

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

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525624	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/17/2026
NAME OF PROVIDER OR SUPPLIER Grand View Care Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 620 Grandview Ave Blair, WI 54616	
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. Based on observation, interview and record review, the facility did not ensure that snack/nourishment refrigerators on the Memory Care Unit (MCU) were maintained with the proper temperatures, and food items are dated and labeled to prevent the potential for food-borne illness. The facility did not ensure the snack/nourishment refrigerators on the [NAME] Wing Lobby (WWL) were maintained with food items dated and labeled to prevent the potential for food-borne illness. This has the potential to affect all 45 residents in the facility. According to the US Food and Drug Administration (FDA) Food Code 2022: Annex 3-123 .Date marking is the mechanism by which the Food Code requires active managerial control of the temperature and time combinations for cold holding. Industry must implement a system of identifying the date or day by which the food must be consumed, sold, or discarded. Date marking requirements apply to containers of processed food that have been opened and to food prepared by a food establishment, in both cases if held for more than 24 hours, and while the food is under the control of the food establishment .According to the US FDA Food Code 2022: Annex 3-164 to 165: .A permanent temperature measuring device is required in any unit storing time/temperature control for safety food because of the potential growth of pathogenic microorganisms should the temperature of the unit exceed Code requirements. In order to facilitate routine monitoring of the unit, the device must be clearly visible .The required incremental gradations are more precise for food measuring devices than for those used to measure ambient temperature because of the significance at a given point in time, i.e., the potential for pathogenic growth, versus the unit's temperature. The food temperature will not necessarily match the ambient temperature of the storage unit; it will depend on many variables including the temperature of the food when it is placed in the unit, the temperature at which the unit is maintained, and the length of time the food is stored in the unit . The facility policy untitled states: Objective to ensure that cooler and freezer units are routinely monitored and maintained to ensure the safety of items stored in these units.Policy/Procedure: .2. Refrigerator .temperatures are to be recorded daily. Temperature records from facility owned units holding resident/patient food or beverage are to be returned to dietary and will be kept on file for two years.4. Outdated/improperly packaged items will be removed. All refrigerated items intended for resident/patient consumption must be dated and discarded by Use by or expiration date. Five days is the maximum length of time any item may be kept.5. Items placed in the resident cooler must be labeled with the resident's name and an expiration date 5 days out from the day it is brought in.On 06/17/26 at 8:13 AM, Surveyor observed the snack/nourishment refrigerator located on the Memory Care Unit (MCU) with the noted following observations: *The Refrigerator Temperature Log labeled: Location: MCU - June 2026 with missing daily refrigerator temperature logs missing on 6/9/26 through 6/14/26 and 6/16/26. (total of 7 days). *An open container approximately 3/4 empty of nonfat yogurt with a label date of 05/27.*A 1/2 pitcher of (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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 525624
		If continuation sheet Page 1 of 10

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	orange juice dated 06/05.*A sippy cup with 1/2 filled with a clear liquid unlabeled and undated.*An opened/used container of coffee creamer unlabeled and undated. On 06/17/26 at 8:18 AM, Surveyor observed a refrigerator/freezer in common area of [NAME] Wing Lounge (WWL) with the following observations:*An opened/used container of Thick & Easy unlabeled and undated.*An open/used container of Coffee Mate Cold Foam unlabeled and undated.*An opened/used container of Power Aide Lemon Lime unlabeled and undated.* A sandwich size plastic bag of fresh strawberries undated.On 06/17/26 at 8:25 AM, Surveyor interviewed Certified Nursing Assistant (CNA) F who stated any resident items can be stored in refrigerator indicating the proximity of the resident's room location regarding items in WWL or MCU refrigerator/freezer and CNA F confirmed items in WWL refrigerator were not labeled/dated. On 06/17/26 at 8:43 AM, Surveyor showed and interviewed the Nursing Home Administrator (NHA) A the WWL and MCU unit resident and shared observation of unlabeled/undated opened items and missing temperature logs. NHA A stated staff is expected to label the items with the resident's name and the open date. Any food items over 5 days would be discarded. On 06/17/26 at 9:05 AM, Surveyor interviewed CNA G regarding contents of the MCU resident refrigerator who confirmed items noted were unlabeled and undated.		

