

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525646	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/18/2026
NAME OF PROVIDER OR SUPPLIER Avina of Pewaukee		STREET ADDRESS, CITY, STATE, ZIP CODE N26 W23977 Watertown Rd. Waukesha, WI 53188	
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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based upon observation and interview, the facility did not ensure Residents were provided with a clean and comfortable, homelike environment that included the provision of linens.*On 3/17/26 there was a delay in R10 and R3 receiving their showers as there were no towels on the unit. A count of the nurse storage closets on the Lake Park side of the facility revealed very little or no linen/towels in these nurse storage closets. *The walls of R3, R11, R12, R16, R7, R13, room [ROOM NUMBER], R9, R15, & R14 were observed with gouges and/or holes.Findings include:The facility's policy titled, Safe and Homelike Environment and last reviewed/revised 2/2025 under policy documents In accordance with residents' rights, the facility will provide a safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility, both inside and outside, maximizes resident independence and does not pose a safety threat. Under policy explanation and compliance guidelines includes 3. Housekeeping and maintenance services will be provided as necessary to maintain a sanitary, orderly and comfortable environment. 4. The facility will provide and maintain bed and bath linens that are clean and in good condition.1.) R3's diagnoses includes congestive heart failure (heart doesn't pump enough blood to meet the body's needs), schizoaffective disorder bipolar type (chronic mental health condition with schizophrenia symptoms and severe mood episodes), morbid (severe) obesity (high risk condition defined by a body mass index of 40 or higher), hypertension (high blood pressure), and major depressive disorder (a serious common mental health condition characterized by a persistent intense and low mood along with a loss of interest in activities).R3's annual MDS (minimum data set) with an assessment reference date of 1/15/26 has a BIMS (brief interview mental status) score of 15 which indicates cognitively intact. R3 is assessed as requiring substantial/maximal assistance for shower/bathe self.On 3/17/26, at 9:42 a.m., Surveyor observed R3 in bed wearing a hospital gown. Surveyor asked R3 if staff helps her to wash up and take her to the bathroom. R3 replied yes. R3 explained staff washes her up but they don't have any towels. R3 stated today is her shower day.On 3/17/26, at 9:43 a.m., Surveyor asked Licensed Practical Nurse (LPN)- K where Surveyor would be able to find towels. LPN-K replied nurse storage. Surveyor then went to the nurse's storage closet located on the 100 unit. Surveyor observed three are 3 pillowcases, 3 washcloths, 2 gowns and 3 bath blankets. Surveyor observed there were no bath towels or sheets.On 3/17/26, at 9:46 a.m., Surveyor observed the nurse storage closet on the 200 unit. Surveyor observed there are 3 bath towels, 11 washcloths, 3 sheets, 6 pillowcases, 2 gowns, and 1 bath blanket.On 3/17/26, at 9:49 a.m., Surveyor observed the nurse storage closet on the 300 unit. Surveyor observed there are no linen/towels on the shelves in this closet.On 3/17/26, at 9:49 a.m., Surveyor informed Certified Nursing Assistant (CNA)-L Surveyor did not observe any linen/towels in the nurse storage closet. CNA-L informed Surveyor they normally come around and stock, but they haven't come around. Surveyor asked CNA-L what she would do if she needed to do incontinent cares for a resident. CNA-L informed Surveyor she would probably have to go to the laundry since there was nothing on the floor. Surveyor asked CNA-L what time the nurse (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
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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>storage closet is stocked. CNA-L informed Surveyor she didn't know. Surveyor asked CNA-L when she started working on the floor was there linen/towels in the nurse storage closet. CNA-L replied no. CNA-L explained she got here at 8:00 a.m. and the normal CNA shift is at 6:15 a.m. On 3/17/26, at 9:56 a.m., Surveyor asked CNA-H who is assigned to the 100 unit if there are any residents on her assignment who are supposed to get a shower today. CNA-H replied the first names of R10 & R3 have showers. CNA-H informed Surveyor that she usually starts with the first name of R10, but she has to wait for the towels. CNA-H informed Surveyor they used all the towels they had for cares. Surveyor asked CNA-H what she would do if she had to do cares for a resident now. CNA-H replied I would have to wait. CNA-H informed Surveyor sometimes she will go back, referring to the laundry area, and she may have a little for her. On 3/17/26, at 10:03 a.m., Surveyor interviewed Housekeeping/Laundry Supervisor (H/LS)-J regarding the linen/towels. (H/LS)-J informed Surveyor they have a washing machine that is broken which is getting fixed today. Surveyor asked how long the washing machine has been broken. H/LS-J informed Surveyor a week, week and a half. Surveyor asked H/LS-J how often linen/towels are delivered to the units. H/LS-J replied once a day and explained they deliver linen around noon. H/LS-J informed Surveyor with the washing machine broken, they deliver a little linen in the morning and in the afternoon usually around noon. H/LS-J informed Surveyor when she started, they were low on linen. Surveyor asked H/LS-J when she