, hypertensive heart and chronic kidney disease with heart failure, fibromyalgia, dependence of dialysis, anxiety, depression and anemia. R5's admission Minimum Data Set (MDS) dated [DATE] indicated that R5's BIMS score is 15 indicating R5 is cognitively intact. Review of R5's medical record indicates R5 was transferred to the hospital on [DATE] and on 01/25/26. Further record review did not locate any transfer notice forms or bed hold agreements for R5. On 04/29/26 at 2 PM, Surveyor requested the bed hold agreements and notice of transfer forms from INHA A. On 04/29/2026 at 2:18 PM Surveyor interviewed INHA A. When asked if any bed hold notice or notice of transfers had been located for R5. INHA A stated no notices of transfer were found for R5. Example 5 R7 was admitted to the facility on [DATE], and has diagnosis that include hemiplegia following (continued on next page)

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	525580	A. Building B. Wing	04/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	cerebral infarction, aphasia, weakness, end stage renal disease, chronic kidney disease, diabetes mellitus, encephalopathy, depression, weakness, dysphagia, anorexia, pulmonary embolism, and anemia. Review of R7's medical record indicates R7 was transferred to the hospital on [DATE] and on 01/16/26. R7's transfer form from 01/12/26 did not list a reason for transfer; further record review did not locate any transfer forms or bed hold agreements for R7's 01/16/26 hospital transfer. On 04/29/2026 at 2:18 PM, Surveyor interviewed INHA A. When asked if any further information related to R7's bed hold notice or notice of transfers had been located, NHA A stated, No.

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not follow through with the appropriate steps of the Preadmission Screening and Resident Review (PASARR) process for 1 of 2 residents (R1) reviewed for PASARR screening.R1 did not have a PASARR level II (2) completed. Findings include:R1 was admitted to the facility on [DATE] with a Brief Interview of Mental Status (BIMS) score of 14 which indicated R1 was cognitively intact. R1 has diagnoses that include . schizophrenia (a serious mental health condition that affects how people think, feel and behave) and bipolar (a common, severe, and persistent mental illness characterized by recurrent episodes of mania and depression).R1 had a 5-day Minimum Data Set (MDS) dated [DATE]. Section A, subsection 1500 of the MDS was marked No.PASARR Level I completed 3/13/26:Does the person have a major mental disorder? Yes.Has the person displayed any symptoms that may suggest the presence of a major mental illness? Yes.Has the person received a psychotropic medication to treat symptoms or behaviors of a major mental disorder? Yes.Is there a diagnosis or history of intellectual disabilities? Yes.Hospital discharge Exemption- 30 day maximum? Yes. (No PASARR Level II required).On 4/29/26 at 11:57 AM, Surveyor interviewed MDS Nurse E regarding this resident having Section A, subsection 1500 marked No. Surveyor asked MDS E, Should this resident have had a level II PASARR completed? MDS E replied, No, his level I would have triggered it if he did. Let me check.On 4/29/26 at 12:03 PM, MDS Nurse E returned with her computer and informed Surveyor that she goes by what Social Services (SS) G puts in the level I. This level I indicates a hospital discharge exemption 30-day maximum- Yes. MDS Nurse E replied, You'll have to talk to SS G.On 4/29/26 at 12:48 PM, SS G explained to the Surveyor, This resident was supposed to go back to the group home that he lived in for 15 years before coming here. But that facility closed while he was here. Surveyor asked SS G, Is this resident past the 30 days since admission? SS G replied, Yes. Moving forward every Monday I will be checking the dates for a level II screen based on the 30- day exemptions.