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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 record review and interview, the facility did not notify the Ombudsman of a resident who was transferred from the facility to a hospital on 2 occasions for 1 of 1 resident (R) (R1). R1 transferred to an emergency department on 03/27/26 due to a change in condition and the Ombudsman was not notified of emergency transfer. R1 transferred to an emergency department on 05/06/26 due to a change in condition and the Ombudsman was not notified of emergency transfer. The facility policy titled Notice of a Transfer and/or Discharge updated 2011, does not address the requirements of notifying the Ombudsman.R1 was admitted to the facility on [DATE] and required on 2 occasions (03/27/26 and 05/06/26) due to a change in condition, transfer to an emergency department; wherein, the facility did not notify the Ombudsman via the facility's monthly email process.On 06/16/2026 at 2:38 PM, Surveyor requested Ombudsman notification of transfers for R1 during months of March and May of 2026. Social Worker (SW) C provided Surveyor with documents labeled: Discharge Notification with instructions Email: Monthly to [ombudsman] . Surveyor noted that R1's emergency room transfers that occurred on 3/27/26 and 05/06/26 were not on the logs.On 06/16/26 at 3:34 PM, Surveyor interviewed SW C regarding March and May Discharge Notification Logs sent to the Ombudsman did not include R1's 03/27/26 and 05/06/26 transfers to hospital. SW C stated was not aware that requirement included transfers to emergency rooms.		

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not ensure each resident receives an accurate assessment, reflective of the resident's status at the time of the assessment, by staff qualified to assess relevant care areas and are knowledgeable about the resident's status, needs, strengths, and areas of decline for 1 of 1 resident (R) reviewed (R6).-The facility did not complete an accurate assessment upon admission related to R6's post-traumatic stress disorder (PTSD).Findings include:Facility policy titled, Resident Assessment Instrument, last updated in 2011, includes the purpose of the assessment is to describe the resident's capability to perform daily life functions and to identify significant impairments in functional capacity.information derived from the comprehensive assessment helps the staff to plan care that allows the resident to reach his/her highest practicable level of functioning.R6 was admitted to the facility on [DATE] with a diagnosis of PTSD.On 06/16/26, Surveyor reviewed R6's physician orders, social services progress notes, assessments, and care plan and noted no trauma-informed plan of care or assessment completed.On 06/16/26 at 2:37 PM, Surveyor interviewed Nursing Home Administrator (NHA) A about a psychosocial assessment for R6. NHA A reported the questionnaire related to PTSD was not completed upon admission. NHA A stated the expectation is for these forms to be completed for any resident requiring trauma-informed care.On 06/16/26 at 3:01 PM, Surveyor interviewed Social Worker (SW) C about trauma-informed care and assessment. SW C stated they have not been trained on how to complete the process of trauma-informed care. SW C stated they were present when R6 was admitted to the facility and had not completed the questionnaire regarding trauma-informed care due to the belief there were no issues.		