started working at the facility. H/LS-J informed Surveyor one and one half, two months ago. H/LS-J informed Surveyor she placed two linen orders and received one. Surveyor asked if there is a par level of how many linen/towels are delivered to each unit. H/LS-J informed Surveyor she doesn't have a par level but does 8 to 10 sheets and 15 towels in each closet. Surveyor asked for the whole day. H/LS-J replied yes explaining the closets are small. H/LS-J explained they have bath, hand, and washcloths. Surveyor asked H/LS-J to show Surveyor the towels ready to be delivered to the units. Surveyor observed on a linen cart there are 78 washcloths and 53 towels. Surveyor noted the facility's census is 83. Surveyor asked if these were all the towels the facility has. H/LS-J explained there are towels the prior laundry supervisor ordered which must be washed. Surveyor observed on a silver metal rack there are multiple bags of washcloths. H/LS-J informed Surveyor this rack, referring to the silver rack, only has washcloths. H/LS-J informed Surveyor the linen on the blue cart is what she ordered. Surveyor observed there are 114 washcloths, 24 bath towels and 36 gowns which need to be washed. Surveyor asked H/LS-J how she knows if the units need linen. H/LS-J informed Surveyor she usually goes out and checks. Surveyor asked H/LS-J if she checked for linen in the nurse storage closets today. H/LS-J replied no I haven't explaining she is short a person today. Surveyor asked H/LS-J when she will be delivering linen/towels to the units. H/LS-J informed Surveyor after the sheets are done washing but she can take towels out. On 3/17/26, at 10:40 a.m., Surveyor observed H/LS-J stocking the nurse storage closet on the 100 unit. Surveyor asked H/LS-J if the other two units (200 & 300) on the Lake Park side were stocked. H/LS-J informed Surveyor she did the other two units but hasn't done the other side of the building, referring to Central Park. On 3/17/26, at 10:42 a.m., Surveyor counted the linen/towels in the 100-nurse storage closet. Surveyor observed there are 15 bath towels, 5 gowns, approximately 41 washcloths, and there are no sheets. On 3/17/26, at 10:44 a.m., Surveyor counted the linen/towels in the 200-nurse storage closet. Surveyor observed there are 15 bath towels, 3 gowns, 3 sheets, and approximately 34 washcloths. On 3/17/26, at 10:47 a.m., Surveyor counted the linen/towels in the 300-nurse storage closet. Surveyor observed there are 13 bath towels, 31 washcloths, 2 gowns, and 9 bath blankets. There are no sheets in this closet. On 3/17/26, at 4:17 p.m., Surveyor asked CNA-O, who works the evening and night shift, if there are any problems with not enough linen/towels. CNA-O informed Surveyor there is a shortage of linen, and they can't do proper cares for residents if they don't have linen. On 3/18/26, at 12:14 p.m., Surveyor informed Nursing Home Administrator (NHA)-A and Director of Nursing (DON)-B of the concern of the facility not having adequate linen & towels. No additional information was provided to Surveyor. On 3/18/26, at 12:04 p.m., Surveyor interviewed Maintenance Director (MD)-I regarding resident's rooms. Surveyor (continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>asked MD-I how they ensure resident's rooms don't have holes or gouges/scrapes in the walls. MD-I informed Surveyor he depends on CNAs (Certified Nursing Assistants) to let them know. If they let them know they fix it. MD-I informed Surveyor if they find holes or gauges/scrapes then they will patch them up. MD-I indicated the thing is they need to move residents out as they can't be in the room. Surveyor asked MD-I if there is a schedule when his department checks resident's rooms. MD-I replied no there is not. MD-I explained every morning he makes rounds as beds maybe unplugged, something may happen overnight and he always makes rounds. MD-I informed Surveyor if someone tells us there are holes, they will get to it. The problem is getting the residents out of their room to sand, paint, and cover up. Surveyor asked when the last time he painted on Lake Park units. MD-I informed Surveyor he hasn't painted a room on Lake Park yet. Surveyor asked MD-I how long he's been working at the facility. MD-I replied been here almost two years.2.) On 3/17/26, at 8:51 a.m., Surveyor observed R3 in bed on her back. Surveyor observed the green wall behind R3's headboard has been patched but not painted. The white area patched measures approximately two- & one-half feet by two feet. Surveyor asked R3 about the patched area on the wall. R3 informed surveyor they worked on it but haven't worked on it for a while. On 3/18/26, at 8:32 a.m., Surveyor showed Maintenance Director (MD)-I the wall behind R3's bed which was patched but not painted. MD-I this is a spring project and doesn't paint resident's rooms if there is a resident in the room due to the smell. R3 informed Surveyor and MD-I there are holes in the wall by R7's bed.3.) On 3/18/26, at 9:05 a.m., Surveyor observed behind the headboard of the empty bed in R11's room there are five gouges on the wall board. Surveyor observed that the longest gouge is approximately five inches long and one-half inch wide. R11's quarterly MDS (minimum data set) with an assessment reference date of 12/18/25 assesses R11 as having short- & long-term memory problems and is severely impaired for cognitive skills for daily decision making.4.) On 3/18/26, at 9:07 a.m., Surveyor observed R12 in bed on his back. Surveyor observed the wall to the right of R12's bed has six gouges on the wall board with varying lengths. R12's