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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525639	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/28/2026
NAME OF PROVIDER OR SUPPLIER St Elizabeth Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 109 S Atwood Avenue Janesville, WI 53545	

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility did not ensure that a resident who is unable to carry out activities of daily living (ADLs) receives the necessary services to maintain good nutrition, grooming, personal and oral hygiene for 1 of 14 sampled Residents (R32).R32 was not assisted with toileting between 8:15 AM and 1:53 PM.This is evidenced by:The facility's policy Standard ADL (Activities of Daily Living) Protocol, undated, includes: ADLS: .toileting. Problem: Individual requires assistance with Activities of Daily Living (ADLs). CNA: Toileting every 2 or 3 hours or per individual preference. Provide incontinence care as needed.R32 admitted to the facility on [DATE] with diagnoses including Alzheimer's disease with late onset and vascular dementia.R32's Significant change is status assessment MDS (Minimum Data Set), dated 2/20/26, has a BIMS (Brief Interview for Mental Status) score of 00, indicating R32 has severe cognitive impairment.R32's comprehensive care plan, printed 4/27/26, includes: Focus: R32 has an ADL self-care performance deficit r/t (Related To) Dementia.Interventions: Toilet Use: R32 is totally dependent on (2) staff for toilet use. Use two staff for incontinence cares. Transfer: R32 is totally dependent on (2) staff for transferring using a hoyer lift.Focus: R32 has urge and functional bowel/bladder incontinence r/t (Related To) need for assist with toileting.Interventions: offer toileting upon rising and after mealsOn 4/27/26 from 9:32 AM until 12:10 PM, Surveyor observed R32. During this time, R32 remained in her wheelchair. R32 spent much of that time in the dining room. R32 did propel herself around inside the building and sat in the lounge for a brief period of time. At 12:10 PM, R32 was sitting at the dining room table being served lunch.On 4/27/26 at 12:45 PM, Surveyor observed R32 sitting at the dining room table eating lunch.On 4/27/26 at 1:30 PM, Surveyor observed R32 sitting at the dining room table eating yogurt.On 4/27/26 at 1:32 PM, Surveyor interviewed CNA J (Certified Nursing Assistant). CNA J indicated she was assigned to R32 for the day. CNA J indicated she arrived to work around 8:30 AM, and R32 was already in the dining room for breakfast. CNA J indicated CNA K had assisted R32 for R32's morning cares. CNA J indicated she was not sure the last time R32 was provided incontinence care.On 4/27/26 at 1:34 PM, Surveyor interviewed CNA K regarding R32. CNA K indicated she is not assigned to R32's unit but did get R32 up. CNA K indicated she assisted R32 with incontinent care and getting R32 into her wheelchair for breakfast at 8:15 AM. CNA K indicated CNA J was assigned to R32 for the day. CNA K indicated toileting should be provided every 2 to 3 hours. CNA K indicated she had not assisted R32 after getting her up at 8:15 AM.On 4/27/26 at 1:53 PM, CNA J came to the dining room to assist R32 to her room. CNA J and CNA K assisted R32 into bed and provided incontinence care. Surveyor observed R32's brief to be saturated with urine and feces.On 4/27/26 at 2:10 PM, Surveyor interviewed CNA J. CNA J indicated toileting should be provided every 2 to 3 hours.On 4/27/26 at 2:11 PM, Surveyor interviewed RN L (Registered Nurse). RN L indicated toileting and repositioning for residents should occur every 2 hours.On 4/27/26 at 2:14 PM, Surveyor interviewed CNA H. CNA H indicated she had not assisted CNA J in providing incontinence care to R32. CNA H indicated toileting should be provided every 2 hours.On 4/27/26 at 3:00 PM, Surveyor interviewed DON B (Director of Nursing) regarding incontinence care. DON B indicated R32 should be assisted before and after meals with incontinence care. Surveyor informed DON B of the observation and interviews that staff had not (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not ensure that sufficient nursing staff were provided to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident (R) for 4 of 4 Residents (R14, R16, R30, & R34) and 1 of 1 anonymous resident reviewed for staffing. Surveyors entered the facility on the weekend due to the facility being triggered for low weekend staffing. R14 voiced concerns regarding call lights not answered in a timely manner and the facility does not have enough staff to care for residents. R16 voiced concerns with call light times not being answered for 45 minutes. An anonymous resident voiced concern that she had to wait two and a half hours for someone to get her up in the morning. R30's call light was on for 1 hour and 16 minutes on 4/26/26 before staff answered it. R34 voiced concerns about wait times being too long when using the call light. Evidenced by: The Facility assessment dated [DATE] includes the following: . Resident Level of Independence to Dependence: ADL ASSISTANCE: Dressing: 12.5% Independent, 42.5% Require assistance of 1-2, 45% are dependent Bathing: 0% Independent, 46.5% Require assistance of 1-2, 53.5% are dependent Transfer: 15% Independent, 45% Require assistance of 1-2, 40% are dependent Eating: 0% Independent, 40.7% Require assistance of 1-2, 18.6% are dependent Toileting: 15% Independent, 52.5% Require assistance of 1-2, 32.5% are dependent. The staffing plan detailed below describes how staffing decisions are made to ensure that there are sufficient number of staff with the appropriate competencies and skill sets necessary to care for its residents' needs as identified through resident assessments and plans of care. *Staffing needs for facility, unit, and shift. The table below describes the number of staff available to meet residents' needs. Nursing, nutrition services and housekeeping staffing is evaluated at the (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	beginning of each shift and adjusted as needed to meet the care needs and acuity of the resident population. Position: Licensed Nurses FTEs (Full Time