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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 interview and record review the facility did not ensure that residents who are trauma survivors receive culturally competent, trauma-informed care in accordance with professional standards of practice for 1 of 1 resident (R) reviewed (R6).-R6 has a diagnosis of post-traumatic stress disorder (PTSD). The facility did not complete an assessment to determine the cause and triggers.-The facility did not establish a trauma-informed care plan.-No education was provided to staff related to PTSD and trauma-informed care.Findings include:Facility policy titled, Care Plans-Comprehensive, includes a policy statement which states an individualized comprehensive care plan that includes measurable objectives and timetables to meet the resident's medical, nursing, mental, and psychosocial needs is developed for each resident.each resident's comprehensive care plan is designed to incorporate identified problem areas, incorporate risk factors associated with identified problems.reflect currently recognized standards of practice for problem areas and conditions.R6 was admitted to the facility on [DATE]. R6's most recent minimum data set (MDS) assessment shows a Brief Interview for Mental Status (BIMS) score of 3/15 indicating severe cognitive impairment. The MDS indicated R6 has a diagnosis of post-traumatic stress disorder (PTSD).R6's care plan related to PTSD includes the statement, I have anxiety and PTSD. There is no other mention of R6's PTSD present in the comprehensive care plan. There is no noted history of what caused the PTSD, what triggers R6 may have, or interventions to prevent events from occurring or re-traumatization of R6.On 06/16/26 at 2:37 PM, Surveyor interviewed Nursing Home Administrator (NHA) A about a psychosocial assessment for R6. NHA A reported the questionnaire related to PTSD was not completed upon admission. NHA A stated the expectation is for these forms to be completed for any resident requiring trauma-informed care.On 06/16/26 at 2:48 PM, Surveyor interviewed Social Services Assistant (SSA) J about trauma-informed care assessments and care plans. SSA J stated when a resident is admitted with a diagnosis of PTSD, the diagnosis goes into the MDS assessment. SSA J stated the questionnaire for trauma-informed care gets used during admission but as time passes and questioning proceeds most residents do not feel like answering all of the questions. SSA J stated if the resident cannot or does not want to talk about it, SSA J will reach out to family members or the provider for any background information. SSA J stated whatever information is obtained would go into a well-being or psychosocial care plan. When asked about a trauma-informed care plan, SSA J stated either they weren't shown how to complete one or the care plan for trauma was not completed.On 06/16/26 at 3:01 PM, Surveyor interviewed Social Worker (SW) C about trauma-informed care and assessment. SW C stated they have not been trained on how to complete the process of trauma-informed care and care plan. SW C stated they knew R6 had previously been in the military. SW C stated they had spoken with R6's spouse who indicated there were no known issues. SW C stated if there is no known information about a resident with PTSD, the staff just learn more about the resident as time goes on. When asked if staff try to obtain medical records related to the history of PTSD, SW C stated they do not know how. SW C stated if history is known, a trauma-informed care plan would be implemented. SW C stated they were present when R6 was admitted to the facility and they had not completed the questionnaire regarding trauma-informed care due to the belief there were no issues. SW C stated the facility adds information to the care plan after watching the residents, talking with family, and observing.On 06/17/26 at 7:17 AM, Surveyor interviewed Licensed Practical Nurse (LPN) I about residents with PTSD. LPN I stated there are residents with PTSD, including R6. LPN I stated if a resident has PTSD the diagnosis will be listed in their chart. LPN I stated any (continued on next page)		

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F 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	information related to the resident's PTSD would be found in their care plan. LPN I stated there was no current behavior charting for R6. When asked if LPN I received any training related to PTSD or trauma-informed care, LPN I stated they had no training specific to this. On 06/17/26 at 7:44 AM, Surveyor interviewed Certified Nursing Assistant (CNA) H about residents with PTSD. CNA H stated CNA H was not aware of any residents with PTSD. CNA H stated they did not receive any training related to PTSD or trauma-informed care. When asked if CNA H was aware of R6 having PTSD CNA H stated no one told them about it, CNA H just assumed R6 did. CNA H stated staff chart behaviors on all residents including R6. On 06/17/26 at 8:16 AM, Surveyor interviewed NHA A about training related to PTSD and trauma-informed care. NHA A stated there was no formal training for floor staff, only management. NHA A stated there was no policy or procedure available for PTSD or trauma-informed care. On 06/17/26 at 10:45 AM, NHA A supplied Surveyor with a previous trauma-informed care staff training completion list, which indicated the training was retired and the most recent completion date was 02/02/25. Many current staff were not included on the list, and the training was more than a year prior to this Survey.		