admission MDS (minimum data set) with an assessment reference date of 1/14/26 has a BIMS (brief interview mental status) score of 9 which indicates moderate cognitive impairment. On 3/18/26, at 11:28 a.m., Surveyor asked R12 if the gouges on the wall board had been there for a while. R12 replied yes. Surveyor asked R12 if these gouges bother him. Surveyor was unable to understand R12's response.5.) On 3/18/26, at 9:15 a.m., Surveyor observed in room [ROOM NUMBER] which currently does not have a resident residing in three gouges in the wall board by the bed near the window. Surveyor observed one gouge measures approximately twelve inches by one inch, the second gouge measures approximately two inches by four inches and the third gouge measures approximately three inches by one half inch.6.) On 3/18/26, at 9:28 a.m., Surveyor observed behind the headboard of R16's bed there are 2 holes in the wall approximately eight inches by three inches and approximately five inches by four inches. In addition, there are multiple gouges on the wall board. Gouges measure approximately two inches by five inches, three inches by one inch, one inch by one-half inch, four inches by one inch along with multiple smaller gouges. The corner guard on the wall straight ahead as one enters R16's room is missing. The missing corner guard measures approximately four feet in length. R16's quarterly MDS (minimum data set) has an assessment reference date of 12/10/25. R16 has a BIMS (brief interview mental status) score of 16 which indicates cognitively intact. On 3/18/26, at 9:30 a.m., Surveyor asked R16 how long the holes & gouges have been in wall behind the headboard. R16 replied not super long. R16 informed Surveyor it happens when she boosts herself the headboard hits the wall.7.) On 3/18/26 at 9:34 a.m., Surveyor observed by R7's bed to the left of the red outlet there is a hole in the wall measuring approximately two inches by two inches.8.) On 3/18/26, at 10:33 a.m., Surveyor observed behind R13's bed there are two holes in the wall. The holes measure approximately three inches by one inch and seven inches by three inches. R13's admission MDS (minimum data set) with an assessment reference date of 1/12/26 has a BIMS (brief interview mental status) score of 6 which indicates severe cognitive impairment. On 3/18/26, at 12:14 p.m. NHA-A and DON-B were informed of the environmental concerns observed during the survey. No additional information was provided to Surveyor.</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on record reviews and interviews, the facility did not ensure allegations of abuse were immediately reported to the Nursing Home Administrator and/or Grievance Officer. This was affected 1 (R1) of 1 Resident reviewed for alleged abuse.* Staff did not report allegations of abuse regarding Certified Nursing Assistant (CNA)-E to the Nursing Home Administrator (NHA)-A immediately. This allowed for additional potential allegations of abuse to occur to other residents whom CNA-E provided care to for the remainder of the shift. Findings Include: The facility's last reviewed 2/25/26 Abuse, Neglect, and Exploitation policy and procedure documents: It is the policy to provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property. Policy Explanation and Compliance Guidelines: 1. The facility will develop and implement written policies and procedures that: a. Prohibit and prevent abuse, neglect, and exploitation of Residents and misappropriation of Resident property b. Establish policies and procedures to investigate any such allegations c. Include training for new and existing staff on activities that constitute abuse, neglect, exploitation, and misappropriation of Resident property, reporting procedures, and dementia management and Resident abuse prevention d. Establish coordination with the QAPI program 3. The facility will provide ongoing oversight and supervision of staff in order to assure that its policies are implemented as written. Employee Training B. Existing staff will receive annual education through planned in-services and as needed. C. Training topics will include: 1. Prohibiting and preventing all forms of abuse, neglect, misappropriation of Resident property and exploitation 2. Identifying what constitutes abuse, neglect, exploitation, and misappropriation of Resident property 3. Recognizing signs of abuse, neglect, exploitation, and misappropriation of Resident property, such as physical or psychosocial indicators 4. Reporting process for abuse, neglect, exploitation, and misappropriation of Resident property, including injuries of unknown sources 5. Understanding behavioral symptoms of Resident that may increase the risk of abuse and neglect such as: d. Outbursts or yelling out. Prevention of Abuse, Neglect and Exploitation The facility will implement policies and procedures to prevent and prohibit all types of abuse, neglect, misappropriation of Resident property, and exploitation that achieves: D. The identification, ongoing assessment, care planning for appropriate interventions, and monitoring of Residents with needs and behaviors which might lead to conflict or neglect. H. Assigning responsibility for the supervision of staff on all shifts for identifying inappropriate staff behaviors. Protection of Resident The facility will make efforts to ensure all Residents are protected from physical and psychosocial harm, as well as additional abuse, during and after the investigations. Examples include but are not limited to: A. Responding immediately to protect the alleged victim and integrity of the