

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525625	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/02/2025
NAME OF PROVIDER OR SUPPLIER  Lakeland Health Care Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  1922 Cty Rd Nn Elkhorn, WI 53121	

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)
<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>(continued on next page)</p>

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:  525625	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/02/2025
NAME OF PROVIDER OR SUPPLIER  Lakeland Health Care Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  1922 Cty Rd Nn Elkhorn, WI 53121	

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)
<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility did not ensure residents were free from physical and verbal abuse for 1 (R1) of 3 residents reviewed for abuse. R1, who is diagnosed with dementia, started displaying aggressive behaviors and being resistive to cares within the first 2 weeks of being admitted to the facility. The facility did not develop or implement a behavior care plan with resident specific interventions to help guide staff in how to care for R1. On 8/11/25, R1 was being cared for by Certified Nursing Assistant (CNA)-C and Registered Nurse (RN)-D. R1 was agitated, aggressive and resistive to cares. CNA-C was working to calm R1. RN-D entered R1's room and was yelling at R1 to let them take care of R1. While R1 was sitting at the edge of R1's bed, RN-D grabbed R1's legs and threw them in R1's bed, making R1 lay down in bed. RN-D then grabbed R1's blanket and used the blanket to hold R1's shoulders down. While holding R1's shoulders down on the bed, RN-D was shaking R1's shoulders and was yelling in R1's face. CNA-C eventually got RN-D to release R1 and leave the room. During an interview, R1 stated that R1 was afraid during this interaction. The facility's failure to keep R1 safe and free from physical and verbal abuse by a facility staff member created a finding of immediate jeopardy that began on 8/11/25. Surveyor notified Nursing Home Administrator (NHA)-A and Director of Nursing (DON)-B of the immediate jeopardy on 8/27/25 at 2:36 PM. The immediate jeopardy was removed on 8/11/25 and corrected on 8/25/25. Based on this determination, this citation is being cited as past noncompliance. Findings include: The facility policy with a last revision date of 9/2024, titled Freedom from Abuse, Neglect and Exploitation documents: It is the policy of the [name of facility] to take steps to ensure that the residents are protected from abuse. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. Residents will not be subjected to abuse by anyone, including but not limited to, facility staff, other residents, consultants or volunteers, staff of other agencies serving the resident. Abuse is the willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish. Abuse includes verbal abuse, sexual abuse, physical abuse and mental abuse. Verbal abuse is defined as the use of oral, written or gestured language that willfully includes disparaging and derogatory terms to residents or their families. Physical abuse includes but is not limited to hitting, slapping, pinching, and kicking. Abuse Policy Requirements: The facility is to monitor staff for burnout, which could lead to the potential maltreatment of residents. Staff and contracted individuals will be taught the signs and symptoms of staff burnout. Staff should report any signs and symptoms of burnout to their supervisor. The facility's population presents the following factors, which could result in mistreatment of residents: The assessment, planning of care and services and monitoring of residents with needs and behaviors which might lead to conflict or neglect, such as residents with a history of cognitive deficits, sensory deficits, aggressive behaviors, residents who have behaviors such as verbal outbursts, residents with communication disorders, those who are nonverbal and those that require heavy care and/or are totally dependent on staff. The facility will ensure a comprehensive dementia management program to prevent resident abuse. The alleged perpetrator will immediately be removed and resident protected. Employees accused of alleged abuse will be immediately removed from resident care areas and will remain removed pending the results of a thorough investigation. R1 was admitted to the facility on [DATE] and has diagnoses that include Dementia, Major depressive disorder, and Primary Osteoarthritis of right shoulder. R1's admission Minimum Data Set (MDS) assessment dated [DATE] documents R1 is moderately cognitively impaired. R1 does not exhibit any behaviors. R1's Dementia Care Area assessment dated [DATE] documents: [R1] has dementia. [R1] may exhibit some confusion due to dementia. [R1] is verbal and able to communicate but struggles in recalling information. Staff may need to help [R1] anticipate needs and provide reminders and cues. R1 has an activated Health Care Power of Attorney. R1's MD orders with a start date of 4/24/25 include: -Sertraline [an Antidepressant medication] Oral Tablet 100 [Milligrams (mg)]. Give 1 tablet by mouth one time a day related to Major Depressive Disorder. -Behaviors-monitor for the following-fearfulness, self-isolation, poor appetite, sad/worried facial expressions. Every shift.-Mood: monitor for depressed mood, statements of sadness, crying, self-isolation, etc. Every shift. R1's cognitive function [related to] dementia care plan initiated on 4/24/25 documents the following interventions: Ask yes/no questions in order to determine [R1's] needs. Communicate with [R1]/family/caregivers regarding her capabilities and needs. R1's depression care plan initiated on 4/24/25 documents the following pertinent intervention:</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525625	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/02/2025
NAME OF PROVIDER OR SUPPLIER  Lakeland Health Care Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  1922 Cty Rd Nn Elkhorn, WI 53121	

