STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525639	A. Building B. Wing	04/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Elizabeth Nursing Home	109 S. Atwood Ave. 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 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 (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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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 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 (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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 right away for R16 to use the bathroom. It is 11:05 AM and staff still have not answered the call light. Surveyor asked R16 and FM M what is the average wait time for staff to answer R16's call light. FM M indicated it depends on how much staff are working. As Surveyor was talking with R16 and FM M staff came into room and assisted R16 to the bathroom at 11:10 AM. On 4/26/26 at 11:15 AM, Surveyor interviewed an anonymous resident. Surveyor asked the resident if she receives the care she needs. The resident indicated no. The resident voiced concern about having to wait for staff this morning for over two hours. The resident indicated she put her call light on at 4:00AM and staff did not answer her call light until 6:30AM. The resident indicated the cna (certified nursing assistant) that was working informed the resident that she was the only cna working and there are four residents ahead of her. The resident indicated she was incontinent with urine and had to wait in a wet bed. The resident indicated she felt neglected, and the facility does not have the staff to properly care for the residents. Surveyor asked the resident if she had told anyone that she felt neglected. The resident indicated no and felt there would be retaliation from the staff. Example 3: R30 was admitted to the facility on [DATE] and has diagnoses that include difficulty in walking, need for assistance with personal care, repeated falls, and urinary incontinence. R30's Quarterly MDS (minimum data set) Assessment, dated 4/3/26 shows that R30's BIMS (Brief interview of mental status) is 14 indicating R30 is cognitively intact. Surveyor requested call light logs for the duration of Friday April 24, 2026- Sunday April 26, 2026. The call light log shows for R30: On 4/26/26, at 4:44AM, R30's call light was on for 1 hour and 16 minutes until it answered. The call light log shows for R14: On 4/25/26, at 7:46AM R14's call light was on for 25 minutes until answered. On 4/25/26, at 8:05AM, R14's call light was on for another 26 minutes until answered. On 4/26/26, at 4:19AM, R14's call light was on for 24 minutes until answered. On 4/26/26, at 7:09PM, R14's call light was on for 31 minutes until answered. The call light log shows for R16: (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 4/24/26, at 3:13AM, R16's call light was on for 50 minutes until answered. On 4/24/26, at 6:39AM, R16's call light was on for 43 minutes until answered. On 4/26/26, at 10:30AM, R16's call light was on for 38 minutes until answered. On 4/26/26, at 8:06AM, R16's call light was on for 34 minutes until answered. The nursing schedule for Friday April 24, 2026, shows: Day Shift: 1 RN (registered nurse), 1 LPN (licensed practical nurse) and DON (director of nursing) PM Shift: 1 RN and 1 MT (Med Tech), 3 1/4 cnas Night Shift: 1 LPN and 1 cna. 1 cna called in. The nursing schedule for Saturday April 25. 2026, shows: Day Shift: 1 RN and 1 LPN, 2 1/2 cnas PM Shift: 1 MT and 1 RN. 3 cnas Night Shift: 1 RN and 1 cna. 1 cna called in. The nursing schedule for Sunday April 26, 2026, shows: Day Shift: 1 MT and 1 RN. 2 1/2 cnas PM Shift: 1 RN and 1 MT. 3 cnas Night Shift: 1 RN and 2 cnas Note: The nursing schedule for Friday April 24, 2026, and Saturday April 25, 2026, shows the night shift: one cna and one nurse worked. One cna had called in on both evenings. On 4/28/26 at 8:11 AM, Surveyor interviewed CNA N (certified nursing assistant) and asked if CNA N feels there are enough staff to care for the residents. CNA N indicated no. CNA N indicated there are times when daily assignments are not completed by cnas. CNA N indicated things get overlooked such as charting. CNA N indicated the facility expects the staff to stay after their shift to complete the charting. CNA N indicated cnas do not get toileting and repositioning completed on residents. CNA N indicated that the staff know what residents want things done at a particular time and those residents are the residents that the staff get to. As for the other residents they must wait. Surveyor asked CNA N how much time it should take for staff to answer a call light. CNA N indicated 3 minutes. Surveyor asked CNA N if answering a call light 20 minutes up to an hour addressing the residents' needs timely. CNA N indicated no, that is not acceptable. CNA N indicated residents do wait that long quite a bit. CNA N indicated the residents complain about the call light waiting times daily. On 4/28/26 at 9:39 AM, Surveyor interviewed CNA J. CNA J indicated there are times cnas do not get water passed to residents and residents do not get toileted, changed, and repositioned every two (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	hours. CNA J indicated every three hours but not every two hours. Surveyor asked CNA J how much time should take before a call light is answered. CNA J indicated 2 minutes. Surveyor asked CNA J if answering a call light 20 minutes up to an hour after it is turned on is addressing the residents' needs timely. CNA J indicated no. On 4/28/26 at 9:48 AM, Surveyor interviewed CNA K and asked if CNA K feels there are enough staff to care for the residents properly. CNA K indicated not every day. Surveyor asked if there are times cnas do not get daily assignments completed. CNA K indicated cnas do not get showers completed at 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 (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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.