investigation F. Providing emotional support and counseling to the Resident during and after the investigation as needed G. Revision of the Resident's care plan if the Resident's medical, nursing, physical, mental, or psychosocial needs or preferences change as a result of the incident of abuse. Reporting/Response A. The facility will have written procedures that include: 1. Reporting of all alleged violations to the Administrator, state agency, adult protective services and to all other required agencies within specified timeframes a. Immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury 5. Taking all necessary actions as a result if the investigation, which may include, but are not limited to, the following: a. Analyzing the occurrence(s) to determine why abuse, neglect, misappropriation of Resident property or exploitation occurred, and what changes are needed to prevent further occurrences b. Defining how care provision will be changed and/or improved to protect Resident receiving services B. The Administrator will follow-up with government agencies, during business hours, to confirm the initial report was received, and to report the results of the investigation when final within 5 working days of the incident, as required by state agencies. R1's (continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Quarterly Minimum Data Set (MDS) completed 11/4/25 documented R1's Brief Interview for Mental Status score is 9, indicating R1 demonstrated severely impaired skills for daily decision making. R1's Patient Health Questionnaire score of 6, indicated R1 demonstrates signs and symptoms of mild depression. R1's MDS documents R1 had no range of motion impairment on upper extremity and had range of motion impairment on both sides of lower extremities. R1 was independent with eating, upper and lower dressing, and mobility. R1 was supervision for showers and set-up for transfers. On 10/31/25, at 1:17 PM, the facility submitted a Nursing Home Resident Mistreatment, Neglect, and Abuse Report documenting an allegation of abuse involving CNA-E and R1 occurring on 10/30/25. It is documented that Certified Nursing Assistant (CNA)-D observed CNA-E spit on R1's food on R1's lunch tray. CNA-D reported the incident to Licensed Practical Nurse (LPN)-F. The report documents that the Nursing Home Administrator (NHA)-A, was notified on 10/30/25. The facility's Misconduct Incident Report submitted 11/7/25 documents that CNA-E worked until the end of the shift. On 10/31/25, both CNA-D and CNA-E were suspended pending the investigation based on the allegation and delay in reporting. Surveyor noted the shift ends at 2:30 PM. LPN-F was aware of the allegation of abuse by CNA-E but did not report the allegation of verbal abuse immediately to NHA-A. CNA-E remained in the facility, allowing time for CNA-E to have contact with R1 and other Residents in the facility. CNA-E was not immediately removed from Resident care areas. Surveyor reviewed the working punch detail for CNA-E that documents CNA-E arrived at the facility at 6:18 AM and left the facility at 8:45 PM. On 3/18/26, at 8:16 AM, NHA-A informed Surveyor that the shift ends at 2:30 PM. NHA-A confirmed that LPN-F reported the allegation of abuse involving R1 and CNA-E at the end of the shift. Surveyor asked NHA-A was still working in resident care areas after the allegation of abuse was reported. NHA-A stated, She wasn't working at the time of the investigation. Again, Surveyor pointed out that CNA-E according to CNA-E's punch detail, CNA-E worked past the first shift into a little over half of the second shift. NHA-A stated, I don't know what time I was told. On 3/18/26, at 8:35 AM, Surveyor interviewed CNA-D in regard to the allegation of abuse involving CNA-E. CNA-D explained to Surveyor that CNA-E likes to tell the residents CNA-E's personal business. CNA-D stated that R1 was declining and not taking showers and smelled like death. CNA-D stated that R1 and R1's roommate were very close and did everything together. CNA-D explained that CNA-E convinced R1's roommate to move out and R1 was very hurt and extremely upset with R1's roommate moving out. CNA-D stated that R1 told CNA-E the morning of the incident, what kind of a person are you, sleeping with two guys at the same time, you are a whore. CNA-D stated that CNA-E walked up to the cart of lunch trays and stated, where is that bitch's tray. CNA-D stated that CNA-E put CNA-E's bare hands on R1's food and run CNA-E's fingers around in R1's food. CNA-D stated that CNA-D did observe CNA-E spit on R1's food at lunch time and overheard CNA-E state that CNA-E was going to watch R1 eat the food with spit. CNA-D confirmed that CNA-D did not stop R1 from eating the food. After lunch was over, CNA-D approached LPN-F at the nurse's station and informed LPN-F of the incident. While both CNA-D and LPN-F were at the nurse's station, CNA-E walked up to CNA-D and LPN-F and stated, Guess what? She ate it. CNA-D knows for a fact that CNA-E came to work the next day. CNA-D knows this because CNA-E stated to CNA-D that CNA-E was going to mess with R1 again. CNA-D stated that both CNA-D and CNA-E were then suspended. On 3/18/26, at 10:33 AM, Surveyor shared the concern with NHA-A that both CNA-D and CNA-F did not report the allegation of abuse involving R1 and CNA-E immediately to NHA-A allowing CNA-E to work a full shift and most of the second shift and arrive to work the next day until CNA-E was suspended pending the investigation. NHA-A agrees with and understands Surveyor's concern that the facility's abuse policy and procedure was not implemented with the allegation of abuse involving R1 and CNA-E. No additional information has been provided by the facility at this time as to why the allegation of abuse involving R1 and CNA-E was not immediately reported to NHA-A which resulted in CNA-E working the rest of the shift and most of second shift potentially placing R1 and other Residents in a vulnerable state and exposing to potential further abuse.