STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525642	A. Building B. Wing	12/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hope Health and Rehab	438 Ashford Ave Lomira, WI 53048

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. (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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not ensure each resident received the necessary care and services in accordance with professional standards of practice to meet each resident's physical needs for 1 of 3 sampled residents (R1).R1 had a change in condition. The facility did not assess or have ongoing monitoring of R1's change in condition. R1 was eventually sent to the hospital with a distal fracture of the left femur (leg bone).This is evidenced by: On 12/2/25 at 12:28 PM, Surveyor spoke to DON B (Director of Nursing) and requested the facility's change in condition policy and procedure. DON B stated the facility does not have a change in condition policy and procedure. DON B indicated the facility follows the standard of practice for nursing. According to the National Library of Medicine from the National Institute of Health (www.ncbi.nlm.nih.gov), the nursing process, according to ANA (American Nursing Association) Standards of Professional Nursing Practice, includes assessment. and evaluation. The Assessment Standard of Practice is defined as, The registered nurse collects pertinent data and information relative to the health care consumer's health or situation. Assessment includes physiological data. A physical examination is a systematic data collection. that uses the techniques of inspection, auscultation, palpation. observation of the patient's anatomical structures. After the initial plan of care is developed, continual reassessment of the patient is necessary to detect any changes in the patient's condition requiring modification of the plan. The need for continual patient reassessment underscores the dynamic nature of the nursing process and is crucial to providing safe care. As interventions are performed, they must be documented in the patient's record in a timely manner.Lack of documentation is considered a failure to communicate. if an intervention is not documented, it is considered not done. It is also important to document administration of medication and other interventions in a timely manner to prevent errors that can occur due to delay documentation time. Reassessment should occur every time the nurse interacts with a patient. R1 admitted to the facility on [DATE] with diagnoses of fracture of neck of right femur, fracture of lower end of left femur, fracture of right humerus, end stage renal disease and renal osteodystrophy (an alteration of bone in patients with chronic kidney disease - mineral and bone disorder).R1's MDS (minimum data set) dated 11/30/25, indicates R1 has a BIMS (brief interview of mental status) of 15 out of 15 indicating R1 is cognitively intact.R1's comprehensive care plan, printed 12/2/25, includes: Focus: R1 has an ADL (Activities of Daily Living) self-care performant deficit r/t (Related To) limited mobility.Interventions: Bed mobility: . requires substantial/maximal assistance by one staff to turn and reposition in bed. Dressing: .requires substantial/maximal assistance.Focus: R1 has severe osteoporosis r/t renal osteodystrophy. Interventions: Give analgesics PRN (As needed) for pain. Resident may complain of pain, stiffness or weakness. Document complaints. Give medications as ordered. Monitor/document/report PRN s/sx (Signs and Symptoms) or complications related to osteoporosis: acute fracture, compression fractures, loss of height, kyphosis (dowagers hump, thoracic curve), pain, especially back pain. Focus: R1 has a bone fracture r/t trauma and osteoporosis. Date initiated 4/21/25.Interventions: Handle gently when moving or positioning. Maintain body alignment. Monitor/document/report PRN: edema, bruising/discoloration of skin, skin temperature changes, loss of sensation distal to fracture, presence/absence of pulses distal to fracture.R1's physician orders include: Oxycodone oral tablet 5 mg (milligrams) give 1 tablet my mouth one time a day for pain. give 30 minutes prior to getting up in the AM. Scheduled for 6:00 AM. Start date 7/9/25. Oxycodone oral tablet 5 mg, give 1 tablet by mouth every 4 hours as needed for pain (4-10) Start date 3/19/25. Discontinue date 11/24/25. Tizanidine (Muscle Relaxant) oral tablet 2 mg. Give 1 tablet my mouth every 6 hours as needed for sciatic nerve pain. Start date 10/7/25. Oxycodone oral tablet 5 mg. Give 1 tablet by mouth every 4 hours as needed for pain (4-6). Start dated 11/24/25. Discontinue date 12/1/25. Oxycodone oral tablet 5 mg. Give 2 tablets by mouth every 6 hours as needed for pain (7-10) Start date 11/24/25. Discontinue date 12/1/25.R1's Medication Administration Record (MAR) indicates R1 received the following:11/19/25 6:00 AM Oxycodone 5 MG 11/19/25 3:00 PM Tizanidine 2 MG11/19/25 4:00PM Gabapentin 300mg 1 capsule 11/19/25 6:00 PM Oxycodone 5 MG pain rating 611/20/25 6:00 AM Oxycodone 5 MG11/20/25 7:00 AM Gabapentin 300mg 1 capsule 11/20/25 10:19 AM Tizanidine 2 MG11/20/25 1:25 PM Oxycodone 5 MG pain rating 6R1's narcotic sign out sheet for Oxycodone 5 mg, states R1 received oxycodone 5 mg on 11/19/25 at 12:40 PM. (Of note: R1 only received scheduled oxycodone on 11/12, 11/13, 11/14, 11/15, 11/16, 11/17 and 11/18. R1 did not receive any as needed oxycodone tablets on