Equivalent): 5.3 Certified Nursing Assistants (CNAS) FTEs: 10.8 Medication techs FTEs: 2.4. . The staffing ratios for the CNAs vary day to day depending on resident population and assessed need. When the care needs are higher, we assist the staff in finding ways to become more efficient, and adding more support if needed. Staffing adjustments based on changes to the resident population: Daily and throughout each shift, residents' individualized needs are assessed. The competencies and availability of staff are adjusted based on the results of such assessments. The data found within the Facility Assessment: Resident Population drives staffing decisions (staff assignments, systems for coordination, and continuity of care) . The monitoring of all discipline's staffing supports the resident specific needs on each unit Example 1: R14 was admitted to the facility on [DATE] and has diagnoses that include age-related osteoporosis (a condition where bones become weak and brittle due to aging), congestive heart failure (a chronic, progressive condition where the heart cannot pump blood efficiently, causing fluid buildup (congestion) in the lungs and body), and major depressive disorder. R14's Quarterly Minimum Data Set (MDS) Assessment, dated 1/29/26 shows R14 has a Brief Interview of Mental Status Score (BIMS) of 13 indicating R14 is cognitively intact. On 4/26/26, at 10:39 AM, Surveyor interviewed R14. R14 voiced concerns about the facility not having enough help to care for the residents. R14 indicated it takes the staff 45 minutes to answer her call light most times. R14 indicated there have been times she has had to wait on the toilet for staff for so long her legs fell asleep making it difficult to transfer off the toilet. R14 indicated that one time she fell while transferring up off the toilet due to her legs falling asleep from waiting so long. Example 2: R16 was admitted to the facility on [DATE] and has diagnoses that include anxiety disorder, and overactive bladder (condition characterized by a sudden, uncontrollable urge to urinate, often leading to frequent bathroom trips and incontinence). R16's Quarterly MDS (minimum data set) Assessment, dated 3/13/26 shows that R16 has a BIMS of 9, indicating R16 has moderate cognitive impairment. On 4/26/26 at 11:03 AM, Surveyor interviewed R16 and FM M (Family Member). R16 voiced concern that call light wait times are 45 minutes. FM M indicated it is hard getting staff to assist R16 to the bathroom most times. R16 and FM M returned from church at 10:15 AM and turned the call light on (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	times and toileting/repositioning does not get done every two hours. CNA K indicated there are days cnas will get repositioning/toileting done twice. Surveyor asked CNA K how much time it should take before a call light is answered. CNA K indicated 5 to 10 minutes. Surveyor asked CNA K, answering a call light 20 minutes up to an hour after it is turned on, addressing the residents' needs timely. CNA K indicated no. On 4/28/26 at 10:48 AM, Surveyor interviewed NS D (nursing scheduler). NS D indicated the staffing pattern is determined by the administrator. NS D indicated the facility's staffing pattern is no less than 3 cnas on the day shift, 3 cnas on the pm shift and two cnas on the night shift. NS D indicated if the census is over 38, then 4 cnas on the day shift, 3 1/2 cnas on the pm shift, and two cnas on the night shift. NS D indicated there is a nurse on every shift and a med tech on the day and evening shifts. The night shift has one nurse. Surveyor asked NS D what the process is for a call in. NS D indicated if there is a call in Monday through Friday NS D tries to fill the position. If there is a call in on the weekends, the director of nursing tries to fill it. NS D indicated there is axillary staff to assist on the floor as needed. NS D indicated she is a cna and the dietary manager is a cna and both can assist when needed. On 4/28/26 at 10:53 AM, Surveyor interviewed DON B (Director of Nursing). Surveyor asked DON B how much time should lapse between a call light being turned on until the call light is answered. DON B indicated the facility has no set goals. DON B indicated no more than 15 minutes should lapse before staff answer call lights. Surveyor reviewed the call light logs with DON B and asked if 20, 30, 45 minutes to over an hour before call lights are answered is addressing the residents' needs in a timely manner. DON B indicated no, there is no reason for those response times. DON B indicated there are enough staff on the floor. DON B indicated looking at the dates of the call light log she would say it is due to the staff that worked. Example 4: R34 admitted to the facility on [DATE] with diagnoses that include, in part: acute respiratory failure with hypoxia (severe shortness of breath with low blood oxygen), acute embolism and thrombosis of left popliteal vein and left tibial vein (blood clot in vein behind and below knee), and chronic diastolic (congestive) heart failure (heart condition with symptoms that may include shortness of breath, leg swelling, and fatigue). R34's Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 2/4/26 indicates R34 has a Brief Interview for Mental Status (BIMS) score of 15 out of 15, indicating he is cognitively intact. On 4/26/26 at 9:48 AM, Surveyor spoke with R34. R34 indicated the facility is short-staffed and needs more help. R34 indicated it takes a long time to get help and said he has waited anywhere from 30 minutes to 2 or 3 hours to get staff to answer his call light. R34 indicated he occasionally needs help with going to the bathroom and wiping himself, and if staff doesn't come in to help him, he attempts to do it by himself. R34's most recent care plan includes the following, in part: Toileting: Toilet use: The resident requires (limited assistance) by (1) staff for toileting. Resident goes into the bathroom frequently on his own. Surveyor reviewed R34's call light wait times during the weekend of 4/4/26 to 4/26/26. On 4/26/26 at 5:27 AM, the report indicated R34 waited 1 hour and 9 minutes for his call light to be answered.