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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 (PASRR) process for 1 of 5 residents (R13) reviewed for PASRR screening. R13 did not have a PASRR Level 2 completed. This is evidenced by: Facility policy SNF Admissions, admission Criteria/Requirements revised 2/11/26, states, in part: .Policy: Uniform guidelines will be in place to promote clear expectations around the admission of individuals to the skilled nursing facility (SNF). Procedure: F. Residents diagnosed with serious mental illness or developmental disabilities will be screened prior to admission utilizing Preadmission Screen and Resident Review (PASRR). a. PASRR will contribute to individual's plan of care. b. PASRR level 2 screen may be utilized to determine the facilities' ability to manage the individual need. R13 was admitted to the facility on [DATE] with diagnoses of Neurocognitive disorder with Lewy Bodies (a progressive brain disease that disrupts thinking, movement, sleep and mood), Parkinson's (progressive brain disorder reducing the production of a chemical called dopamine, which causes movement related issues, such as tremors, muscle stiffness, slow movement, and balance problems), and dementia (a decline in brain function that interferes with daily life usually caused by irreversible brain damage). Surveyor requested PASRR II documentation for R13. On 4/28/26 at 12:10 PM, AD I (Admissions Director) indicated they were unable to locate a PASRR II on file for R13. On 4/28/2026 at 11:22 AM, Surveyor interviewed AD I. Surveyor asked AD I If you are looking at R13's PASSR Level 1, would you expect that she would need a level II. AD I stated Yes I would. It looks like the person that was doing this job before never turned it in but I'm submitting a new one right now. On 4/28/2026 at 11:36 AM, Surveyor interviewed NHA A (Nursing Home Administrator). Surveyor asked NHA A Would you expect that R13 should have a PASRR level II completed, after looking at the level 1 screen. NHA A stated Yes, she should of had the level II done, our former Social Worker should have done one but didn't.

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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 provided incontinence care to R32 between 8:15 AM and 1:53 PM. DON B indicated R32 should have been toileted during that time.