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. Based on observation, record review and interview, the facility did not ensure a medication error rate of 5% or less for 2 of 4 residents (R) (R30 and R10) observed for medication administration. The facility had 38 opportunities and 4 medication errors resulting in a 10.53% error rate. R30's divalproex delayed release (DR) tablet (an anticonvulsant and mood stabilizer), omeprazole delayed release capsule (a proton pump inhibitor for gastric acid) and tamsulosin capsule (an alpha blocker to relax muscle in prostate) were opened, crushed and sprinkled into applesauce for administration. This had the potential to cause harm as medication was not intended to be immediately released. R10's omeprazole delayed release capsule was opened and sprinkled into applesauce for administration. This had the potential to cause harm as medication was not intended to be immediately released. This is evidenced by: Example 1 On 06/16/26 at 7:34 AM, Surveyor observed Registered Nurse (RN) D preparing R30's medications. Surveyor observed RN D place R30's medications - divalproex DR 250 mg 1 tab, Eliquis 5 mg 1 tab, aspirin 81 mg 1 tab, senna plus 8.6/50 mg 2 tabs, allopurinol 100 mg 1 tab, Jardiance 25 mg 1 tab, metformin 500 mg 1 tab, metoprolol 25 mg 1 tab, metoprolol 50 mg 1 tab, torsemide 10 mg 1 tab, and torsemide 20 mg 1 tab - into a medication sheath, crush medications and place into applesauce. Surveyor then observed RN D open R30's omeprazole 40 mg DR 1 cap and tamsulosin 0.4 mg 1 cap and sprinkle the contents into the same cup of applesauce. Surveyor observed RN D administer the medications mixed in applesauce to R30. On 06/16/26 at 7:38 AM, Surveyor asked RN D if the pharmacy reviewed medications for safety in administering them in crushed or sprinkled form. RN D stated yes. Surveyor asked RN D if this is documented in R30's medical record. RN D looked at R30's electronic medical record (EMR) and showed Surveyor the nursing order, dated 02/27/24, stating 'May crush meds FYI.' Surveyor asked RN D if R30's delayed release medications were reviewed by the pharmacist giving permission to give in crushed or sprinkled form. RN D stated she was wondering about that because that medication was new but did not know if there was any review by the pharmacist. Example 2 On 06/17/26 at 8:07 AM, Surveyor observed RN E preparing R10's medications. Surveyor observed RN E place R10 medications - aspirin 81 mg 1 tab, vitamin D 1,000 IU-2 tabs, acetaminophen 325 mg 2 tabs, sertraline 100 mg 1 tab, sertraline 25 mg 1 tab, lorazepam 0.5 mg 0.5 tab, and lamotrigine 100mg 0.5 tab - into a medication sheath, crush medications and place into applesauce. Surveyor then observed RN E open omeprazole 40 mg DR capsule and sprinkle the contents into the same cup of applesauce. Surveyor observed RN E administer the medications mixed in applesauce to R10. On 06/16/26 at 8:23 AM, Surveyor interviewed RN E regarding observation. Surveyor asked RN E how it is determined a resident will have their medications administered in crushed form. RN E stated either by speech therapy recommendation, provider order, or nursing judgment. Surveyor asked RN E if pharmacy reviews medications for safety prior to administering a medication crushed or sprinkled. RN E stated yes. On 06/16/26 at 9:58 AM, Surveyor interviewed Director of Nursing (DON) B regarding observations. Surveyor asked DON B what the expectation for nursing staff is when administering medications in crushed or sprinkled form. DON B stated the nurse would be expected to contact the provider to get approval if the med is in ER or DR form. Surveyor asked if there was any documentation noting that R30's and R10's medications were reviewed and given the ok to administer in crushed or sprinkle form. DON B stated she would check and get back to Surveyor. On 06/16/26 at 10:55 AM, Surveyor interviewed DON B regarding R30's and R10's medication review. DON B stated prior to the Surveyor's observations of R30 and R10's medication administration, there had not been a pharmacy review of R30 and R10's appropriateness of medications to be administered in crushed or sprinkled form. (continued on next page)		

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Surveyor asked DON B if this should have been completed prior to administering R30 and R10's medications. DON B stated, yes.		