</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>Based on record review and staff interview, the facility did not ensure all allegations involving potential abuse were thoroughly investigated for 1 (R1) of 1 reviewed facility reported incidents (FRI). *An allegation of abuse on 10/30/25 by CNA-E involving R1 was not thoroughly investigated. Findings Include: The facility's last reviewed Abuse, Neglect, and Exploitation policy and procedure documents: Policy. It is the policy to provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property. Policy Explanation and Compliance Guidelines: 1. The facility will develop and implement written policies and procedures that: a. Prohibit and prevent abuse, neglect, and exploitation of Residents and misappropriation of Resident property. b. Establish policies and procedures to investigate any such allegations. c. Include training for new and existing staff on activities that constitute abuse, neglect, exploitation, and misappropriation of Resident property, reporting procedures, and dementia management and Resident abuse prevention. d. Establish coordination with the QAPI program. 3. The facility will provide ongoing oversight and supervision of staff in order to assure that its policies are implemented as written. Protection of Resident The facility will make efforts to ensure all Residents are protected from physical and psychosocial harm, as well as additional abuse, during and after the investigations. Examples include but are not limited to: A. Responding immediately to protect the alleged victim and integrity of the investigation. F. Providing emotional support and counseling to the Resident during and after the investigation as needed. G. Revision of the Resident's care plan if the Resident's medical, nursing, physical, mental, or psychosocial needs or preferences change as a result of the incident of abuse. Investigation of Alleged Abuse, Neglect and Exploitation A. An immediate investigation is warranted when suspicion of abuse, neglect or exploitation, or reports of abuse, neglect or exploitation occur. B. Written procedures for investigations include: 1. Identifying staff responsible for the investigation. 3. Investigating different types of alleged violations. 4. Identifying and interviewing all involved people, including the alleged victim, alleged perpetrator, witnesses, and others who might have knowledge of the allegations. 5. Focusing the investigation on determining if abuse, neglect, exploitation, and/or mistreatment has occurred, the extent and cause. 6. Providing complete and thorough documentation of the investigation. Reporting/Response A. The facility will have written procedures that include: 1. Reporting all alleged violations to the Administrator, state agency, adult protective services and to all other required agencies within specified timeframes. a. Immediately, but not later than 2 hours after the allegations is made, if the events that cause the allegation involve abuse or result in serious bodily injury. 5. Taking all necessary actions as a result if the investigation, which may include, but are not limited to, the following: a. Analyzing the occurrence(s) to determine why abuse, neglect, misappropriation of Resident property or exploitation occurred, and what changes are needed to prevent further occurrences. b. Defining how care provision will be changed and/or improved to protect Resident receiving services. B. The Administrator will follow-up with government agencies, during business hours, to confirm the initial report was received, and to report the results of the investigation when final within 5 working days of the incident, as required by state agencies. R1's Quarterly Minimum Data Set (MDS) completed 11/4/25 documented R1's Brief Interview for Mental Status score is 9, indicating R1 demonstrated severely impaired skills for daily decision making. R1's Patient Health Questionnaire score of 6, indicated R1 demonstrates signs and symptoms of mild depression. R1's MDS documents R1 had no range of motion impairment on upper extremity and had range of motion impairment on both sides of lower extremities. R1 was independent with eating, upper and lower dressing, and mobility. R1 was supervision for showers and set-up for transfers. On 10/31/25, at 1:17 PM, the facility submitted a Nursing Home Resident Mistreatment, Neglect, and Abuse Report documenting an allegation of abuse involving CNA-E and R1 occurring on 10/30/25. It is documented that Certified Nursing Assistant (CNA)-D observed CNA-E spit on R1's food on R1's lunch (continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Avina of Pewaukee		STREET ADDRESS, CITY, STATE, ZIP CODE N26 W23977 Watertown Rd. Waukesha, WI 53188	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>tray. CNA-D reported the incident to Licensed Practical Nurse (LPN)-F. The report documents that the Nursing Home Administrator (NHA)-A, was notified on 10/30/25. The facility's Misconduct Incident Report submitted 11/7/25 documents that CNA-E worked until the end of the shift. On 10/31/25, both CNA-D and CNA-E were suspended pending the investigation based on the allegation