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility did not ensure that residents with an indwelling catheter received the appropriate care and services to prevent infections or complications for 2 of 2 residents (R5, R8) reviewed for catheters.Surveyors observed R5's indwelling urinary catheter to be resting in direct contact with the floor.Surveyors observed R8's indwelling urinary catheter to be resting in direct contact with the floor.This is evidenced by:Facility policy, titled Standard Indwelling Catheter Protocol, undated, states in part: Problem: Individual has indwelling catheter. Goal: Patency will be maintained and risk of infection will be minimized.CNA:.Keep drainage bag below level of bladder and off floor; tubing free of kinks, twists, or pressure.Example 1: R5 initially admitted to the facility on [DATE] with diagnoses that include, in part: neuromuscular dysfunction of bladder (nerve damage which interrupts signals between nervous system and bladder function), benign prosthetic hyperplasia with lower urinary tract symptoms (enlargement of the prostate gland causing urinary issues), and retention of urine (inability to fully empty the bladder).R5's physician orders include the following, in part: Indwelling foley catheter - order date: 5/30/25. R5's most recent care plan includes the following, in part: [R5] has an indwelling foley catheter due to neurogenic bladder.Hx (history) of MRSA (methicillin-resistant staphylococcus aureus / antibiotic-resistant bacteria) in urine, Has recurrent UTIs (urinary tract infections), enhanced barrier precautions.On 4/26/26 at 12:32 PM, Surveyor observed R5 in the dining room. R5's catheter bag was hooked onto the bottom of his wheelchair and had a front dignity flap on it to hide the urine from view. The catheter bag was in direct contact with the floor.On 4/26/26 at 12:47 PM, Surveyor pointed out R5's catheter bag touching the floor to NS D (Nursing Scheduler). NS D indicated it should not be on the floor and said she would ensure it was adjusted after R5 was finished in the dining room.On 4/26/26 at 3:46 PM, Surveyor observed R5 in his room. R5's was in his recliner chair and his catheter bag was hooked onto his recliner with the majority of the bag in direct contact with the floor.On 4/26/26 at 4:00 PM, Surveyor observed R5's catheter bag on the floor with RN E (Registered Nurse). RN E said the bag was hooked on the recliner. Surveyor asked if it should be lying on the floor even if it's hooked on the recliner. RN E said no and inserted the catheter bag into the pocket on the side of the recliner so it was no longer touching the floor.On 4/27/26 at 3:17 PM, Surveyor asked DON B (Director of Nursing) if urinary catheter bags should ever be touching the floor. DON B said no. Example 2:R8 admitted to the facility on [DATE] with diagnoses that include, in part: functional urinary incontinence (loss of bladder control due to an impairment) and neuromuscular dysfunction of bladder (nerve damage which interrupts signals between nervous system and bladder function). R8's physician orders include the following, in part: Indwelling foley catheter.for urinary retention diagnosis - order date: 4/17/26.On 4/26/26 at 12:32 PM, Surveyor observed R8 in the dining room. R8's catheter bag was hooked onto the bottom of her wheelchair and had a front dignity flap on it to hide the urine from view. The catheter bag was in direct contact with the floor.On 4/26/26 12:42 PM, Surveyor observed DM/CNA F (Dietary Manager & Certified Nursing Assistant) assist R8 back to her room in her wheelchair. Surveyor stopped DM/CNA F and asked if her catheter bag was dragging on the floor. DM/CNA F looked at R8's catheter bag and said yes, the front part was touching the floor. DM/CNA F attempted to adjust the catheter bag on the wheelchair frame, but it slid back down. DM/CNA F said she would tell someone.On 4/26/26 at 12:46 PM, DM/CNA F told Surveyor the catheter bag had been adjusted.On 4/27/26 at 3:17 PM, Surveyor asked DON B (Director of Nursing) if urinary catheter bags should ever be touching the floor. DON B said no.