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F 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care or services that was trauma informed and/or culturally competent. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility did not ensure that trauma informed care was provided in accordance with professional standards of practice and account for resident's experiences and preferences in order to eliminate or mitigate triggers that may cause re-traumatization for 1 of 2 residents (R11) reviewed for Post Traumatic Stress disorder (PTSD).R11's care plan did not provide individualized interventions based on the triggers noted in R11's trauma informed assessment.Findings:Facility policy titled, Trauma Informed Care Revised on January 2026, stated in part:.6. The facility will identify triggers which may re-traumatize residents with a history of trauma. Trigger-specific interventions will identify ways to decrease the resident's exposure to triggers which re-traumatize the resident, as well as identify ways to mitigate or decrease the effect of the trigger on the resident and will be added to the residents care plan .R11 was admitted to the facility on [DATE] with a Brief Interview of Mental Status (BIMS) score of 15 which indicated R11 was cognitively intact. R11 had diagnoses of depression, PTSD, adult failure to thrive (a syndrome in older adults characterized by a rapid decline in physical, functional, and cognitive abilities, often marked by unexplained weight loss, malnutrition, decreased appetite, and social withdrawal), personal history of suicidal behavior, and obsessive-compulsive disorder (a chronic mental health condition characterized by uncontrollable, recurring thoughts (obsessions) and repetitive behaviors (compulsions performed to reduce anxiety).A trauma informed care assessment was completed at the facility on 12/26/25. This assessment indicated that R11 was held underwater by his friends until he nearly drowned and because of this he is afraid of taking a shower.On 4/27/26 at 1:45 PM, Surveyor reviewed the care plan titled, Resident has a behavior problem which stated in part: related to opioid abuse, alcohol dependence, major depressive disorder and PTSD related to water and is utilizing and antipsychotic. Goal- the resident will have no evidence of behavior problems by review date. TARGET BEHAVIOR: agitation, restlessness. Intervention: R11 enjoys walking around facility utilizing walker to alleviate stress.On 4/27/26 at 1:48 PM, Surveyor was unable to find triggers based on the trauma assessment. Surveyor asked Director of Clinical Services (DCS) C if there was a care plan that showed what R11's triggers were based on R11's diagnosis of PTSD.On 4/27/26 at 1:59 PM, DCS C informed Surveyor that R11's care plan did not include the triggers and has been updated, and the facility is looking at all of the PTSD care plans to ensure that the triggers are individualized.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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 observation and interview, the facility did not ensure all drugs and biologicals were stored and labeled in accordance with currently accepted professional principles. This occurred for 1 of 1 medication storage rooms observed. Surveyor observed control medication Lorazepam not double locked in a permanently affixed compartment.Findings include:The facility policy, titled Controlled Substance Management, dated January 2026, states in part: It is the policy of this facility to promote safe, high quality patient care, compliant with state and federal regulations regarding monitoring the use of controlled substances. The facility will have safeguards in place in order to prevent loss, diversion or accidental exposure.1. General Protocols:a. Controlled substances are stored in a separate compartment of an automated dispensing system or other locked storage unit with access limited to approved personnel. The facility policy, titled Storage of Medication, revised 4/2007, states in part:Compartments (including but not limited to, drawers, cabinets, rooms.boxes) containing drugs.shall be locked when not in use. On 04/28/2026 at 3:07 PM, Surveyor observed the medication room with Registered Nurse (RN) H. Upon entering the medication storage room, Surveyor observed the refrigerator was unlocked. RN H stated that it should be locked. Surveyor observed inside the refrigerator plastic boxes and zip locks with residents extra unopened labeled medications. There was a rectangular box that had a zip tie holding it closed. RN H pulled the rectangular box out and stated that it was the stock supply of liquid ativan. On 4/29/26 at 10:03 AM, Surveyor interviewed Director of Clinical Services (DCS) C and Assistant Director of Nursing (ADON) E while in medication room regarding unlocked Ativan. DCS C stated the expectation is that ativan be double locked in the medication cart and in the medication room, the medication room door counts as one lock. Upon entering the medication room, fridge was locked on 4/29/26 at 10:03 AM. Surveyor informed DCS C of observation with RN H of the refrigerator being unlocked. ADON E unlocked the refrigerator and opened it up for observation. Surveyor asked ADON E what was in the smaller rectangular box. ADON E pulled the box out of the refrigerator and said it was ativan. Surveyor asked DCS C if a zip tie would act as a second lock. DCS C replied no.