and delay in reporting. The facility's summary of the incident documents that on 10/30/25 CNA-D reported to LPN-F at the end of first shift the allegation of CNA-E spitting on R1's food. The summary documents the allegation was reported to NHA-A on 10/30/25. Surveyor noted the shift ends at 2:30 PM. LPN-F was aware of the allegation of abuse by CNA-E but did not report the allegation of verbal abuse immediately to NHA-A. CNA-E remained in the facility, allowing time for CNA-E to have contact with R1 and other Residents in the facility. CNA-E was not immediately removed from Resident care areas. Surveyor reviewed the working punch detail for CNA-E that documents CNA-E arrived at the facility at 6:18 AM and left the facility at 8:45 PM. On 3/18/26, at 8:16 AM, NHA-A informed Surveyor that the shift ends at 2:30 PM. NHA-A confirmed that LPN-F reported the allegation of abuse involving R1 and CNA-E at the end of the shift. Surveyor asked NHA-A was still working in resident care areas after the allegation of abuse was reported. NHA-A stated, She wasn't working at the time of the investigation. Again, Surveyor pointed out that CNA-E according to CNA-E's punch detail, CNA-E worked past the first shift into a little over half of the second shift. NHA-A stated, I don't know what time I was told. On 3/18/26, at 8:35 AM, Surveyor interviewed CNA-D regarding the allegation of abuse involving CNA-E. CNA-D explained to Surveyor that CNA-E likes to tell the residents CNA-E's personal business. CNA-D stated that R1 was declining and not taking showers and smelled like death. CNA-D stated that R1 and R1's roommate were very close and did everything together. CNA-D explained that CNA-E convinced R1's roommate to move out and R1 was very hurt and extremely upset with R1's roommate moving out. CNA-D stated that R1 told CNA-E the morning of the incident, what kind of a person are you, sleeping with two guys at the same time, you are a whore. CNA-D stated that CNA-E walked up to the cart of lunch trays and stated, where is that bitch's tray. CNA-D stated that CNA-E put CNA-E's bare hands on R1's food and run CNA-E's fingers around in R1's food. CNA-D stated that CNA-D did observe CNA-E spit on R1's food at lunch time and overheard CNA-E state that CNA-E was going to watch R1 eat the food with spit. CNA-D confirmed that CNA-D did not stop R1 from eating the food. After lunch was over, CNA-D approached LPN-F at the nurse's station and informed LPN-F of the incident. While both CNA-D and LPN-F were at the nurse's station, CNA-E walked up to CNA-D and LPN-F and stated, Guess what? She ate it. CNA-D knows for a fact that CNA-E came to work the next day. CNA-D knows this because CNA-E stated to CNA-D that CNA-E was going to mess with R1 again. CNA-D stated that both CNA-D and CNA-E were then suspended. Surveyor reviewed the facility's investigation of the incident. Surveyor notes there are only verbal interviews conducted with CNA-D and CNA-E. LPN-F did not provide a statement and was only asked of LPN-F had witnessed the incident. The facility's investigation does not include what time the incident occurred or what time the allegation was reported to NHA-A. On 3/18/26, at 10:33 AM, Surveyor shared the concern with NHA-A that the allegation of abuse was not thoroughly investigated. NHA-A agrees with and understands Surveyor's concern. No additional information has been provided by the facility at this time as to why the allegation of abuse involving R1 and CNA-E was not thoroughly investigated.</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the Facility did not ensure that Residents at risk for pressure injuries received necessary treatment and services, consistent with professional standards of practice, to prevent the development of pressure injuries for 1 (R9) of 1 Residents reviewed.R9 is at high risk for pressure injury development and has a history of pressure injuries. R9's air mattress was not functioning during multiple observations on 3/17/26 & 3/18/26.Findings include:The facility's policy titled, Pressure Injury Prevention and Management and last reviewed/revise 6/17/25 under Policy documents This facility is committed to the prevention of avoidable pressure injuries, unless clinically avoidable, and to provide treatment and services to heal the pressure ulcer/injury, prevent infection and the development of additional pressure ulcers/injuries.R9's diagnoses includes diabetes mellitus (high blood sugar), dementia (loss of cognitive function that interferes with a person's daily life and activities), congestive heart failure (heart doesn't pump enough blood to meet the body's needs), major depressive disorder (a serious mental health condition characterized by a persistent intense and low mood along with an interest in activities), atrial fibrillation (irregular and rapid heartbeat), and hypertension (high blood pressure).R9's physician order dated 3/14/24 documents Air mattress functioning check to ensure green light it sic (is) on. If light is red, turn air mattress on every shift.R9's at risk for alteration in skin integrity care plan initiated 12/14/17 and revised 8/27/25 include an intervention of Air Mattress- Check function q (every) shift; proactive 330 lbs (pounds) (residents' preference). Initiated 10/7/24 and revised 2/6/26.R9's Pressure Ulcer/Injury CAA (care area assessment) dated 7/17/25 under analysis of findings for nature of the problem/condition documents Pressure Ulcers CAA triggered secondary to potential for pressure injuries. Contributing factors include ADL (activities daily living)/functional/mobility