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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 interview and record review the facility failed to maintain acceptable parameters of nutritional status and consult with the residents Physician on this for 1 of 3 residents (R3) reviewed for nutrition. R3 had a severe weight loss of 9.94% in 3 weeks. The facility did not notify the physician. The facility did not put interventions in place. Evidenced by:The facility policy entitled Nutrition at Risk, dated 11/30/06, states, in part: . Policy: Will provide services for nutritionally at-risk residents.Purpose: To ensure that these situations are addressed promptly and adequately.When a resident is determined to be at risk nutritionally, dining and nursing personnel will address the problem by assessment, diagnosis, care plan, implementation of action, and evaluation of the action in the respective discipline progress notes.1. Weight. C. 1. Abnormal fluctuation in weight would indicate nutritional risk. Interval Significant Loss 1 month 5% 3 months 7.5% 6 months 10% .3. Interventions A. Supplements/Fortified Foods/Scheduled Snacks B. Counseling by Registered Dietician/Dining Director. E. MD (Medical Director)- for diagnostic procedures. F. Recommend diet change. 2. Update resident care plan- quarterly and as needed.3. Re-evaluation process- at risk residents are charted on a minimum of one time per month by the Registered Dietician or Dining Director. R3 admitted to the facility on [DATE] and has diagnoses that include muscle weakness, repeated falls, and congestive heart failure (a chronic, progressive condition where the heart cannot pump blood efficiently, causing fluid buildup (congestion) in the lungs and body). R3's Care Plan, dated 4/06/26, states, in part: . Focus: Resident is at nutritional risk related to low BMI (Body Mass Index). Residents have increased needs for wound healing. Resident with RA (Rheumatoid arthritis), low back pain, COPD (Chronic Obstructive Pulmonary Disease), chronic respiratory failure and anemia which may affect meal intake and weight status. Allergy to banana and whole egg. Date Initiated: 4/06/26. Revision on: 4/06/26.Goal: The resident will safely consume foods/fluids to meet energy needs to maintain weight and meet fluid needs for hydration as health permits through review date. Date Initiated: 4/06/26. Revision on: 4/06/26. Target Date: 6/30/26.Interventions: .-Monitor and record weight as ordered. Notify MD (Medical Director)/responsible party of significant weight changes. Date Initiated: 4/06/26.-Monitor/record/report to MD PRN (as needed) s/sx (signs and symptoms) of malnutrition: Emaciation., muscle wasting, significant weight loss: 3 pounds in 1 week, >5% in 1 month, >7.5% in 3 months, >10% in 6 months. Date Initiated: 4/06/26.-Provide and serve supplements as ordered: Med Pass 2.0- 60 mL (milliliters) TID (three times a day)-Mighty shakes TID. Date Initiated: 4/06/26. Revision on: 4/27/26.Note: There are no new interventions put into place 4/23/26 when weight loss triggered. R3's Nutritional Assessment, dated 4/06/26, states, in part: . C. Current Diet Order: General/RegularD. Current Supplements: None at present.I. Usual Body Weight: 100#J. Ideal Body Weight: 120# +/- 10% .L. Weight Goal: maintain/gain.AD. Diagnosis: Resident at nutritional risk related to low BMI. Resident has increased needs for wound healing. Resident with RA, low back pain, COPD, chronic respiratory failure and anemia which may affect meal intake and weight status. Allergy to banana and whole egg.AE. Interventions: Diet per MD order-General/Regular. Allergy to banana and whole egg. Med Pass 2.0- 60 mL TID. Monitor and record meal intake daily. Monitor weights per MD order for changes. Medications per MD order. Monitor labs as available. Offer alternates to meals disliked.AF. Monitoring: Intake, weight, labs and skin.AH. The resident will safely consume foods/fluids to meet energy needs to maintain weight and meet fluid needs for hydration as health permits. R3's weight record:4/01/26- 100.6 pounds4/02/26- 102 pounds4/16/26- 93 pounds4/23/26- 90.6 poundsNote: This shows R3 had a 9.94% severe weight loss in three weeks. R3's Physicians Orders, dated 4/27/26, states, in part: . General/Regular diet Regular texture, thin consistency. Start Date: 4/06/26.Med Pass 2.0 three times a day 60 mL TID. Start Date: 4/06/2026.Weekly weights every day shift every Thu for monitoring for 4 weeks. Start Date: 4/09/26. Of note: there is no MD notification that was found by Surveyor regarding weight loss in R3's progress notes. On 4/26/26 at (continued on next page)

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	525639	A. Building B. Wing	04/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Elizabeth Nursing Home	109 S. Atwood Ave. Janesville, WI 53545