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility did not ensure residents are free of significant medication errors for 2 of 4 residents (R) reviewed for medication administration (R30 and R10).R30's divalproex delayed release tablet (an anticonvulsant and mood stabilizer), omeprazole delayed release capsule (a proton pump inhibitor for gastric acid) and tamsulosin capsule (an alpha blocker to relax muscle in prostate) were opened, crushed and sprinkled into applesauce for administration. This had the potential to cause harm as medication was not intended to be immediately released.R10's omeprazole delayed release capsule was opened and sprinkled into applesauce for administration. This had the potential to cause harm as medication was not intended to be immediately released. This is evidenced by:Facility policy titled, Crushing Medications, dated 2012, states: Medications shall be crushed only when it is appropriate and safe to do so, consistent with physician orders.2. The nursing staff and/or Consultant Pharmacist shall notify any Attending Physician who gives an order to crush a drug that the manufacturer states should not be crushed (for example, long acting or enteric coated medications). The Attending Physician or Consultant Pharmacist must identify an alternative, or the Attending Physician must document why crushing the medication will not adversely affect the resident. 3. Medications that are extended release/long acting or enteric coated should not be crushed unless indicated as in #2.Example 1R30 was admitted to the facility on [DATE].R30's physician orders:03/24/25 tamsulosin HCL 0.4 mg capsule 1 cap daily for benign prostatic hypertrophy.07/03/25 omeprazole delayed release (DR) 40 mg capsule 1 cap daily for gastroesophageal reflux.05/29/26 divalproex sodium 250 mg delayed release (DR) tablet 1 tab daily for anxiety.R30's nursing orders:02/27/24 may crush meds FYI.Surveyor reviewed R30's medical record and noted no pharmacy review of appropriateness to have medication crushed for administration.On 06/16/26 at 7:34 AM, Surveyor observed Registered Nurse (RN) D preparing R30's medications. Surveyor observed RN D crush R30's divalproex sodium DR 250 mg 1 tab and place into applesauce. Surveyor then observed RN D open R30's omeprazole DR 40 mg 1 cap and tamsulosin 0.4 mg 1 cap and sprinkle the contents into the same cup of applesauce. Surveyor observed RN D administer the medications mixed in applesauce to R30.On 06/16/26 at 7:38 AM, Surveyor asked RN D if the pharmacy reviewed medications for safety in administering them in crushed or sprinkled form. RN D stated yes. Surveyor asked RN D if this is documented in R30's medical record. RN D looked at R30's electronic medical record (EMR) and showed Surveyor the nursing order, dated 02/27/24, stating 'May crush meds FYI.' Surveyor asked RN D if R30's delayed release medications were reviewed by the pharmacist giving permission to give in crushed or sprinkled form. RN D stated she was wondering about that because the medication was new but did not know if there was any review by the pharmacist.Example 2R10 was admitted to the facility on [DATE].R10's physician orders:05/14/26 omeprazole 40 mg capsule delayed release (DR) by mouth daily for gastroesophageal reflux diseaseR10's nursing orders:07/24/25 FYI May crush meds FYI in applesauce and thickened liquids nectar.Surveyor reviewed R10's medical record and noted no pharmacy review of appropriateness to have medication crushed for administration.On 06/17/26 at 8:07 AM, Surveyor observed RN E preparing R10's medications. Surveyor observed RN E open R10's omeprazole 40 mg DR capsule and sprinkle the contents into cup of applesauce. Surveyor observed RN E administer the medication mixed in applesauce to R10.On 06/16/26 at 8:23 AM, Surveyor interviewed RN E regarding observation. Surveyor asked RN E how it is determined if a resident will have their medications administered in crushed form. RN E stated either by speech therapy recommendation, provider order, (continued on next page)		

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	or nursing judgment. Surveyor asked RN E if pharmacy reviews medications for safety prior to administering a medication crushed or sprinkled. RN E stated yes. On 06/16/26 at 9:58 AM, Surveyor interviewed Director of Nursing (DON) B regarding observations. Surveyor asked DON B what the expectation for nursing staff is when administering medications in crushed or sprinkled form. DON B stated the nurse would be expected to contact the provider to get approval if the med is in DR form. Surveyor asked if there was any documentation noting that R30's and R10's medications were reviewed and given the ok to administer in crushed or sprinkle form. DON B stated she would check and get back to Surveyor. On 06/16/26 at 3:00 PM, DON B provided Surveyor with a pharmacy review via fax, dated 06/16/26 at 2:24 PM, that stated: [R30's] divalproex 250 mg ER tablets should NOT be crushed. [R30's] tamsulosin 0.4 mg capsule should NOT be opened prior to giving. [R30's] omeprazole capsule MAY be opened and sprinkled on a spoonful of soft, cool applesauce or similar food. Do not crush or chew the pellets. DON B stated prior to the Surveyor's observations of R30 and R10's medication administration, there had not been a pharmacy review of R30 and R10's medications to be administered in crushed or sprinkled form. Surveyor asked DON B if this should have been completed prior to administering R30 and R10's medications. DON B stated yes.		