impairment and incontinence. Risk factors include pain, development of PI/skin condition, and fluid deficit risk. A licensed nurse assesses skin each week and put proper interventions in place to prevent skin breakdown. Skin is also monitored by caregivers with each bath and each time the resident is dressed. The physician is to be notified of any abnormal findings and treatment orders are obtained. The dietitian is monitoring food and fluid intake and implementing dietary interventions as necessary. Caregivers assist with repositioning at least every two hours and as needed for comfort. Care plan will be reviewed to maintain current ADL status and functional ability, prevent pain, and decrease pressure ulcer/fluid deficit risk.Under Care Plan Considerations for describe impact of this problem/need on the resident and your rational for care plan decision documents Pressure Ulcers CAA triggered secondary to potential for pressure injuries. Contributing factors include ADL (activities daily living)/functional/mobility impairment and incontinence. Risk factors include pain, development of PI/skin condition, and fluid deficit risk. A licensed nurse assesses skin each week and put proper interventions in place to prevent skin breakdown. Skin is also monitored by caregivers with each bath and each time the resident is dressed. The physician is to be notified of any abnormal findings and treatment orders are obtained. The dietitian is monitoring food and fluid intake and implementing dietary interventions as necessary. Caregivers assist with repositioning at least every two hours and as needed for comfort. Care plan will be reviewed to maintain current ADL status and functional ability, prevent pain, and decrease pressure ulcer/fluid deficit risk.R9's quarterly MDS (minimum data set) with an assessment reference date of 1/13/26 has a BIMS (brief interview mental status) score of 13 which indicates cognitively intact. R9 is assessed as being dependent for toileting hygiene and rolling left & right. R9 is always incontinent of urine and bowel. R9 is assessed as being at risk for pressure injuries and does not have a pressure injury.R9's Braden assessment dated [DATE] has a score of 10 which indicates high risk.R9's skin impairment/wound evaluation dated 2/25/26 indicates R9's right & left buttocks stage 2 pressure injury and right medial heel deep tissue pressure injury were resolved on 2/25/26. These pressure injuries were present upon R9's readmission to the (continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>facility.R9's Visual/Bedside Kardex Report as of 3/18/26 under the monitoring section includes documentation of *Air Mattress- Check function q (every) shift; proactive 330 lbs (pounds) (residents' preference).On 3/17/26, at 3:52 p.m., Surveyor observed R9 in bed on his back with the head of the bed elevated sleeping. Surveyor observed that there is a Proactive Protek Aire 8000 pump unit attached to the foot board of R9's bed that is not functioning as there are no lights lit on the pump unit.On 3/17/26, at 4:13 p.m., Surveyor observed R9 in bed on his back with the head of the bed elevated sleeping. Surveyor observed R9's air mattress is not functioning as there are no lights lit on the pump unit which is attached to the foot board of R9's bed.On 3/18/26, at 7:05 a.m., Surveyor observed R9 in bed on his back, with eyes closed, and the head of the bed elevated. Surveyor observed R9's air mattress is not functioning as there are no lights lit on the pump unit which is attached to the foot board of R9's bed.On 3/18/26, at 8:06 a.m., Surveyor observed R9 in bed on his back with the head of the bed elevated high. Surveyor observed R9's air mattress is not functioning as there are no lights lit on the pump unit which is attached to the foot board of R9's bed.On 3/18/26, at 9:20 a.m., Surveyor observed R9 in bed on his back with the head of the bed elevated. Surveyor observed R9's air mattress is not functioning as there are no lights lit on the pump unit which is attached to the foot board of R9's bed.On 3/18/26, at 10:35 a.m., Surveyor observed R9 in bed on his back with the head of the bed elevated. Surveyor observed R9's air mattress is not functioning as there are no lights lit on the pump unit which is attached to the foot board of R9's bed.On 3/18/26, at 10:42 a.m., Surveyor asked Licensed Practical Nurse (LPN)-F for residents with an air mattress on their bed should the air mattress be on. LPN-F replied yes, should be on absolutely. Surveyor asked LPN-F to accompany Surveyor to R9's room. Surveyor showed LPN-F the pump unit for R9's air mattress is not on. LPN-F informed Surveyor they didn't notice this and usually does the TAR (treatment administration record) at noon. Surveyor informed LPN-F Surveyor observed R9's air mattress was not functioning yesterday afternoon and had multiple observations this morning. LPN-F informed Surveyor on Mondays the facility does a generator check and may have shut off the air mattress.On 3/18/26, at 10:54 a.m., Surveyor interviewed Registered Nurse/Unit Manager (RN/UM)-G. Surveyor asked RN/UM-G how staff ensures a resident's air mattress is on. RN/UM-G informed Surveyor she believes there are orders for everyone who has an air mattress. The nurse should do checks, listen for alarms, and during cares staff should feel the mattress or the resident may complain. Surveyor informed RN/UM-G of Surveyor's observations of R9's air mattress not functioning.On 3/18/26, at 12:14 p.m., Surveyor informed Nursing Home Administrator (NHA)-A and Director of Nursing (DON)-B of the multiple observations of R9's air mattress not functioning on 3/17/26 & 3/18/26. No additional information was provided to Surveyor as to why R9's air mattress was not functioning.</p>