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	9:49 AM, Surveyor interviewed R3. R3 indicated the food in the facility is terrible. R3 indicated the food has no taste, no salt, and is very bland. R3 indicated her weight is down to 90 pounds from 100 pounds in just a few weeks. Surveyor asked if R3 receives a nutritional supplement. R3 indicated she receives Ensure once and awhile. R3 indicates she does not like it. Surveyor asked R3 if the facility has offered her other flavors or other supplemental choices. R3 indicated no.On 4/27/26 at 10:57 AM, Surveyor interviewed RD O (Registered Dietician) and reviewed R3's weights with RD O. On 4/1/26 admission, R3's weight was 100.6 pounds. On 4/23/26, R3's weight was 90.6 pounds indicating a 9.94% weight loss. Surveyor asked RD O if the 9.94% weight loss in three weeks is considered a severe weight loss. RD O indicated looking at R3's medical record, R3 is triggering for a severe weight loss. Surveyor asked RD O if R3 is at nutritional risk, and RD O indicated yes. Surveyor asked RD O what the process is for monitoring weights in the facility. RD O indicated the process for monitoring weights is the nurses take weights monthly or whatever is ordered. RD O then reviews the weights weekly and then sends a summary to the DON (Director of Nursing) and NHA (Nursing Home Administrator) to include weight discrepancy and what I recommend and what I feel is going on. The DON/NHA then notifies the nurse practitioner of the weight loss and recommendations. RD O indicates she puts interventions in place. Surveyor asked RD O, would she expect the physician to have been updated on R3's weight loss. RD O indicated yes as soon as the weight loss was identified. Surveyor asked RD O if she would expect interventions to be put into place for R3's weight loss. RD O indicated she would have expected a re-weigh when the weight dropped from 102 pounds to 93 pounds to verify the weight is accurate. After the re-weigh, I would expect interventions to be put into place and MD updated by the facility. Surveyor asked RD O if there have been any new interventions put into place with R3's weight loss. RD O indicated Med Pass 60 mLs TID (three times a day) was entered 4/06/26 into R3's medical chart and nothing since. Surveyor asked if RD O, with a severe weight loss such as R3s, would RD O expect a new intervention to be put into place and the care plan updated. RD O indicated yes.On 4/27/26, at 12:22 PM, Surveyor interviewed RN G (Registered Nurse) and asked what the process is for obtaining/monitoring weights. RN G indicated the cnas obtain the weights and report them to the nurse. The nurse enters the weight into the resident's medical record. If the weight flags +/- 5%, 7%, or 10% the nurse is responsible for notifying the MD. On 4/27/26, at 2:52PM, Surveyor interviewed DON B and reviewed R3's weights. Surveyor asked DON B if this 9.94% weight loss in three weeks is a severe weight loss. DON B indicated that 9.94% weight loss is significant. Surveyor asked if she would expect the physician to be notified of R3's weight loss of 9.94% and it be documented. DON B indicated yes. Surveyor asked if DON B would expect interventions to be put into place regarding R3's weight loss of 9.94%. DON B indicated yes.

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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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility did not ensure that residents who need respiratory care are provided such care consistent with professional standards of practice for 2 of 3 residents (R34, R15) reviewed for oxygen.R34 did not have oxygen tubing dated or changed on a regular basis and did not have a sign on his door indicating oxygen was in use.R15 did not have oxygen tubing dated or changed on a regular basis.This is evidenced by:Facility policy, titled Safe Use of Oxygen, reviewed 2/11/26, states, in part: Policy: Entity will provide individuals who are in need of oxygen safe storage, use, and transportation in regulated health care settings. Procedure: A. Storage: .iv. Oxygen In Use signage will be posted in a prominent location.The facility did not provide any additional oxygen tubing/use policies.Example 1: 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), chronic obstructive pulmonary disease (disease that causes obstructed airflow and breathing difficulties), and chronic diastolic (congestive) heart failure (heart condition with symptoms that may include shortness of breath, leg swelling, and fatigue). R34's physician orders include, in part: O2 (oxygen) (specify liter) per NC (nasal cannula)-continuously to keep sats > 88% (oxygen saturation level in the blood) Order date: 1/20/26 and O2 sat every shift, if <88%, start) every shift for shortness of breath, low O2 sats Order date: 1/20/26. On 4/26/26 at 9:48 AM, Surveyor interviewed R34 and observed an oxygen concentrator in his room. There was no sign on the door of his room indicating oxygen was being