

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525583	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/06/2025
NAME OF PROVIDER OR SUPPLIER Rennes Health and Rehab Center-Appleton		STREET ADDRESS, CITY, STATE, ZIP CODE 325 E Florida Ave Appleton, WI 54911	
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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview and record review, the facility did not ensure appropriate care and treatment related to weight monitoring was provided for 1 resident (R) (R86) of 2 sampled residents. The facility did not complete additional assessments and ensure the physician was notified when R86 had a weight gain of more than 2 pounds in 1 day. Findings include: The facility's Heart Failure-Clinical Protocol policy, revised April 2007, indicates: .2. The nurse will assess and document/report the following: a. Vital signs; b. General physical assessment .1. The physician will review and make recommendations for relevant aspects of the nursing care plan; for example, what symptoms to expect, how often and what (weights .) to monitor, when to report findings to the physician, etc. 2. The physician will address related medical issues .whether to modify doses of diuretics .1. The physician will help monitor the progress of individuals with heart failure, including ongoing evaluation and documentation of signs, symptoms, and condition changes .From 8/4/25 to 8/6/25, Surveyor reviewed R86's medical record. R86 was admitted to the facility on [DATE] and had diagnoses including vascular dementia, localized edema (swelling), and chronic diastolic (congestive) heart failure. R86's Minimum Data Set (MDS) assessment, dated 6/18/25, had a Brief Interview for Mental Status (BIMS) score of 9 out of 15 which indicated R86 had moderate cognitive impairment. R86 had an activated Power of Attorney (POA). R86's medical record contained the following order: Standing - weights daily and notify provider if weight gain of more than 2 pounds in 1 day or 5 pounds in 1 week (ordered 6/30/25). R86's medical record contained the following information:~ On 7/8/25, R86 weighed 133.4 pounds. On 7/9/25, R86 weighed 135.6 pounds. R86's medical record did not indicate the physician was notified of the 2.2 pound weight gain.~ On 7/11/25, R86 weighed 135.4 pounds. On 7/12/25, R86 weighed 137.6 pounds. R86's medical record did not indicate the physician was notified of the 2.2 pound weight gain.~ On 7/24/25, R86 weighed 140.2 pounds. On 7/25/25, R86 weighed 142.8 pounds. R86's medical record did not indicate the physician was notified of the 2.6 pound weight gain. On 8/4/25 at 9:38 AM, Surveyor interviewed R86 and noted R86's bilateral lower extremities were edematous. R86 indicated R86 did not like wearing compression stockings. On 8/6/25 at 11:25 AM, Surveyor interviewed Director of Nursing (DON)-B who verified R86 had an order to update the physician with a weight gain of more than 2 pounds in 1 day or 5 pounds in 1 week. When Surveyor asked if the physician was notified when R86 gained more than 2 pounds between 7/8/25 and 7/9/25, 7/11/25 and 7/12/25, and 7/17/25 and 7/18/25, DON-B indicated DON-B would look for physician notification and follow up with Surveyor. On 8/6/25 at 11:27 AM, Surveyor interviewed Registered Nurse (RN)-C who verified R86 had an order to notify the physician for a weight gain of 2 pounds in 1 day or 5 pounds in 1 week. RN-C also indicated respiratory and edema assessments should have been completed for a gain of more than 2 pounds in 1 day and staff should have updated the physician in accordance with R86's order. On 8/6/25 at 12:22 PM and 12:54 PM, DON-B provided Surveyor with multiple physician update notes. A note, dated 7/7/25, indicated the physician was notified of R86's weights from 6/24/25 to 7/7/25. A note, dated 7/30/25, indicated the physician was notified of R86's weights from 6/30/25 to 7/30/25. A note, dated 7/22/25, indicated the physician was notified of R86's weights from 7/10/25 to 7/22/25. The physician updates did not include next day updates for weight increases of more than 2 (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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	pounds in 1 day. DON-B verified the physician should have been notified of R86's weight gain in accordance with R86's order.		