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 0744  Level of Harm - Actual harm  Residents Affected - Few	Provide the appropriate treatment and services to a resident who displays or is diagnosed with dementia.  (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525625	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/02/2025
NAME OF PROVIDER OR SUPPLIER  Lakeland Health Care Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  1922 Cty Rd Nn Elkhorn, WI 53121	
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 0744  Level of Harm - Actual harm  Residents Affected - Few	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility did not ensure residents with dementia received the appropriate treatment and services to attain their highest practical physical, mental and psychological well-being for 1 (R1) of 1 resident reviewed with dementia.*R1 has a diagnosis of dementia. R1 started displaying aggressive behaviors and being resistive to cares within the first 2 weeks of being admitted to the facility. The facility did not develop or implement a behavior care plan with resident specific interventions to help guide staff in how to care for R1. The facility did not document that R1's Medical Doctor (MD) was made aware of R1's increase in aggressive and resistive care behaviors. On 8/9/25 at 4:18 AM, an early Saturday morning, R1 continued with behaviors and Registered Nurse (RN)-D documented that R1's MD was contacted by fax to inform R1's MD of R1's behavior and to receive further orders. R1's MD did not acknowledge the fax communication on 8/9 or 8/10/25 and facility staff did not follow up with additional communication to R1's MD. On 8/11/24 at 12:30 AM, R1 was agitated, aggressive and resistive to cares. R1 was being cared for by Certified Nursing Assistant (CNA)-C and RN-D. CNA-C was working to calm R1. RN-D entered R1's room and was yelling at R1 to let them take care of R1. While R1 was sitting at the edge of R1's bed. RN-D grabbed R1's legs and threw them in R1's bed, making R1 lay down in bed. RN-D grabbed R1's blanket and used the blanket to hold R1's shoulders down. While holding R1's shoulders down on the bed, RN-D was shaking R1's shoulders and was yelling in R1's face. CNA-C eventually got RN-D to release R1 and leave the room. During an interview, R1 stated that R1 was afraid during this interaction. On 8/15/25, four days after this incident and over 3 months after R1 started displaying challenging behaviors, facility staff entered a behavioral care plan with resident specific interventions. Findings include: The facility policy with a last revision date of 10/2024, titled, Cognitive Impairment and Dementia Care Policy, documents, in part: [Name of facility] promotes and supports a resident centered approach to care. Purpose: To ensure that residents with cognitive impairment or dementia receive person-centered, evidence-based care that promotes dignity, safety, and quality of life. [Name of facility] aims to support an individual's cognitive functioning, physical, emotional, and psychosocial well-being through a safe, respectful, and therapeutic environment. Assessment and admission: Conduct cognitive screening and comprehensive assessments upon admission and at regular intervals. Develop individualized care plans based on assessment findings, resident preferences, and family input. Care plans must reflect the resident's cognitive status, preferences, routines, and abilities. Promote autonomy and engagement in daily activities tailored to cognitive level and interests. Use non-pharmacologic interventions as the first approach to managing behavioral symptoms. Report significant changes in condition or behavior to the interdisciplinary team, medical provider and family promptly. The facility policy with a last revision date of 10/2024, titled, Mood and behavior policy documents: Behavioral health encompasses a resident's whole emotional and mental well-being, therefore an individualized approach to care is essential. The purpose of the Mood and Behavior Policy and Procedure is to provide a plan of care that is individualized to the residents needs based upon the comprehensive assessment by the interdisciplinary team. This plan of care will include medically related social services to address mood and behavioral health services to attain or maintain the highest practicable level of well-being. An initial care plan identifying resident mood and behavior needs will be completed and communicated to care givers. Any mood and behavior symptoms will be documented by the interdisciplinary team while caring for the resident, as well as interventions attempted and outcome. Based upon the assessment findings, the interdisciplinary team will complete a comprehensive Person-Centered Care Plan including specific mood and behavior interventions and approaches as applicable. The facility will assess and determine individualized behavioral care plan interventions for individuals with dementia. Behavioral interventions are individualized approaches (including direct care and activities) that are provided as part of a supportive physical and psychosocial environment, and are directed toward understanding, preventing, relieving, and/or accommodating a resident's distress or loss of abilities. The facility policy with a last revision date of 9/2024, titled Freedom from Abuse, Neglect and Exploitation documents: The facility's population presents the following factors, which could result in mistreatment of residents: The assessment, planning of care and services and monitoring of residents with needs and behaviors which might lead to conflict or neglect, such as residents with a history of cognitive deficits, sensory deficits, aggressive behaviors, residents who have behaviors such as verbal outbursts, residents with communication disorders, those who are nonverbal and</p>		