used. The nasal cannula tubing connected to the oxygen concentrator was not dated. R34 indicated he uses oxygen frequently at night when he's feeling short of breath. On 4/26/26 at 3:57 PM, Surveyor asked RN E (Registered Nurse) about the facility's policy for changing oxygen tubing. RN E indicated the tubing should be changed every week. Surveyor asked RN E if R34's tubing was labeled with the date it was last changed and she said she didn't believe so. RN E indicated she wasn't sure how you would know when to change it again. Surveyor took RN E into R34's room to look at the oxygen tubing. RN E confirmed the tubing didn't have a date on it. RN E said she would change it and date the tubing.On 4/27/26 at 11:35 AM, Surveyor interviewed R34. R34 indicated he puts on oxygen overnight when he needs it; he doesn't use it every night. R34 indicated he doesn't have to ask the nurses for help and he takes it off when he gets up in the morning. Surveyor observed that R34's oxygen tubing was dated and there was an oxygen-in-use sign on his door.On 4/27/26 at 12:03 PM, Surveyor interviewed RN G about R34's oxygen use. RN G indicated his oxygen use is documented in the vitals tab in his chart when staff checks his oxygen saturation levels. RN G works day shift and said R34 does not use it when she's working. RN G reviewed the oxygen order in place for R34 and indicated no directions were specified, so it doesn't show up on his MAR (Medication Administration Record). RN G indicated the order was also not correct, as it specified R34 should be using oxygen continuously instead of as needed. RN G said she would reach out to the nurse practitioner to check on this.Surveyor reviewed R34's oxygen saturation values for April 2026. It was documented that R34 used oxygen five times. On 4/27/26 at 3:17 PM, Surveyor asked DON B (Director of Nursing) what her expectation is for a resident who is using oxygen. DON B said oxygen tubing should be changed every seven days and the filters should be cleaned. Every Wednesday night, staff should change it. DON B indicated she had missed the order for R34, but she corrected it. DON B indicated R34's tubing should be changed if it is being used. Surveyor asked if there should be a sign on the door indicating oxygen is being used. DON B said yes. Surveyor let DON B know there had not been a sign on R34's door on 4/26, but it was in place now.Surveyor reviewed R34's new orders: O2 @ (at) 1-2 L per NC to keep sats > 88% every 2 hours as needed for SOB (shortness of breath) or wheezing. Order date: 4/27/26., Change O2 tubing every 7 days and date. Every night shift every Wed (Wednesday) for equipment care. Change tubing when being used. Order date: 4/27/26., and Clean O2 filters every 7 day w/(with) soap and water, dry w/paper towel. Every (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	night shift every 7 days for equipment care. Order date: 4/27/26.Example 2:R15 admitted to the facility on [DATE] with diagnoses that include, in part: cardiomyopathy (heart disease causing symptoms that may include fatigue, shortness of breath, and leg swelling), dependence on renal dialysis, end stage renal disease (kidney failure), and anemia in chronic kidney disease (reduced red blood cells causing fatigue, shortness of breath, and dizziness). On 4/26/26 at 2:34 PM, Surveyor observed nasal cannula tubing connected to the oxygen concentrator in R15's room without a date on it. On 4/26/26 at 4:31 PM, Surveyor took RN E (Registered Nurse) into R15's room to look at the oxygen tubing. RN E confirmed there was no date on the tubing. RN E indicated she would expect there to be a date on the tubing; without a date, she wouldn't know when to change it. Surveyor reviewed R15's new orders: O2 (Oxygen) 2 L (liters) per NC (nasal cannula) -continuously to keep sats > (greater than) 88% (percent) every shift for monitoring. Order date: 4/26/26., Change O2 tubing every 7 days and date. Every night shift every 7 days for equipment care. Order date: 4/26/26., and Clean O2 filters every 7 day w/(with) soap and water, dry w/paper towel. Every night shift every 7 days for equipment care. Order date: 4/26/26. Surveyor reviewed R15's physician orders for oxygen use. There were no orders in place specifying when tubing should be changed prior to 4/26/26. On 4/27/26 at 3:17 PM, Surveyor asked DON B (Director of Nursing) what her expectation is for a resident who is using oxygen. DON B said oxygen tubing should be changed every seven days and the filters should be cleaned. Every Wednesday night, staff should change it. DON B indicated she had missed the order for R15, but she corrected it.