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>Based on observation, interview and record review, the facility did not ensure fall interventions were implemented to prevent accidents for 1 (R3) of 2 sampled residents. Fall safety intervention of ensuring a reacher available for safety was not observed being implemented during the survey. Findings include: R3's diagnoses includes congestive heart failure (heart doesn't pump enough blood to meet the body's needs), schizoaffective disorder bipolar type (chronic mental health condition with schizophrenia symptoms and severe mood episodes), morbid (severe) obesity (high risk condition defined by a body mass index of 40 or higher), hypertension (high blood pressure), and major depressive disorder (a serious common mental health condition characterized by a persistent intense and low mood along with a loss of interest in activities). R3's at risk for falls care plan initiated 1/3/25 and revised 1/12/26 documents an intervention of *Resident to have reacher within reach while in bed. Initiated 7/9/25. R3's annual MDS (minimum data set) with an assessment reference date of 1/15/26 has a BIMS (brief interview mental status) score of 15 which indicates cognitively intact. R3 is assessed as requiring substantial/maximal assistance for toileting hygiene, rolling left and right, chair/bed to chair transfer and toilet transfer. R3 is assessed as not having any falls since prior assessment period. R3's falls CAA (care area assessment) dated 1/22/26 under analysis of findings for nature of problem/condition documents Fall CAA triggered secondary to impaired gait and mobility and level of assistance required with transfers. Contributing factors includes history of falls prior to admission, CHF (congestive heart failure), dementia, obesity, COPD (chronic obstructive pulmonary disease), weakness and physical performance limitations affecting balance, gait, strength, and muscle endurance. Risk factors include falls and other major/minor injuries related to falls. Care plan will be reviewed to maintain current physical function as it relates to ADLs (activities daily living), gait stability, strength and endurance, mobility, decrease fall risk and minimize injury related to falls. Under care plan considerations for describe impact of this problem/need on the resident and your rationale for care plan decision documents Fall CAA triggered secondary to impaired gait and mobility and level of assistance required with transfers. Contributing factors includes history of falls prior to admission, CHF (congestive heart failure), dementia, obesity, COPD (chronic obstructive pulmonary disease), weakness and physical performance limitations affecting balance, gait, strength, and muscle endurance. Risk factors include falls and other major/minor injuries related to falls. Care plan will be reviewed to maintain current physical function as it relates to ADLs (activities daily living), gait stability, strength and endurance, mobility, decrease fall risk and minimize injury related to falls. On 3/3/26 R3 sustained a fall from bed. R3's Visual/Bedside Kardex Report as of 3/17/26 under the Safety section documents Resident to have reacher within reach while in bed. On 3/17/26, at 8:51 a.m., Surveyor observed R3 in bed on her back wearing a hospital gown. Surveyor did not observe a reacher within R3's reach. On 3/17/26, at 9:40 a.m., Surveyor observed R3 in bed on her back wearing a hospital gown. Surveyor asked R3 if she has a reacher. R3 informed Surveyor the reacher is over by the TV. Surveyor observed a reacher propped up against the wall behind a box to the left of the television. Surveyor observed the reacher is approximately four feet away from R3's bed. R3 informed Surveyor she has another reacher but doesn't know what happened to it. Surveyor asked R3 if she had the reacher would she use it. R3 replied yes. On 3/17/26, at 10:59 a.m., Surveyor observed R3 laying at an angle in bed. Surveyor observed R3 does not have a reacher within her reach and a reacher continues to be propped up against the wall behind a box to the left of the television. On 3/17/26, at 11:50 a.m., Surveyor observed R3 dressed for the day sitting in a wheelchair in R3's room with Certified Nursing Assistant (CNA)-H combing R3's hair. On 3/18/26, at 9:45 a.m., Surveyor asked CNA-H if R3 should have a reacher while in bed. CNA-H replied yes and informed Surveyor she moved it this morning to the window as R3 had the reacher under her. On 3/18/26 at 9:48 a.m., Surveyor asked R3 if she had a reacher with her in bed today. R3 replied yes. Surveyor asked R3 if she had a (continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>reacher while she was in bed yesterday. R3 replied no.On 3/18/26, at 10:52 a.m., Surveyor asked Registered Nurse/Unit Manager (RN/UM)-G if staff should be following resident's Kardex and care plans. RN/UM-G replied yes, absolutely. Surveyor informed RN/UM-G of Surveyor's observations on 3/17/26 of R3 not having a reacher within reach while R3 was in bed according to her plan of care.On 3/18/26, at 12:14 p.m., Surveyor informed Nursing Home Administrator (NHA)-A and Director of Nursing (DON)-B of Surveyor's observation of R3 not having a reacher within reach while in bed on 3/17/26. No additional information was provided to Surveyor as to why R3 did not have a reacher while in bed on 3/17/26.</p>		