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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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation and interview, the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for 1 of 2 residents (R5) reviewed for hand hygiene while performing perineal (cleansing of the genital area) and catheter care (cleansing of the catheter tubing).CNA H (Certified Nursing Assistant) had a breach in infection control when performing perineal and catheter care.This is evidenced by:Facility policy, titled Hand Hygiene, reviewed on 5/8/25, states in part: Policy: The organization will promote clean hands as the single most important factor in preventing the spread of pathogens, antibiotic resistance, and incidence of infections. Procedure: A. Specific Indications for Hand Hygiene: 1. Immediately before touching a patient. 3. Before moving from work on a soiled body site to a clean body cite on the same patient. 4. After touching a patient or the patient's immediate environment. 5. After contact with blood, body fluids, or contaminated surfaces. 6. Immediately after glove removal.Surveyor requested a perineal or catheter care policy from facility. Facility provided a photocopy of perineal care instructions from a textbook. The title and publication date of the textbook were not provided. The instructions state, in part: .Completing the procedure: .Dispose of soiled articles in the appropriate receptacle. Remove and discard your gloves. Perform hand hygiene.On 4/28/26 at 7:45 AM, Surveyor observed CNA H perform perineal and catheter care for R5 while he was lying down in bed. CNA H applied a gown and gloves and then cleaned, rinsed, and dried R5's perineal area and catheter tubing. Without removing gloves and performing hand hygiene, CNA H proceeded to assist R5 with getting up, dressed, and into his wheelchair. CNA H also made R5's bed. On 4/28/26 at 8:02 AM, Surveyor asked CNA H if her hands were dirty after completing perineal and catheter cares for R5. CNA H said yes and indicated she should have washed her hands and changed her gloves after completing cares. On 4/28/26 at 10:00 AM, Surveyor interviewed DON B (Director of Nursing) and asked if hand hygiene and a glove change should be done after completing perineal and catheter care before going on to assist a resident with getting dressed and making his or her bed. DON B said yes.

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not ensure that each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated, or the resident has already been immunized, for 1 of 5 residents (R13) reviewed for immunizations. R13 was not offered the pneumococcal vaccination.This is evidenced by:Facility policy, titled Individual Immunizations, reviewed on 8/29/25, states in part: Policy: Prophylactic immunizations will be offered to individuals to promote the absence of Health Care Acquired Infections. Procedure: 1. Immunization: a. Upon admission, the organization will verify the individual's immunization status, update Primary Care Provider (PCP) as indicated, and administer immunizations as ordered. b. Individual will be offered immunizations based upon the Center for Disease Control (CDC). 3. Documentation: a. Immunization consent or refusal shall be documented within the Electronic Medical Record.According to CDC guidelines, routine pneumococcal vaccine recommendations for adults 50 years or older are as follows: Administer PCV15 (pneumococcal conjugate vaccine), PCV20, or PCV21 for .adults 50 years or older -Who have never received any pneumococcal conjugate vaccine / -Whose previous vaccination history is unknown (https://www.cdc.gov/pneumococcal/hcp/vaccine-recommendations/index.htm).R13 admitted to the facility on [DATE] with an activated HCPOA (health care power of attorney). Surveyor reviewed R13's immunization documentation in her facility chart. There was no indication that she had ever received or been offered the pneumococcal vaccine. On 4/28/26 at 10:00 AM, Surveyor requested a vaccine consent or declination form for R13 from DON B (Director of Nursing).On 4/28/26 at 12:19 PM, DON B indicated they do not have vaccine consent or declination forms for residents to complete. Staff speaks with the resident or HCPOA and documents whether a vaccine was consented to and given or declined in the resident's chart under the immunizations tab. DON B indicated she spoke to R13's HCPOA that afternoon and she declined having R13 receive the pneumococcal vaccine. DON B documented the refusal in R13's chart.On 4/28/26 at 1:33 PM, Surveyor interviewed CNC C (Clinical Nurse Consultant). CNC C has been assisting the facility with infection prevention policy implementation. CNC C indicated vaccines should be reviewed, offered, and documented with the resident and/or HCPOA when the resident is admitted to the facility. CNC C reviewed R13's pneumococcal vaccine information and said it should have been offered or declined when she admitted to the facility. CNC C was unable to find documentation indicating it was offered prior to 4/28/26. CNC C indicated this is an area of opportunity for the facility to work on.